

**'ART THERAPY:
A Developmental Narrative. From
Symptom and Theory to Cultural
Paradigms'**

Peter Byrne

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The University of Edinburgh

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I certify that this is my own work

Peter Byrne

CONTENTS

Abstract.....	5
Plan of the investigation	6
Section A.....	13
Chapter 1: Introduction to the Problematic Conjunctions of Art with Therapy	13
Chapter 2: Understanding Art Therapy’s Past.....	27
Chapter 3: The Inspiration of Modernism in Art and in Psychotherapy	34
Chapter 4: Postmodern Problematics	42
Chapter 5: Fields of Application 1: Art Therapy Education	47
Chapter 6: Fields of Application 2: Art Therapy Research - Institutional Considerations	60
Chapter 7: Fields of Application 3: Understanding and Explanation in Art Therapy Research..	67
Chapter 8: Fields of Application 4: Issues in Visual Research Education	73
Section B.....	83
Chapter 9: The Premodern Context 1: The Problematic Legacy of the Visual.....	83
Chapter 10: The Premodern Context 2: Perspective and Perspectivism	93
Chapter 11: The Premodern Context 3: Seeing and Knowing.....	108
Section C.....	114
Chapter 12: The Modern Context 1: Paths to Modernism via Romanticism	114
Chapter 13: The Modern Context 2: Genius, Madness and the Marginal.....	122
Chapter 14: The Modern Context 3: Modernism and Art.....	128
Chapter 15: The Modern Context 4: Freud and Modernism.....	137
Chapter 16: The Modern Context 5: The Politics of the Gaze.....	150
Section D.....	162
Chapter 17: Postmodernism, Art and Representation	162
Chapter 18: Postmodernism, Art and Fragmentation.....	169
Section E:	178
Chapter 19: The Cultural Paradigms	178
Section F	230
Chapter 20: Postmodernism and Art Therapy.....	230
Chapter 21: Conclusion.....	240
Bibliography	257
Appendix: A Fragment of a Case Study	277

TABLE OF FIGURES

FIGURE 1: A POSSIBLE FRAMEWORK FOR INTERPRETING VISUAL TEXTS.....	53
FIGURE 2: CLIENT'S DRAWING OF ME	88
FIGURE 3: VERMEER: ALLEGORY OF HISTORY, DETAIL	96
FIGURE 4: VERMEER: ALLEGORY OF HISTORY	97
FIGURE 5: MARCEL DUCHAMP: THE LARGE GLASS.....	152
FIGURE 6: MARCEL DUCHAMP: ETANT DONNES, DETAIL.....	153
FIGURE 7: MARCEL DUCHAMP: ETANT DONNES, DETAIL.....	154
FIGURE 8: BARBARA	251
FIGURE 9: IMPASSE	252
FIGURE 10: PROSTITUTES.....	252
FIGURE 11:LITTLE GIRL.....	253
APPENDIX FIGURES I - XXI: UNTITLED	278

Abstract

Art therapy's complex knowledge base has accumulated over 60 years via the interweaving of concepts and ideas originating in the fields of art and aesthetics, psychology and psychiatry, education and sociology. Its theorists and practitioners have followed differing plans in its construction. Explanatory taxonomies organising this array of ideas have generally been based on psychotherapeutic theories (Freudian, Jungian, Rogerian, Winnicottian, etc.) - or on the symptoms of client populations (Art therapy with: children, HIV/Aids victims, disability, etc.) These taxonomies create problems for art therapists now required to justify 'evidence based' practice. A new taxonomy is proposed. Following a deconstruction of the socio-cultural basis of the existing taxonomies, a re-construction of art therapy's central ideas and practices in terms of *cultural paradigms* is presented. Each of these 'paradigms', seven of which are identified, incorporates two 'common denominators' - 'art' and 'therapy' - embedded within a particular socially constructed realm of discourse, of 'culture'. The paradigms are: art, therapy and the spiritual; art, therapy and the magical; art, therapy and the moral; art, therapy and the educational; art, therapy and the psychological; art, therapy and (aspects of) the sociological; art, therapy and (aspects of) the philosophical. A developmental narrative traces the evolution of each of these base components of the discipline from their origins in 19th century (and earlier) cultural preoccupations. They are presented in a historical, socio-cultural trajectory - from pre-modernism, through modernism, to postmodernism. It is argued that because art therapy remains quintessentially 'modernist' as a profession (in that it exploits the modern democratisation of the art-making process, and as well, endorses therapeutic aims such as self-realisation, self-expression, etc., characteristic of modern individualism) its theory has not kept pace with important cultural developments. Placing the cultural paradigms in their historical contexts - the first two cultural paradigms originating in the pre-modern period of proto-art therapy, the next three belonging to its consolidation as a discipline within modernism proper and the last two still being formed within the postmodern period - reveals new epistemological patterns. The resulting re-organisation of the fabric of art therapy theory will enable researchers to analyse each of the cultural paradigms separately in terms of its particular historical significance, its internal coherence, its claims to effectiveness, its relationships to the other paradigms and to other related disciplines. In the appendix, a short illustrated clinical case-study adds a visual dimension to the overall argument.

Plan of the investigation

Section A:

Chapter 1: Introduction to the Problematic Conjunctions of Art with Therapy

This chapter provides a general introduction to the topics to be discussed. The founding principles upon which art therapists have built their profession are being questioned: one strategic response is to deconstruct the knowledge base and re-examine it. A method for doing this is proposed and terms are defined.

Chapter 2: Understanding Art Therapy's Past

Problems connected with history writing are discussed. Different strands of the more prominent constituents of art therapy's past are separated, for the purposes of a preliminary analysis, and replaced in their original 'ecological niches'. A procedure for classifying/organising the material is outlined and ways of navigating through the complexities of the material are proposed. The aim of such a quasi-historical mapping of the discipline is to convey a sense of the existing multi-faceted orientation of the profession and to indicate how its accretion of theories and practices from different fields has created challenges with regard to its present theoretical base.

Chapter 3: The Inspiration of Modernism in Art and in Psychotherapy

The chapter explores episodes in the evolution of the profession that determined its current form; it locates its origins in the pre-modern episteme (Foucault, 1984) and its flowering within high modernism; the chapter then outlines several challenges facing it in the postmodern world. A description of the cultural frameworks from which the profession drew its inspiration - the 'democratisation' of the art-making process via modern art and the modernising of psychology via psychoanalysis - is presented.

Chapter 4: Postmodern Problematics

Art therapy's current cultural context is postmodernism, a movement that challenges assumptions underpinning some of its original ideas and practices. General issues connected with the 'fragmented' self, the repudiation of depth in psychology and in art, the rejection of meta-narratives in favour of the local and the particular, insofar as they affect art therapy, are explored.

Chapter 5: Fields of Application 1: Art Therapy Education

This chapter provides a description of one of the contexts within which the application of whatever findings emerge from the study will be expected to have an impact. A number of features of current professional education, ranging from recognising and optimising the artistic transferable skills students bring to their training, to philosophical and practical matters, are analysed and discussed. Then it focuses briefly on institutional issues in those areas of education specific to healthcare, including interpersonal dynamics, ethical and other professional concerns.

Chapter 6: Fields of Application 2: Art Therapy Research - Institutional Considerations

Following on from chapter 4 the problems facing researchers in the field are explored. A discussion of institutional issues emanating from State Registration along with demands for EBP leads to a survey of art therapists' current strategies and attitudes towards research, particularly with regard to the particular value of *art* in therapy.

Chapter 7: Fields of application 3: Understanding and Explanation in Art Therapy Research

Relationships between research in art therapy and in psychotherapy (psychoanalysis) are explored and as well, the status of knowledge in both areas. Critiques of psychotherapy and responses to them are investigated.

Chapter 8: Fields of application 4: Issues in Visual Research Education

Various untheorised structures of art therapists' performance, pertaining for example, to their deployment of their visual intelligence (Arnheim 1969) are explored. Art therapy's employment of hermeneutic and other reflexive methodologies is examined along with the place of embodiment and rhetoric in the visual arts.

Section B:

Chapter 9: The Premodern Context 1: The Problematic Legacy of the 'Visual'

Premodernism is explored through a survey of one of the visual 'languages' that form a dominant strand in art therapy's epistemology. This survey of the visual, (a component of the art in the common denominators mentioned above), prepares the ground for the later investigation of the paradigms. Some of the specific features of art-making transferred from art training and deployed in art therapy practice,

although not always recognised as such, are identified. The argument firmly locates art therapy in the phenomenology and psychology of the visual, to provide a defence against attempts to create generic arts therapies (combined art, music, drama, dance), based on reception instead of making theories of art.

Chapter 10: The Premodern Context 3: Perspective and Perspectivism

As a case-study, perspective is presented as a socially constructed template for image-reception, whose birth, full flowering, and demise, can be traced via art historical studies. Its tendency to make the visual world converge on the human subject psychologically as well as aesthetically, led to its extension into perspectivism, the belief that one can distance oneself from the objects of one's intellectual 'vision', and that one can be objective. As perspective extended its application from seeing to knowing; one consequence was the association of (perspectival) separateness with modern individualism (Richardson, 1998).

Chapter 11: The Premodern Context 4: Seeing and Knowing

This chapter looks at how a learnt process - our coming to see something as an object, separate from ourselves - came to be reified, psychologised, turned into a natural state of mind - that of objectivity, entailing the ability to make (scientific) observations. When the individual began to be perceived as a modernist construct and not as a natural being, the legitimacy of the extension of also became suspect. A crisis of representation ensued. Ways in which this brought about the collision of the *scientia* of proto-art therapy with that of medical-model science are explored

Section C:

Chapter 12: The Modern Context 1: Paths to Modernism via Romanticism

This chapter traces several strands of ancient (Greek, Medieval) and Enlightenment aesthetics that survived into the Romantic era, forming the basis for some of the cultural paradigms to be explored below. The interest in interiority and subjectivity and in particular, the discovery of the unconscious (Ellenberger, 1970) and the emphasis on imagination are also explored as part of the seedbed of art therapy.

Chapter 13: The Modern Context 2: Genius, Madness and the Marginal

This chapter explores ways in which perspectivism's shifting of emphasis from the other-worldly to the mundane was reversed in an accelerating artistic and scholarly interest in marginal manifestations of

artistic production. Romantic artists' investigation of the irrational led to associations being posited between genius and madness. This led to a growing interest in what became Outsider art, an area of great significance for proto art therapy.

Chapter 14: The Modern Context 3: Modernism and Art

The democratisation of art-making through avant-garde artists' deconstruction of traditional canons of taste as well as their eschewing the prerequisite skills for becoming a Salon artist, opened the way for ordinary people to make art. This led to the growth of child-centred art education, respecting everyone's creativity. The dependence of art therapy on such developments is explored.

Chapter 15: The Modern Context 4: Freud and Modernism

The revolutionary strategy of placing individual subjectivity at the centre of philosophical and psychological (though not sociological) discourse is epitomised in Freud's modernising of psychology, discussed in the context of other contemporaries, Jung and James. His influence on art therapists' understanding and treating of psychopathology, via psychoanalysis and psychotherapy is considered in this chapter, alongside a discussion of misunderstandings concerning his views on artistic creativity.

Chapter 16: The Modern Context 5: The Politics of the Gaze

The changing relationships between images/signs and their users/consumers are investigated from the perspective of psychoanalytic transference/countertransference concepts. Studies of the 'gaze' in art therapy are reviewed and differences between models of identity based on the visual and those based on narrative are presented and discussed in the context of power politics within Modernism. New philosophies/psychologies of relationships are mentioned in this context.

Section D:

Chapter 17: Postmodernism, Art and Representation

This chapter considers the postmodern challenge to 'metanarratives' (such as psychoanalysis) and to art as 'representation' and as well, the impact of globalisation, commodification, and instant communication. These new political/cultural forces have destabilised the modern art world that provided an epistemological basis for art therapy. It presents critiques of modernism that need to be assimilated by the profession. Definitions/descriptions of postmodern concepts of art as the play of signifiers - and of the individual as constituted by discourses - are presented.

Chapter 18: Postmodernism, Art and Fragmentation

This chapter presents a number of mini case-studies of artworks (by Van Gogh, Munch, Warhol) to portray a shift to 'fragmentation' of the subject being seen as a cause of psychopathology, rather than modernist alienation, and indicates the consequences for art therapy of embracing such an analysis.

Section E:

Chapter 19: The Cultural Paradigms

The paradigmatic structural components, or discourses, are identified and examined briefly, followed by a preliminary evaluation of their role in the postmodern cultural and healthcare milieu. They are:

- Art, Therapy and the Spiritual
- Art, Therapy and the Magical
- Art, Therapy and the Moral
- Art, Therapy and the Educational
- Art, Therapy and the Social
- Art, Therapy and the Psychological
- Art, Therapy and the Philosophical

Section F:

Chapter 20: Postmodernism and Art Therapy

The impact of postmodernism on individual psychology has led to a reappraisal of therapeutic aims and objectives in the human sciences of psychoanalysis and as well, psychotherapy and counselling. What this entails for art therapy is explored.

Chapter 21: Conclusion

Bibliography

Appendix: Fragment of a Case Study.

A series of 21 images with a brief commentary on each is appended to provide visual evidence of one way in which misunderstandings based on the application of (insufficiently) differentiated theoretical

perspectives was counter-productive in therapy with the hindsight of the study to draw on, it is shown that the proposed new approach to working with the images might have been beneficial for the client.

'In other sciences the generalities are what is most important so far as they contain laws...I hope that history may not see its significance in general thoughts as a kind of bloom and fruit: rather that its value is to describe with insight a known, perhaps common theme, raise it to a comprehensive symbol...this requires above all a great artistic capacity, and creative overview, a loving immersion in the empirical data, a poetic elaboration of given types and this, to be sure, requires objectivity, but as a positive property, not as the vanity of the historian parading indifference as objectivity'. (Nietzsche, 1980, p. 36-37, original 1874)¹

Section A

Chapter 1: Introduction to the Problematic Conjunctions of Art with Therapy

Nietzsche, quoted above, alludes to history as a science, one wherein poetry, insight, objectivity and creativity all play a part in the task of making sense of empirical data. This study identifies art therapy as such a science - as being what Weber called one of the 'cultural,' as distinct from the 'natural' sciences. When it emerged within the domain of art in the 1940's, the culture of art therapy (at least in Britain²) was aesthetic. Art therapists were then engaged in debates about for example, relationships between expression and communication in art. Now, they find themselves engaged in more broadly based debates; as unwitting participants in so-called 'science wars,' embroiled in arguments whose origins lie in 'sociology of knowledge' and 'philosophy of knowledge' discourses. The historian of science, Thomas Kuhn, brought these debates to wider attention (1970: see below p.21), his work complemented and continued by other philosophers, historians and sociologists of science (e.g. Popper, 1963; Harré, 1972, Feyerabend, 1975; Barnes, 1977; Harré, 1979). In being called upon to justify the knowledge-base of their practice, art therapists may find that whatever modest position they hold, regarding their aims and objectives, it will be evaluated in relation to grand realism versus relativism debates about the status within Western medicine's scientific knowledge system (Sheeran, 1995) of psychotherapy and thus art therapy. In that system, there is increasing insistence on the application of strict rules governing evidence based practice³ (EBP). These demands are founded partly in the context of economic 'realism' in the medical market-place, but also in response to public experience of inept practitioners' tragic misjudgements. In some fields of psychological healthcare - psychiatry for example - the rules are clear: for Golden and Blisker, (1995) what is required is:

'...explicit hypotheses, reliable and valid measure, random subjects, statistical evaluation and blind experiments.' (Wood, 1999)⁴

As Wood points out, (following Webster, 1996),⁵ Darwin's theory of evolution would satisfy only the first of these rules! Most importantly, as she notes, these rules do not allow for '...the testimony of clients'. (*Ibid.* p.53) Such testimony has been the *sine qua non* of psychotherapy since the beginning of the talking cure out of which art therapy evolved. In art therapy, the client's 'testimony' includes their visual images; without them, EBP cannot be applied. But it has to be admitted that the ways in which images are used in art therapy is neither easy to understand nor to describe. Until relatively recently, once they had finished their studies, the majority of practitioners were not obliged to analyse too carefully what they were doing in their work with images. In the last decade, that has changed; art therapy has (in Britain) been recognised by the State as a profession allied to medicine, exposing its practitioners to novel challenges. Hitherto they could simply get on with the business of developing their practice. If they

decided to publish accounts of their work, papers were submitted to peer review via 'Inscape', the professional journal of its parent body, the British Association of Art Therapists (BAAT)⁶ - although only a small proportion of the professional body ever did publish. Over the years Inscape has made public a large number of commentaries and case studies. These and the thousands of case-histories in the form of clinical case-notes - including the evidence (clients' testimony) embodied in their pictures - provide a record of the development of professional practice. Clinical records contain principled attempts of generations of art therapists carefully to observe both the clients and themselves; to record data and to analyse the process of the therapeutic encounter. In this way, they produced as much evidence of clinical efficacy as was required at the time. Now the questions are raised: Is this account valid science or is it mere reportage? Is its presentation objective enough? Are the methodologies used robust enough to produce concrete evidence in the field of psychological therapy? Can the theoretical principles and clinical methods to which art therapists subscribe in undertaking and recording such work be recognised as disinterested scientific exploration?

One important point to be made before addressing these questions (in order to place them in a wider context) is that art therapists need not feel intimidated by such public scrutiny, or by the apparent self-confidence of the 'totalising narratives' of bio-medical science whence they come. Other disciplines, ranging from medicine to history to theology to pedagogy, are caught up in a similar inquisition, so art therapy is not particularly discriminated against when it is called to account over its principles and practices. Of course in the health services art therapy is controversial in ways that other unconventional practices, for example homeopathic medicine, are not. The latter has the merit of its practitioners being able to submit their data to scrutiny via tried and tested methodologies familiar in medical research; this is because they, like neurologists, oncologists, etc., are treating symptoms rather than persons. But such standard symptom-orientated methods are not appropriate for the handling the most significant aspects of art therapy even though it is now allied to medicine. For the stronger party in the alliance, there seems to be a consensus about what medicine is. Medicine (including psychological medicine) is an applied (natural) science, in that the causes (biological truth) of disease⁷, including psychological disorder, can be - or will eventually be - found beneath the patients' symptoms; and chemistry, (of the capitalist-industrial sort), can be effectively deployed in their alleviation. Swimming against this prevailing instrumentalist current, a number of doctors, nurses and other healthcare practitioners resist the reductionism of purely biologically based accounts of disease/illness and health. (Long ago, in 1890,⁸ James identified such dangers within instrumentalist psychology, in pointing out the 'snare' of the 'psychologist's fallacy').

Of these, some support complementary medicine (c.f. Dassey, 1999),⁹ including homeopathy and herbal remedies and as well, psychological therapies (such as art therapy). They are happy to practice or support these alongside the prevailing positivist paradigm medicine, no conflict being felt between medicine in

this wider sense being practised as both an art and as a science. But psychotherapy, of which art therapy is a form, tends to be thought of as an 'art' within the various schools of psychotherapy to which art therapists (whilst being publicly linked to medicine) are likely to affiliate themselves - operating in the realm of the moral, in the realm of values. (This will be discussed more fully below, Chapter 5). In the field of psychotherapy, the positivist strategy of seeking to provide uncontaminated evidence to demonstrate the efficacy of any particular practice, is treated with caution, such demands are held to be unrealistic, despite the high value accorded to them in healthcare politics.

These considerations impinge on eminently practical issues. As a course leader of a Master of Science degree in Art Therapy incorporating professional education leading to State Registration, my duties include having to work out (i.e. put down in writing in teaching and learning programmes - i.e. legal contracts) what trainee art therapists should be taught. The trainees will begin their careers as qualified and registered practitioners already positioned by the debates mentioned above. Like all arts therapies' training course leaders, I am faced with questions such as: 'what exactly is your profession's knowledge base, and what do your students really need to know?' 'To what new areas of knowledge should you direct them?' 'What research backs up your theoretical and practical teaching, specifically, 'evidence-based' research?' 'How do you teach students to conduct their own research and as well to appraise that of others?' The argument put forward below is that art therapy as practised in the NHS and also in its many other areas of operation, has developed over the years a commitment to research and is indeed scientific in the Nietzschean sense, in its principled practice. However, what the profession still needs to do is to provide sceptics with a comprehensive description of its cultural base, or rather its bases, to bring this to light. At present, the knowledge-base is, generally speaking, organised in terms of psychological theories (Freudian, Jungian, Rogerian, Winnicottian, Lacanian etc.); or in terms of symptoms, foci of application, or (following Kuhn) what one could call styles of art therapy - (working with adolescents, schizophrenics, refugees, etc.)¹⁰ It is apparent that some theories apply to some of these populations of clients, but not others; and similarly some styles embrace several theories, but not others. A particular theoretical account of for example, the cause of depression (e.g. Beck, 1976) is unlikely to apply to all populations, all cultural groups. The inability of the theory to be generalised to this extent, reduces its credibility. Indeed pursuing theory at the expense of investigating what pictures actually show can lead to failures in therapy, as a fragment of a case-study (see appendix) will demonstrate in the conclusion.¹¹

Furthermore, in the literature a number of different theoretical perspectives may be present in any one text. Given the inter-paradigmatic (to be explained below) state of art therapy, how theories in the texts are related to one another - Jung to Schaverien, Schaverien to Winnicott, Winnicott to Killick, Killick to Yalom, Yalom to Edwards, and so on, becomes a crucial issue. Although writers have been able to demonstrate convincing structural interrelationships between theoretical and stylistic discourses

emanating from different authors, either within the canonical texts or in critiques of them, some attempted combinations seem rather tortured as their creators try too hard to slot misfits together. Or theories that do not fit are simply ignored. Also, the theories are usually psychological and not aesthetic; Freud's aesthetics (e.g. Spector, 1972), or Jung's aesthetics (e.g. Phillipson, 1985) being ancillary to their psychological theories. This is a problem even when introducing students to the wide range of theories and styles constituting the field.¹² It becomes acute when they have to consider what sort of research methodologies would support EBP for the specific discipline of *art* therapy.

In the example above, by considering what 'depression' means in the context of different cultural paradigms, e.g. the spiritual, the moral, the biological etc, (to be described below, p.21) - therapists can devise alternative strategies for treatment within each, and test their efficacy appropriately. This study undertakes a preliminary deconstructed anatomy of the whole semantic field in its several evolutionary states, to 'clear the decks'. Ignoring, or rather 'bracketing' (Husserl) the existing taxonomies in order to observe afresh the array of art therapy's knowledge, will permit different patterns to emerge from it. The new patterns need be neither theoretical nor stylistic but will be constructed around social (rather than theoretical or stylistic) co-ordinates; hence the spiritual, the moral, the educational etc., those linked cultural/therapeutic paradigms mentioned (in the thesis abstract) above. To find these new patterns, the work that follows is first of all a deconstruction, an un-picking, of art therapy. Then, by investigating the implicit epistemological 'contexts' in which art therapy is embedded, it becomes a presentation - of the proposed re-arrangement of structural relationships, between the various configurations of ideas underlying art therapy practice.

Its aims are limited, the overall intention being to prepare the ground for further exploration. It does not seek to analyse the paradigms once they are identified or investigate what any alteration to the perception of art therapy's knowledge base will entail for each of them. That project is beyond the scope of this work; it is a long-term task for the whole profession along with allied researchers. This study aims only to survey the array of art therapy knowledge created by hundreds of its practitioners, to select underlying formations as they emerge from a study of the array, and to present a report of the process of re-arrangement. The most it can achieve is to provide indicators for other researchers so that they can set about further teasing apart elements of the deconstructed items. It may enable them to focus their work on the paradigms that interest them most, to produce evidence for the efficacy of their particular approach, without having, at the same time, to justify (or denigrate) all the others. To gain an understanding of the function in practice of art therapy's often mutually conflicting structural components, the researchers who investigate them will have to employ separate and differing approaches to data gathering, analysis and evaluation for each of the paradigms.

To repeat, this exercise is just a beginning. In time, appropriate analytical strategies will be devised by researchers and scholars and allocated to the various deconstructed elements of the field. No one art therapist can hope to command enough of an overview of 'art therapy' to be able to undertake the entire task alone. Like medicine, art therapy is an arena of collective knowledge. Between them all the clinicians in a particular society know what its medicine is; the doctors, the nurses, the microbiologists, the chemists and of course the patients and others involved in the reception of medical theory/practice. They are the keepers of medical knowledge and as well its makers. Similarly, art therapists between them know what art therapy is, know what art therapists are, and what they do - they 'make' art therapy. But art therapists arrive at their professional training from differing cultural backgrounds and it is these that give rise (in part) to the paradigms composing the profession. Unfortunately, there are no substantial biographies or even autobiographies of art therapists - as there are of patients, ranging from Wölfli (1921) to Kurelek (1986) - to fully justify that observation.¹³ In the literature it is not easy to get an in-depth sense of the writers' beliefs, motivations, preoccupations; in other words, of their cultural backgrounds. For those who know authors personally, their papers and books can be simultaneously revealing and concealing in their adhering to the narrow protocols of academic publishing. Nevertheless, judging by the themes and topics encountered in their work it is reasonable to speak of their differing cultural assumptions, even when these are ensconced within theory or style.

It is not surprising that a re-view such as this has not been attempted before. The reason may be that (until the 1990's) the 'good enough' functioning of the healthily disorganised art-world combined with the stimulating therapy-world actually served to benefit the political development of the profession. Consequentially, its basic assumptions have been spared sustained criticism from within, even though its theory and practice has drawn on a number of different, sometimes mutually incompatible, discourses. However since the early 1990's, a new political and economic climate has demanded a new type of accountability foreign to many in the healthcare professions, including art therapists. It has now become necessary to take stock, to start to turn art therapy's practitioners' basic assumptions into testable hypotheses in order to provide a clear picture of their implications for practice, training and research in a deeply bureaucratic healthcare environment. In fact, this study is part of a broad pattern of developing research responding to psychotherapy's accountability crisis. It must be emphasised here that as such, it is unapologetically positioned a few steps back from those institutional and workplace concerns with particular clients and details of practice that make up most of the literature. Little analysis of pictorial (symbolic) contents encountered in client's images will be undertaken, since this constitutes the area that has over the years held most appeal for writers on art therapy and is thus well researched.¹⁴ Instead the study is situated in the broader realm of Cultural Studies.

Normally, at this point, a survey of relevant literature would indicate the epistemological context of the study, but as the work to come is in effect a mapping of the extended field represented by the literature, it is necessary here to indicate only its obvious precursors. Its aim is the opposite to that of Kramer, who in 1980, led a symposium tellingly entitled: 'Integration of Divergent Points of View in Art Therapy'.¹⁵ Here one is seeking not to integrate, but in a spirit of postmodern plurality, to provide a new taxonomy, a new classification of differences. As stated above, one of the usual taxonomic strategies is stylistic, separating out practices with reference to the client population to which they are applied. Petrie's (1946) *Art and Regeneration* presents an illuminating suite of style applications thought pertinent over half a century ago, including: the mentally abnormal, the handicapped, the morally abnormal, and physical disease. More usually each writer works with one of these at a time, e.g. art therapy with children (Kramer, 1993) art therapy with psychotic patients (Killick, 1997). Or alternatively, the field is categorised in terms of theoretical orientations - Freudian (Naumberg, 1966), Jungian (Champernowne, 1971), Kleinian (Dalley *et al.*, 1984) Winnicottian (Case and Dalley, 1992), Person-Centred (Silverstone, 1997), Phenomenological (Betensky, 1995). Occasionally one author covers all of these. For example, Rubin in *Approaches to Art Therapy*, (1987) surveys six theoretical approaches: Psychodynamic (Freudian and Jungian), Humanistic, Behavioural, Cognitive, Developmental and Eclectic. This study does not adopt either of these strategies; rather it resembles the analysis found in Watkins' *Waking Dreams* (1976) and more pertinently her *Six Approaches to the Image in Art Therapy* (1981).¹⁶ She introduces the problem being addressed here:

'...The use of images does not form family ties among such diverse orientations as behaviour therapy, psychosynthesis, psychodrama, Freudian therapy and Gestalt therapy. Nor does the founding of a single kind of therapy (for instance, art therapy or sand play therapy) coalesce its group of practitioners. Within it, there will be radical differences in the approach to the imaginal...' (p.107)

From her specifically post-Jungian perspective she identified six separate discourses around the use of the image in art therapy practice: but hers was a short paper never followed up by an in-depth analysis. Another pertinent work is Barton's (1974) *Three Worlds of Therapy*, a portrayal of the therapeutic procedures of Freudian, Jungian and Rogerian approaches to the same case, written from a phenomenological point of view. Again, although reference is made to painting as part of therapy, the book's topic is not strictly art therapy so its relevance as a model for this study is limited. A hint of the current problematic is to be found in an informal paper edited by Waller and Gilroy (1978), entitled: *Ideas in Art Therapy* and aptly subtitled 'Compiled in Response to the Continuing Question from the General Public: "What is Art Therapy?"' However no attempt was made to arrange the array of differing ideas into a coherent thesis. Robbins (1994) proposed a multi-modal approach that had the same kind of drawback. This strategy goes back as far as e.g. Ulman and Levy, *Art Therapy Viewpoints* of 1980. There are numerous overview texts of varying relevance, which do not analyse the field so much as describe aspects of it. McNiff (1976) listed eight ways art-making has been used by various types of therapist but

this in an introductory paragraph without a follow-up. Recently Bates and Pagden (1986), and Skaife, (1995) perhaps represent their particular decade in their overviews, the latest attempt being Doug Sandle's discussion of the usual diverse collection of conference papers in *Development and Diversity - New Applications in Art Therapy*, (1998). Waller's (1991) historical study *The Making of a Profession* is highly relevant in terms of politics but did not cover the cultural aspects of the development of the profession in any depth. It is this area of culture that is here the object of enquiry. Edward's (1981), working paper proposing a new Masters course at Concordia University, Montreal, interestingly listed a number of traditions influencing art therapy¹⁷ but classifies these under just two approaches: the creative process and the psychotherapeutic approach, familiar from the literature of the following 20 years.¹⁸

Each of the authors mentioned above, brought a personal history to their overviews and an outline of my own may be relevant at this point. Some of the seeds of this study were sown at an invited address I presented to the 1986 American Art Therapy Association Educators Conference (in Boston, Mass.) entitled: *Philosophical Diversity*.¹⁹ In fact the ideas sketched out then had been developing over many years but had not gelled into any clear picture until that point. However although the critique presented here was taking shape (c.f. Byrne, 1985), it lacked the attendant re-visioned structure now proposed as a replacement for the *status quo*. The issues I raised stemmed from my experience as an art therapist and as an art therapy teacher. Having trained initially as a visual artist and having obtained a postgraduate art education diploma, I had worked in the late 1960's and early 1970's at the Maudsley Hospital (the institute of Psychiatry), London, where I came into close contact with a number of leading psychiatrists and psychologists many of whom were interested in the arts. As well, I had access to raw 'psychotic' art in the Gutman-Maclay collection and at the Bethlem Archives. It was a very stimulating intellectual environment. At the same time, I was a member of the British Society for Social Responsibility in Science Arts/Science panel, meeting monthly in the rooms at Kings College, London, of Professor Maurice Wilkins (a Nobel Laureate). The lively discussions between artists and scientists led to a number of 'Projects' and exhibitions e.g. *The Inner Eye*, MOMA, Oxford, (1978) & *Lives*, Hayward Gallery, (1979). Then followed work with the Open University course 'Art and the Environment' and involvement with Documenta 7 (see p.34). I undertook further post-graduate training in Birmingham in the mid 1970's where I first encountered the ideas of Wittgenstein, Kuhn, Habermas, Foucault and others. Later when I became Course Leader for that same course, I became intensely involved in BAAT politics as the effects of financial cuts began to be felt in the higher education sector and courses came under threat (see Waller, 1991, pp.234-235). Moving to Montreal I was soon immersed in French cultural studies, revisiting Foucault and grappling with, on the one hand, Lacan, and on the other Baudrillard, Lyotard, Kroker and Jameson - in the Comparative Literature Department and the Psychoanalytic Seminar at McGill University. I was able to meet leading North American art therapists to compare experiences. Throughout the 1980's, I worked each summer in a therapeutic community in Skyros, Greece where I participated in

and encountered a variety of both mainstream and unorthodox approaches to 'healing'. More recently (since 1993) I have been involved in setting up and developing a MSc/Pg Dip in Art Therapy in Edinburgh - again entailing intense political as well as intellectual activity, including the courses taken in the University of Edinburgh as part of this study. For most of the period referred to above, I have been a member of BAAT, serving on its council for a time and participating in the work of its Training and Education sub-committee. It is this background in art, art therapy, education and politics that informs what is to follow. The many 'voices' woven into this text are those of remarkable people I have encountered, and I wish to acknowledge their contribution to it, despite the absence of specific references.

Allied to the above experience of personal communication and debate, have been my encounter(s) with a rich variety of texts. Exposing art therapy's full philosophical diversity entails the consultation of a wide range of readings. As will be seen in the forthcoming study, engagement with the literature varies: some seminal texts are presented through their authors' own words with accompanying exegesis and commentary; some are used as supports for arguments or as illustrations of specific points; some are used for colour or depth of field. Secondary sources are used, mainly reviews and feature articles, for example from the Times Literary Supplement, and the London and New York Reviews of Books.²⁰ They are valuable because their authors are as expert in the various fields as the writers they are reviewing. Discussants on the Internet (such as members of the Spoon Collective website) - are similarly operating at the cutting edges of their disciplines - although this resource has not been used much.

The diversity of this literature, its plurality, will make the main point of the thesis: that art therapy is not just multidisciplinary, it is inter-paradigmatic and that this has implications for both practice and research. To explain: such hybrid professions as art therapy are often described as interdisciplinary, since they accommodate two or more differing areas of knowledge; e.g. art-history or psycho-biology. However art therapy draws its knowledge base from the fields of art and aesthetics, psychology, sociology, psychiatry, education and even religion. Thus, it is not just interdisciplinary; interwoven paradigms, consisting of groups of ideas derived from within the arts (the cultural sciences) and as well the human sciences, constitute its cultural/intellectual framework. Each of these paradigms has its own evolutionary trajectory and consequences for both theory and practice. As a living anatomy they constitute art therapy's dynamic form, its position in the world of knowledge. As well, they provide a 'fossil record' of its histories, (c.f. Gilroy and Lee, 1995). Looking back, as a profession art therapy can now be understood not only in Bucher and Strauss' (1961) 'systemic' terms (see below p.27), but also as a self-referential social institution as portrayed by Barnes (1983) and Latour (1988). It has been built on and consists of, a number of mutually reinforcing beliefs that may be understood as a number of mutating language-games.

Outlooks, interests and resources are changing continuously, partly in response to highly localised political and economic forces, and as well, to the broader cultural/aesthetic movements to be discussed below. One of the key tasks of this study is to track, through surveying this broad band of literature, those shifts in (what were to become) art therapy's various cultural environments. To collect diverse features of the developing paradigms, a 'temporal' schema is employed to articulate the trajectory from pre-modernism to modernism to postmodernism.

To explain the use of the term 'paradigms'²¹ in this study they are social constructions: that is, they are not held together by abstract styles or theories. The term is borrowed from Kuhn (1970)²² and can claim whatever legitimacy it may have for its employment here, from that author. Commenting on responses to the original 1960 edition of his groundbreaking book, *The Structure of Scientific Revolutions*,²³ he notes on its penultimate page:

'To the extent that the book portrays scientific development as a succession of tradition-bound periods punctuated by non-cumulative breaks, its theses are undoubtedly of wide applicability. But they should be, for they are borrowed from other fields. Historians of literature, of music, of the arts, of political development, and of many other human activities have long described their subjects in the same way... I suspect, for example, that some of the notorious difficulties surrounding the notion of style in the arts may vanish if paintings can be seen to be modelled on one another rather than produced in conformity to some abstracted canons of style.' (Kuhn, 1970, p. 208)

In another paper, discussing relationships between science and art, he is more specific;

'If the notion of a paradigm can be useful to the art historian, it will be pictures not styles, that serve as paradigms...Both 'style' and 'theory' are terms used when describing a group of works which are recognisably similar. (They are 'in the same style' or 'applications of the same theory'). In both cases, it proves difficult...to specify the nature of the shared elements which distinguish a given style or a given theory from another' (1970, p. 412)²⁴

Here the strategy is to undo the theory-based or symptom-based (style-based) organisation of art therapy and to pick out, rather than impose, alternative emergent structures. Kuhn, suggesting the use of paradigms (or accepted models) without resorting to any process like the abstraction of elements asks:

'...could something of the same sort be said of the manner in which artists learn by scrutinising particular works of art?...many of the problems which have most vexed historians and philosophers of science and of art lose their air of paradox and become research subjects when they are viewed as ethological or sociological.' (*Ibid.*)

This ethological, or perhaps 'ecological', (Gibson, see p.52 below), study presents a broad description of a number of paradigmatic 'accretions' in both art and psychological therapeutics, which have over the last sixty years created the profession of art therapy. To distinguish them from Kuhn's scientific paradigms, for the purposes of this study they will be designated 'cultural paradigms' (cf. Eagleton, 2000). The paradigms in question will be investigated in a sequence that matches a pattern of art therapists'

developing interests over those six decades. It is important to note that new paradigms did not supersede their predecessors; they took their place alongside them, or only partly occluded them. Unlike paradigm shifts in science, e.g. the shift from Aristotelian to Newtonian physics in the seventeenth century, there is neither necessarily a logical nor causal relationship between the newer and the older ones in art/culture. Also, until recently, there has been no significant large scale 'rupture' (in Habermas', 1987, sense - see below p.27), dislocating art therapy's short evolution, such as for example, the invention of new technologies, or new techniques.²⁵ But now two external features of its cultural landscape, two sets of discourses, both of which are highly controversial, provide a reason for undertaking the forthcoming investigation. One is the developing area of social constructionist theory and practice in the fields of health and illness; the other, the effects of postmodernism in the field of art/culture.

Because of the tectonic-plate slips these new discourses have caused in contemporary culture, art therapy's former constitution has been radically altered. The profession can be seen as part of a new landscape, as now lying within the discursive field of the human/social sciences. That is, rather than seeing itself as being located within the arts and the humanities where it originated, or within the medical sciences toward which it may have had aspirations (and indeed may feel itself driven by EBP requirements), by default it now occupies a new site. The primary aim of the thesis is to orient the profession towards perceiving itself as being at home there, as being a contributor to its constituents' discourses, especially those debating the social construction of art and of pathology. At the same time it must be able to retain its strong allegiance to the domain of visual culture, to a politicised rather than a merely aestheticised domain of artistic activity. The domain of aesthetics incorporates phenomenological, psychological, and as well, sociological interests as its *prima materia*: synthesising its aesthetic foundations with postmodern sociology is now one of art therapy's main challenges. It must participate in the discourses that are the product of the postmodern deconstruction of the art-world that had previously created and sustained modern art. Postmodernism, to be discussed below as 'the cultural logic of late capitalism' (the title of Jameson's seminal paper, 1984) has put 'modernist' art therapy on the defensive; the urgent question is posed: how should it deal with this?

Before any reply, the notion of 'deconstruction' needs to be justified also. Originally employed within a particular philosophical framework, (that of Theory), here it is being used informally and not in its radical sense. Deconstruction entails reading a text against the given grain of its overt meaning or intention. With reference to such texts as constitute a system of meanings, such as art therapy as a text, to deconstruct it is to draw out its conflicting logics of sense and implication (Norris, 1988). However, one is certainly not following radical deconstructionists' attempts to step outside the usual conventions of philosophical discourse - recognising nevertheless that their project forms an important strand of the fabric of postmodern theorising. For example, Derrida in his (1989) critique of Levi-Strauss and Heidegger,

claimed that the metaphysical tradition they were both bent on contesting owed its continued existence to the very language in which it is constructed. So language itself must be taken apart and its components shown for what they are, tools of power and oppression. Here perhaps is a far boundary of deconstruction - a project assisted by Baudrillard (1985), for example, and Kroker and Lock in their writings on art - 'excremental culture and hyper-aesthetics' 1986, p.16ff. Feminist writers, such as Kristeva, Cixous and Irigaray also wish radically to alter the forms of writing inherited from what are in their view homocentric and Eurocentric forebears, to deconstruct the very foundations of the coding system that creates and maintains misperception and injustice.

The term 'deconstruction' is used here more loosely than is the case with Derrida, to describe a modest (in comparison) attempt to draw out conflicting logics, to undo the existing reification of a heterogeneous group of practices, collected under the generic description 'art therapy'. The aim is to un-mingle their confusing interplay of theoretical and stylistic perspectives while still allowing the title to carry meaning. The position taken here is that attempts to understand art therapy as a single practice are symptomatic of the modernist urge to find a unified field theory underlying this, as well as every other human enterprise. To illustrate with an example from a related field: generations of art educators, teachers and writers (e.g. Kellogg, 1969, Gombrich, in Miller 1983, Wilatts, 1983) assumed that children's art-making follows a particular developmental sequence. The endpoint of this is the child's ability to represent the visible world accurately; that is, the ability to draw a chair that looks like a chair. However, researchers (Wolf & Perry, 1988) have shown that what children really do is to assemble a set of repertoires for differing aspects of their image making. Hence a child may achieve an adequate signifier for the sun at the age of four; the standard circle with its surrounding spray of lines arranged like daisy petals. The growing child will then continue to employ it in various permutations without alteration for years to come while other elements in the drawings - for instance human figures - develop. The implications of this research are that the standard model of the progressive development of artistic competence in childhood is now exposed as a construct made by the presumably well-meaning investigator. (For example, Kellogg's account of drawing development in children relied too strongly on the *products* of drawing activity and ignored the more revealing *process*). Of course in cultures other than ours, no such unidirectional development is expected; therefore none is found: so the developmental perspective can be criticised for being Eurocentric or 'Western' (and even phallogocentric). Using this example to illustrate the broader argument, one could describe the 'endpoint' thesis as modernist and the 'repertoire' thesis as postmodern. In the modernist account there is a supposition of unity and singularity in the child's image-making efforts, a 'futurity' (Clarke, 1999), an imperative to arrive at a particular goal. Significantly there is no such imperative towards this kind of closure prescribed for the arts within postmodernism where in general, diversity, even anarchy, is a sign of health. Critics of unidirectional (Greenbergian²⁶) modernism have opened up the possibility of the acceptance of plurality not only within the arts and other 'cultural' fields

but also in the sciences, particularly in the social sciences. As Jones (1991)²⁷ points out, plurality has emerged as not only possible but desirable, and has extended itself not only to Law and the Church but also to Education and, perhaps also to Medicine. He adds in a footnote:

‘...The main tenet of pluralism is that cultural, social and political systems are to be looked at as constructed from a heterogeneity of interdependent (but self-regulating and autonomous) social groups.’ (p.10)

In the narrower field of art therapy, recognition of the diversity, of the appropriateness of deploying differing repertoires, as one of its strengths as a human/social science, rather than as weakness, would help the development of open-mindedness within the profession. There would then be no need for one model to seek to subsume all others, nor even for there to be rivalry between different approaches, such as that reported by Waller (1991). One of her interviewees recalled his invitation to become a founder member of BAAT in the early 1960’s. The first meeting was uncomfortable and fractious and various members were troubled. He reports:

‘...it was moving in a way they didn’t like... I felt I was being plunged into politics and this was a shock... There were so few of us that it was all right that we worked from different points of view, and now there seemed to be pressures that one was going to be better than the other, one the right way, one the wrong...there were troubled waters right from that first meeting.’ (p.109)

The warning against the threat of homogenisation reflected in these comments will be heeded in the forthcoming pluralist approach towards reconfiguring the composition of this inter-paradigmatic field.

Notes and References

1. Nietzsche, F. (1980) *On the Advantage and Disadvantage of History for Life* (Orig. 1874). Indianapolis: Hackett Publications Incorporated.
2. The study will focus on British art therapy although some references will be made to North American and European works.
3. Abbreviated to EBP throughout.
4. Wood, C. (1999) Gathering Evidence: Expansion of Art Therapy Research Strategy. *Inscape*, Vol.4, No.2, pp.51-61.
5. 'Hypotheses produced by physicists or chemists can generally be submitted to rigorous tests. Since most philosophies of science...tend to treat physics as a paradigm of scientific knowledge, testability has come to be widely viewed as an essential feature of any scientific hypothesis. But if this criterion had been accepted and applied to Darwin's hypothesis of natural selection when it was first outlined in 1859, that theory would never have been regarded as a scientific hypothesis at all, since it was not the kind of theory which could have been submitted to rigorous testing.' Webster, 1996, fn. 10, p.617.
6. Abbreviated to BAAT throughout.
7. Sociologists distinguish between disease and illness. The former is a medical concept indicated by objective criteria, e.g. raised blood pressure. Health is the absence of disease. Illness is the subjective experience dictated by a departure from a normal state of wellbeing; these states vary within and between cultures and are shaped by social values. (Jones, 1994).
8. William James in *Principles of Psychology*, 1890, Chapter VII 'The Methods and Snares of Psychology', refers to 'the psychological fallacy par excellence': 'The great snare of the psychologist is the confusion of his own standpoint with that of the mental fact about which he is making his report.' (p.196).
9. Dassey, L.C. (1999) *Re-inventing Medicine*. London: Element Books.
10. As evidenced by BAAT's (financial) support for subgroups such as 'Creative Response' (Art therapists who work with the terminally ill).
11. It is placed in the appendix after careful consideration to avoid the (unique) case being taken to exemplify what is at stake in the overall discussion.
12. Prochaska and Nacross (1994) have identified eleven different therapies currently being practised.
13. Adamson's 1984 account of his work is too impersonal to be considered as truly autobiographical.
14. See Gilroy and Lee (1995), Brief Bibliography of Suggested Readings on Research, p.241.
15. Nor does it aim to provide a critique of any of the particular perspectives, pointing out shortcomings; there are already numerous critiques of particular orientations within art therapy issuing from practitioners of differing 'faiths'.
16. Watkins, M. (1981) Six Approaches to the Image in Art Therapy, *Spring*, 1981, pp.107-125

17. His taxonomic sketch was one of the sources of the proposal developed here.
18. C.f. also Bernstein's (1979), 'Eight Theoretical Approaches in Dance Movement Therapy'
19. Also in Byrne (1985) I attempted to classify art's different 'functions' within therapy.
20. Abbreviated as TLS, LRB, NYRB ,throughout.
21. It was my supervisor, Professor Ruth Jonathan, who observed that art therapy is more inter-paradigmatic than interdisciplinary.
22. Saussure provides another definition of paradigms, differentiating them from syntagms, in Fiske (1982): '...examples of paradigms are: ways of changing shot on television - cut, fade, dissolve, wipe, etc.; headgear - trilby, cap, beret, stetson, etc.; the style of chairs with which we furnish our living room; the type of car we drive; the colour we paint our front door.' (p.62).
23. Kuhn, T. (1969) *The Structure of Scientific Revolutions*. Chicago: University of Chicago Press.
24. Kuhn, T. (1970). Reflections on my critics, In L. Lakatos & A. Musgrave (Eds.), *Criticism and the Growth of Knowledge*. Mass.: Cambridge University Press.
25. The psychotropic drug revolution of the 1950's, the anti-psychiatry movement of the 1960's, even the marketing then of quick-drying acrylic paint which made the storage of patient's work easier, improving record-keeping, and therefore making certain kinds of research possible, seemed to be absorbed into art therapy's practices without much perturbation.
26. Followers of Clement Greenberg's 'progress' orientated history of art.
27. Jones, R.K, (1991) *Sociology of Health and Illness*. Juta, Cape Town.
28. Its exponents include M.P. Follett and. B. Bosanquet, *The Philosophic Theory of the State*, London: MacMillan, 1999.
- 29 Waller, D. (1991) *Becoming a Profession: The History of Art Therapy in Britain (1940-1982)*. Tavistock/Routledge.

Chapter 2: Understanding Art Therapy's Past

There are many ways of picturing this task of analysis; it may be envisaged as a process of reading off layers of a palimpsest, a figurative device suggesting deposits of embedded inscriptions impressed one on top of another over time, the more recent partly, but not quite, obliterating those underneath. If the immediate task is to decipher a many-layered palimpsest, where to start? Disentangling events positioned in time might imply the employment of the discipline of history - as suggested by the introductory quote from Nietzsche's paper *On the Meaning of History for Life* - however it should be emphasised that the present work is not presented as the 'history' of British art therapy. Although it does have a historical dimension of sorts, it is more like a retrospective exhibition of its evolution. It is quite unlike Diane Waller's seminal 1991 book *Becoming a Profession* which portrays the emergence of art therapy in Britain in the 1950's and 1960's. She refers to Bucher and Strauss' concept of a profession as:

'...loose amalgamations of segments pursuing different objectives in different manners and more or less delicately held together under a common name at a particular period in history.'
(*Ibid.* p.326)

In the decades between the 1960s and now, the segments of art therapy have become less loose, more densely packed, its fabric of ideas and practices ever more entangled and tightly interwoven. Waller's study is more of a formal historical reconstruction of art therapy's past via references to minutes, reports, interviews, and so on, than the deconstruction/reconstruction plan of this work. In any event, to attempt to follow the historiographical programme proposed by Nietzsche would be absurdly ambitious, his scale being geological or perhaps scriptural; it serves as a *momento mori*, an ego-ideal, a reminder of what is impossible but worth striving for.

The question is; on which strata of our culture's past can one discern the first traces of the discipline to be? Heidegger's notion of *boundary* is useful here, as not that at which something stops, but as that from which something begins its 'presencing'. (1954/1971, p.154) One is not here searching for one origin but is attempting, in Habermas' (1987)¹ phrase:

'...to uncover the contingent beginnings of discourse formations, to analyse the multiplicity of factual histories of derivation, to dissolve the illusion of identity of the history-writing subject and of his contemporaries... History in the singular has to be dissolved not indeed into a manifold of narrative histories, but into a plurality of irregularly emerging and disappearing islands of discourse.' (p. 251)

This dynamic, 'repertoire' based, (as opposed to 'endpoints') history, presents challenges to the practitioners of such reconstruction. They are enjoined to avoid false continuities, to pay attention to ruptures and thresholds, to changes in direction, to teleological context. They should not try to construct large causal chains or use 'progress' as a principle of articulation. Rather they should approach a subject

(in this case art therapy) in terms of its evolution and show how a plurality of non-contemporaneous histories of systems shaped the field. An inspiring prospect indeed. However, as this work is based not on original historical research but on a number of readings, it is necessary to bear in mind also the warning issued in McAlpine and Hunter's (1963)² anthology of writings on psychiatry:

'Such histories as exist... cover the whole field in time and space, and so perforce theorise, philosophise and generalise about the growth of the clinical experience and observations of which psychiatry is composed... (T)he lack of preliminary studies and the difficulties of access to the older material - much of which has remained uncharted - has led authors to depend on secondary sources with all the pitfalls of repetitive error, false emphasis, inaccuracy, and misrepresentation which reliance on quotes from quotes notoriously entails'. (McAlpine & Hunter, 1963 p.viii)

Taking these injunctions as guidelines as well as caveats, the researcher can begin to formulate questions about origins. For example, one can seek answers by looking for the point at which it is possible to recognise concepts, ideas, attitudes, practices, as emergent discourses that in turn become transformed by each other over time into 'art therapy'. Some writers on art therapy find origins in prehistoric cave paintings or in surviving ceremonial practices; there they see evidence for the use of art for healing purposes. (Disseneyaka, 1988) Others identify an ancestry in Egyptian and Greek ceremonial practices. (Waller 1991) Some have equated the practice of shamanism with art therapy and have plotted vast trajectories on the map of its voyage from the past.³ In the present study such speculations, interesting though they are, cannot be called upon as reliable witnesses to art therapy's origins. Rather one will be looking for the points at which more recent 'ancestors' created new areas of discourse relevant for current interests, even when invoking ancient links such as McNiff's. For example, the origins of one of the notions subscribed to by the early supporters of art therapy, (physicians, psychologists, teachers and nurses) is that exposure to beauty could, in some way, be helpful in curing sick people. This idea can be traced back to Plato and Pythagoras, (although neither philosopher held visual artists in any great esteem). Their notions about earthly harmony and proportion manifesting divine order reappear many times in the history of Western thinking about the meaning and value of the arts, as will be discussed below. However one passionate reference to it appears in the notes of an archetypal down-to-earth Victorian personality, Florence Nightingale, who wrote, (c1860):

'The effect in sickness of beautiful objects, and especially of brilliancy of colours is hardly at all appreciated. People say the effect is only on the mind... It is no such thing. The effect is on the body too. Little as we know about the way we are affected by form, by colour, by light, we do know this, that they have an actual physical effect... Variety of form and brilliancy of colour in the objects presented to patients, is an actual means of recovery.' (in Hill, 1948⁴)

This observation of links between divine order, aesthetic ideas and the health of the body was a valuable insight. Indeed there were promising developments and reforms in healthcare - including the treatment of mad people - along such 'cultural' lines, in attempts to brighten-up their lives, following Nightingale's

observations; so one can identify an island of discourse forming here. This discussion will be taken up in the 'spiritual' paradigm below.

The horizons, the distant points at which current perceptions begin to come into focus might well include Palaeolithic drawings and carvings, but more likely candidates for exploration would be texts where authors (or protagonists, since fictional works can provide evidence too) started to discuss such topics⁵ as:

- sciences of the self, of the unconscious (not just novels and diaries);
- the 'inner' self, rather than the soul; perceived as alien, unknown, unconscious;
- the 'inner' self created by repression (not self-denial);
- 'I' as a mediator between inner and outer;
- a psychology of individualism, of self advancement;
- a psychology of development, progress (not the 7 ages of man);
- hermeneutics evolving to encompass exploring interiority;

In the above are buried the seeds of 'modern' psychology. Also texts demonstrating:

- historical investigation of the individual (case-histories, artists' monographs);
- the expressive functions of art added to the representational and symbolic;
- the personality of artists brought to the foreground;
- 'the demon of progress' in the arts, as in science;
- 'the tradition of the new';
- the democratising of the art-making process via abstraction, expressionism, primitivism;
- image-making beyond art (primitive art, child art, art of the insane).

These topics hold the key to understanding 'modern' art movements.

Features of all of the above areas of discourse circulate and are taken for granted within art therapy, but one is aware that some of the topics listed would hardly have made sense in earlier centuries or in cultures other than 'ours' in the present. Obviously professional historians are best equipped to undertake the task of identifying and contextualising such evidence as may be found, of tiny perturbations in an emerging field, in the nascent discourses shaping proto-art therapy. The above is a kind of shopping-list presented to those experts by an anxious third party, aware that, as Foucault (in Rabinow, 1984⁶) writes:

'The world we know is not this ultimately simple configuration where events are reduced to accentuate their essential traits, their final meaning, or their initial and final value. On the contrary, it is a confusion of entangled events...We want historians to confirm our belief that the present rests upon profound intentions and immutable necessities. But the true historical sense confirms our existence among countless lost events, without a landmark or a point of reference' (p.89)

Although this study presents a configuration where ideas and events have been 'reduced' in order to inspect their essential traits, their meanings or their values, the reality confronting the researcher is indeed

a confused array of entangled material. One may narcissistically want historians to confirm the belief that the current state of the profession rests upon Foucault's 'profound intentions and immutable necessities'. For now though, one can confirm only that art therapy exists as a useful amalgam of theory/practice. As such it has managed to secure its once-precarious existence by finding its evolutionary niche wherein each of its components supported or suppressed the others, in the process stimulating further growth and adaptation. Landmarks have been built but in the changing postmodern landscape they are now misleading. To look at this configuration afresh, it is necessary to de-classify its contours, to allow different patterns to emerge, already present but disguised by habit.

As new patterns reveal themselves, in order to understand art therapy's current array of knowledge, new 'histories' are required for exploring the origins of these components. To avoid the folly of seeking causal chains leading from now to the past, one investigative strategy is to start at a particular point in the past and work forward from that horizon as best one can. There may be a certain arbitrariness in this method, but by fitting together matching features of the 'finds' a picture of art therapy's emerging fields of discourse will build up. To pursue the metaphor, beginning perhaps as archaeologists do, by deciding on a likely site for investigation, the researcher proceeds by cutting a carefully planned trench through layers of deposits. Although the chosen path of investigation may have been cut with a particular objective in mind, items randomly scattered by the past occupants of the site are also unearthed. For example, Tuke opening 'The Retreat' at York, replacing mass confinement of idiots and lunatics in squalid conditions with their 'moral' treatment, constituted an event, a rupture with the past, a decision to change irrespective of unpredictable consequences. It was an event that certainly played its part in the development of art therapy a century later, (to be examined below). But surprisingly perhaps, this path soon leads to an exploration of unexpected relationships between it and other professional enterprises; such as occupational therapy, or forensic psychiatry, or the study of the art of the insane. This is because for all of those fields the moral treatment of madness was also a paradigm shift, an event, and a point of origin.

So this preliminary analysis seeks to bypass current taxonomies in order to identify, (but not to analyse at this stage), separate, discrete, social discourses constituting art therapy practice. Embedded in these discourses are propositions whereby certain ways of understanding and treating various unwelcome human conditions or illnesses are linked to art-theoretical or aesthetic notions, concerning how art-making affects its practitioners and clients. It is argued here that the simple formula: 'art+therapy' = 'art therapy', implicit in numerous studies, is misleading. The social matrices, in which the various versions of the formula developed and catalysed, have to be included in any consideration of the differing areas of theory and practice constituting the profession. So each of the areas of study includes, as well as the

components of the formula, i.e., art and therapy, a particular epistemological context. A rough sketch of the terrain presents eight potential linked components/contexts.

These are:

Pre-modernism:

1. Art, therapy and the visual; (not a paradigm but a context)
2. Art, therapy and the spiritual;
3. Art, therapy and the magical;

Modernism:

4. Art, therapy and the moral;
5. Art, therapy and the educational;
6. Art, therapy and the psychological;

Post-modernism:

7. Art, therapy and the sociological;*
8. Art, therapy and the philosophical.*

(* These terms are used loosely to indicate particular contemporary areas of interest for art therapists.)

The discourse base of the visual 'context' has underpinned art therapy since its (many) beginnings, providing the phenomenological grounding of art therapy in the discourses pertaining to the field of 'visual' image-making/image reception, so it will be explored separately from the paradigms, in Section B of the study. The paradigms (2-8) are derived from the interplay between the two common denominators of the professional title - art (the visual) and therapy (theories and symptoms) - and various features of the disciplines to which (equally various) art therapists have been attracted over time; the 'time' encompassing the evolution of art therapy, through pre-modernism/modernism/postmodernism. In other words, the sequence from top to bottom of the list above indicates art therapists' shifting interests with respect to the various fields of knowledge encountered, over the sixty or so years of its evolution.

After a substantial exploration of the 'visual' - the 'art' in art therapy - ideas accumulated in the pre-modern world will be discussed in the following two paradigms - the spiritual and the magical. The discourse base of the next two, the moral and the educational, was built up in the modern episteme; as was that of the psychological. The relevant discourses within the sociological and the philosophical will be discussed in terms of their significance in the post-modern episteme. With regard to these two, the common denominators 'art', and 'therapy' include substantial elements already to be found in both

epistemological realms; ethical and aesthetic discourses originating in the field of philosophy are intrinsic to the field of art therapy, for example, in ethical guidelines for professional practice.

To summarise, the linked effects of modernised art and modernised psychology overlapped to open up an ecological niche within 20th century culture receptive to the seeds of art therapy, a yet unnamed cultural opportunist waiting for its chance. It took root and flourished in that climate, but now changing cultural forces to which it must adapt, threaten its natural progress. The overall aim of this study is to work out the consequences for contemporary art therapy of this change, to look afresh at its constitution from within postmodernism. It will involve studying material wherein the objects of interest are not stable, ideas and practices both in art and in healthcare being 'essentially contested' (Gallie, 1956). The strategy is to construct a new framework within which some understanding of the effects on a quintessentially modernist profession, of its gradually mutating context, can be gained. The charting of its evolution from its origins within 19th century romanticism, to its emergence and development within the modern movement in the arts, to its current practice within a cultural milieu commonly referred to as postmodern, will reveal or highlight certain of its prominent as well as hidden features. It will also reveal problems stemming from a failure to reform, or update, or perhaps even jettison some of its founding principles. The solutions to these problems will depend on gaining a clear understanding of their nature, or rather, their cultural contexts.

Notes and References

1. Habermas, J. (1987) *The Theory of Communicative Action*, Volume 2. Lifeworld and System: A Critique of Functionalist Reason. Tr. Thomas McCarthy; Policy Press/Blackwell.
2. McAlpine, A. & Hunter, I. (1963) *300 Years of Psychiatry*. Oxford: Oxford University Press.
3. McNiff, an American art therapist writes of the roots of the art therapy profession reaching back to prehistoric eras.
4. Hill, A. (1948) *Art Versus Illness: A Story of Art Therapy*. London: Allen and Unwin.
5. I wish to acknowledge my debt to Prof. Marike Finlay, McGill University, Montreal, for this list.
6. Rabinow, P. (1984) *The Foucault Reader* (Orig. (1969). Harmondsworth: Penguin.

Chapter 3: The Inspiration of Modernism in Art and in Psychotherapy

This study presents a strategy for deconstructing and reconstructing the unwieldy mass of overlapping and entangled discourses comprising art therapy. Analysts of its structure usually envisage it as bonded to a string of theories, or present it as located within an arrangement of syndromes. Because sometimes artists find it helpful to 'visualise' their tasks before starting work, my recollection of witnessing and participating in the making of a postmodern artwork in 1977 - postmodern because it was more concerned with 'process' than with the visual product - provides a useful model of what is taking place in this study, that differentiates it from its predecessors.

I was fortunate to be among a small number of artists from different European countries to be invited by the German artist Joseph Beuys to participate in Documenta 6.¹ Whereas his co-exhibitors had invested their funds in creating huge metal sculptures, high-tech installations and the like, Beuys created a 'social sculpture' composed of himself, the invited artists, and the visitors to his pavilion (in which he had also installed a 'honey pump'). One small group had brought with them a length of rope, the sort used for securing ships to quaysides. For the first part of their stay their work consisted in slowly unpicking the rope by hand, visitors being invited to help. By the end of about ten days their room was filled from floor to ceiling with a soft mass of hemp or whatever the rope had been made of. The theory/style rope had been transformed into an array of its constituent parts. Then the task was to weave the rope together again, by hand, visitors helping as before. At first tiny threads were spun between finger and thumb. Soon people were plaiting these into lengths of string and then into loose ropes. Finally the ropes were twisted into a cable that consisted of and also closely resembled its former self, at least in appearance if not in strength. Had strength been applied it may well have been able to take the strain - it was the same rope, arranged differently. It was a very appropriate piece of social sculpture, also providing a good example of deconstruction and reconstruction of the kind to be undertaken here. Maybe the image of a huge rope being de-stressed, or more accurately, de-strained is out of scale. It might be better to visualise this study of the field of art therapy via a more homely image; its deconstructed theory/style components resembles a length of tweed, its mixed-up colours waiting to be transformed into tartan, proclaiming its diverse origin in its separate but transparent overlapping stripes. The pointillist chaos of the tweed is not inferior to the hard-edged clarity of the tartan, just a different state of the same basic material. However to return to the rope image, it does have a further analogic possibility. Wittgenstein, when discussing 'language games' refers to a rope such as this:

'What ties the ship to the wharf is a rope, and the rope consists of fibres, but it does not get its strength from any fibre which runs through it from one end to the other, but from the fact that there is a vast number of fibres overlapping.' (in Kenny, 1973², p.163)

Once they are unpacked it may be possible to discover unexpected family resemblances between different unpicked strands of art therapy without being able, or needing, to discover any 'scarlet thread' named art therapy running from end to end of the discipline.

The above is one model of the phenomenological state of art therapy, but more is needed. Bucher and Strauss' conditions for the emergence of any profession include its location in a 'particular period in history.' Art therapy in Britain has developed over the last sixty years from an *ad hoc* collection of practices to a State Registered profession during such a 'particular' period. It was one that saw the apotheosis and demise of a major cultural movement - modernism. During the sixty years of development there was a gradual but significant change in the socio/cultural context from which the discipline first emerged and within which it had evolved. The periodic terms 'modernism' or 'modernist', 'pre-modernism'; 'anti-modernism' and 'postmodernism' do not denote solid entities, reified chunks of history. True, these terms refer to meta-narratives, the validity of which are contested by art historians. But they are used here only as heuristic devices - points of temporary assembly for collections of discourses. They are used as tags to help to identify and describe different aspects of the experiences involved in the making and the receiving of the work of artists during the period in question. They will be defined as the study proceeds, but from the outset they have the advantage that they can be related to other recognised concepts in the field of cultural studies. These include Mannerism, Classicism, Romanticism, etc, although the same caveat applies to these as well.

'Modernist' in general refers to the rationalistic, progressive, capitalist, Western society that emerged in the 19th century and dominated the first half (or three-quarters, depending on which history one follows) of the 20th. It has been described in socio-political terms by Durkheim, Marx, Weber and others, and retrospectively characterised by Foucault as a radically new regime of power/knowledge (when compared with its predecessor). That is, it was comprised of new practices, new institutional sites and new forms of political and social constraint (Foucault in Frazer, 1981). Its art both reflected and contributed to this radical novelty, and one offshoot of the new modern art - art therapy - gradually emerged within that context in the nineteen thirties, forties and fifties, owing its existence to two of modernism's salient features.

First, over the preceding century there had taken place a gradual democratising of art-making. Early in the 19th century the ordinary person (as opposed to the connoisseur who could visit the collections of great art assembled by aristocratic families), was already involved in art to some extent as a passive audience, because of a prior democratisation of the reception of art throughout the period. The initial stimulus was the opening in Paris of the 'Musée Central' to the public, to display Napoleon's spoils of war, his looted Italian paintings. (Friedlander, 1972, p.60) With the subsequent creation of similarly grand

municipal art galleries, ordinary people throughout Europe could view and appreciate great works of art for the first time.³ Notwithstanding the availability of 'sacred' art in cathedrals and churches, 'art appreciation' was an experience hitherto available only to those wealthy or privileged enough to have access to private collections. In Britain, Hazlitt's 'imaginary museum' of 'remembered pictures' helped to shape both the values and the textual practices which enabled other critics, including Ruskin and later Fry, to first imagine, and then to actually construct the real spaces in which art and the public encountered each other (Warnock, 1987). However, although art, including avant-garde art, was 'appreciated' (or otherwise) by ordinary people throughout the last two thirds of the 19th century, in general such people could not have conceived of making it themselves. Up to the mid 19th century, active engagement in the arts (as opposed to the crafts of, say, water-colour painting)⁴ had been an exclusive pursuit, restricted to an elite - to those on the one hand, who could understand, say, Reynolds's *Discourses* or Schiller's (1795) *Aesthetic Letters*; these were the connoisseurs. Or engagement in the arts was restricted to those, on the other hand, who could master the high-level artistic skills of depiction and representation, as could the artists of the Salon and their 'shadows', the '*refusés*' - now recognised as the pioneers of modern art. But consequent on all the developments noted above, by the mid-20th century, through the additional stimuli of art education, adult art classes, 'do-it-yourself' books and the media, it had become possible for such people to make their own images. It is now taken for granted that almost everyone is 'naturally' creative and that 'anyone can draw', but such claims would, until the mid-19th century, have been considered radical, if not ludicrous. In the new climate, although naive artists remained attached to representation, other non-professional artists began to deal with feelings, ideas, fantasies, as well as likenesses; there were no prescribed 'academic' visual languages to which this new range of expression and communication had to adhere. Amateur art exhibitions displayed - and parodied - the range of styles and effects employed by professionals. Art therapy owes its existence to this new situating of art-making in the public domain. As an aside, given that assumptions about natural artistic creativity are made on an everyday basis, it is important that art therapists acknowledge the historical determinants of this belief, built-into the fabric of its ideology and politics, as part of its repressed history, part of its tacit knowledge - its 'deep structure'.⁵

Self-consciously modern artists, beginning in the mid-19th century, started the deconstruction of conventional art making that led to the positing of such universal creativity. Their invention, innovation, boundary pushing and provocation brought about a gradual loosening of accepted rules of artistic performance. They set out not only to overturn conventions of image-making that had been practised and refined over the previous three or four hundred years, but, more pertinently for this study, conventions of seeing too. Much of the shock value of their work was highly dependent not only on its unusual content or composition, but also on its public's ingrained habits of reception generating a strong 'resistance' to its visual and conceptual attacks. One self-imposed artistic programme was to 'unmask' conventional artistic

practices, to expose their hidden structural components; in this case, those used to articulate the viewers' reception of images. As modern artists advanced their explorations, segments of tacit knowledge about looking, seeing and making (of the kind taken for granted by art therapists) that are the 'genetic' heritage of centuries of artistic evolution were gradually exposed. Impressionism, Expressionism, Abstraction, Primitivism, Surrealism, all contributed to the breakdown of conventions of high-fidelity perspectival representation that underpinned professional art. By the early years of the 20th century, the picture-making process itself had been revolutionised, (and in the process unintentionally democratised.) This deconstruction of art-making continued throughout the 20th century. Picasso, with his 'Demoiselles d'Avignon' (1908), Kandinsky, with his 'Painting with Black Arch' (1912), Duchamp, with his 'Bicycle Wheel' (1913), and Jackson Pollock, with his 'Guggenheim Mural' (1943), provoked a powerful cognitive and emotional dissonance in their intrigued audiences. In terms of art-making, those who challenged convention and offended respectable connoisseurs, at the same time provided unexpected opportunities for each new generation within the modern movement to bring its art closer to 'the public'. Making a 'Titian' seemed to be impossible, but a 'Pollock' - perhaps.⁶ Art therapy took advantage of the new opportunity opened up by 'modernist' openness to image-making.

Art therapy is 'modernist' secondly, due to the 'modernising' of 19th century psychology by Freud, whose powerful influence on the evolution of art therapy becomes obvious from even a cursory look at the literature. Freud re-described human psychological processes in phenomenological, biological, mechanical, optical, thermodynamic and other terms borrowed from the philosophy, science and technology of his time. He did more than this, as Young (1994)⁷ points out:

'Freud left us with a bewildering legacy - a confused and inconsistent amalgam of 19th century physicalist physiology projected onto an ambitious metaphorical anatomy and physiology of the mental apparatus. This was deployed alongside magnificent gifts as a story-teller. (It was not a Nobel Prize for science he won; it was the Goethe Prize for literary style.) To top it all off he added the wonderfully moving accounts from great literature, most notably from Sophocles version of the Oedipus myth, and gripping accounts of speculative prehistory of civilisation. Add to this a delightful sense of the meanings to be wrung from jokes, events of the day and the dream as the 'royal road to the unconscious', and you have a fair jumble of languages and terms of reference...'(p.5).

Freud's writings on art, to be discussed more fully below (Chapter 16) however misguided some ideas within them may seem now, provided pioneer art therapists with a rich psychological (theoretical) base not available to sibling professions, e.g. music therapy or drama therapy. Of course, other areas of scholarship and practice contributed to art therapy's development too; but even so, Freudian psychoanalytic-aesthetic texts were tentatively linked to discourses about 'the art of the insane', by, for example, Jung, Morgenthaler, Prinzhorn, and Kris. Gradually however, psychoanalytic theories - including variants proposed by Klein, Anna Freud, Fairbairn, Bion, Leowald and in particular, Winnicott, all but supplanted rival psychological discourses throughout the period in question.

Important salients of resistance to this influence were maintained by influential groups of (proto-) art therapists promoting very different ideas. The most notable example is of those therapists influenced by Jung's ideas, e.g. Baynes (1940), Champernowne (1963) in the case of British art therapy. There were also others, basing their work, knowingly or not, on phenomenological and existential models of ontology subscribing to their related accounts of illness and health (e.g. Segal, Simon). However, these theoreticians and practitioners were carriers forward of 'pre-modern' ideas originating within Romanticism, the original seedbed of art therapy. Their underlying philosophies were drawn from 19th century introspective/metaphysical traditions, including psychologically orientated philosophy, such as that of Hegel, Schopenhauer, and particularly Nietzsche, (who influenced both Freud and Jung).⁸ It was Ellenberger's (1970) comprehensive work *The Discovery of the Unconscious* that 'showed the workings of a non-psychoanalytic but dynamic model of the mind that had been buried by the analysts.' (Hacking, 1995, p.45). Pre-modern influences can be discerned in Jung's drawing, for example, on Carus'⁹ concept of the opposed 'general' and 'relative' unconscious; Rogers' drawing on James' (1890) concept of 'flow'¹⁰ and his 'stream of consciousness' and perhaps also on Bergson's '*durée*' - the experienced flow of time; and Yalom's on Kierkegaard as well as Nietzsche and later, Heidegger, (whose ideas span ancient Greece and both pre-modernism and modernism.) Binswanger, Sullivan and Laing incorporated Heidegger's ideas into psychoanalytic psychiatry, particularly the concept of *Dasein* ('be-ing'). In turn, versions of these ideas fed into art therapy via the 1960's anti-psychiatry movement, (Laing, Bateson) that provided a fertile seedbed for the emerging profession. (Although Heidegger's writing on aesthetics came to the fore much later, eg *via* John Berger.)

So whereas psychoanalysis was unequivocally modern, these other enlightenment/romantic intellectual strands were also woven into the fabric of art therapy and continued to develop (alongside modernism) over the half-century under review. They now influence significant areas of psychotherapy, and thus art therapy, designated 'analytical', 'person-centred', 'cognitive-affective' and 'existential' respectively (c.f. Richards 1989, Still and Good, 1998). The one other major 'modernising' movement in psychology, alongside psychoanalysis, was behaviourism. However its refusal to entertain any element of human activity that could not be measured and counted had hardly any appeal for pioneer art therapists in Britain. It is mentioned because one of its offshoots, cognitive-affective (or emotional) therapy, is gaining adherents within the profession, having entered into a dialogue with psychoanalysis. For example, Migone and Liotti's (1998) paper makes intriguing links between a number of different areas of theory and research and brings to the fore Alexander's (1930, in Yalom 1995) 'corrective emotional experience' (as opposed to insight) model of psychotherapy.¹¹ Behaviourism itself was not attractive to those artists and art lovers who created art therapy since it seemed to epitomise the de-humanising positivism of early machine age modernism.

So, despite the strong pre-modern influences within proto-art therapy, it can be argued that British art therapy is essentially modernist in its ethos and outlook. This is insofar as the emerging profession built itself on the foundations of democratised art-making; drawing on the increasing range of 'functions' of art developed within modernism, all within a progressive political climate in post-World War II Britain; and informed by psychoanalytic aesthetics. The creation of the National Health Service, the 'education through art' movement, the radicalism of the 1960's art school culture, all kept the forward momentum going sufficiently for professionalism to replace dedicated idealism during that decade. But the foundations may not be safe; postmodern culture has questioned all of the above projects: how this could affect the profession needs to be addressed briefly, before exploring in more depth the prominent features of the terrain listed above.

First, insofar as it relies on a clinical institutional base and various *modi operandi*, derived from a biomedical model of illness (that replaced earlier religious and magical ways of understanding suffering), it is exposed to criticism. Modernism, by dichotomising health and wellbeing, and as well, normal and abnormal behaviour, placed suffering under one of the signs: illness; disability; abnormality; deviance; etc. The client's problems as presented to art therapists (when medical interventions have failed so that psychological rather than physical causes of distress are presumed) are meant to be treatable within rationally described and practically effective treatment regimes answerable to these defining signs, further broken down into 'symptoms'. From the healthcare institutions' point of view, art therapists' tasks have been to turn illness into health, unreason into reason, exclusion into inclusion and so forth, i.e. they are expected to alleviate symptoms. These can be based on any number of theories, developed by modern psychology, purporting to explain them.¹² But modern psychology is itself criticised (e.g. by Illich, 1977; Jones, 1994), for having created false dichotomies by which the symptomologies are justified, within a bio-medical framework; or by the categories normal/abnormal mentioned above; and for creating DSMIV based metanarratives to explain them. Even in psychodynamic models, for example, in classical Freudian terms, image-making is presumed to coax into the clients' awareness, unconscious repressed material that has disguised itself as a symptom in order to (like Sherlock Holmes), identify the true pathological culprit. Generally, this is effected by interventions seeking to reveal the truth of the symptom, perhaps through interpretation. But from the art therapist's perspective, the actual practice usually bypasses bio-medical and narrow psychodynamic models with their theories and symptoms. Instead the art therapist collaborates with the client in a creative project of self-healing, through unique therapeutic strategies.

The strategies may be aimed towards giving the client the opportunity to create and rehearse a variety of improved 'self-descriptions', taking advantage of the wide range of communication repertoires art has developed over the centuries. For example (again from a Freudian perspective), the aim may be, in the

case of a client paralysed by timidity, to modify too aggressive a superego; to help the client to replace it, at first symbolically, and then in life, with a less dangerous, more useful psychological attribute; a superego that serves rather than terrorises its bearer. Or, using person-centred theory, having identified the cause of the suffering that prevents the individual from fully realising his/her potential, the strategy would be to reveal the 'symptom' as a sort of distorted communication, then to uncensor it; to help the client to face perhaps unwelcome or unpleasant facts by jointly exploring the 'meaning(s)' of his or her suffering in the 'here and now'. Other therapeutic strategies, still questioning the linked 'theory/symptom' notion, include understanding suffering by self-reflection, by 'going back to origins'; e.g. infantile traumas, assaults, abuse, deaths, and births of rival siblings. Strategies to enable self-assertion in the here and now; for 'beefing up' the depleted self, or calming down the narcissistic self; strategies aimed at encouraging self expression, self-realisation and so on, have been fruitfully employed. Alternatively (and even less bio-medically orientated), strategies have been developed, rooted in (Jungian) transcendent teleological modes, for assisting 'individuation' by stage-managing conditions to enable archetypal processes to unfold. In existential and phenomenological theoretical frameworks, 'process orientated' work also enlists the clients' close attention and powers of reason, in the service of 'facing the facts' of their existence. Finally, strategies to provide 'corrective emotional experiences', where insight is not a prerequisite for beneficial change, have been developed. All of these implicitly question those models of health/illness that generated art therapy half a century ago. But the strategies still tend to be discussed in symptom/theory terms, since these are most easily understood by healthcare professionals and managers. Most, but not all, health care managers are aware of the cultural revolution carried out under the banner of postmodernism - of its potential effects on a discipline - of the social construction of health and illness, but not of revolutions taking place in the wider cultural sphere. A brief account of those cultural revolutions now follows.

Notes and References

1. Held every four years in Kassel, Germany, it is a vast state of the art exhibition of contemporary art activity.
2. Kenny, A. (1993) *Wittgenstein*. Harmondsworth: Penguin.
3. See Anderson (1987) for a discussion of the influence of Charles Knight's *The Penny Magazine* on popular art education in the 1830's and onwards through the nineteenth century; particularly relevant is her section: 'The Magazine's Role in Democratising Art'.
4. Feminist art critics object to the undervaluing of some of this work by the male-dominated cultural establishment.
5. One aim of this study is to explore relationships between what is accepted as 'natural' and what is better understood as 'socially constructed' in the field of art therapy. Constructions can be deconstructed, for example by hostile or ignorant government policies. Art therapists expect that their clients draw naturally. But graphic skills are dependent on the continued provision of committed child-centred art education. Some indication of the kinds of dangerous changes affecting art education can be gathered from, for example, the Scottish Office National guidelines on curriculum and assessment: '*Expressive Art 5-14*' (June 1992). There is no longer a separate subject 'art', but the linked subject of 'art and design'. That in turn is part of a collective including 'drama' and 'music' - which is understandable - but also including physical education (*Ibid.* p.4), which is not - and which pushes art further out of the picture.
6. Of course making a Pollock was no easy matter for the artist himself, but that argument cannot be pursued here. A full discussion of the implications of calling what untutored patients do with paints by the same name as what Titian or Pollock did, would divert the study into deep aesthetic waters. The title of Wollheim's fascinating study *Painting as Art* (1987) makes the point that not all painting is art; nevertheless, for convenience, the word 'art' will be used here.
7. Young, R. (1994) *Mental Space*. London: Process Press.
8. See Golumb, 1999.
9. See Cardinal, 1975 pp. 125-133; also Edwards, 1989, in Gilroy and Dalley, 1989, pp. 74-83.
10. It could be argued that Freud also drew upon something akin to James' 'flow' in that his 'free association' technique introducing a melting process into the frozen patterns of neuroses.
11. In Yalom (1995), pp.24-28; here an 'emotional experience' causes the insight or triggers the memory, not the reverse - much as in the 'painting' of the painting doing the same thing in art therapy. (See below Chapter 16 for further discussion).
12. The range of psychological theories can be found in basic psychology textbooks, where problems arising from conflicting accounts are appreciated, though not always resolved. See for example Bernstein *et al.* (1997).

Chapter 4: Postmodern Problematics

The basis of the argument presented here is that postmodern critiques of the meaning and function of art are questioning modernism's first principles. Few of art therapy's pioneers trying to integrate ideas from the idealistic world of early modern art and psychology could have anticipated the ever-accelerating, global-scale preoccupations (with 'consumption', 'instant' communication) and globalisation, that characterise current cultural endeavours. Ideas and concepts that were the epitome of conventional, that is, not even recognised as being modernist, thinking, are now under severe interrogation. For example, in art therapy practice, such endeavours as self-knowledge, self-realisation, self-expression, self-awareness and so forth, have been unquestionably accepted as beneficial outcomes of the therapeutic process. However, postmodernism has problematised the once relatively stable (except within philosophy) concept of 'self' articulating those states. That is, it has questioned the legitimacy of the notion of a natural as opposed to a socially constructed and historically contingent self, a conception that could undermine many of art therapy's therapeutic strategies developed to support the natural self over the last fifty years.

This is an area of intense debate, the main criticism being that for the postmodern apologist a multiplicity of 'self'-accounts is invited, but a commitment to none. Without fully characterising the debate at this point, it may be worth noting that one of the roots of this scepticism regarding the modernist self can be traced to the postmodern Freud (Rorty, 1989). He saw that self-awareness only exists where the personal self is mirrored in another 'self'. According to Gross (1972), that insight was originally Hegel's great contribution to psychology. However as taken up by Freud, the dialectic of the self and the 'other' is not necessarily just an internal/external dialectic, to be found in; '...the voice of conscience, the melancholic's self-reproach, mourning, the play of introjection and protection...' (p.55) Here, the other has crept into the self, so the self can be mirrored not solely in external selves, but in internalised selves too.¹ These others in certain contexts, may multiply. Participants in the multiplicity debates include the philosopher Ian Hacking (1995), whose study of multiple personality disorder,² explores in detail the problems raised within the field of the philosophy of mind, by a phenomenon that questions the very idea of a necessarily unified self, (or a metaphysical soul or a transcendental ego). Pile and Thrift (1997) explore the concept of the dispersed self in terms of 'mapping' the subject, and writers as diverse as Harré (1994), and Rorty (1989), explore the political and moral consequences of embracing a model of a self constituted by personal narrative or the play of multiple discourses. It is unclear what exactly is entailed in relinquishing the concept of the natural self and its derivatives. Should the new construct include the phenomenological self of Hegel, the *Dasein* of Heidegger, the individuated self of Jung? Such questions remain to be answered; however a reappraisal of therapeutic aims and objectives based on differing self pathologies may now need to be undertaken in the light of debates surrounding them.³

Another example of postmodern questioning of obvious 'givens' concerns gender and sexual orientation; where basic assumptions built into areas of psychoanalytic theory underpinning art therapy practice are being destabilised. For example Garb in *Bodies of Modernity* (1998) argues that sexual differentiation via the look of the body - constructed by the male through physical exercises and the female through fashion and adornment - was essentially a 19th century invention; there is little of the natural about it.⁴ Hewison (1990) observes, discussing sexual and gender identities in the context of postmodernism, that 'the body' has been held within questionable frames of ruling definitions, the 'natural attitude' toward the body being particularly suspect. One sees this attitude epitomised a century earlier, in Burke's contrasting the 'beautiful' feminine with the 'sublime' masculine. Here, maintaining sublimity in the presence of the natural is difficult. Echoing Augustine, he writes honestly, although comically (for us) of the neck and breasts of women as: '...a deceitful maze, through which the unsteady eye skids giddily, without knowing where to fix, or whither it is carried'. (1986, p.115) Numerous studies make the point that what had once been considered a biological conditioned-reflex, such as Burke's reception of femininity, is now to be understood as lying within the domain of social construction. For example, therapeutic strategies aimed at normalising certain (but not all, e.g. paedophilic) problematic sexual attitudes and relationships; heterosexual, gay, lesbian, bisexual - are now being challenged, and this has obvious implications for art therapy (as well as for the other human sciences.) MacDougall in *Theatres of the Mind* (1986) takes a psychoanalytic/narratology standpoint in her study of sexual perversions, seen by her as 'neo-sexualities' rather than 'illnesses'. Moreover, the postmodern gallery of (public) sexual images that feed into and off these sexual identity narratives is radically different from that encountered by art therapy's pioneers. What was once considered to be blatantly erotic is now normalised in the domains of art, the mass media, and advertising. As well, highly personal and explicit images that would probably only have been seen in the context of therapy sixty years ago, now adorn the walls of public art galleries. (c.f. The British Art Show, 2000.) This topic will be discussed further below.

Turning from the meta-narratives of self, sex and gender to the micro-narratives of case studies in hospitals, asylums, special schools, and prison records - these too succumb to re-interpretation in the light of postmodern critiques of the *status quo*. Where ideologies embracing (pre-modernist), modernist and postmodernist principles collide, concepts such as 'psychopathology', 'normality' and 'health' become subject to intense scrutiny at both grassroots and professional levels of interrogation. Ethical, as well as economic and political issues, find a public place in previously secluded discussions around illness and health. That psychiatrists vote to decide what constitutes DSMV inclusion may come as a shock to those for whom the certainties of bio-medical accounts of disturbed mental states provide a scientific basis for therapeutic intervention. Caplan's (1995) provocatively titled book: *They Say You're Crazy: How The World's Most Powerful Psychiatrists Decide Who's Normal*, points convincingly to the significant amount of social construction of illness in the Western world's most widely consulted psychiatric bible.

The most telling of these discourses often operate on a small-scale 'media' level, where for example, consciousness-raising journalism has effectively shifted policies, by the preliminary shifting of attitudes; through personalising, for example, the effects of de-institutionalising of psychotic individuals. Horror stories of berserk attacks, or poignant tales of fatal neglect, raise consciousness and stimulate debate, sometimes ill informed, sometimes even prurient. The confessional chat show is a prime example of decentred discourse around pathologies, morals and ethics. At one time the authorities would have censored such frank discussion; the Lady Chatterley trial and the closing by the police of an exhibition of Jim Dine's drawings in 1966,⁵ are good indicators of what authorities took their duties to be with regard to aesthetic matters and public taste. Today, what would once have been regarded as invasion of privacy is part of daytime, 'Big Brother' (Orwell), television entertainment.

However, postmodernism's suspicion of metanarratives and authorities is also encountered on much more elevated professional levels. Art therapists find themselves deeply embroiled in the 'Freud wars', and the 'Jung wars', as founding principles and the founding fathers who produced them are assailed by determined critics, from both modernist and postmodern camps, (e.g. Webster, 1996, Knoll, 1998). These critics claim that any psychotherapeutic enterprise, based for example on psychoanalysis or depth psychology, is at best unjustified and at worst dangerous. Are therapists of all denominations really engaged in a form of coercive indoctrination, persuading clients of the merits of their own various 'healthy' outlooks on life as opposed to the clients 'unhealthy' ones, as some critics claim, for example MacIntyre? (1985⁶). He would undoubtedly include art therapists in his castigation of 'the most disreputable traders in moral fictions'. In his view these are the rich aesthete, the manager, and the therapist:

'...proper villains of our era because despite having been shown the false premises upon which their practice is founded they go on as if nothing has happened.' (1985, p.70)⁷

McIntyre's is not a postmodern critique but it chimes with the question: does the discipline of art therapy cling unwisely to assumptions that have their basis in the pre-modern liberal, Enlightenment project of emancipating humankind from superstition and unreason? This project now seems to be discredited by the spectacular cruelties in the last century, of modern political oppression and modern warfare, having betrayed or even destroyed these hopes. Does it blindly hold on to a modernist conception of the individual subject as a producer of meaning who bears ultimate responsibility for his or her own actions?⁸ This, in the face of arguments to the effect that we are social beings through and through, to the extent that even our emotions are socially constructed? (c.f. Harré & Gillett, 1994). This is a broad area of discourse to be explored below in more detail, after certain institutional issues contextualising these debates have been addressed, in the next sections of the study.

The last two chapters have explored in outline some important influences on the evolution of art therapy, and have presented a broad discussion of art therapy's current position. The above merely indicates the scope of the debate. Questions around the topic of the continued legitimacy of the psychotherapeutic enterprise will be addressed as the study proceeds. But first, two areas within the profession, those most sensitive to the outcomes of current controversies about the validity or otherwise of evidence in its practice - art therapy training and research in art therapy - will be investigated.

Notes and References

1. As a corollary, the familiar Freudian concepts of 'introjection' and 'projection' are held to be problematic in the climate of postmodernism's suspicion of depth. Rather, all of our negotiations with one another are held to take place 'on the surface' in the play of signifiers, or 'face to face' (Levinas).
2. Now renamed 'Dissociative Identity Disorder' - DSM-IV 1994.
3. Anticipating later discussion, from the point of view of art therapy's interests, this study will hold throughout to a nested set of selves: a 'phenomenological' self - contained, for the purposes of description - within a 'psychological' self - itself contained within a 'socially constructed' self (see Chapter 5). Relationships between the three nested selves will be examined, first in terms of the process of clients' making of artworks - (the phenomenological self). Then relationships will be explored in terms of processing reflections on these - first via hermeneutics (the psychological self) and then via semiotics (the social self) - and as well, in terms of therapeutic procedures targeting one or another of these selves, depending on the pathology brought into therapy.
4. See also Pollock, G. (1994), *Feminism/Foucault – Surveillance/Sexuality* in Bryson, N., Holly, M.A. & Moxley, K. (eds.), pp.1-41. *Visual Culture. Images and Interpretations*. Hanover & London: Wesleyan University Press.
5. Exhibition at The Robert Frazer Gallery, September 13 - October 15, 1966.
6. MacIntyre, A. (1985) *After Virtue: A Study in Moral Theory*. Duckworth. (2nd Edition).
7. This is in complete contrast to supporters of psychoanalysis, such as Habermas, who writes of: '...those rare moments when culture and language [so] fail as resources that they develop the peculiar resistance we experience in situations of disturbed mutual understanding'. He concludes from this: 'Then we need to repair work of translators, interpreters, therapists' (1987, p.134).
8. Criticised by Finlay, 1989b, *Post-modernizing psychoanalysis/Psychoanalysing post-modernity*. In: *Free Associations*, Free Association Books, 16:43-80 p.xli.

Chapter 5: Fields of Application 1: Art Therapy Education

Before exploring the historical origins of the interwoven paradigms listed in Chapter two, it will be useful to discuss the potential relevance of the investigation for two specific contexts, education and research, in which its eventual application ought to have some impact. First a description of the field of art therapy education in which many observations that stimulated this study came to be made in the first place, aims to convey the subtlety and complexity of the learning and teaching tasks facing students and tutors alike. Here, alongside institutional matters, broad philosophical aspects of the topic need to be considered. This chapter sets forth a personal philosophy of art therapy education based on many years' experience in the field, as well as on studies of the relevant literature. Although personal, that experience includes teaching, course development and assessment in a number of differing institutions in Britain and abroad. It also includes external examining duties and as in such varied contexts, objectivity and non-partisanship are aimed for in what follows.

Art therapy educators have divided responsibilities. In Britain, because they are now under pressure to adapt to a new cultural framework as a result of professional accreditation coming under the aegis of the CPSM,¹ they have to ensure that any changes to the ethos of training courses arising from this will be welcome and beneficial. Also, acknowledging that practice has to become increasingly evidence-based, their teaching is necessarily linked to research issues, both in art therapy and in the more general area of psychotherapy. The new demands for clarity and transparency have stimulated a reappraisal of various approaches to educating the broad range of professionals in the 'human sciences' of which psychotherapy is one and art therapy is another. Art therapists, as professionals entering the healthcare sector, are now expected to be research literate and moreover, to be able to function in a working environment largely accustomed to conducting its research within empirical/natural sciences rather than 'human' or 'cultural' sciences' frameworks. Art therapy educators must combine loyalty to 'art' and its values, with respect for very different attitudes to healthcare, some frankly alien, encountered in practice. (This is not 'blind' loyalty - the opposite of anaesthetic is aesthetic = wide-awake).

A variety of approaches to professional education have been developed over 35 or more years (if informal training pre-1970 is included), their early idiosyncrasies gradually regulated by the academic validating institutions and the professional accrediting bodies, (CPSM, formerly BAAT²). The period saw the evolution of the profession into one that could demand State recognition partly on the basis of the high level of this regulatory provision.³

Since the 1970's, through the work of BAAT's Training and Education Sub-Committee, a practically effective curriculum evolved, one which, as noted above, involved the promotion of a variety of

theoretical positions, each seeking to explain therapeutic relationships between pathology, psychotherapy and art, from differing perspectives. This prolix mixture of ideas provided the intellectual foundation for several generations of course work. The encouragement of a logical clarification of emerging principles of art therapy education via research was seen as a task facing higher education training institutions. Once courses were established, their staff were expected to be in a position to access research funds and resources. However until relatively recently, the majority of the training institutions' staff have had little time for sustained research, given the pressing exigencies of teaching and supervision. Curriculum development has been a substitute for research. Such curricula as did survive provided a stable base for further development. They were fashioned in somewhat isolated centres, for although there were numerous professional meetings between individuals involved in training, their agendas were mainly political. More recently, challenges posed by the radical restructuring of higher education have led to modularised courses, emphasising student-centred learning. Course design now seeks to articulate art therapy's basic principles with transparency and clarity, whilst retaining the '*formation*' philosophy of professional education. The institutional pressures on course leaders have generated increasing collaborative work between training institutions, a most welcome development in such a small profession. At the grassroots level art therapists were of course always involved in theoretical discourse and debate, but regrettably, in the workplace they found little opportunity for reflection and discussion beyond casework, and fewer opportunities still for the promotion of research studies needed to support successful practice.

Within this context the various approaches to art therapy training, or rather, professional education, mentioned above, based on certain theories of psychotherapy, have been producing graduates in Britain since the early 1970's. Notwithstanding the differing epistemological positions of their staff - that is, irrespective of their schools' particular psychological/aesthetic culture - it could be said that two basic modes of enquiry have been constant, cutting across those 'theories' and 'styles' that formed the backbone of the curricula, and that are the subject of this study. Here the forms of enquiry will be designated, figuratively, 'rhyme' and 'reason.'⁴ Rhyme is to do with a certain type of artistic understanding - of image, pattern, form, composition; of the articulations of space, mass, colour, line, tone; of facture; of rhyme-making, as in 'image-making'. Rhyme pertains to elements of time - pace, poise, holding and releasing. It encompasses the attitudes of both maker and viewer: suspended judgement; tolerance of unlikely juxtapositions; reaching for far-fetched allusions; savouring chaotic ensembles. Also, rhyme pertains to media. Mere materials are transformed, rhymed into potent carriers of meanings - as denotations, representations, expressions, communications. Ordinary stuff, common substances - paints, paper, clays, are coaxed into outperforming themselves. Unlikely materials are recruited into service as art media because of their image-making potential. Scouring-pads, string, grass, chewing gum, sweet papers, any old items of garbage have served as vehicles able to effect

transformation in the lives of those who have utilised them. Since the majority of art therapy students are graduates in the visual arts, they will be instilled with knowledge and experience of such features of rhyme. These will have been recognised as potent, possibly from childhood on, fashioned and refined through study and practice, now to be re-shaped into instruments to be placed at the disposal of clients and patients (to use the collective terms available to us). This is so even when the students are not aware of the extent of their tacit knowledge of rhyme, built-in as part of the visual culture, they import as transferable skills from their art training into their therapeutic practice. It is the task of the training institutions to make this tacit knowledge explicit. How this is done will be discussed below.

'Reason', rhyme's twin, on the other hand, denotes a different approach to articulating and communicating in cognitive, rather than poetic, language. It denotes an approach to the understanding of ideas, arguments and observations, encountered in the study of art therapy. It is an approach to grasping the nature of 'the intelligence of feeling' conveyed to us phenomenologically through our bodies and their senses, and psychologically through our relationships, and surprisingly perhaps, through our pathologies. It alludes to combinations of rational and empirical approaches to understanding, thence explaining, relationships between psychopathology, therapy and art. In the case of the rationales proposed for art therapy, it alludes to relationships between aesthetic theories and differing theories of psychopathology, each with its attendant account of psychotherapy. It is this array of theory constituting art therapy's epistemological base that is to be re-contextualised below, within a framework of cultural paradigms. Whereas rhyme is pertinent to the world of art, reason operates most significantly in the sciences. Importantly, reason in the context of the human sciences, has to be distinguished from 'cause' as that concept is used within the physical sciences framework of causality.⁵ Giving a reason for an action generates understanding, whereas identifying a cause provides explanation. Both can be scientific, and understanding in this sense, when applied to human pathology, can be as valuable as explanation. In their work, trainee art therapists, whose concerns continually oscillate between art and science, between rhyme and reason, need to become familiar with such distinctions, to learn to think of works of art, even the modest ones made by their clients, as 'theoretical objects' imbued with both rhyme and reason, as opposed to cultural artefacts⁶ easily relegated to the domain of mere rhyme.

For the students' benefit, both realms of understanding/explanation are brought into play together in the experiential workshops and training groups within the courses. In effect, students prepare to employ rhyme and reason in real life therapeutic contexts, that is, in their placements, through modelling therapeutic encounters in advance. This is done in the relative safety of their educational environment. They rehearse their professional engagement with psychopathology, impaired ability, inadequacy, delinquency and other difficult human conditions. They practice making and exploring their own images in closed confidential workshop groups, in some respects as if they were clients. In subsequent

exploratory discussion they enter into various kinds of negotiation between themselves as reflexive subjects and the objects they have created.

Both rhyme and reason inform art therapy theory, and some highly significant features of both are imported into their professional education from prior art school studies. These features are not always made explicit in the art schools and often enough they may not be appreciated in training institutions or in the literature. For example, the value of certain attitudes the artists/students bring to their professional education, is not always fully appreciated. Prominent art therapy educators (Silverstone, 1997), for example, appear to be either suspicious (see footnote & below), or completely dismissive in this respect. She says:

‘... mainstream art therapy diploma courses require an art qualification as a criterion for entry. That, in my view, is not necessary. Qualifications in art symbolise the very aspect which deters people from their creativity: the fear of not being good enough. To be good at art is not relevant. In fact, paradoxically, it can be unhelpful. The artist’s need to produce a well-structured composition can interfere with the accurate recreation of the spontaneous image, and thus dilute the potential of discovery made from it’. (p.268)⁷

The argument presented here is that, on the contrary, professional art education develops vital transferable skills. By the time they have finished their training, art and design students will have engaged in sustained self-motivated activity, involving self-reliance, self-reflection and self-criticism. Art therapy students begin their careers as creators, makers, instigators; this is a key transferable skill. They bring highly tolerant responses to their chosen medium. Having first mastered it they learn to let it ‘be’, as they will learn to let their clients ‘be’. Artists also bring the ability to frame experiences, to create, or sometimes exploit, boundaries. Even those whose work has involved integrating art into life (performance artists, community artists) recognise the value of creating and maintaining space, difference, distance and so on. And artists also know (from experience) about ‘closure’, bringing-to-a-finish, and letting go of their works. All of these attitudes and skills can be transferred to the practice of art therapy in terms of their applicability to structuring therapeutic relationships. Not only interpersonal skills; a successful politician, who has risen to the position of Deputy Leader of the Scottish Labour Party and minister of Education, is a qualified artist and art therapist. She stated in an interview:

‘The thing I learned from art school...more than the ability to paint, draw or take photographs, was the ability to solve problems or see things in a creative way...It’s about having a vision and being able to plan: if you want to get there, what are the steps you have to take? Its about the ability to think out of the tramlines that have been set, to think the unthinkable...’ (Cathy Jameson, Sunday Herald, 17 Dec. 2000.)

So, professional skills such as planning, self-motivation, self-management are brought forward from art education. Finally, added to the attitudes and abilities noted above is the art graduate’s familiarity with the deep structures of image-making. This constitutes a substantial component of the transferable skills that are often unknowingly deployed in the reading and discussions of their own and clients’ work. Much

still needs to be done to provide adequate methods for analysing such structural, along with formal and iconographic components of clients' work. Although under-researched and under-theorised in the art therapy literature, these phenomenological rather than cultural aspects of the visual are crucial features of the students' tacit knowledge, i.e. built into the fabric of their art-making. (This will be explored below: in Section B of the study).

The cultural basis of their knowledge includes their understanding that the arts have created vehicles for conveying both the highest of aspirations and the direst commentaries on humankind's cruelties and foolishness. Furthermore, these vehicles provide an axis around which interior feelings and external perceptions can oscillate and be shaped into relationship. These vehicles have also enabled artists, and by proxy art therapy clients, to locate phenomenological as well as psychological events in time and space, in the fields of perception and representation; they are 'real'. Through making their own images clients can therefore create their own psychic operators, *actants* (Latour, 1988), transitional objects (Winnicott, 1971), selfobjects (Kohut, 1971). The works made can have any degree of permanence or transience. Neither they, nor the clients, are permanently fixed in time/space by the images they make at a particular time.⁸

In the experiential groups students can be observed - not necessarily knowing that they are doing so - deploying such transferred skills as they engage in three overlapping approaches to working with their images. First there is their 'existential' engagement in image-making, where 'we cannot tell the dancer from the dance', to misquote W.B. Yates, as they immerse themselves in experiential heuristic creation. Referring to their nested set of selves⁹ (to be explored below), here the phenomenological self is at play. Next there is an ongoing 'hermeneutic circle-dance' (see below p.75) reflection on what is being made; an automatic (silent) dialogue between the student and the image, about what sensations, feelings, imaginings and thoughts constitute or provoke its meanings; this is the engagement with the psychological self. Finally there is their 'semiological' reflection, their stepping one stage further back to find sufficient freedom from both the phenomenological self (stage 1) and the psychological self (stage 2) to be able to locate the images within the play of cultural sign-systems. These include in art therapy's case, discourses implicit in art as well as in psychotherapy, from which the images are derived and in which they will acquire additional, social, meaning. Here is the domain of the socially constructed self (stage 3). Part of the work of the training group is to uncover the hidden processes or unconscious deployment, beyond the obvious pictorial content, of these phenomenological and social as well as the more familiar psychological processes, signified by cues invested in the structure of the image, and the making process.



To amplify this last point briefly, phenomenological cues might include for example, particular selections by the client, of colours, tones; indications of space, time, of engagement, distancing - and so forth. Art therapy students are selected partly on the basis of their potential for analysing and reflecting on those more complex elements of visual creation. However, in order to counter habitual perspectivist closure, they are taught to take pains to engage with the images in a hermeneutic dialogue or 'dance', co-constructing with the client what both are see-ing, as a process. To do this thoroughly they need to embark on a deliberate undoing of fixed habits of seeing in the spirit of the operation that had to be engineered by J.J Gibson (1950), the psychologist noted for his proposal of an 'ecological' theory of visual perception.¹⁰ The aim is to undo customary ways of looking. Learning here is an education in attention, in dropping habitual perspectives and taking up different 'affordances' (Gibson) offered by the image and the process that generated it. One method used to slow down the process of assimilating images is to invite students carefully to describe how their own and later their clients' images have been created - in an existential here and now framework. They describe what they see; then, what they see the image or its components 'as'; then, they are invited to describe what they feel; finally, to say what they think.

This delay or bracketing permits the later deployment of ecological perception. The students move from a perceptualist to a hermeneutic dialogue (to be discussed more fully below) with the image, eventually arriving at semiotic areas of discourse, in a methodical attempt at consciousness-raising around the image-making process. They undertake this combined perceptual/hermeneutic/semiotic exercise before reprocessing the material through the paradigms to be discussed below (Art, therapy and the spiritual, for instance). To illustrate this, returning to the tartan analogy, one can imagine their perceptual field changing - rather like a yellow horizontal tartan band taking on a new colour (green) as it passes through a blue vertical stripe - as images reveal different aspects of themselves while they are being processed through seeing, feeling, thinking. This requires the students to understand perception itself as dynamic, as two-sided - the swimmer displaces the water as the water displaces the swimmer, (Witkin, 1974, p.143).¹¹ Fruitful efforts have been made to place such hermeneutically derived material/processes within scientific frameworks of reliability and validity, for example, Ricoeur's (1979) clarification of relationships between *Verstehen* (understanding) and *Erklaren* (explanation) - in everyday terms, 'guessing' and 'validation' - which has been taken up by researchers in the social sciences, e.g. in Brown *et al.*'s (1989) *Reading Guide* for narrative analysis. Whether its usefulness can be extended from the text of the narrative, to the 'text' of art therapy's image plus narrative, remains to be seen. Broader systems of explanation can be employed; as indicated in the diagram (Fig.1, p.53).¹² It helps students to articulate deconstruction/reconstruction processes in their practice and research, providing some pointers to research strategies that do justice to both rhyme and reason.

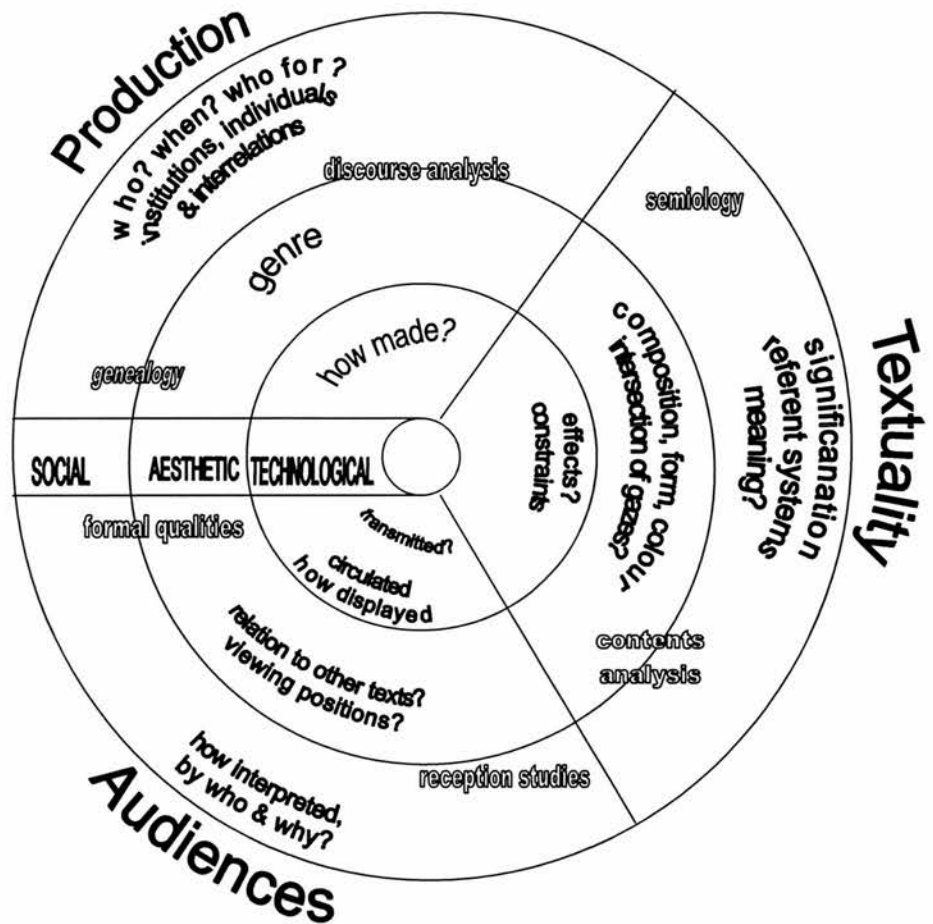


Figure 1: A Possible Framework for Interpreting Visual Texts.

Rose, G. (2000)¹³

In the grounded therapeutic (rather than the more idealistically educational) milieu of their placements, the students then learn to identify the potential significance of various indicators, through reflection on, and analysis of, the dynamics of image-making and image-reception. Student and client learn to appraise the relevance of the image to the particular situation of the person who made it. Sometimes it is recognised as more of a passive witness than an *actant* (Latour 1988). As much as the image, the image-making process itself can be taken as analogous to processes affecting for example, the clients' relationships, both with aspects of themselves and with others. This process permits 'corrective emotional experience' to be placed alongside insight through symbolisation, and direct communication, to function as agents of therapy.

Given the criticism that therapists tend to psychologise client's symptoms at the expense of their possible socio/cultural determinants, it should be emphasised that these exercises are not undertaken in a moral or political vacuum. Social discourse studies that have arisen as a reaction to the narrowly individualist tenets of certain approaches to psychotherapy - as well as to art - constitute a major part of the context of art therapists' training. In addition to their exposure to sociological theory, the day-to-day realities of experiences in placement that are explored in supervision groups, thoroughly ground what could otherwise be perceived as self-indulgent navel-gazing. Students are encouraged to approach each person with whom they will work as a particular individual with an interiority proper to him or herself, and as a 'subject' of social construction by others, e.g. a single mum, a teenage drop-out, a refugee. Therapists engage with clients in reflecting on these complex features of their lives.

They explore the interplay between cognition and emotion - the social and cognitive aspects of their client's personal, emotional life on the one hand - the intelligence of feeling - and on the other, the subjective and emotional aspects of their more socially and intellectually constituted thoughts and ideas - the feeling in intelligence. Students are encouraged to see their clients' lives as open projects, where creative communication at many different levels is paramount. Placements in which the students work with clients are thus vital. They vary dramatically - psychiatric-hospitals, prisons, women's groups, children's clinics, etc. - the diversity having the advantage that students are able to learn from each other's first-hand experiences as the work is processed in supervision groups. The disadvantage is that the various styles of art therapy practice developed in these different contexts do not necessarily complement one another. Despite this, over time students come to realise that the many types of pathology brought into supervision, (such as mental illness, irrational or deviant or abusive behaviour, learning difficulties, maladjustment, dysfunctional families, substance-abuse, eating disorders, and so on) - that these diverse pathologies can, and do, respond to at least one common approach to the alleviation of suffering. This is an approach based on the idea of self-healing through creative activity, allied to constructive collaborative dialogue. (The main object of this study being to analyse and separate-out the cultural terms in which such dialogue is conducted.) In the case of art therapy, dialogue includes visual imagery, produced by the client who also produces the narratives endowing the, often complex, images with additional layers of meaning.

When clients feel intimidated by activities that for many of them may, initially seem like childish messing about with crayons and paints, or by the prospect of having to reveal their ignorance of the crafts of illusionistic representation, art therapists can, through their own experience of art making, indicate the richness and endless variety of the means for making images bequeathed to them by modern artists. Just as for children, drawing, painting, singing, dancing or creative play can be serious and important, so they can be for the adult, once past the feeling that such activities are childish. Ironically, given its espousal of

extreme individualism, it was the modern movement in the arts that provided the principal tools to fashion this new therapeutics. The most significant feature of modernism as far as art therapy is concerned, is the democratisation of art making referred to in Chapter 2. Expressionism, Abstraction, Primitivism, Child-art, Insane-art, Naïve-art, Dada, Surrealism, Arte Povera - all of these sub-movements within modernism fragmented and loosened the laws and rules that had for centuries governed production in the visual arts. The open gates allowed outsiders into what had previously been a closed world - the artist's studio. In a studio context, through image-making, mature responses to, and feelings about, desirable or repulsive features of the world can be symbolised and expressed, via art. Clients are encouraged to take advantage of what has been learnt from art therapy's mentors, those modernist artists of the early 20th century, about how art-making can be practised by anyone. Art therapists convince clients that, to make images of what they see, think and feel, is not to submit to silly, child's play or mysterious rituals. The opportunity to express oneself creatively, now seen as a natural birthright - which has nothing to do with the expression of an 'inner' self for example, or the finding of the 'inner child' - creates signification beyond the mere indication of the present situation (diagnostics) towards a transformation of it (therapeutics).

In following the approach of co-creating constructive narratives, the students become aware of its shadow, epitomised in diagnosis and intervention along the currently dominant bio-medical dimensions of understanding and treating pathology. This may bring them into contact with the problem of reductionism in some areas of medical practice, with positivist scientific dogmatism blind to subtle relationships between the biological, the personal and the social (biopsychosocial - Erikson, 1974) dimensions of the sorts of dysfunction they come across in their placements. Many varieties of unwelcome behaviour are construed as being reducible to faults in the biological 'meat-machine' prompting intervention ranging from the cocktail of drugs 'pushed' by corporate manufacturers - to the anticipated genetic engineering proposed by the wilder visionaries of the genome project. Most interventions along this dimension are oppositional - medicine and surgery for example being marshalled to oppose the perceived threat to the body or mind. However where illness is reduced to biological cause and effect, so too is health; and by implication so too is life, i.e. social life. However, students become aware that current work on the social construction of medical knowledge, to be investigated below, challenges, sometimes from within, the traditional positivist bio-medical hegemony in the areas of both health and illness. Students learn that the arts therapies are not oppositional. They activate the client's own creative capacities - those body/mind impulses which drive all of us from crawling to walking, from mimicry to invented speech, and that reach their apotheosis in the arts. Art therapists recruit these to the service of the patient's self-healing. Their practice is accommodated for the most part, within an area of relatively catholic thinking about health policy in the NHS; it is included with other psychological therapies. They have over the years apprenticed themselves to psychotherapists, psychologists and

counsellors. To their mentor's respective psychological theories, they have attached their own aesthetic theories, or rather theories about various functions of art, those lending themselves to therapeutic activity. Thus students find themselves dealing with an extraordinarily rich concatenation of ideas and practices from very different realms of knowledge.

Art therapists work not against but alongside clients to help them to take the complex world depicted in, or encountered through, the process of making their images and words, on board. The therapeutic tasks of assisting clients to change, can vary. For example, they may be encouraged to break with imaginary identifications in which they imprisoned; to give up narcissistic idols of the self; to free themselves from repression, inhibition, impulsive avoidance on the one hand, or aggressive acting out on the other; to accept experiences of the self that acknowledges the truth of its incompleteness, yet that do not feel this to be akin to destructive disintegration, and so on. Students learn to navigate with their clients through the hazards of these processes, via the experience of being in therapy themselves, during their training - (as in a sense are their tutors, who undertake group supervision). Experience shows that the mutative power of the therapeutic process becomes self-evident over time, but it has to be carefully managed; the entry into and the exit from such processes of symbolisation requires a framework, a breaking with ordinary life and a crossing of an internal frontier. The physical setting provided and maintained by the art therapy student is not just a means to an end but a condition of therapeutic creativity. Students must learn how to construct boundaries, frames - transferable skills readily appreciated and recognised by artists - by experiencing both their constraints and their freedoms in the experiential groups. Within these frames they learn how to orchestrate, to create, a situation conducive to the 'working' of art (Heidegger, 1971, albeit at a humble level). They try to co-create the experience of 'flow' (Csikszentmihalyi, 1992) and to provide opportunities for reflection as well as the less directed experience of rumination via image-making, or even via the mere manipulation of media. In considering all of this it becomes evident that training art therapists is akin to e.g. planting, nurturing and training trees - a mixture of patience and trust in the growth-process alongside an understanding of the use of nutrients and of pruning is indispensable.

Students learn, if they do not know it already, that rhyme has its logic, reason its poetics. Neither is reducible to the other. Activating both in the service of not just helping to make sick people well, but also making well people better will, it is hoped, occupy the graduate art therapists fruitfully throughout their careers. Through analysing and refining their transferable skills, through their encounter with ideas about psychopathology and psychotherapy, through their placement experiences and through their experiential groups and individual personal therapy, students work at constructing new professional identities. One key element in their future careers will be their research into how the mutative power of art-making functions in their practice. The researcher/practitioner art therapists will face challenges for which they will need adequate preparation before entering the field, so the study now outlines a number of issues

concerning research that they will be expected to deal with, professionally and creatively. It is the complexity of the problems they raise that has provoked the re-structuring of art therapy's epistemological base that is the aim of this study.

Notes and References

1. Council for Professions Supplementary to Medicine - CPSM. Now the Health Professions Council – HPC.
2. British Association of Art Therapists.
3. In fact the evolution of art therapy training/education had begun much earlier than the 1970's. A critical mass of the overlapping interests of artists, educators, psychologists, psychiatrists, psychoanalysts, sufficient to define a possible field, had been achieved by the early 1940's (c.f. Waller 1991), its content being articulated via an informal 'apprenticeship' system. By the late 1960's and early 1970's there were any number of short courses and numerous 'workshops' where the rudiments of art therapy could be learnt.
4. In some respects, analogous to Bergson's 'Intellect' and 'Intuition' and also to Kristeva's (1975) symbolic and semiotic categories: 'Scientific discourse, for example, aspiring to the status of metalanguage, tends to reduce as much as possible the semiotic component. On the contrary, the signifying economy of poetic language is specific in that the semiotic is not only a constraint as in the symbolic, but it tends to gain the upper hand...' Kristeva, J. *Desire in Language: A Semiotic Approach to Literature and Art*. In (Ed.), L.S. Roudiez (1980) (Trans. T. Gora, A. Jardine, L.S. Roudiez). New York: Columbia Press p.134.
5. Mill (1927 in Robinson, 1982) had portrayed the human sciences as primitive versions of the natural sciences - science in its infancy; subsequently Wittgenstein provided the means whereby subjects such as history, anthropology, psychology, could escape from this kind of positivism. He showed that rule-governed, meaningful human behaviour cannot be attributed to 'causes' deduced from universal laws of human nature, but rather are to be understood as the operation of 'intentions' in a matrix of 'language games' and 'forms of life'.
6. c.f. Malbert (2000)
- 7 Silverstone, L. (1997) *Art Therapy The Person-Centred Way*, (2nd ed.) Jessica Kingsley Publishers Ltd: London. The small proportion of students whose degrees are in disciplines other than art are selected for training on the basis of their substantial involvement in the visual arts in addition to their other qualifications and interests. Many of them could have been, or had been offered places in art programmes but decided to pursue different careers. They all possess the attitudes and skills outlined above in some form or another and are expected to develop these during their professional education. Also art education in Britain is different from North American practice. Colleagues in art therapy education, such as Silverstone (above) and Robbins (1994), given the prevailing education system and recruitment procedures, finds that: 'The person with the art education background brings to the therapeutic relationship a repertoire of projects that can be excellent vehicles for self-expression and development. These very same exercises can also be used as a means of avoiding the subtleties of interpersonal contact'

(p. 22). They recruit their students from a wider - though perhaps shallower - epistemological base. Such poorly equipped candidates as those described would not be recruited onto courses in Britain either. The conceptual and perceptual qualities described above are sought for in the selection process, along with evidence of empathy with and sensitivity towards others.

8. c.f. Footnote 14, p.41, above.

9. J.J. Gibson (e.g. 1950) was commissioned by the USAF to help trainee pilots jettison their usual lay responses to the rapidly unfolding perceptual challenges involved in landing jet fighters. The pilots tended to rely on their 'natural' habits of perception - which had now become dangerous. They had to be taught to see how to use new invariants in the visual array. His work was originally picked-up by various psychologists (e.g. Vernon, 1962, p.250n), was then neglected, and has been re-viewed by Michael & Still (1992).

10. As Michael and Still put it: '...optical information about the world is not... conveyed through static projections upon the retina. Instead it is contained in the light itself, whose structure is rich in information that specifies both the reflecting surfaces that surround the observer and the orientation and movements of the observer in relation to the surroundings - hence 'visual kinethesis'. (p.872) They add, referring to Gibson's 'affordances': 'Affordances point both ways, to the environment and to the observer and therefore, to perceive the world is to co-perceive oneself.' (*Ibid.*) See below (Chapter 16).

11. Witkin, R. (1974) *Intelligence of Feeling*. London: Heinemann.

12. Socially, and financially, the benefits of such self-help can be enormous, but that is another argument.

13. Rose, G. (2000) *Visual Methodologies: an introduction to the interpretation of visual materials*. London, Sage.

Chapter 6: Fields of Application 2: Art Therapy Research - Institutional Considerations

The intention behind the following discussion is to look at some (indirect) critiques primarily aimed at psychotherapy that also hit nearby targets, art therapy being one. Beginning by acknowledging valid criticisms of research in art therapy, it is fair to remark that so far, research in the discipline has been piecemeal, as mentioned in the Introduction; understandably so in the circumstances of its untidy, unplanned growth over the last sixty years. (c.f. Gilroy, 1992; Gilroy & Roy, 1995; Payne, 1995; Edwards, 1999; Wood, 1999). Until the early 1990s, self-directed individuals explored its many facets, the result being a lively opportunistically assembled portfolio of reflections on various ideas and practices, lacking overall purpose or clear direction. In Britain, art therapy developed via practice, its pioneers publishing occasional case studies, randomly, i.e. not in response to any particular challenge to describe this practice¹ or to explain their theoretical positions. Later, between the 1960's and the 1980's, a great deal of insightful writing on art therapy appeared in 'Inscape' the Journal of BAAT, but it would not necessarily be considered by the scientific community as research per se, even in a liberal interpretation of the term. Inscape also published book reviews, the nearest the emerging profession approached to the peer reviews of other disciplines' self-scrutiny. With increasing professionalism, the 1990's saw a burgeoning of individually motivated research papers in all the fields of the creative therapies, but that welcome, albeit self-motivated development has been over-taken by events. Now, one of the many implications of art therapy's progress is that its practitioners will be obliged to engage in less personal and more bureaucratised research programmes, to validate practice and perhaps more strategically, to generate funding for further research, as will staff in the training institutions; to underpin their teaching. Because such funding is based more on institutional needs and targets than on individual interests - for example in order to present inter-linked material for research assessment exercises - than hitherto, art therapists have been thrust into discussions with colleagues over priorities contested within institutional research agendas and policies.

It has become apparent that the amount of research funding gained for art therapy although substantial given the circumstances, does not seem to be particularly impressive when compared with that won by colleagues, for example, physiotherapists or occupational therapists, who have enjoyed consistent and productive relationships with medical and scientific Research Councils over many years. Art therapists are just beginning to learn the rules, written and unwritten, of, for example, preparing grant applications in a highly cost-conscious healthcare environment. Although art therapy students now have to learn what EBP is, most are unlikely to work in placements with researcher-practitioners experienced in winning grants - fundraisers upon whom they can model themselves. On top of this there are political pressures for certain kinds of enquiry, which art therapists may or may not be equipped to undertake given their aptitudes and training. For example, they are encouraged to carry out client-led rather than purely

academic research. This entails finding out whether their activities are what clients' want or need; a somewhat paradoxical exercise, therapy by its very nature changing clients' wants and needs as it proceeds. Additionally the 'real world' research (Robson, 1993) necessarily involved in EBP is messy and poorly controlled in general, in comparison with tidy clinical trials promoted in funding proposals, competing for the same resources.

The question of audience is also relevant: such research as has been published has had no real audience outside its own field, not having been commissioned by anyone. Art therapists have been their own audience, concerned to establish and consolidate rather than to criticise their profession - in attempting to build an epistemological and a political base. Perhaps because of this, as Gilroy (1995)² notes, research methodologies have not been robust enough to convince sceptics:

'...researchers have preferred (the) 'softer' research methodologies and have neither used the more quantitative methodologies nor addressed the outcomes of their work. Professional issues have been paramount, perhaps at the expense of more clinically orientated research.' (p.7)

Whilst agreeing with her that research, '...is more like a maze than a pathway' (p. 11), one can take issue over the claim that this leads to: '...research that is meaningless in terms of clinical practice...' (p.8), that is, to the question: 'does art therapy work?' This is the kind of question asked by some managers, for example, on discovering that art therapists are now state registered. It has become meaningless only because it is hard to answer their question with a single reply. Because the evolution of art therapy has not taken place along a single trajectory, it now consists of several, sometime mutually exclusive, epistemologies, interacting in patterns of attraction or repulsion with one another - and this had indeed built a maze for its researchers. The inter-paradigmatic nature of the field means that researchers are faced at the outset of their work with the challenge of trying to master several disciplines' literature and *modi operandi*. They must demonstrate at least a familiarity with current material emanating from the fields of psychology, psychiatry, social science as well as art and aesthetics and sometimes as well, surmount the difficulty of addressing more than one audience at a time. As Yalom (1998) says, discussing a similar problem confronting trainee psychiatrists: '...generally (they are)...lost in a sea of information, multiple theoretical schools stream by like so many sturdy transport ships, yet none seems capable of carrying the entire cargo of information available for each patient...' (p. 285). However the question Gilroy *et al.* reject as meaningless, because it is '... an impossibly imprecise research question' (p.8), could gain precision if the complexity of the topic were taken fully into account.

Researchers seek to organise art therapy know-how, classify it, reproduce it, in order to deploy it politically, economically, strategically; to make sure that it is properly framed so that it shows up clearly against a background of, for example, fashionable new 'gung-ho' therapies. To show that it works they face the Herculean labour of arresting the seemingly endless flow of emotion, information, hypothesis,

speculation, received wisdom - intrinsic to art therapy's practice. They seek to 'freeze' pockets of personal experience so that dispassionate checks and balances can be made outwith the action/process of therapy. Reliable evidence of the kind familiar to medical science, (c.f. Goldner and Blisker, 1995, noted above) in the linked domains of art-making and psychotherapy, is often hard to identify and stabilise or is so obvious as to be virtually worthless. Wadeson (1980³) thinks that its unique research problems may need new approaches to methodology:

'...Although art therapy researchers may borrow heavily from the methodologies traditionally employed in the behavioural sciences, art therapists may have to refine, modify and adapt them to the peculiar problems posed by this field. Art therapists may even have to develop new methods.' (p.318)

The heavy wake of each shipload of theory reconfigures research data in crosscurrents of conflicting information, making it impossible to answer the question, 'Does it work?' with confidence, based on proof, that it does in all models, and in all contexts.

In the light of this, some practitioners adopt pragmatic, rather than strictly empirical approaches to research, a strategy suggested by Neil Gray at the 1987 BAAT AGM where these issues were high on the agenda. Gray made the point that lack of clinical evidence does not amount to lack of clinical effectiveness: the relevant evidence may be just too difficult to access and process in normal working practice. This is recognised as a general problem in psychotherapy research as Singh, (1995⁴) points out. He is referring to the topic of 'evidence' in discussing briefly the views put forward in Bellak's book *Psychoanalysis as a Science* (1993). He quotes Bellak: '...philosophers can be most effective by encouraging *the use of evidence where it can be had* and by urging logical clarification, yet without allowing either effort to become too dogmatic or prescriptive.' (Bellak in Singh *Ibid.* Emphasis added). The use of evidence 'where it can be had' is a far more sensible Winnicottian good-enough approach to the validating of the variety of knowledge-bases and practices constituting art therapy than that being urged by some managers. They may still regard old-fashioned quantification and empirical testing as the only way of justifying creative therapy provision. Teams of researchers in clinical settings can provide this kind of evidence and have done so. (e.g. Waller & Mahoney, 1998) But even then, such quantified evidence may carry the risk of distorting the true nature of the complexities of art therapy practice. Wood (1999), says that for example, the employment of single Random Control Trials might provide skewed results unless they have the company of other art therapy control trials (p. 54) - which most do not. This would affect the precision of for example, any outcome studies art therapists are able to provide. Some of the issues arising in this area have been very competently analysed in a special issue of *Changes* (1995) devoted to 'outcome in psychotherapy'. But the drawback with outcome studies is that they concern only the effectiveness and not the desirability of particular therapeutic interventions. Furthermore, the publication of the results of research may not provide truly reliable evidence of what actually happens,

backstage as it were, in the day-to-day world of hospitals, clinics, prisons, day-care centres and other settings, including private practice. It gives a truer picture of say, eighteenth-century politics, to take into consideration all of the Parliamentary Bills that failed, that never became Acts of Parliament despite all the work that went into their preparation, as well as to carefully study the effects of the successful Bills. So it may be necessary to document the false starts and failures through a disinterested appraisal of exactly what the routine basis of art therapy practice is. Such a project (an unlikely candidate for funding) might well correct the occasionally idealised image of its practice, derived from books and journals that quite understandably publish success stories.

However it should be remembered that colleagues in other disciplines within healthcare face similar problems. Not all aspects of nursing are amenable to quantifiable justification - the 'quality' of attention in palliative care or the building of trust in a children's nursery, being examples. In all such disciplines, the very notion of EBP is somewhat tendentious in that it presupposes a particular kind of practice or approach to health and illness on the part of employees. It may well turn out that in the case of art therapy some of its paradigms, once they are identified, can generate the requisite data more easily than can others. What exactly art therapy practice is has to some extent to be deduced from observations. But observing therapeutic work first hand, for example within a 'spiritual' paradigm, is going to be problematic. This is due to the intimacy of the therapeutic relationship; to issues of confidentiality and other ethical concerns; and not least because of the Hawthorne Effect, the influence of the observer on the situation observed. Accordingly, some areas of practice are likely to remain speculative for the foreseeable future. Art therapists forced to re-assess their attitude to research in most workplaces, rather than seeking to prove the efficacy of their practice in this direct way, may be better advised to enquire into what validates it. They can demonstrate not only that art therapy practice is of value but indicate what kind of value and for whom. They could make use of a wide range of data derived from such secondary sources as previous formal research; job descriptions; guidelines; reviews; textbooks; clinical records; epidemiological data; clinical experience; audit findings; patients' reports, and so on. But even here, identifying, collecting and deploying enough material to convincingly demonstrate that in general, therapeutic objectives are indeed specifically related to clients/patients' needs and that methods for addressing these are effective, requires time and money. Practising art therapists require substantial commitments of time/resources to create precious space to slow down and reflect on their activities, (which is what research really is). Up until now support of this order has not usually been available.

Breaking down art therapy's knowledge base into manageable (for research purposes) paradigms, as this study proposes to do, seems a reasonable enough project. More controversially, seeking to place anything to do with art, or worse, aesthetics, on employing institutions' research agendas, is a different matter. In fact, it challenges one of the principles of art therapy; 'The therapist's focus is not particularly on the

aesthetic merits of the work...but on the therapeutic process.’ (In an information booklet produced by the Artists and Art Therapists’ Standing Committee of Arts Therapies Professions, 1992.) But this will become necessary as the profession develops, if it is not to betray its intrinsic and unique values (c.f. McNiff 1998, whose book *Art Based Research*, though flawed through being too personal and too much of a catch-all, at least addresses these kinds of issues). Edwards too (1993, 1999⁵) insists, in ‘The Role of the Case Study in Art Therapy Research’ that art therapists must not allow pressures to produce valid evidence of clinical effectiveness, to skew their interests. He warns: ‘...We ought, I feel, to be wary of colluding in any attempt to push art therapy, or any other form of psychotherapeutic work, in a purely surface-orientated, symptom-focused, cost-driven direction...’(p.2)

In resisting purely institutional agendas, in order to achieve self-understanding, art therapists’ knowledge of and application of *art* to therapeutics has to be recognised as being, at least potentially scientifically verifiable.⁶ Those aspects of research not directly connected with art are not so problematic. How and why art therapists deploy practical skills, acquire theoretical clinical knowledge; how they construct ethical professional relationships - are all candidates for investigation and evaluation under the aegis of research methodologies used everyday in the social and human sciences. Procedures for collecting, collating, analysing and communicating relevant data are already available; the profession’s research *scientia* has not been invented from scratch.⁷ Research methods are already being borrowed from social science fields such as anthropology, research in pedagogy and in-house methodologies devised to handle the complexities of research in the human science of psychotherapy. Outcome indicators rather than outcome measures, for example, demonstrations that some configurations of work may be more effective than others, owe more to anthropological than biomedical approaches to evidence gathering. Roth and Fonagay’s (1996) consideration of differing approaches to varied client populations provides a good survey of this kind of research. Even if one brings art into the picture, pre-existing research templates are embossed with familiar forms thanks to art’s longstanding encounters with related disciplines; e.g. art and history, art and psychology, art and sociology. Art historians and anthropologists, for example, have shaped their activities around their research and their research around their activities.

But it is the value of art in art therapy, as mentioned above, rather than the more general methodological issues surrounding research in psychotherapy that will have to be argued for. In dealing with individuals’ creative engagement with difficult problems, on a daily basis, the claim is that art therapists’ specialist knowledge with regard to art plays a key role in effecting therapeutic change. This unproven but widely accepted assumption must be backed-up by evidence (the word is derived from *video* = I see) that separates it from other traditional ways of knowing and doing therapy. But art therapists in the workplace will require support to enable them to demonstrate the benefits for clients (and the inevitability within actual practice) of - perhaps un-measurable - quality of life - aesthetic experiences. Of course these are

often re-framed as psychological experiences, for example, 'corrective emotional experiences' to bypass the issue - such experiences are seen as being generated alongside the communicative aspects of art therapy. Hence the defensive assertions in much of, but not all of the art therapy literature,⁸ that art therapy is not concerned with aesthetic meaning or value. What kind of evidence would convince employers and managers that aesthetic experiences are worth providing? (c.f. Florence Nightingale, above.) Those close to the profession can see for themselves the efficacy of art therapists' work in practice, but what kind of analysis of its dependence on art, as well as on therapeutics, could be regarded as principled enough to convince sceptics? Art is perceived to be value-laden - through its makers' dependence on their particular subjective experience of the world for their effects. But this perception - a hangover from Romanticism - has to be challenged.

For example, regarding the general charge of artists' unscientific subjectivity, the phenomenologist Merleau Pointy (1959) turns the tables, arguing that, contrary to popular assumptions, it is science that is subjective, since in order to create experiments it has to reduce the world as lived in to its narrowest parameters. In contrast, art is objective, in that it takes the world as it is. However such philosophical observations may not cut much ice in the workplace. Art's own built-in tacit values will need to be made explicit where relevant and placed in the socio/historical context of healthcare and then argued for. Wood (1999) addresses such issues in an illuminating article describing the current socio-political healthcare world and its implications for those involved in art therapy research. Gestures of approval typical of the early years of art therapy, such as Baudanin's suggestion (in Reitman, 1950) that art represents '...a relief from tension...as such it can be a therapeutic agent in nervous diseases', via sublimation (p.131), were taken up by pioneers of the profession. At that time they were thankful indeed that respected medical practitioners endorsed their artistic activities in hospital settings. But now more than personal approval is required - recognition of art's intrinsic virtues has to be won through persuasion. So beyond the institutional issues pertinent to art therapy research, another dimension of enquiry into what could constitute a principled rationale for the discipline has to be explored. Although the political and intellectual climate for dialogue about how to construct research strategies specific to art therapy is favourable, it is necessary to be clear about what counts as an explanation and what demonstrates understanding in the field. (This issue has been addressed by Gilroy, in part - in a paper aptly entitled: 'Our Own Kind of Evidence' 1996.) Obviously one needs to understand in order to explain, but there are differing levels and kinds of understanding. So, having just surveyed some general issues in research, more specific problems need to be addressed. The next chapter attempts to provide a context, in certain history and philosophy of science debates, for art therapists to locate their own particular rationales for understanding and explaining how art therapy works.

Notes and References

1. E.g. *The Springs of Creativity*, Westman, H., 1961.
2. Gilroy, A. & Lee, C. (1995) *Art and Music: Therapy and Research*. London and New York: Routledge.
3. Wadeson, H. (1980) *Art Psychotherapy*. New York: Wiley Interscience.
4. Singh, N. (1995) Grünbaum, Philosophy and Psychoanalysis. *British Journal of Psychotherapy*, Vol. 12, No.1, pp.132-134.
5. Edwards, D. (1993) Why don't art therapists do research? In H. Payne (Ed.), *Handbook of Inquiry in the Arts Therapies: One River, Many Currents*. London & Philadelphia: Jessica Kingsley Publishers.
6. The word 'science' is derived etymologically from the present participle of 'sciere', 'to know'; and is related both to 'discern' and to 'skill' so there is an underground connection with art.
7. Data collection could take different forms; Dryden and Feltham's (1992) checklists could be used and the data q-sorted to provide a picture of effective therapy from both the therapist's and the client's point of view. See: Dryden, W. and Feltham, C., *Brief Counselling - A Practical Guide for Beginning Practitioners*.. Oxford University Press, Buckingham/Philadelphia. Appendices 1, 6, 8.
8. Particularly in Britain, e.g. MacLagan, 1999; Schaverien, 1991; Henzell, 1981; Gilroy, 1996; and Byrne, 1974, 1984.

Chapter 7: Fields of Application 3: Understanding and Explanation in Art Therapy Research

Art therapists have frequently faced incomprehension, sometimes scepticism and even hostility in the workplace. Its emergence into a polarised 'two-cultures' intellectual climate (Snow, 1959) in the 1940's and 1950's - an elitist arts/humanities culture at loggerheads with burgeoning positivist science - may be part of the reason. This sharp division no longer exists, the new social and human sciences now occupying a dynamic space between the two poles, having provided a site for clinical psychology and psychotherapy to develop over the intervening decades. But even now, art therapy is not always comfortable; this is not only about art not fitting easily into clinical settings, but also about crucial differences between psychotherapeutic and bio-medical models of health and disease. Art therapy is a form of psychotherapy sometimes described as a study of the depth psychology of human subjectivity devoted to the illumination of meanings in personal experience and conduct. In accordance with *BAAT Core Course Requirements* its training is firmly rooted in psychotherapeutic concepts and practices, including the creation, and sustaining, of a therapeutic alliance between therapist and client - and the recognition of the implications of working within the interpersonal relationship that is central to this process (*Ibid.*) Art therapy thus shares definitive features and therefore research problems with controversial disciplines, such as psychoanalysis, in its employment of transference/countertransference models of therapeutic relationships. By proxy, art therapists cannot avoid the fierce challenges to the claims of psychoanalysis, to clinical efficacy and therefore validity.

Like psychoanalysis, some of its moral and intellectual status as a principled therapeutic enterprise is founded on its claimed ability to interrogate the client's reasons for construing and maintaining the symptoms that disfigure his/her life. Psychoanalysts and practitioners of the other psychological therapies have had to defend themselves against charges that this major constituent of their practice has no scientific validity, since it deals only with *reasons* for unwelcome behaviour - some of these being unconscious. To return to a point made earlier, its detractors usually presume that the only valid approaches to the treatment of psychological disorders are those based on a scientific analysis of their *causes*. The investigation of these can only be undertaken using the powerful tools and methods of, for example, bio-medical science.¹ However, these debates are two sided. For example, psychoanalysts have counter-argued that, to start with, the power relationship between the two approaches to knowing (pertaining to 'causes of' and 'reasons for' behaviour) should be reversed. Explanation of causes as favoured by empirical science should be subsumed under understanding of reasons as favoured by the human sciences. Finlay (1988)² drawing on Habermas' theory of communicative action sketches out the consequences of such a reversal:

'Rather than excluding psychotherapy from investigation, because it does not follow the rules of classical empirical science, this discourse of therapy is premised on the gamble that it might be

possible for the other sciences to borrow the psychotherapeutic interactive epistemology, thus changing the dominant subject/object paradigm of knowledge to a subject \diamond object interactive one grounded in communicational interchange. The result would be to bring psychotherapeutic knowledge once more closely into line with the older not only human and social but modern physical sciences akin to countertransference - allowing it to make its own contribution to a theory of how we know.' (p.68)

The two differing paradigms of knowledge she refers to will be the central topic of chapter 20. Meanwhile, to exemplify briefly, the subject \diamond object interactive approach entails creation as well as discovery. As Hepburn (1990)³ has noted;

'The human world is part-assembled, part-fashioned by means of the synthesising concepts and organising images we apply of our sensations and by which we interpret the actions of others and our own actions. The human world has a perfectly valid claim to reality; but what does and does not go into it, and how it is organised is the work of creation - and - discovery, and of discerning through creation' (p.188).

In presenting ideas relating art, science and truth, he argues that the creative arts reveal truths about reality. He contrasts its approach with sciences: 'stripping away anthropomorphic accretions and deposits'. This is unlike arts: 'projecting, humanising, interposing a lens or a temperament', arguing that in the former case we are thereby 'distanced' from truth and knowledge of reality (p.185). New insight, new truth, discoveries in art, come as a collusion between artist and spectator, writer and reader, composer and listener. In this subject \diamond object interactive account, the piece works when the '...vision of the artwork is sustainable by the world beyond the frame' (*Ibid.*). However, art is more than a cognitive feedback mechanism simply mirroring reality. The assumption that art does mirror the real - as a justification for its truth value, also carries the assumption that the reality is fully constituted independently of art - it is there to be mirrored by art. But this is not the case. For example, the use of directive psycho-social diagrams in family therapy may employ a cognitive approach to using the clients' images. The therapist may suggest that the client draw 'what you did yesterday'. Here family therapy images often show dramatic discrepancies between how certain events are perceived by different family members. From such diagrams, as well as from depictions of what went on with the family, clients may learn about boundaries, about tolerance. But they can also learn from other evidence, in terms of how the medium itself was used: freely or in a highly controlled manner, etc. In art therapy, the made image is held to contain different layers of information; so the therapeutic process enables clients, (through reflection, by both client and therapist), to learn about themselves through seeing that both what they have done and also how they have done it is connected to who they are. They learn what they are doing; e.g. in exploring relationships: how sensitively or clumsily they treat others, is to be perceived both in analysis of the picture, and also in how they felt about its making. Here, the medium can teach; it is necessary to respect it, to allow it to show its own potential, its 'affordances' and limitations.⁴ Here art is a subject \diamond object discourse, one that includes the medium as well as the overt pictorial messages.

Not all models of causation are thereby dismissed; only the linear billiard-ball model, as applied to human actions. Early in the 20th century the inspirers of art therapy, Freud and Jung amongst others, attempted to insert their subject-object psychological creations into the domain of causal science. They claimed, eventually, to little avail, that they were offering explanations for, as well as descriptions of, human conduct. As noted above, Freud's writing won the Goethe Prize for Literature, not the Nobel Prize for medicine. The effects of their ideas on understanding and explanation in psychology can be likened for example to the initial effects of tectonic-plate theories on contemporary understanding of volcanic activity. Compared with earlier attempts to understand volcanic action, reliant on individual, unpredictable volcanoes having to erupt before anything could be said of them, tectonic-plate theory made (common) sense, while providing solid scientific explanation. Whatever their failings, in their own ways Freud's and Jung's widely differing tectonic-plate models of psychological operations moved the understanding of psychopathology from individualistic to speculative metapsychological levels of investigation, without diminishing the attention paid to the erupting individual. However, it may be worth mentioning that tectonic-plate understanding came about not only from a study of volcanoes, but also from researchers consulting historical records, oral traditions and myths about fire-eating deities. That is, researchers arrived at their conclusions from studying patterns found in the wide 'meme-pool' of human experience,⁵ where causation was understood as network rather than chain activity (the 'web' as a fluid information system exemplifying this). Different sorts of paradigmatic *scientia* collaborated to generate genuine discovery, without diluting one another.

Art therapists interested in quizzing the *status quo* could also consider contesting the validity of the claims of positivist critics to their own, supposedly value-free procedures and knowledge, from which position they scrutinise psychotherapy. It has been noticed that the race to break the genetic code has been more appealing to biologists than attempting to find a cure for the common cold. To argue that the race may well lead to the cure simply attests to the existence of values and to the a-logical nature of (at least parts of) the scientific enterprise - the operation within it if rhyme as well as reason. Practicality or convenience may feature in the choice of which scientific theories are worthy of being developed. This point was made almost half a century ago by one of the participants, (the physicist/philosopher Philip Frank) in a 1958 New York Symposium on '*Psychoanalysis, Scientific Method, and Philosophy*' where Freud's claim for psychoanalysis' scientific status was being debated. (Singh, 1995). This complements Bellak's 'evidence where it can be had...' argument (above) produced on the same occasion. Frank, one of the original members of the scientifically minded Vienna Circle, tried to set the record straight about the relation between psychoanalysis and the philosophical movement known as Logical Positivism. He described how the doctrines of logical positivism had come to be seen as uncompromising gate-keepers, blocking entry into science of any but the most logically strict theories - those whose terms had met rigorous semantic standards and proven themselves to be meaningful. However as he pointed out, such

strict policing had not always been deemed appropriate; he argued that practicality or convenience could determine which theories are investigated.⁶ Of course, over the last fifty years a strong epistemological alternative to positivism has been constructed by social scientists - but learning how to use it is one of the more difficult tasks facing the art therapy profession, to help them challenge positivism's heirs in the bio-medical workplace.

More narrowly, it may be strategically useful to take note of the point that psychology's claim to be a science has been the object of critical scrutiny too - from within. Gorenstein (1984) in discussing the conceptual status of variables in psychology asserts that all sciences, including psychology, are 'mythological': Such variables as atom, molecule, genotype, cognition and market value, are abstract, theoretical constructs inferred from the observation of their presumed effects. They are all 'outlandish creations'. So psychological variables determining deviant behaviour - schizophrenia, depression, anxiety, psychopathy - do not exist as physical structures but are products of hypothetical inference (*Ibid.*) Of course, this does not mean that they are not valuable concepts, but does point to their social construction. Since Feyerabend's controversial criticisms of scientific method in the 1970s, an oppositional stance to normative science has managed to temper hard sciences' sometimes absurdly omniscient and omnipotent claims. This study is an attempt to join the debate - whether artists have enough confidence to deploy Gorenstein-style rhetoric or are otherwise equipped to take part in this contest remains to be seen.

The debates extend beyond critiques of psychoanalysis. As noted above, fundamental questions about the nature of the discipline of psychology, originating, according to certain scholars, in the separation of psychology from philosophy in the 19th century, lie at the heart of the matter. Dilthey (1910) distinguished between at least two kinds of science, natural science and social science, the first producing explanation and the second understanding. But he seemed to leave out of the scientific enterprise altogether the sort of investigation of single lives that were usually undertaken by novelists, biographers and autobiographers. Such 'evidence' as these artists and scholars presented to their readers, of what life is like, was excluded from consideration as having anything to do with either natural or social science. This is because its authors were deemed to have smuggled their personal values and interests into even their most objective or realistic reports (c.f. Dickens, Zola, Orwell). As noted, art therapists, along with other psychotherapists, are engaged in developing models of treatment having their methodological base in (therapeutic) relationships with individual persons rather than with syndromes or diseases, or with social groups. Part of their work resembles that of novelists and biographers as many commentators on, e.g. Freud's case-studies have pointed out. Fortunately, researchers in the social sciences of e.g. psychology, history, anthropology, sociology, have over time embraced theoretical positions and methods of data-gathering and analysis that bring their work close to that of novelists and biographers, without

compromising the rational or critical basis of their enquiries.⁷ How can art therapy researchers use their models - but also, include image-making in their methods? Here, *pace* Wadeson (above), new research methodologies may be required to take cognisance of relationships between images and the 'word-pictures' that accompany them.⁸ How this problem is dealt with in art therapy education is the topic of the next chapter.

Notes and References

1. The cutting edge of this polemic is to be found not only in books and professional journals, but also more publicly in the literary reviews (*Times Literary Supplement* (TLS), *London Review of Books* (LRB), *New York Review of Books* (NYRB)). There, regular and often bitter exchanges between critics, e.g. Crews, Tallis - and supporters, e.g. Frosh, Bresnick, make for lively (or sometimes dispiriting) reading as each new work on the historiography of psychoanalysis and on Freud, Jung and their followers reaches the marketplace.
2. Finlay, M. (1988b) *Dialogical Strategies/Strategic Dialogue: A Discursive Analysis of Psychotherapeutic Interaction*. Unpublished *M.Sc. in Psychiatry Thesis*. McGill University, Montreal.
3. Hepburn, R. (1990) Art, Truth and the Education of Subjectivity. *Journal of Philosophy of Education*. Vol. 24. No. 2.
4. Still and Good's (1998), paper proposing just such a basis for an 'ontology of mutualism' will be discussed in Chapter 19 in the 'psychology' paradigm.
5. Memes: Richard Dawkins described units of culture, spread by imitation, as memes, a parallel term with genes. See Blakemore, S., *The Meme Machine*, 2000.
6. 'Unlike many of those who later claimed to represent logical positivism, its early advocates comfortably accepted that the theoretical system of axioms that organised a field cannot themselves be subject to observational tests. Instead, the logical positivist says that one theory is more practical or convenient than another one...hence, the truth of Freudian or similar theories must not be understood otherwise than pragmatically. It may be convenient or not to accept them' (Frank, 1959, p.311 quoted by Singh, 1995).
7. For example see Bromley, D.B., Academic contributions to psychological counselling. 1. A philosophy of science for the study of individual cases. In: *Counselling Psychology Quarterly*, Vol. 3, no. 3, 1990, pp. 299-308.
8. See below p.158.

Chapter 8: Fields of Application 4: Issues in Visual Research Education

Moving now from a general discussion to more specific description, to answer the question posed at the end of the last chapter, and linking back to art therapists' professional education, one way to start thinking about including image-making in research, is by making art therapists' tacit knowledge of this process explicit. One can present a description of what happens within the process of image-making, first creating a model of what goes on between the image-maker and the image. As indicated in Chapter 5, this kind of exploration can be attempted in the experiential groups that form a significant part of art therapists' training. In teaching students how to unpack images, workshop leaders deploy various strategies to generate exploratory dialogues (rather than critical readings) between images and image-makers. To illustrate what is involved, a modelling of a heuristic>hermeneutic>semiotic processing technique is presented to them. First, *heuristic* experiences of experiential/existential patterns of activity are explored; for example, whatever went on between the artist and the medium at a haptic level is put into words of some kind. Here each mark and each remark steers the image towards its final form - reciprocally influences each new choice of mark, and remark. This is the case in intentional and spontaneous work; often the process itself generates the image, there being no prior fixed intention, as in automatic image-making, such as doodling. (MacLagan, 2000). Analysis of the *hermeneutic* (to be described presently) silent dialogue between image and maker, is undertaken next; and finally, all of this experiential data is inserted back into the socially constructed package of meaning constituting the many discourses circulating in the discipline, in a *semiotic* dialogue with these. The strategy allows the rhetorical features of the images to proclaim themselves - to show-forth, alongside description, commentary, and explanation, reflected both in the way the image is made and in processing the completed work. The images show-forth in a different way while they are being made compared with when they are finished. Nevertheless both manifestations *can* be processed similarly, as objects separate from their makers. The images produced in experiential groups are thus considered first as objects of action/perception; next as sites of hermeneutic activity (sometimes as sites of a particular case of this - psychoanalytic hermeneutics) and last as signifiers circulating in the public domain of signs. The first heuristic engagement with materials/media, as well as with image-making, embodies the rhyming discussed above. The second (hermeneutic) hovers between rhyme and reason; the third (semiotic) engages with reason.

There is a further dimension of potential meaning in these images to be taken into account; they are also made objects; therefore, as in other embodied activities (e.g. sport, building, truck-driving) the body (as well as feeling and thinking) participates in kinaesthetic dialogue with them. There is often a lacuna regarding the physical dynamics of therapeutic relationships in accounts on which art therapists' draw, with the exception of the strong, and controversial, emphasis on the body in Gestalt therapy.¹ Webster (1996) surprisingly, but convincingly, names Freud as a culprit,² and Ephron (1985) includes Winnicott in

this criticism. As Young (1994³) notes, all too often the laws of the intellect, governed by reason, leave the body out of account:

'This is utterly odd, since who we are is all mixed up with how we feel about our bodies, yet we seem to live in our minds, while our feelings often get put into our bodies - 'somatised' - in ways that are odd, distressing and sometimes fatal, as in some psychosomatic...and eating disorders' (p.33)

Despite assertions (to counteract the claims of psychobiologists), that psychology is as undetermined by biology as it is by elementary particle physics, there has been a tradition of exploration of the body at the level of relationships between biology and art; Comfort (1969⁴) writes of an amalgam of body, mind, emotion and customs, of

'...the evolution of a thinking and feeling animal which had conceptual thought, was social, developed a body of custom and of transmitted knowledge, and finally fathered us, the observer or reader today, with the body of a mammal, the unconscious and social needs and drives of an Aborigine, and the accumulated experience of living matter in our cells and of human tradition in our heads and books' (p.12)

He along with Morris (1962), and Disseneyaka (1988) and a few others, link the body with art, via its bestowing evolutionary advantage; but the connection needs to be made to symbolic embodiment too,⁵ since paintings, (those produced in the therapeutic session involving messy confections of paper, water, paint and often, sticky acrylic glues, are tangible objects, are embodied, made of material stuff. Art therapists can not be exclusively 'cognitive' when processing their sessions, since visceral responses to those substances and their properties are also pathways to understanding. The embodied image (Schaverien, 1991) is one of art therapy's unique tools. In using it as a vehicle for hermeneutic reflection the art therapist must take into account this kind of physicality and convey their response to it in their reports, to counteract the lack of discussion or even recognition of *physis*⁶ in the general psychotherapy literature. The art therapy literature is not so remiss in this respect; nevertheless, silent gestures, inarticulate sounds, like the exclamation marks and triple dots in texts as analysed by Kristeva, 1975 - body languages - as well as the responses above, often form part of processing the images. So a specialised version of discourse analysis, as a methodology, may have to be developed to take these, conveyors of potential meaning, into account in systematic ways.⁷

In the model of the students making and learning to read images, the theoretical aspects of the second of the delaying strategies mentioned above, hermeneutic reflection, has not been explored as much as clients/artists' heuristic engagement with the image on the one hand, and therapists' semiotic classifying on the other. So it is necessary to spell out some of its features here. Hermeneutics studies the ways in which we relate to the world in relativistic, contingent terms, irreducible to causal explanations. The method of hermeneutics was developed from the work of Biblical scholars' attempts to formulate rules for understanding sacred texts correctly. For instance, to deal with contradictions in the Bible, scholars

approached the clashing texts via metaphor or allegory - responding to them in terms of embracing differing layers of meaning (rather than in terms of being critical of opposing - straightforwardly factual - accounts) in a dialogue with the text. In the 19th century, the Biblical scholar Schleiermacher expanded the methodology beyond its original task of Biblical exegesis to the analysis of historical and literary texts. Later, through the work of Dilthey, its application spread into other areas too - into law, philosophy, and as well, aesthetics. Although its grand ambition was to find basic structures of relationships between the world and our experience of it, the immediate goal of Dilthey's hermeneutics was to find a key to the meaning of texts or signs. This was to be achieved by reconstructing the context of their utterance, be it the history of the times, the intention of the (divine) utterer, or of the speaking subject's biography, i.e., the life-history of the author. Dilthey's main premise is that our relationship to words and other signs is always circular - is following a hermeneutic circle. One has to understand part of a text to understand the whole and understand the whole in terms of each of its parts. One can only understand the parts on the basis of the rest of the text/work. Philosophy (according to Dilthey) is itself such a circular holistic enterprise (Finlay, 1988b).

A number of thinkers have developed different aspects of hermeneutics, in progressing, as Finlay (*Ibid.*) says: 'From a hermeneutics of the sign (Ricoeur) to a hermeneutics of the dialogue (Gadamer, Habermas)' (p.107) - one area of application being the discipline of psychoanalysis, as Habermas notes in a number of important texts (e.g., 1971, Chapter 10⁸). He points out that Freud patterned the interpretation of dreams after Dilthey's hermeneutical model of philological research, and that:

'...It was no accident that Dilthey took biography as the starting-point of his analysis of understanding. The reconstruction of a life-history that can be remembered is the model for the interpretation of symbols and structures in general...' (p.215),

He needed to: '...take resort to what is behind manifest memory.' (*Ibid.*⁹) But not only within esoteric psychoanalysis; in terms of its very practical application, the importance of (for example) Gadamer's hermeneutic philosophy is recognised in nursing, in attempts to understand and research such phenomena as for example 'caring', 'comfort' and 'reassurance' (Pascoe, E., 1996, p.6). Still (2000¹⁰), in discussing its applications within psychology, differentiates between two differing approaches to hermeneutic methodology. He characterises them as 'The Private Eye' approach, and 'The Circle Dance' approach. The former is a highly successful interpretative tool for finding hidden truths, from the secrets of nature, to the uncovering of criminal motives (c.f. Sherlock Holmes). It is one in which its protagonists are seen as participants in an investigation. The participants in circle-dance hermeneutics relate to one another differently;

'...You cannot understand the whole until you have understood the parts, and vice-versa. This paradox applies to all experience. It cannot be resolved logically, but through experience itself, through each reading of a poem, or session with a client, or inspection of the archives, the meaning of the whole changes in mutual interaction with the meaning of the parts. The new

meanings that emerge are dependent on how you read, how client and therapist approach the session, or how you inspect the archives. It is not a passive process. You bring to it expectations, habits of attention, ways of labelling, etc. There is no one true meaning, since new meanings arrived at are dependent upon procedures'. (p.2)

This is more true to the spirit of Freud's energised hermeneutics (Finlay, 1988, p.102) than the investigative hermeneutics of some forms of social science where the one truth (originally, proof of Christ's divinity - c.f. Schliermacher) is the object of the 'private-eye's quest. Finlay shows how Habermas puts in its place a pragmatic, materialist, reconstructive hermeneutics: '...which would insist on criticising and modifying socio-historical (in the case of political theory), and biographical (in the case of psychoanalysis) structures of prejudices which are indeed not universal and natural but rather quite modifiable' (*Ibid.* p.116). Understanding, gained in each step of the circle-dance leads to further understanding and thus change.

As noted, Dilthey's work brought to the fore primary differences between explanation and understanding. In directing hermeneutics towards subjective consciousness (to be explored subsequently in human sciences such as psychoanalysis - as mentioned in the list of antecedents - p.29, above), he reinforced a distinction between methodologies in the natural and human sciences. Natural scientists investigate their objects of research from the outside, aiming for causal explanation, replicability of experiments, etc. In contrast to the natural sciences, the human sciences are interested in meaning, rather than mechanism. Meaning exists within subjectivity, where experience and as well, its interpretation, generate understanding. To understand, for example, intended behaviours - as in the illustration of heuristic art-making above - as well as the image-making, further descriptive analysis is also required.¹¹ Questions about the compatibility with each other of such descriptions of singular discourses need not arise within the hermeneutic framework (c.f. Kuhn's repudiation of the 'abstraction of elements', p.21 above). It can deal convincingly with the complexities of individual, contingent human relationships,¹² the creation of which itself involves hermeneutic processes. To tie this in with comments about the body, above, the determinants of these processes need not be 'conscious'. Awareness of ourselves through our awareness of others' responses to us through emotional rapport can precede our becoming conscious of our feelings about them. This occurs in therapy, for example via counter-transference, and again relates to the body. As Husserl (in Merleau Pointy, 1986¹³) points out, this gives access to knowledge of ourselves without relying solely on conscious reflection. We know ourselves through how others *are* with us. Husserl's ideas about the body are also relevant:

'...the experience of the other is like something taught me by the spontaneity of my body. It is as if my body learns what my consciousness cannot, for this body takes the actions of the other into account, realises a sort of coupling with them, or an "intentional transgression", without which I would never gain the notion of the other as other. Thus the body is not only an object to which my consciousness finds itself externally linked. For me it is the only way of knowing that there

are animated bodies, which also means that its own link with my consciousness is more internal and essential'. (p. 83)

(also c.f. Levinas, 1985 concept of face-to-face ontology.) Increased understanding of what works in therapy follows where complicated kinaesthetic relations with others, based on existential (not only intellectual) reflection, can be acknowledged also. Hence the espousal of dynamic, hermeneutic, interactive, narrative, methodologies - as employed by Winnicott in his work with children, for example - the point being that the heuristic experience of the other - be it client or image - precedes and complements understandings reached via hermeneutic dialogue.

Finally, Habermas (1989, pp. 298-9) provides a distilled and therefore resistant to exegesis, but relevant, account of the significance for epistemology of hermeneutics. He makes explicit the difference between self-reflection on the one hand and philosophical hermeneutics on the other. He argues that hermeneutics is significant for the various branches of knowledge and the interpretation of their findings in a number of different ways. Two of these are directly relevant: he writes of 'hermeneutical consciousness' that demolishes: '...the objectivistic self-conception of the traditional human sciences'. He argues that given the bond between the interpreting scholar and the hermeneutical situation from which he starts, it follows that impartiality of understanding cannot be secured by abstraction from preconceived ideas (c.f. Kuhn, on abstraction in theory/style p.21 above). It can be secured only through reflection on the effective historical relationship in which the knowing subject always stands to its object. Here is an argument endorsing among other things, the significance of transference and countertransference within the psychotherapeutic relationship created in art therapy. This point will be taken up again in Chapter 17 on 'The Politics of the Gaze'.

In modelling the processes of what happens in image-making in art therapy, following the heuristic and hermeneutic processing just outlined, a 'semiotic' processing is now instigated. Whereas explanation can be a-social, (to the extent that a mathematical proposition can be explained purely in the language of mathematics), understanding belongs to the social world; a world of sign and image-exchanges. Meaning is generated variously according to where and how a sign is inserted into a semiotic system. The same component of an image may have different meanings in, say, a Kleinian, a Jungian or an Early Modern epistemological context. This area has been extensively explored in the literature, so the comments that follow are intended only to broaden the concept of semiotics as applied to art therapy. Bal (2000) characterises semiotics as a 'baroque theory' (in Malbert, 2000 p.19¹⁴)

'...Rather than competing with linguistics...which tends to chop up the visual field, or with history, which posits it at a distance, or philosophy, which universalises it, semiotics ought to endorse the trope of the mirror as its self-image.' (*Ibid.*)

In other words, semiotics is not an objective mechanical science of signs. For example, when hermeneutic reflexivity gives way to semiotic reflexivity in the service of understanding, such understanding can employ empathy amongst other more familiar tools. If a client is crying the therapist can assume that her crying is a sign that the person is sad; knowing this because of feeling perhaps physically, his or her misery. Empathy is then inserted into the client's sign-system as a means towards understanding the reason for the suffering. To understand their past (presented as another sign-system) the therapists tries to relive the client's (or the group's) experience at the time. What were they thinking, feeling, discussing? We therapists put ourselves in their shoes, reconstructing the psychological context of their world. As with reading their case history, so with writing an account of our own and the client's experience; the reader's empathy is solicited. When writing a case-history the art therapist wants to give the reader the sense of re-living the experience from the perspective of both the client, whose words and actions are reported, whose images are reproduced; and of the therapist whose comments and observations are recorded, perhaps in a different idiom. So writing such a history becomes a form of psychological action - that of deliberately creating an effect in the reader.¹⁵ But also when seeking to understand a client's picture, the effect it has arrives through another kind of empathy: as noted, we respond emotionally and physically as well as cognitively to paint, colour, image, scene. The trouble is that one art therapist's empathy cannot be measured against another's, each therapist's empathy belonging to his or her own sphere of interiority, of subjectivity. This does not mean that because it is subjective, the workings of empathy re-presented in the semiotic frame of the case-history, cannot be understood. If the process generates experiences that by their nature cannot be proved, other means of convincing (the client, the student, the research committee) are needed. Here the rhetoric of the case-study comes into play. The case is presented as if by a lawyer acting on behalf of the client in a court.

Rhetoric, as mentioned above, is a tried and tested means of principled persuasion, but is perceived as being hopelessly tied to subjective interests when compared with disinterested explanation; however, the belief that its subjective origins are dangerous, for science, can be contested. For example Gadamer,¹⁶ in discussing the history of rhetoric makes this point about science's dependence on its own rhetorical mode of expression/communication:

'And where else, indeed, should theoretical reflection on the art of understanding turn than to rhetoric, which from the earliest days of the tradition has been the champion of a claim to truth which vindicates the plausible, the *eikos* (verisimilar), and (vindicates) that which is illuminating to common sense against science's claim to truth and certainty?' (1989, p.278)

He goes on to say that to convince and illuminate without being able to prove, is just as much the goal of understanding and explication as it is of rhetoric and the art of persuasion. Furthermore, he says, the vast realm of illuminating convictions and the prevailing opinions is not in the least diminished, gradually or otherwise, by the progress of science, however great that may be:

'...on the contrary, it expands to take in every new advance in scientific knowledge, in order to claim it for itself and bring it into conformity with its own nature... for only through rhetoric does science become a social factor in our lives. What would we know of modern physics, which so visibly transforms our lives, from physics alone?' (*Ibid.* p.278)¹⁷

The rhetoric implicit in visual art, its semiotically conceptualised self-presentation, is its *scientia*, its knowledge and as well, its means of communicating it. Art is a showing, an ostensive self-definition; 'a picture cannot, however, 'depict' its pictorial form: it displays it' (Wittgenstein, 1971, 2.172.). Because the standard separation between knowledge and explanation in other fields is collapsed together in visual art, it is often assumed that art is all knowledge and no explanation and that the knowledge involved is merely the response of the audience member. But this is not necessarily so as Phillipson has pointed out - see p.95 below - it resides in a space between artwork and spectator and work in this space is very hard to describe; MacLagan (2000¹⁸), who has consistently argued for the centrality of art in art therapy, writes of the artworks' 'actual material features':

'These specific features are responsible for an artwork's 'feel'. This is something that may be hard to put into words, for it cannot be simply identified with one kind of emotional 'message' or another. A work's 'feel' has to do with a complex bundle of responses, which are partly subliminal (I use this word in preference to 'unconscious' because of the latter's psychoanalytical tint). Nevertheless, this feel can be quite specific and articulate, even though we may find it almost impossible to give a verbal account of it.' (p.2)

Rather than reducing such feel to psychological theory he notes that;

'What is important about the psychological resonances of aesthetic qualities is that, rather than resulting in interpretations or conclusions, they 'fan out' in ways that are suggestive and expressive, and this is what Art Therapy at its best can expand on.' (p.4)

The above discussion is intended to show that there are different stakeholders in the developing story of EBP - on the one side, employers demanding evidence, and on the other, practitioners such as MacLagan questioning assumptions - and indicating alternative ways of thinking about what acquiring it entails. Both viewpoints stimulate further enquiry, particularly (in the case of art therapists) about research into how visual material is processed. However the topic of research requires a section to itself. (Section B below).

This concludes Section A of the study. Up to this point it has provided an introduction to several different topics pertinent to the discipline. These have included a consideration of the new requirement for evidence of art therapy's efficacy; revealing the need to find out where the original premises on which it is based came from; in parallel is a need to analyse the field of practice in the light of current cultural developments. The complexity of the topic entailed justifying the rejection of a straightforward historical in favour of an 'archaeological' (Foucault) or 'anatomical' survey of the field. Before embarking on such an analysis, two contexts of application were discussed, (art therapy education and art therapy research),

each being vulnerable to any radical re-appraisal of the discipline. This discussion of historical and cultural forces acting on art therapy has now reached the point at which a sharper focus is needed. Thus it moves to an exploration of one of the 'contexts', within which art therapy is embedded. Leaving aside therapeutics for the present, art - and the visual world it articulates - is one of the grounds of the profession. Within this, the linked realms of discourse pertaining to art, therapeutics and visual representation forms one of art therapy's discursive fields. Some of the transferable skills artists bring to the profession *qua* artists are easily understood and deployed during their training - for example, their ability to create order out of chaos, or to handle unconscious material. But others are harder to understand because they are hidden talents and of these, their visual acuity is paradoxically the most successfully hidden, the least obvious. It is hardly referred to in the literature except obliquely via secondary or tertiary texts, so there is first a need to investigate the more phenomenological aspects of image making/reading, forming the base (Marx) of the discipline. This will be done by analysing a particular discursive strand of the tacit knowledge, that artists bring to therapy. This is, their inbuilt experience, and therefore potential understanding of the world of visual images.

Notes and References

1. C.f. Rothe, E.A. 1987, A Biological Approach to Art Therapy, in Rubin, J.A. (ed.) *Approaches to Art Therapy*.
2. 'In Freud's compulsive use of technical terminology, in his religious commitment to the doctrine of mind, and in the abstruse theological complexity of his 'metapsychology', we are confronted not by a truly scientific enterprise, but by a more traditional project...a doomed and tragic attempt to reconstruct at the level of the intellect a sensual identity which has been crucified at the level of the spontaneous and vital body...the pattern is characteristic of apocalyptic thought, in which the body is redeemed only after it has first been purified.' Webster, 1996, p. 476.
3. Young, R. (1994) *Mental Space*. London: Process Press.
4. Comfort, A. (1969) *Nature and Human Nature*, London: Pelican.
5. Explorations of relationships between the body and psychological illness show up in the contemporary literature for example on self-harming individuals, and links have been postulated between attachment disorders and the psychobiological substrate mediated by opiates. Implications may extend to reviewing the current treatment of these self-harming clients. According to clinical studies (Hewitt, 1997, in Zulueta, 1999), infants suffering from deprivation have fewer opiate receptors than normal infants, so need higher levels of opiate secretion to feel good. As adolescents and adults, they 'self mutilate', and by re-traumatising, they produce neuropeptides. Their 'self-treatment' operates, despite appearances, at a biological level. See also Dassey (1999).
6. The counterpart to psyche - thus phys-ical and psych-ological.
7. Also see Merleau-Ponty (1986) on the body, Chapter 18.
8. Habermas, J. (1971) Knowledge and Human Interest. In J. Habermas (Ed.), *Self-Reflection as Science: Freud's Psychoanalytic Critique of Meaning*. Boston: Beacon Press.
9. Ricoeur, (1970), develops the theme of the hermeneutic Freud.
10. Still, A. (2000) The Circle Dance and the Private Eye. Queen Margaret University College lecture handout (unpublished).
11. Critiques of the claims of scientific truth to be 'universal' - of the claims that scientific explanation is about generalisable effects - point out that its methodologies very often rely on similar heuristic processes, for example, in making preliminary observations based on particular (individual) events and incidents; that the basis of such explanation must start 'somewhere'. Vulcanologists studied unique eruptions long before they could theorise about tectonic plates.
12. Techniques such as 'thick description' were developed by ethnomethodologists to deal with the 'chaotic' worlds they encountered in their research.
13. Merleau-Ponty, M. (1986) *The Phenomenology of Perception*. New York: Routledge and Keegan Paul.

14. Mabert, R. Quoting Caravaggio. TLS, 15th September 2000.
15. A number of papers in Ward, (ed. 1997) '*The Presentation of Case Material in Clinical Discourse*' explore the implications of this.
16. Gadamer, H.G. (1989), in Mueller-Vollmer (Ed.), *Rhetoric, Hermeneutics and the Critique of Ideology: Metacritical Comments on Truth and Method*.
17. C.f. also Thorne (2001).
18. MacLagan, D. (2000), *Idiom in Dreaming and in Art-Making*. Unpublished Paper.

Section B

Chapter 9: The Premodern Context 1: The Problematic Legacy of the Visual

The study now moves into the first of the cultural periods - premodernism - that shaped the discipline, through exploring what is perhaps the most significant influence on the proto-profession; its legacy of a highly developed visual (art) language, albeit one taken completely for granted by most art therapists. The art therapy literature is full of unexamined assumptions about what is assumed to be natural image-making. Perhaps this is because most of the practising art therapists in Britain, as graduates in fine or applied arts, bring their experience of image-making and their knowledge of art to therapeutic applications as built-in, unquestioned, skills. For better or worse they usually do not remain participants in the raw studio discussions and debates constitutive of the creative process itself. Explorations of what may be called the phenomenological, as opposed to the sociological and psychological components of made images is rare in the literature. Published research into the purely pictorial aspects of clients' images - as opposed to the extensive exploratory literature devoted to their psychological content - is sparse; what does appear is patchy and unfocussed. With a few notable exceptions¹ art therapy theory has not really addressed these phenomenological features of image-making. In therapy, nothing should escape attention. Indeed, particular scrutiny should be applied to the obvious. But the embedded visual culture, so thoroughly impressed into artists, has to be looked for, its re-presentation has to be insisted upon.

In their role as artists, art therapists already cultivate an attitude towards images transcending what Berenson refers to as that of 'passionate sightseers'; they create and inhabit a world of images. But now, more is required; they have to become visual researchers - researcher/practitioners, if art therapy is not to be perceived as merely 'social work with crayons' as sceptics have described it. The following discussion attempts to address some of the issues involved. Here the visual is treated as a baseline context, not an epistemological field like 'the spiritual' or 'the moral' listed amongst the cultural paradigms. Rather it is the ground of these areas of investigation, a major player in the art of art therapy. As this study proceeds, it will be explored also as the ground of an alleged perceptualist bias in the natural sciences and as well, the ground of a power politics of the therapeutic gaze. But first the process of artists' image-making and of image-reception will be analysed to provide insight into some of the assumptions that clients, therapists and theorists unfamiliar with such analysis, bring to their (mis) understanding of the image.

In this discussion visual art will refer to drawing and painting - not to 3D, or video, or performance art. These too, are produced in the ground of the visual but different principles of reception apply to them, their employment in art therapy needing more justification than can be found at present. Historically,

drawing and painting has been the most commonly used 'medicine' (McNiff) - not least because of practical issues connected with the other modes of image-production (storage for example). Although it may well be that performance art, video art, etc. constitute a significant part of the training of artists in the postmodern era, many artists occupying senior positions in training institutions are still firm believers in drawing² and their influence should keep this particular 'advanced technology' of image-making in the foreground for the foreseeable future. Nevertheless, art's 'expanded field' awaits investigation and analysis by art therapists conversant with and attracted to its new media, practices and discourses.

As image-makers, art therapy trainees bring highly relevant transferable skills from the world of art to the world of psychotherapy.³ Artists' ability to edit the visual world (analysis) and their ability to create compositions (synthesis) provide the most obvious contribution to art therapy's *scientia*. This making of a work of art (whether undertaken by the client or by the artist/therapist), is an example of research in action, demonstrating - or on the contrary perhaps indicating the artist's poor aptitude for - both analysis and synthesis. This is true at all levels, except perhaps for trivial doodles⁴ - from children's drawing to the searching portraits of e.g. Holbein. Although most art is not *made* in the spirit of hypothesis (law); deduction (prediction); and experiment (confirmation) - artists, composers, writers, do necessarily engage in ongoing analysis of their work, research being part and parcel of creative artistic activity. Those familiar stages in scientific research (or detection *à la* private-eye hermeneutics, see above, p.75), have been applied to art. For example, in the middle of last century several leading psychologists embarked on the project of attempting to quantify aesthetic response - e.g. Eysenck (1968) and Berlyne (1969), but now such attempts seem forced, naively missing the point that reception involves experiencing the work, and not just the perception of its appearance. Nonetheless, despite that miscue, the principles underlying the application of art/knowledge to psychopathology and to psychotherapy, still need to be understood at other levels than just those presented in many clinical case studies. As noted, simply making art therapists' tacit artistic knowledge explicit could be the first step in analysing what they know, and how this knowledge is applied in practice, to satisfy demands for EBP.

Good art therapists often display what is considered to be an intuitive feel for making sense, or rather, meaning, out of certain features of their clients' images. Their visual skills and prejudices⁵ are investigated here for their potential to illuminate the mystery of such intuition. The apparently random distribution of this endowment raises a number of questions: if intuition is proposed, can it be explained without resort to invocations of special giftedness? Some practitioners are naturally very responsive towards other people and this must play a part in their response to the images too. Given that students are selected for training on this basis, can they learn how to step back from and scrutinise their gift? What further analyses of their own creative activity do they need to place alongside those developed in their art training, in order to develop perceptiveness in processing their clients' image making? When they

exercise what might seem to be purely intuitive skills, is it possible that fairly straightforward ideas and concepts, to do with reading subtle cues in the pictures, will provide an understanding of what is going on?

The main point of this chapter will be that art therapists' perceptiveness can indeed be seen as an extension of inherited skills already developed in art training and subsequently transferred from art to therapy. As students they learn to read pictures and as well, to make them. During the course of their artistic composing, they will have been shown how to deploy for themselves pictorial cues investing their images with both surface and underlying structures of meaning. They import into their therapy training (perhaps unconsciously) this knowledge base, of the structural skills of art-making, often first encountered in school, refined in their art-student days, but now to be transmuted into the disciplines and frameworks of psychotherapy. Although there, it will usually be placed at the service of art reading, rather than employed in the domain of creative art-making, the students have already learnt that when looking at, responding to, a Titian, a Howard Hodgkin, a Paula Rego, they are following the artist's (implicit) articulation of their reception of those images. They are following instructions built into the composition, in terms of colour arrangement, texture, drawing, and so on, as well as the artists' depiction of people and scenes, for example.

Amongst the structures that create the conditions for the work's reception, their phenomenological, psychological, and social constituents are usually deliberately meshed together. One of the aims of this section of the work is to take them apart, in order to study how each functions in practice. The reading of artworks seems to be subjective, but some at least of the perceptual and psychological processes involved can be and have been analysed and explained, for example, by Wollflin, (1932); Panovsky, (1962), Arnheim, (1965). A number of pertinent theoretical constructions of relationships between seeing, image-making and meaning have been proposed (from a different position than that of Eysenck & Berlyne) by, for example, Dubrie and Willatts (1978), Phillipson (1985), Derrida (1967), Baxendall (1972), Wollheim (1987), Harrison (1997), Brandom (1998), Podro (1999) and others. With two exceptions, (Wollheim, Harrison) these writers have not concerned themselves with art therapy as such, but have applied their explorations of the visual to their own fields - the psychology of art, philosophy, cultural studies and art history. From time to time, texts deconstructing received patterns of reading art (history), such as Berger's *Ways of Seeing*, (1972), an early key work in the sociological rather than iconographic approaches to understanding art/images, find a place in these discourses. These texts are very valuable, but art therapy needs to conduct its own critique, in this case a deconstruction, of both theory and practice, in terms of its particular interests in and reliance on the visual, to spell out what differentiates it from all other areas of healthcare; i.e. its basis in the visual, its visual culture, its visual epistemology.

Visual culture is ubiquitous. It is difficult to make oneself aware of what extraordinary facility ordinary people display in reading, if not always in making, images. For example, in leafing through a coffee table art book it is possible to switch visual attention from a Giotto to a Picasso, from an Egyptian tomb painting to a Mondrian, from an Inuit mask to a Cindy Sherman - without even being aware of the 'linguistic' skills being deployed in the exercise. Were the images actual linguistic texts, the scale of the feat would be obvious. Surprisingly little attention has been paid to questioning what Wittgenstein (1972⁶) called 'the whole business of seeing' as related to image-making as well as to image reception, in the art therapy literature. Wittgenstein says:

'We find certain things about seeing puzzling because we do not find the whole business of seeing puzzling enough. (p.212)

And Harrison (1997⁷) comments:

'the easy nature of the majority of pictures - that we can construe them just by looking - is the central puzzle about the pictorial. It ought to astonish us far more than it normally does. Of course there are many pictures in art, in science, produced by children, or puzzlingly presented as data in art therapy, which are by no means easy, but perhaps these are in some way special cases, whose un-easy nature needs explaining against the background of those that are easy.' (p.11)

Seeing, which, in a necessarily reduced definition for the purpose of this study, orchestrates the eliciting and the analysing of visual images, is positioned at the heart of art therapists' professional activities. But there is an asymmetry between seeing and making. If art therapists may too readily assume, sometimes against protests, that clients just know how to go about making images of what they see (and feel, think, imagine), they may assume more properly that their clients know how to read images after they have made them. They read images not only in terms of depiction of objects, "this is a clock", and feelings, "this boy is depressed", but in terms of kinetics, "this man is falling", or in terms of events, "that is a storm". Also in terms of time, "it is evening", and even in terms of sound, "those angels are singing"; All of these are the virtual aspects of the images' communicative role.⁸

Such readings appear to be simply natural in the same way that the 'viewer-centredness' of pictures, the fact that they look back at us, is assumed to be natural, to be what pictures are supposed to look like. And their perspective, the artist/client's construction of the reader's position in an illusory space, (when it is employed), is usually taken for granted; it seems natural, not worth mentioning. Just as natural is the assumption that clients' images are representations of their inner and outer worlds: 'The world of the happy is a happy world.' (Wittgenstein 1972, p.78c) - so it may be presumed that angry people make 'angry' images and sad people make 'sad' images, and so forth. Features of image-making become so naturalised that they may simply not be noticed. For example, a client applies paint just to the edge of the paper; this may be regarded on the one hand (by, say, a psychologist in the care team) as just how people deal with edges of paper. On the other hand, the art therapist might suspect potential therapeutic

significance, (regarding, for example, the over-protection of boundaries). So potentially significant clues about clients' ways of putting the meanings of their worlds together may be missed. For example, free-flowing image-making processes akin to children's play, aimed at producing corrective emotional experiences, produces one order of image-making; exploratory processes aimed at self-descriptions of stresses and strains affecting the more disturbed clients' lives, distorting their images' integrant parts, skewing their hidden armatures, produces another. Even though images fashioned in the carefully articulated rituals of art therapy practice can really be puzzling at times, as clients work through difficult features of hard lives, strong feelings, confusing problems, tangled relationships - this is often dealt with in terms of the pictures' content. But even when working with pictorial content rather than process, its' manifest psychological impact often occludes more subtle genetic visual codings, the endowment of centuries of art's own evolution. Once again, the ways in which the client employs such endowments in particular instances, often not consciously, could possibly contribute to therapist and client negotiating different meanings were these disguised forces to be recognised. The recognition of and analysing of image-making's deep structures is often set aside in the normal discourses of the therapeutic sessions and seldom undertaken even in research into the mechanics of practice, e.g. in published case-studies. Misinterpretations, even if these are not conveyed to the client can result from failing to recognise these structures.

For example an untutored client may employ certain 'canonical projections', the device whereby the most information can be conveyed to the spectator with the most economy. Thus, faces are usually drawn frontally while cars are usually depicted side view, as are fishes,⁹ dogs and boats. A cube is usually drawn from above in three-quarter view although in theory it could be denoted by a square, drawn frontally, like a face. In fact, if it is a T.V. set, that is how it does get drawn. So a client's image of a boat trip, for example, may contain two different canonical projections, the boat apparently moving across the page, its passengers apparently looking at us. Why are they looking? What are they looking at? Interesting questions perhaps, but the client may not have wished to convey anything at all about the passengers looking anywhere, merely wishing to allude to the fact that there are passengers. Another example of such a paradox might be found in noting contradictions between what is depicted and how it is depicted; between what clients draw and what they say about their images; art therapists may sense dissonance when working with certain images. For example in figure 2 below the client had presented herself as a tentative, shadowy 'me' in the centre of her image - which graphically portrayed the withdrawn, depressed person who made the drawing. However other parts of the same picture are bold and even aggressive, a fact which when brought to her attention, enabled her to identify with and make use of stronger personal qualities than those she had adopted in her sick role. Also, the fact may be missed, that being inserted, or seduced, into the client's chosen space/time continuum, sometimes vertiginous, sometimes claustrophobic, via their image, can be as potentially charged with transferential meaning as

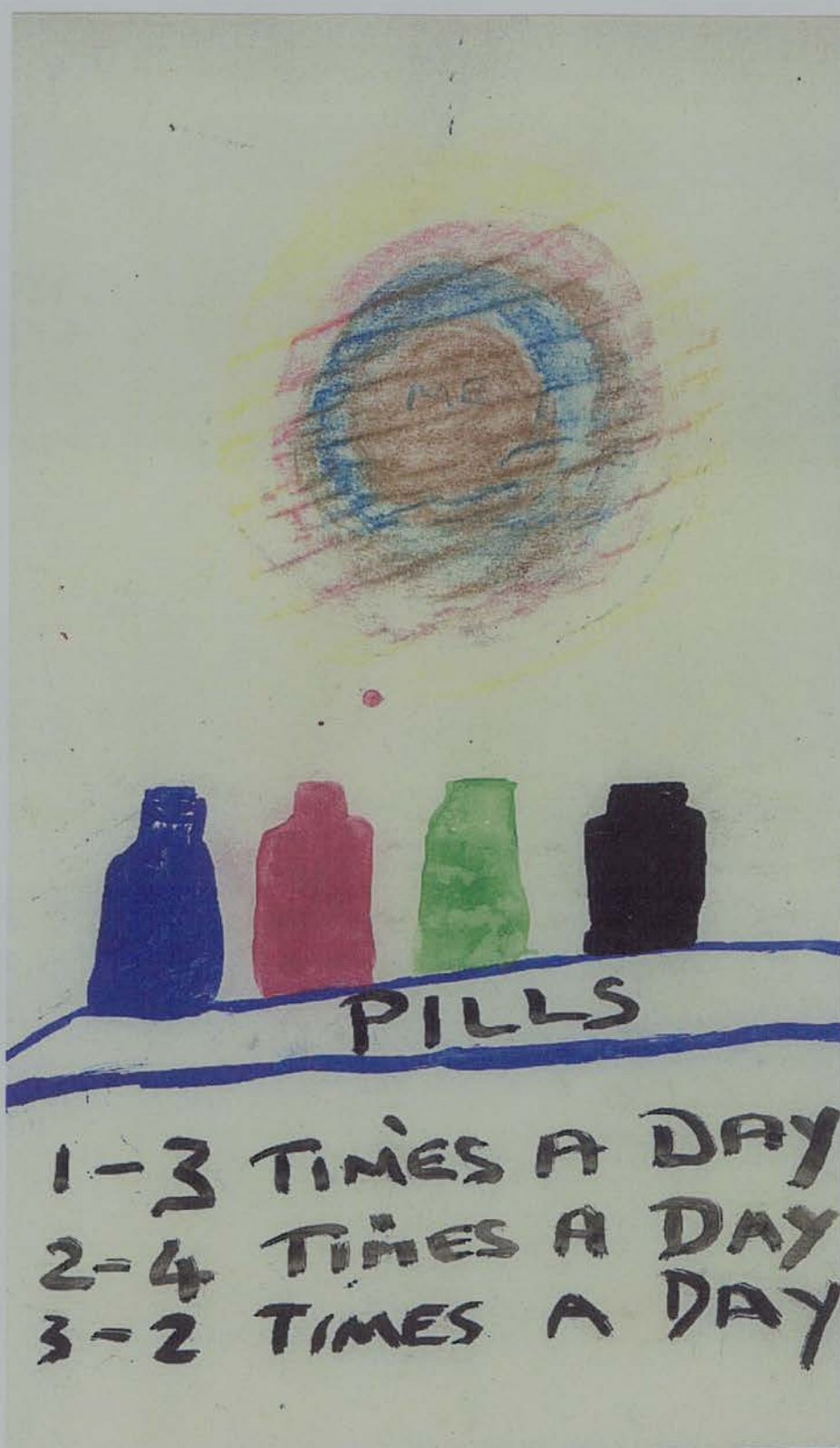


Figure 2: Client's drawing of 'me'

would be confronted with, for example, a dire scene from childhood, perhaps a decoy created to elicit pity. Interestingly, in working with clients from cultures other than our own one finds that certain pictorial configurations, which in terms of local habits of seeing and making images, might be read as distortions - and therefore possibly indicative of pathology - *are* simply other ways of making imagery. This is the case too in the a-cultural sites of the creation of 'outsider' art, often far removed from the world of art and its conventions.

So the obvious may be neglected by the uninitiated - the fact that positioned before these images - or drawn into them in some cases - one is looking not at some sort of natural phenomena, but at completely culturally constructed objects, the fabrication of which includes the programming of its viewer's reception. Reading them is no more natural than is reading this text from left to right (which again, is usually taken for granted) with all the letters of the alphabet facing us. The theoretical gap identified here is present at every level in the profession; in for example, art therapy training which tends to concern itself primarily with clinical matters, i.e. with the psychological/psychodynamic dimensions of the subjects, (the stories), of the clients image-making. In most training courses, although workshops on understanding and interpretation may position psychological exploration via, e.g. psychodynamic theory, alongside cultural aspects of art, e.g. romanticism, expressionism, the purely pictorial features of clients' imagery as well as picture-making processes will probably be taken as read.

The deep structures of art therapy are a kind of hidden code; in a comment that applies equally to art as to language (the topic of his discussion) Habermas makes the point that:

'...every natural language is its own meta-language. On that rests the reflexivity of natural languages which makes it possible...for the semantic content of linguistic expression to carry, along with the manifest message, an indirect message as to its application.' (Mueller-Vollmer 1989¹⁰, p.295)

But what are the structural components of the visual meta-language built into the natural languages of image making? What rule-books are automatically followed as in motorists unthinkingly following the Highway Code? And how will they be teased out of the students' embedded visual culture?¹¹ Unfortunately, as with Wittgenstein's rope, no one strand of pictorialism that can be identified as the visual stretches evenly from one end to the other of the discipline, so in the case-study to follow, a representative aspect will have to stand in for the complexities of pictorialism in pursuing these ideas. As an analogy, what is proposed as a way of deepening art therapists understanding of their clients' images could be compared to what goes on when particular themes in a musical composition are identified and their mutations analysed. For example, one can recognise different components of the main theme in the six-part *Ricercare* in Bach's *Musical Offering* - one can note where and when they appear throughout the piece in different registers, in different arrangements, in different voices, hidden and revealed

simultaneously in a complex dynamic interplay of sounds. This is particularly evident in Webern's transcription, which is in fact a deconstruction/reconstruction of Bach's piece, a research project carried out in musical - as opposed to linguistic - terms.

The unity, coherence and progression of the theme consists precisely in the weaving together of thousands of notes, like the rope's thousands of strands. However for the purpose of analysis just one voice out of the descending theme can be selected, or perhaps one instrument, for example by picking out the first violinist's part sheet. That voice can be tracked throughout the piece, using the research into its particular journey as a model for further potential analysis. Its journey will not necessarily be homogenous with any one strand in the rope but exploring it briefly will help our understanding of the whole piece's inter-strandedness (to coin another term). In the spirit of this model deconstruction,¹² the one pictorial instrument to be followed is perspective - a pictorial device orchestrating both image-making and image reception. It may seem to be an odd choice for this exercise, in that in general art therapy clients do not normally worry about the spatial congruence of their images. However the plan is to open up an unexplored dimension of art therapy's tacit knowledge, art therapy's hidden *scientia*, to investigate some of its effects on not just seeing, but on thinking too. The advantage of perspective for this purpose is that its social construction by artists, its widening application and its demise, can be isolated, can literally be seen, can be tracked historically, since in their complex structures, pictures contain a detailed archive of the history of picture making. As Wollflin (1932) pointed out, the history of art is also the history of vision.¹³ Another advantage may be that its remoteness from most art therapy discourse may stimulate the profession to look afresh at the periphery of its current interests, intrinsic to the practice, but un-theorised in the literature. But the most interesting point is that the eventual breakdown of perspective as one of the dominant structural features of art, (or at least, drawing and painting) and the questioning of the relevance of its implicit normative status, left a space for unbridled modernist experimentation. Alongside it, if not because of it, came a questioning of dogmatic (perspectival) objectivity in science; the twin-barrelled critique gradually undermining centuries of artistic language-building, and scientific theory-construction. Its repercussions led to the mid 20th century 'crisis of representation', to a politicised aesthetics; and to the current postmodern scene of plurality and uncertainty, at least in some areas of intellectual endeavour. The foregoing discussion has indicated that problematic relationships between image-making and image-reading in art therapy need further explication. Considering relationships between perspective and its offshoot, perspectivism, will show in some detail how the *scientia* of art contributed to, and still affects, the construction and the discovery of knowledge.

Notes and References

1. E.g., Henzell, in Dalley (ed.) (1984), MacLagan (1987), Simon (1992)
2. For example Tim Jones at Glasgow School of Art, as his double exhibition entitled *Principles of Drawing* attests. Jones, Timothy Elwyn, Catalogue *The Elements of Drawing*, an exhibition at the DCA Centrespace, Dundee, and the Glasgow School of Art. Dec - Jan 2001.
3. Exploring the consequences of their relocation promises to be a very fruitful area of research, since no thorough study of this transition has yet been undertaken; however, the most that can be achieved here is to outline the topic.
4. MacLagan's presentation at the 'Conference 2000' (Edinburgh College of Art, November 2000) placed doodles in the non-trivial democratic mainstream of Outsider Art.
5. Artists bring to therapy training certain visual skills, but also visual prejudices. (c.f. Gombrich, in Miller 1983) Prejudices are not necessarily handicaps, as Gadamer points out: 'The historicity of our existence entails that prejudices...constitute the initial directedness of our whole ability to experience. Prejudices are biases of our openness to the world. They are simply conditions whereby we experience something - whereby what we experience says something to us.' Gadamer, H.G. (1987) *The Relevance of the Beautiful and Other Essays*. Cambridge: Cambridge University Press., p.9)
6. Wittgenstein, L. (1972), *Philosophical Investigations*. Oxford: Basil Blackwood.
7. Harrison, A. (1997) *Philosophy and the Arts: Seeing and Believing*. Bristol: Thoemmes Press.
8. These have been investigated by Osborne, H. (1979), *Abstraction and Artifice in 20th Century Art*. Oxford: Clarendon Press, who distinguishes between semantic 'information' in images – i.e. about how the work relates to extend reality; syntactical 'information' - i.e. about its formal structure; and expressive information - i.e. about a work's physiognomic, emotional and aesthetic qualities.
9. One can observe in fish restaurants how people, before eating them, turn their plates so that the fish are presented in their canonical swimming positions!
10. In Mueller-Vollmer, K. (Ed.) (1989), *The Hermeneutics Reader: Texts of the German Traditions From the Enlightenment to the Present*. New York: Continuum.
11. Wittgenstein saw that the 'rules' to be studied are not 'in the mind' but in the patterns people actually follow: in trying to capture semantic or representational relations - what it is for something to mean something - the picture of the world is of no more use than the state of affairs itself. (1972, pp.20-21). This calls into question commonly held ideas e.g. that there is a situation (being in love) and a separate representation of it.
12. The selection of Bach's music as a model is not to indulge in 'elitism' as e.g., Richards (1988), might complain. Rather its historical influence, as well as its complexity, makes the analogy useful for discussing perspective, a similarly complex 'visual' voice among many. The *Musical Offering* analogy

signals also that the study cannot investigate all of the other relevant areas of visual phenomenology, equivalent to jazz, pop music, rap, world music, etc.

13. Wollheim (1973) rejects this idea.

Chapter 10: The Premodern Context 2: Perspective and Perspectivism

Art history shows that representational image-making had maintained a repertoire of static principles for perhaps two thousand years, or even much longer if one includes the very convincing representations of animals made by cave artists. Then, it shows that in 15th century Europe, a major paradigm shift took place. It was brought about by the invention of perspective, a compositional device profoundly altering artists' conceptual and perceptual understanding of how to represent both space and solidity in their images. Perspective is worth investigating here as part of the project of deconstructing habitual responses to visual features of, or rather forces in, clients' works, not just because it is a formal pictorial device, particular to the world of visual art, but because of its psychological effects; that is its tendency to make the world converge on the individual human subject, the spectator.¹ It is one of the forces that have shaped image making - and by proxy, art therapy. It relates cognitive accounts of image-making and reception (reason alluded to in chapter 5), with a crucial feature of art therapy's rhyme, the dialogue between spectator and image.

It sets off from a Habermasian rupture in the visual; a moment when the making of images of what was seen in the outside world, and subsequently seeing itself, was subjected to a radical transformation. Fifteenth Century perspective became an indispensable pictorial construct for representational art for the following four centuries. Most British art therapists² and indeed their clients will have employed it, as maker or spectator, in one way or another. Perspective boasts an extensive literature. For example, to skim the surface of contemporary discussions, amongst numerous books and papers, Richardson (1998), examines continuities in artistic form from the 14th Century to the present, exploring the perspectival formalising of visual representations; and the association of perspectival formality with extreme individualism in Western culture. Elkins (1994) writes of *The Poetics of Perspective*, noting that although;

'Perspective is the site of the legislation of seeing...it has never operated under a single verdict or binding rule.' (p.6).

Rapidly, throughout the 15th Century, following the experiments of Brunelleschi, (pre 1413), Masaccio's *Trinity* (of 1427/8) and Alberti's book on painting and depicting, *De Pictura* (1435), artists found that they could dispense with traditional pictorial conventions and employ the newly discovered perspective. Or more accurately, they tried to advance from an earlier empirical method of trial and error, or as Hockney (2001) argues, optical devices - see p.113 below), to a new, artificial, perspective. As Dubrie and Willats (1972) suggest, perspectival painting was preceded by an experimental stage. During this, objects in any one painting were drawn individually in oblique projection, but with a general tendency for

their orthogonals, that is, the edges of the objects that run back into the picture, to converge. They liken the development of perspectival organisation in spatial painting from the late-medieval period to the Renaissance, to the behaviour of a number of small magnetic compasses placed together on a table. At first the compass needles (the pictures' orthogonals) point only roughly in the same direction with random variations caused by their mutual attractions (the requirements of the surface composition of the painting). Then a powerful magnet, the spectator, appears. While the magnet is still far away most of the needles will hold their original pattern; as it moves closer the needles click round one by one until they are all pointing towards it (1972, p.39), creating new relationships between spectator and image.

After a transitional stage, the masters of perspective came to dominate the visual world of art. The pay-off was not only optical, as Brandom⁴ notes

'Achieving mastery of the theoretical and practical intricacies of visual perspective is one of the landmark events in the intellectual history of the West. For those who brought it about, this development had the significance of an advance on all fronts, a transformation of sensibilities and possibilities - the opening of a portal wide enough for a mathematised optical theory and a humanised artistic practice to pass through abreast.' (1998, p.6)

Pictures became 'viewer-centred' in this new humanised art. They were made for individual contemplation rather than for their previous audience, the congregation and the court. This dawning sense of individuality, arguably partly derived from the continuing revolution in image-making, had, a century later, to absorb another parallel transformation. Again the perturbation arrived through the eye, via the telescope, and the new science of optics. The telescope could pull the distant planets into viewers' eyes, but the sense of freedom its discoveries promised was soon subtly undermined. Though Galileo's telescope put an increasingly severe strain on the credibility of the Church being sole mediator between God and humankind, ironically, it was also an apparatus for creating a new conformity around the idea that there is a reality independent of divine revelation or of personal perception. In the space/time continuum in which these discoveries first took place - containing the invisible spaces of Heaven and Hell - and a time that included an afterlife, a time beyond time, perhaps this was of no great concern. But as those conceptions began to be questioned, an alternative picture of the nature of reality 'out there' was dimly perceived or rather, gradually constructed; Nature itself began to be investigated, inspected, revealed via optics.

Instead of having to believe the explanations and accept ecclesiastic and scholastic authority regarding the constitution of the natural world, independent observers started to look through the telescope, to confer and then to agree about what it was that they saw. For if an optical instrument is, like Galileo's telescope, fixed to one spot, or the binoculars on pivots at spectacular viewpoints, and first I step up to the spot and look and then you replace me, and then the others - usually we will all see the same thing, each from an identical perspective. What had been the spectator's personal 'look' then becomes reified as an

abstract 'gaze', as for example when one comes across notices in the countryside saying "photo opportunity". The above refers to the spectator's view; however, as noted above, artists' perspectives differ slightly.⁵ Indeed, there could be firm agreement about what would turn out to be mistaken views; one thinks of the observations in the 18th century of canals on Mars. Despite this drawback, as time went on, the potential for new applications or perspective, a steady perspective-ising, an objectifying of forms of apprehension other than the visual became acceptable. An implied neutrality claim for the fixed viewpoint - the telescope does not just show my idiosyncratic view - underpinned a natural model of neutral knowledge. As Brandom observes, these combined to posit a more ubiquitous subject/object schema; this was because:

'...The spectacular success of microscopes and telescopes in extending our perceptual reach led seventeenth Century thinkers to renewed emphasis on sight as a metaphor for cognition, a conception familiar already from Plato.' (*Ibid.*)

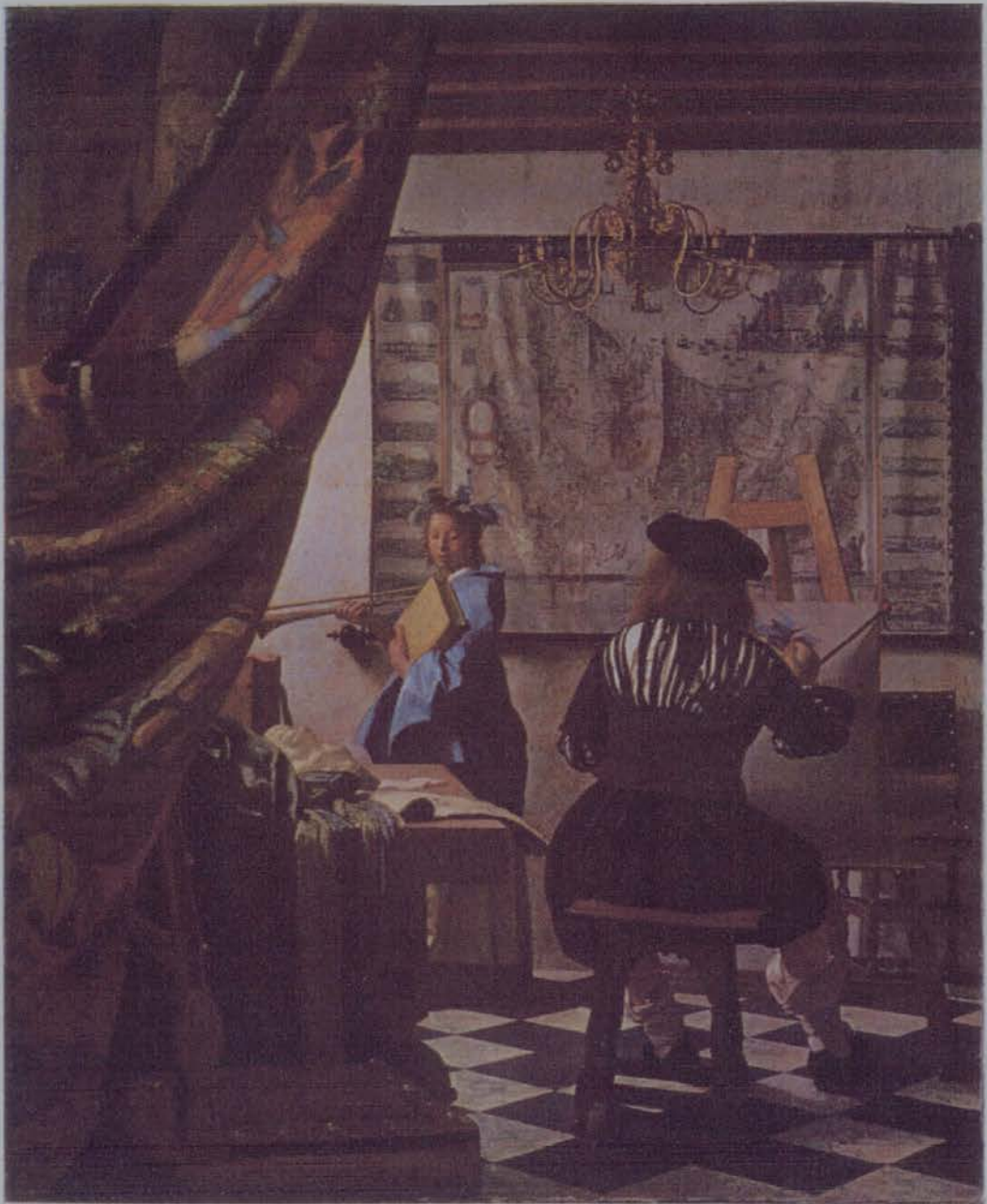
Before exploring a further development - that of subject/object 'perspectivism' - that came to underwrite early 20th century psychology, one consequence ought to be mentioned here. As the gaze of the perceptualist disembodied eye multiplies, the spectator now becomes vulnerable also, is exposed, since all are liable to become the object of a myriad of different perspectives. We are seen from all sides, as Lacan points out, (1977 p.72) we are thus constituted in and by the eyes of others. This has profound implications as far as the concepts of person and identity are concerned, since these attributes are co-created by others from our appearance, often against our wishes. The implications of this for art therapy will be discussed below. Another consequence was that artists began to make representation itself a topic for art, the magic of perspective having opened up this possibility. Phillipson (1985⁶) arguing from the position of the maker (rather than the spectator) of images writes:

'Art aims not at capturing a literal imitation of some assumedly independent object realm, but rather at exploring its own relation to a world which is both external and internal to the artist at the same time...' 'The artist's rendering will be not of a world-in-itself separate from the artist over there - but rather will be *a rendering of the artist's relation to the world*, a relation that is recognised as relative to where the artist practices from; relative to the language of his or her own experience.' (p.79). (Emphasis added)

For instance, in Figure 3, we may assume the object of our vision to be Vermeer's shy model with her downcast eyes. We respond to her inner harmony, poise, but in fact this image is of Vermeer, engaged in painting his model. As Habermas remarks:



Figure 4: Vermeer: Allegory of History, Detail



36. A PAINTER IN HIS STUDIO. About 1666. Vienna, Kunsthistorisches Museum

Figure 3: Vermeer: Allegory of History

'The subject doing the representing has to objectify himself to gain some clarity about the problematic process of representation itself. The concept of self-reflection takes over, and the relationship to self of the subject doing the representing becomes the single foundation of ultimate certainties.' (Habermas 1987⁶, p.260)

Here, the gaze is abstract. It does not seem to belong to the artist - anybody can fix him or herself behind Vermeer and watch, can even become collaborators, co-constructors of his field of vision - but where exactly are we? The apparently coherent pictorial space seems to fall apart as we study it carefully. However this is to be expected since strict perspective is artificial, static, and the spectator does not always insist on visual coherence or consistency as a criterion of either a good work of art. (c.f. Wollheim's fascinating analysis of Ingres's apparently 'collaged' compositions. 1987, pp. 249-304).

Over time, in their construction of the viewer's relationship to the image, different artists had different ideas of the optimal way to create such a relationship. Podro (1999) points out that works of art of Velasquez' (the magnificent *Las Meninas*) or Vermeer's complexity, have to be approached in what he calls a 'layered' fashion. He describes, within his theme of portrayal, layered relationships between 'performance', 'role' and 'subject' where it is the task of the whole mind, and not just the eye, to link the complex layers together. Not surprisingly, as mentioned above, the best artists do not just mimic the represented space, and it's occupant(s); they do not always show us the best view of their scene or their subject - that is, the optimal view for coherence (which Brandom argues is what perspective was intended for, cf. Brandom, 1998 above.) They may want to convey feelings and ideas other than those connected with the mere visual consistency of what is depicted. As Baudrillard (1983), in contrasting what he calls the art of the 'scene' with the art of the 'mirror', points out, art performs different functions in its relation to 'basic reality'. It may: '... mask the absence of basic reality; or (have) no relation to any reality whatever...it is its own pure simulacrum.' (in Foster, 1983, pp 126-134).

Those side effects of perspective became apparent retrospectively. Meanwhile, it mutated into perspectivism, that is, as the artist's device became a powerful metaphor for knowing; it seemed to offer the unifying prospect of conformity and neutrality as the basis of epistemology. But this may have been a false dawn. The tensions between what was to become the detached subject/object paradigm of knowing - and its rival, subject \leftrightarrow object interactive relationship between the knower and the known, (see Finlay, 1988b above, p.67) seem to be at the base of the difficulties concerning relationships between explanation and understanding facing art therapy researchers, as intimated in chapter 8. So it now becomes necessary to investigate briefly relationships between perspective as an artistic construct, invented to help artists represent their subjects in the form of visual images, and the consequences of its mutation into 'perspectivism'; the extension of its principles into fields other than art. This includes aesthetics, where

the notion of aesthetic distance (e.g., Bullough, Langer) may well be an offshoot of perspectivism.⁸ It will be useful to indicate here some of the consequences for art therapy of espousing perspectivism, for in the context of demands for EBP, some practitioners may be tempted to advocate research models that mimic seemingly objective research methodologies. These could involve constructing detached, passive relationships with clients. The therapist working with a version of this contemplative subject/object account of knowledge is not (self) permitted to interpret clients' images; all engagement with the picture coming from the side of the client, contrasting with client \leftrightarrow therapist interactive relationships. The point is that the rationale for taking this position can tacitly embody chains of misconceptions about the virtues of objectivity, derived from perspective being translated from art to epistemology. The objectivity-producing criteria are themselves ultimately based on questionable conceptions of how representational artists conduct their practice. This is because perspectivist accounts of knowing do not really model the complex dynamics and the subtleties of artists' perspectival orchestration of viewers' responses to their images.

For example, discussions of perspective's effects have tended to assume the existence of direct relationships between the artist and the spectator, in terms of the artist's understanding of the spectator's capacities for reception. But the situation is more complex and this is because some paintings have their origins, as Wollheim (1999⁹) says: '...not in the direct relations between painter and spectator, but in some transaction to which the spectator is only indirectly privy. The direct participants are painter and sitter.' (p.20) Since art therapists, as spectators, are also only indirectly privy to what goes on between client and image, these ideas may resonate with how they engage with their clients' productions. Especially useful are the three characteristic ways of denoting relationships that Podro (as summarised by Wollheim) proposes:

'...The painter ...may be concerned to capture the process of looking at the sitter, or the sitter as object [or] he may be concerned to capture the bodily movement or gesture of the sitter, or sitter as agent...'

For example, a client might say:

'That's my father in the first picture (object); that's him yelling at mum in the second (agent).'

Or again, '... he may be concerned to capture the very way in which the sitter presents himself, herself, to the world. The subject matter now is the sitter as a subject of consciousness, the sitter as potential autobiographer...' For example: 'That's him leering at me; he's drunk'. The artist (client) is presenting the sitter in a perspective that includes herself and the therapist in the father's lascivious gaze. Wollheim points out that from this last category it is as short step, '...to paintings in which the painter confronts the painter, or the self-portrait.' (*Ibid.*) For example: '...that's me, wearing his scary expression.'¹⁰

Is the client in her image 'looking-at' the sitter (e.g. her father) - objectivising him? Or is the client portraying the sitter as agent, showing how he goes about doing something - e.g. being angry? Alternatively, is the client creating an image of agency, but now reflected back towards herself - is the image a (displaced) 'self' portrait? In some cases, the answers would be self-evident, but in others, the relationship is not so clear-cut. Podro had earlier explored specific aspects of this theme in a review of a Rembrandt exhibition (Berlin 1992¹¹) in which he remarked:

'The topic of the gaze, the way figures in paintings look out into the world around them, which is also the world around us, has been in the last ten years the most variously reconsidered aspect of painting; the implied viewer has been aggressed, seduced, excluded and mirrored. There is no general argument which would evaluate the various theories of the implied viewer, but there is a perceptual point which suggests that we should be less dogmatic in interpreting our intuition of paintings...' (1992, p.25)

Given this warning one can imagine his distinctions providing the basis for a critique, of certain naive readings of images, by art therapists, but also, for example, of certain kinds of psychometric testing (e.g. the House-Tree-Person test).¹² This is because Podro's second and third ways of constructing the viewer's relationship to the sitter attribute a degree of subjectivity to the figure depicted by the client, that is not a feature of his first way - that is the sitter as object. It is only too easy for the sitter as agent to be reduced to the sitter as object, e.g. in cases of psychologists/therapists reading an image made by the self-sitter, (the autobiographer), as if it were depicting the sitter as object. Tests of this sort, in trying to be objective, subscribe to 'perspective as seeing', transposed into 'perspective as knowing' fallacies. It is important to differentiate between images that are endowed with 'objectivity' and those endowed with 'agency', that is, with autobiographical potential, in making inferences based on such psychological tests.

Although in art therapy, the exploration of such images will usually be conducted in psychological terms, the problems raised in this discussion are located in the phenomenological ground of image-making, that is, in the visual. The deconstruction of generalised perspectival representation into more discrete phenomenological components, as undertaken by Podro and Wollheim, may help art therapists to target research topics more specifically than has been the case up to now. Crucially, their work, and that of others mentioned above, on the details and subtleties of the visual, may convince these therapists and policy-makers arguing for a generic art-therapies profession, that their projects are misguided, that the singularity of *art* therapy has its foundation in art-making, in image-constructing. As most publicly accessible writing on aesthetics is concerned with the reception of works of art, one can see how the notion of generic arts therapy took root. The reception of visual art, music, poetry, theatre and dance may well have the same common denominator in the person of the cultured, aware art lover, *au fait* with art's different modalities (e.g. in Levine 1996 and Levine and Levine, 1998). A typical purveyor of this kind of enthusiasm is McNiff (1998).¹³ He writes:

‘When I first watched films of Picasso painting and drawing, I was struck by his fluid lines and graceful body movement. He used every part of his body to achieve a total expression. The gestures on paper and canvas extended from his stance and lower body motions as much as his hand and arm.’ He goes on to generalise: ‘We don’t realise how the expressiveness of our paintings and drawings correspond completely to the way in which we move our bodies. Art is close to dance...and our paintings will benefit...as we expand our abilities to move with materials.’ (p. 19)

Leaving aside the ambiguities of the terms ‘expression’ and ‘expressiveness’, watching Picasso’s self-conscious performance on film is indeed a bit like watching a dancer - but so would be watching a butcher, a window cleaner, or (as in exquisite slow motion) a writer or a security guard. However, from the art *maker’s* point of view, the business of carving a large piece of stone, painting a tiny portrait, constructing a fragile environment, composing a Mass, choreographing a dance, fashioning a novel, building a giant metal arch, writing a film scenario - is to inhabit, in each case, a different ‘*habitus*’ (Bourdieu), to live in a crucially different ‘lifeworld’ (Heidegger). Each task, each vocation, requires a particular psychological outlook, a particular emotional relationship with the medium. Here perhaps McLuhan’s ‘The medium in the message’ has special relevance. This is true with respect to those who perform other’s creations; musicians, singers, actors, dancers - even though in showbiz, as well as in opera, some of those modalities do overlap. Nevertheless, the visual artist inhabits a world that is not necessarily congruent with that of the musical or dramatic artist. This argument is about the stuff of art, not the idea of art.

Returning to the metaphorical extension of the phenomenology of the visual into areas of knowing beyond art, as noted by Elkins, Benjamin and others, ocular models of knowing and understanding have played central roles in epistemology throughout history though, as Elkins (1999) argues, some commentators overstate such emphasis. Seeing as knowing is dependent on the realisation that visual representations are not ‘given’ - (as in Leucippus’s account of objects emitting copies of themselves, which are taken up by the senses and then presented to the soul) - but are ‘made’. But the making was held to take place not, as in art, on the canvas; but first in the mind. For example, in Descartes’ philosophy, perception is perspectival, is dependent on mechanical information reception and processing. Michael and Still (1992¹⁴), put the matter this way:

‘In an illustration that appeared no less than 7 times in Descartes’ *Optics* of 1637, a bearded gentleman gazes at the back of a cross-section of a large, schematic eye, watching shapes mirrored upon the retina from the brightly lit world outside. Exercising reason, so we are invited to assume from the text, he works out from the sparse data of the senses what must be the nature of the surrounding reality. This is a pictorial metaphor for scientific man, the detached observer seeking truth by classifying and calculating. It is also subjective man, certain only of internal sensations and reasoning, cut off from direct knowledge of the external world, and seeking, at best, sure foundations for indirect knowledge. Together these make it a biological metaphor for everyman’s contact with nature that has proved hard to shake off.’ (Michael and Still, 1992, p.869)¹⁵

Arikha (2001¹⁶) thinks that this came about because in the 17th century:

‘The implication of envisioning nature as an inert mechanism, breaking with the Aristotelian, life-infused organism that had prevailed until then, was that the body, too, was now best understood as a machine. It made sense, in that context, for a Descartes to split apart body and mind.’ (TLS Feb. 9, 2001, p.8)

The ‘detached mind’ of the observer acquired over the succeeding centuries the attribute of objectivity, though of course, not all scientists or philosophers of science have endorsed the notion of complete objectivity resulting from disinterested, passive observation. Even Popper (1963¹⁷), the target of Feyerabend’s and Khun’s relativist attacks on his conventional views of scientific progress, quotes Kant’s warning:

‘...We must give up the idea that we are passive observers, waiting for nature to impress its regularity on us. Instead we must adopt the view that in digesting our sense-data we actively impress the order and the laws of our intellect upon them. Our cosmos bears the imprint of our minds.’ (pp. 180-181)

Such understanding, says Popper ‘...makes it possible to look upon science...as a human creation, and to look upon its history as part of the history of ideas, on a level with the history of art or of literature.’ (*Ibid.*) But this history starts with the intellect of the observer, not with the world observed. Thus, as Merleau-Poincy (1959), comments, Descartes already sees that we put a little man in man; our objectifying view of our own body always obliges us to: ‘seek still further inside the seeing man we thought we had under our eyes.’ (p.41)¹⁸

However, for centuries, Descartes’ image of intellectualised perception was to be of great consequence for the common-sense understanding of relationships between thinking, seeing and making. The Lockean empiricism of the 18th Century reinforced the roles played by the protagonists in this picture of visual perception since here all our knowledge is based on what arrives through the senses; our sense data is all that we do know. The artist’s job is to simply record such *petite sensations* (Cézanne). The idea can be traced to Reid and Hume. Reid had argued that moral and aesthetic ideas share a common ground of experience and he thought that it was wrong to impose order on the world of experience; rather artists/scientists should record the raw material of perception. This is related to what Barnes (1977) describes as the contemplative account of knowledge or perception. Paradoxically, the outcome in both the art and the philosophy of that time was Romanticism (see below, Chapter 11) and not phenomenology, of which there are strong hints in Reid.

By the mid-19th century, in order to explain puzzling phenomena that could not be accounted for in the perspectival model, for example, why such a system is vulnerable to a range of visual illusions, Helmholtz postulated in addition to cognitive image-processing mechanisms, the existence of a ‘perceptual unconscious.’ Its existence could be deduced from the range of ‘unconscious inferences or

conclusions' that led to the illusory phenomena in question. These inferences were considered to have an empiricist or associationist basis; that is 'they were learned during early experience through association, and experience...' (p.58). He too saw visual meaning as not given but as created. On the base of this understanding of the physiology of perception he built a superstructure whereby tradition and convention, codes and schemata, determine the psychology of vision. Power (1997¹⁹) comments:

'Helmholtz's work demonstrated very dramatically how the visual system automatically creates a meaningful visual world in which the observer is placed. This meaningful world is, however, partly created through the imposition or addition of material to the imperfect input. Meaning is created automatically as an interaction between new input being combined with stored experience of the world.' (*Ibid.* p.58).

This additive or enrichment theory proposes that sparse information has to be enriched by cognitive processes in order to account for the fullness of experience. As Michael and Still (1992) point out, in Descartes' illustration, on top of the biological activity depicted, exactly this kind of cognitive enrichment of the visual sensations was posited:

'Descartes' illustration has two noteworthy aspects. First the eye is stationary and passive, like a mirror or a camera. Second, the sensory data projected on a static two-dimensional surface are so sparse that it requires elaboration by the exercise of reason to account for the rich complexity of experience. Reason, therefore, applied consciously or unconsciously (through the application of a conceptual scheme) controls the articulation of experience. (*Ibid.* 1992, p.869).

Their challenge to this prevailing view will be discussed below. Meanwhile, the history of art covering the premodern period under review seems to confirm the indispensability of the detached observer model of information-acquisition. In artists' continuing mastery of the powerful image-making potential of perspective one sees this shop-floor skill slowly developing into a full-blown artistic genre, e.g. in Dutch interior painting of Descartes' period, where the demonstration of these skills is prominent and obviously very highly valued. The subsequent expansion beyond art of the artist-created dialectic - between the world and its visual representation - to embrace other fields than art, was rapid and must have had a strong appeal for it to take root. Brandom (1998²⁰) presents a possible explanation for the extension of visual metaphors from seeing to knowing:

'One possible benefit of cognitive perspectivism lies in the prospect that this quintessentially Renaissance trope could serve as a template for reconciling Enlightenment universalism (one world viewed by all) with Romantic particularism (each of us with our own point of view of it). Though visions are many, the visible may yet be one.' (1998, p.6).

According to Barnes (1997) such misconceptions as arise about relationships between seeing and knowing, do so in part from the uniting of a number of notions. Knowledge is held to be the product of isolated individuals; these intrude between reality and its representation; they interpret this reality (as in the Descartes illustration, above p.101).²¹ But the notion of interpretation, like that of representation, undermines the notion of objectivity. How objective can an artist be, making a representational image?

For the artist, the two sides of this coin are the 'perceiving' side and the 'making' side. In the case of an artist equipped with an understanding of perspective, setting down a likeness, (c.f. Podro above, p. 99) the position seems straightforward enough. The artist is the subject and his/her sitter or scene is the object (though confusingly, often called the artist's subject). Thus the artist as subject looks at an object: what he/she looks at is objective, out there. His/her response although subjective, is detached. To personalise the discussion: The object of my gaze seems to be independent of me, the observer. As for making, my task is simply to re-present what I see, to copy what is before me and as noted above, my rendition can portray the sitter as an object, as an agent, or as a potential autobiographer. But as Goodman (1981²², p.5) in discussing representation, points out, the core of representation is denotation, not resemblance - as one might expect. For example, a Constable painting of a castle does not resemble it, it is more like any other picture than it is like a castle, yet it represents the castle. It does not represent any other picture, not even the closest copy. He says that to be asked to make a faithful picture, to come as close as possible to copying the object just as it is, is a baffling request:

'What exactly does one copy? We may suppose, the way the object looks to the normal eye, at proper range, from a favourable angle, in good light, without instrumentation, unprejudiced by affections or animosities or interests, and unembellished by thought or interpretation. In short the object is to be copied as seen under aseptic conditions by the free and innocent eye.' (*Ibid.*, p. 6/7)

But then there is no such thing as the innocent eye. Even in Gombrich's perspectivist account of image-making, the initial stage of representation includes enrichment; the preparation of a hypothetical construction by that highly motivated organ. Gombrich argues that the innocent eye is a myth:

'It seems to me that this naïve view of the 'innocent eye' is contradicted by the very fact that we have to learn to draw or paint - that you have to have a kind of language of schemata or representations in order to approximate what you can actually draw (on the canvas or on a piece of paper) to the appearance of what you have in front of you.' (In Miller, 1983²³, p.219)

However, as Forrest (1985) points out, Gombrich keeps returning to a conception of art as being, in some sense at least, an attempt to match the image with reality: '...what, other than an innocent eye could recognise (sic) the failure of an image to match reality, could see that the schemata of representation failed to fit the world of observation?' He goes on to note that Goodman, though agreeing with Gombrich that there is no innocent eye,²⁴ suggests that, all the same, an artist may often do well to strive for innocence of eye. A daunting task for the artist, but much more so for the scientist and his/her data - for the artist the tangibility of the scene as well as of the made image enables a continuous cross-checking of one by the other to be carried out. In moving between seeing, knowing and representing, the relation between the visual sign - the picture, and its object - what is being pictured, whether it be an internal state or an external object - is readily recognised as neither being a natural nor immediate one. Seeing is itself a language, and, as Bann²⁵ points out:

‘...Only by making the assumption that there is indeed a ‘craft’ of seeing constituted historically in the dialectic between internal experience and the external forms of representation can we begin to make sense of the unique Western tradition of visuality.’ (1974, p.27).

As in the discussion above, about the variety of depicted relationships as described by Podro (in Wollheim, 1999) and the variety of ways perspective has been deployed, as described by Elkins, these comments indicate the complexity of the phenomenology of image-making. Cognitive perspectivism seems to have imported only a bland version of this into modelling relationships between the observer and reality. A short discussion of much more complicated interactive ways of approaching the visual basis of epistemology will conclude this section of the study.

Notes and References

1. See Hagen: *Varieties of Realism* (1997, Orig. 1986). As he points out, quattrocento artists talked of their 'perspectives' - of characteristics of particular features of their complete images, rather than of an overall perspectival plan. They were more concerned to avoid visual anachronisms than to achieve complete systemisation: they were as much affected by the way in which elements were balanced out against each other on the pictorial plane, as by the ways in which they were seen to relate to each other in a depicted space. This idea links with Gibson's (1999) anti-geometrical stance towards perception.
2. This analysis would not apply to say, Japanese art therapy to the same extent as it does in the West.
3. Elkins, J. (1994) *The Poetics of Perspective*. Ithica, London: Cornell University Press.
4. It is important to note that generally speaking, one artist's perspective is slightly different from another's. This is because not all artists utilised the optimum coherence approach to image-construction offered by strict perspective - at least, not in all of their work. However 'anti-perspectivists' may use habitual responses to the implicit perspectival coherence in artworks to gain their effects.
5. Brandom, R. (1998) Seeing Another Point of View. *Times Literary Supplement*, 28.08.98, p.6.
6. Though the peep show of Samuel Van Hoogstraten (1662-78), or Salvador Dali's stereoscopic images, in requiring the viewer to occupy a particular spot before them, epitomises the *reductio ad absurdum* of perspective as too slavishly related to art.
7. Phillipson, M. (1985) *Painting, Language and Modernity*. London: Routledge & Keegan Paul.
8. Habermas, J. (1987) *The Philosophical Discourse of Modernity* (Trans. F. Lawrence). Cambridge: Massachusetts Institute of Technology Press.
9. To some extent the analysis in the next two chapters is based on Bryson's (1989) distinction between 'perceptualist', 'historical/materialist' and 'semiotic' approaches to the visual. To his taxonomy will be added both the psychoanalytic approach to the visual with reference to 'the gaze'- extremely important to most art therapists but not mentioned in Bryson's paper, and as well Gibson's 'ecological' approach to perception, c.f. Still & Good (1998).
10. Wollheim, R. (1999) A Passionate Sightseer. A Review of Podro's *Depiction*. *Times Literary Supplement*. See chapters 3 & 4 of *Depiction* for Podro's analysis.
11. These remarks refer to a client's series of self-portraits, one being of her as a child abuser. Permission to reproduce this material was not requested at the time.
12. Podro, M. (1992) 'Rembrandt' In *Modern Painters*, Spring, Fine Art Journals, Ltd. England.
13. Ranging from e.g. Goodenough (1926) to Hammer (1958), and Jollies, (1964).
14. McNiff, S. (1998b) *Art-based Research*. London: Jessica Kingsley
15. Michael, M. & Still, A. (1992) A Resource for Resistance: Power-knowledge and Affordance. *Theory and Society*, Vol.21, p.869-888.

16. They are referring to illustrations in: Descartes, R. *Discourse de la Methode - Discours V: Des images qui se forment sur le fonds de l'oeil*. (e.g. p.116) in *Ouvres de Descartes* Paris. Librairie Philosophie J. Urin. 1973.
17. Arikha, N. (2001) *Undermining Man. Times Literary Supplement*, February, 9, p.8.
18. Popper, K. (1963) *Conjectures and Refutations. The Growth of Scientific Knowledge*. London: Routledge and Keegan Paul.
19. There are even residual theological dimensions of these problems, indicated by Harrison (1997), who notes that: ‘...It is no accident that Descartes’ account of perceptual error is an extrapolation of a traditional theological argument about free will and sin (The error of the over-ambitious interpretations of the intellectual will is an error which we can commit as a consequence of our freedom to do as we will with what God provides to our senses.)’ (p.41)
20. Bandom, R. (1998) *Seeing Another Point of View. Times Literary Supplement*, 28.08.98, p.6.
21. If the powerful perspectival model seeks to encompass more than the pictorial, to extend its application to other domains, it will have to satisfy stringent conditions, Bandom (in discussing Moore’s *Points of View* 1998) observes that an account is needed, of the structure of the space of possible points of view, and it should explain how: ‘...all our representations may be from some perspective - our perspective - which is at once contingent, in that there could, in principle, be other comparable perspectives (perhaps for beings with a different sort of sensory apparatus than ours) and inescapable for us’. (*Ibid.*, p.6)
22. Goodman, N. (1981) *Languages of Art*. Brighton: Harvester Press.
23. Miller, J. (1983) *States of Mind: Conversations with Psychological Investigators*. London: British Broadcasting Corporation.
24. ‘The myths of the innocent eye and the absolute given are ‘unholy accomplices.’ Both derive from and foster the idea of knowing as a processing of raw material received from the senses, and of this raw material as being discoverable either through purification rites or by methodological disinterpretation. But reception and interpretation are not separable operations; they are thoroughly interdependent...what has been received and what has been done to it cannot be distinguished within the finished product.’ Goodman, 1981, pp. 6/7.
25. Bann, S. (1974) *The Tradition of Constructivism*. London: Thames & Hudson.

Chapter 11: The Premodern Context 3: Seeing and Knowing

Now it is necessary to take into account further issues arising from embracing these psychological and dialectical (rather than objective) relationships between seeing and knowing. Post Helmholtz, it became generally accepted that relationships between the perceptions of the artist and the world he/she portrays is not purely visual in a mechanical perceptualist sense. Perception is not purely intellectual; as Bruner (1976) points out, in the late 19th century, Freud (1910, following Brentano), held that the capacity to perceive is a much more complex matter than merely recording sense impressions and associating them with past memories or with ideas. It is a two-way process which depends as much on one's disposition, the way one felt, what one wants, the whole range of past life and experience, as on the nature of the external stimulus, or the way the physical sensory apparatus functions. Those were the two factors that concerned contemporary experimental psychologists, like Helmholtz and most neurologists. Freud's theory of the unconscious, of the instinctual basis of the desire for knowledge, was born of a conviction that we come to know things through a process of discriminating, rather than just seeing. He was indebted to the Hegelian notion of consciousness being a sort of dialectic process, and emphasised the reciprocal relationship between the world and the self - a dialectical self. He set out to analyse and specify which sort of internal psychological factors determine the way we both perceive and act upon the world. He tried to account for the motivated way in which these aspects of perceptual selectivity operated: '...balancing between a near hallucinatory programme in the service of drive and prohibition, and a reality-orientated one 'serving the sturdy little ego', almost like a Judas eye through the middle of a distorting mirror' (p.1591). Here perspectival realism and the 'return of the (sacred) repressed' as mentioned above, may join hands, as for example they did, albeit rather self-consciously in Surrealism. Such dialectical renderings of the artists/clients' relationship to the world are of course at the heart of both the psychological and the semiotic aspects of art therapy. Interestingly, the idea of the artist making images of his or her relationship to the world would not have made sense prior to perspectivism which 'objectifies', separates the viewer and the world and possibly does not make sense in cultures other than our own today.

Freud's as well as Gombrich's (1956) challenge to the conception of the artist as a passive camera may be re-directed to confront conceptions of the scientist as detached observer. Barnes (1977¹) develops this critique and like Brandom goes beyond Gombrich's suspicion of the analogy by introducing social factors into the equation. He too suggests that the contemplative account of scientific observation, which owes its very existence to perceptual features explored in art and aesthetics, misses the point that visual apprehension and perception are dynamic, 'active'. He suggests that it is probably our intuitive sense of correspondence between a picture and the appearance of something, which sustains much of the

credibility of the contemplative account. (p.103n). The strategy should be to reveal pictorial representation, the most favourable case for the contemplative conception, as essentially a:

‘...socially mediated process, and in this respect typical of representation and knowledge generation generally...the growth of knowledge should not be thought of as the result of random learning about reality, but as the correlate of the historical development of procedures, competencies and techniques relevant in various degrees to the ends or objectives of cultures or sub-cultures.’ (*Ibid.* p.103).

The cultures and subcultures include the scientific establishment with its political and commercial as well as its purely scientific interests. Habermas (1989²), has drawn attention to the social reality of this: ‘...realm of interpretation which demands hermeneutical consciousness as no other...namely, the translation of momentous scientific information into the language of the social world at large...’ Here he turns to Gadamer’s question noted above (p.84):

‘...What would we know of modern physics, which so visibly transforms our lives, from physics alone? All presentations of physics which are directed beyond professional circles owe their effect to the rhetorical element... Every science which would be of practical significance is dependant on rhetoric.’ (p.279).

Rhetoric, most synonyms of which are derogatory, is suspect in scientific discourse; however its etymological derivation, from the Greek word *tekhne* is what links it to art; this will be explored below (Chapter 17). It is art’s mode of ‘showing-forth’ and in some cases is unaccompanied by aesthetic explanation, as, for example in the marginalised art to be discussed presently. So, rather than seeking evidence of perspectival objectivity, in art therapy one acknowledges historically and socially contingent, and even unconsciously motivated, interrelationships with reality, reports about which will inevitably be rhetorical. This is crucial because the therapist is not just dealing with a sitter (Wollheim), but with a person. And as noted, the perspectivist model, when transferred to knowing in fields other than art, has the effect of objectifying knowledge, but as well, it can objectify persons. When I know something, that something becomes the ‘object’ of my knowledge. Similarly, and perhaps more disturbingly, in relating to another person, that person is the ‘object’ of my relationship. This can even be a three-part relationship. I know B about C, leading to the idea - common in discussions of countertransference - that the object can ‘get into’ me - and here knowledge is the coincidence/synthesis of the subject/object. The object is no longer independent; it is part of my perception, my feeling. This is something taken advantage of by advertising.³

Even more pertinently for art therapists, when subjects think about their own body, about their own mental states also, the object gets into the subject as a sort of inner self. (Husserl's transcendental Ego, Kohut's self object). Young (1994) explores this topic via a study of the phenomenon of countertransference - (e.g. pp.61-2) showing how complicated the permutations of subject-object relationships can be as one moves from a picture-thinking view of how they work, to an 'interactive' one, then to a dialectical one. (This will be discussed below Chapter 18.) Art therapists have to reject the idea that a picture is any more a 'showing' of the way the (inner or outer) world *is*, (Wittgenstein) than a word or a phrase is. Its meaning(s) need not depend on congruence between it and that which it depicts. Clients can depict inner states, desires and emotions, in terms of external pictorial vocabularies, built on the armatures of viewer-centredness, perspectivism and so on,⁴ but the repertoire of functions of image-making on offer - expression, communication, symbolism etc - cautions against any simplistic picture of the kind: sharp knife = suicide ideation (such as for example: painted crows over cornfield = Van Gogh's actual suicide) readings of images, and strategies of interpretation.

The perspectivist model of epistemology is based on misconceptions not only about artists' perceiving, but also about how the artist moulds his/her visual experience into an 'image'. David Hockney (2001⁶) argues that artists used concave mirrors as camera obscura lenses - long before telescopic lenses were invented - as early as about 1420, to project illuminated images of their subjects onto their working surfaces. They then drew around the image to obtain their extremely realistic representations. Two streams of representation emerged: Alberti's accurate fixed-point perspective⁵ and in Northern Europe, a collage like assemblage of traced images, (as in Van Eyck's Altarpiece in Ghent), spread across the painting's surface and into its illusory space. In the former case, the beholder is placed 'outside' the world depicted - is seeing a view from nowhere - whereas in the latter, the beholder is 'included' in the picture. The former is objective, the latter nevertheless is not subjective, rather the experience in front of the image is akin to Gibson's 'ecological perception'. Whereas the Cartesian metaphor theorises sensory data as 'raw', as static and disorganised, like the presumed scene confronting the artist, who is forced to call upon 'reason' to mould it into coherent experience, a geometric 'rhyme' can serve also to convey pictorial truth. As the representational or even the non-figurative artist 'edits' the flowing visual array - selects, differentiates and composes. It is an axiom of art therapy that there are necessary connections between what drives this editing: between what clients depict in the symbolic world of their images - and their conduct and outlook in the real world. Their conduct includes the process of their rendering into images their often confused, unhappy, terrified or even unrealistically ecstatic relationships with people, things, places, feelings as these evolve within the therapeutic encounter. The 'sitter' (the client) - to employ Wollheim's analogy - becomes the autobiographer rather like his 'self-portraitist'. As noted above, in their work with clients, art therapists are invested more in hermeneutic dialectics than in

objective appraisal, locating their attention 'within' the therapeutic encounter. To return to this topic briefly, their research strategies should recognise such 'positioning'. As Gadamer (1989⁷), observes:

'... (Habermas) says at one point: 'Hermeneutics bangs from within...against the walls of tradition'... There is some truth in that, if by 'from within' he means to indicate a position taken up 'from without' - one which does not enter our interpretational world, intelligible or unintelligible, but persists instead in the detached observation of external alterations (as opposed to individual actions). He makes the point that knowing is not something that happens to us passively, e.g. through our acquisition of culture via language: 'Each of us is 'it', and it is always our turn.' (p.284)

He is contrasting the detached observer model, making observations from nowhere in particular as it were, with a highly engaged model of hermeneutic activity. In this, each artist, and by analogy, each art therapist/client, is 'it' in relation to the creation of meaning via their visual images; (this has been looked at above via Still' (1999) differentiated 'private-eye' and 'circle-dance' hermeneutics).

To sum up chapters 9-12 on 'the visual', their main premise is that artists have *techné*; that is, practical knowledge of the making and reading of visual images. They bring this, often tacit knowledge into their work as art therapists. What they know of art has implications in areas of their work connected with therapy as well as art. The phenomenological aspects of art constitute a potentially valuable area of research and clarification; this has been broadly explored. Relating this section to Chapter Seven (on understanding and explanation in research), brings up questions about how researchers can devise appropriate methodologies for dealing with what should now be understood as the 'advanced technology' (Mel Gooding, 2000) of drawing and painting. It raises also the question of how one begins to communicate the complexities of the 'visual', in a society bathed in visual information, but used to discussing it in a 'mass-communication' terminology, (e.g. the 'media') suffused with instrumentalist rhetoric.

The challenge to the reification of perspectival seeing into perspectival knowing stimulated investigation of areas of discourse in art, beyond mainstream preoccupations with representation. The art on which the development of theories about ontology and art, (those of Gadamer and Heidegger who held that art makes no less a claim to truth than science) - is based on 'high' art. Heidegger uses as examples, a Greek temple, a Van Gogh painting - to be discussed below p.144ff. Understanding 'comes into being' in art - art emerging from a hermeneutic dialogue between artist and world/work. This ontologising can be transferred to the modelling of the hermeneutic dialectic between art therapists and client. But art therapist's clients are not usually artists; their imagery is often raw and naive. If theirs is art at all, it is art at the margins of the artworld; so how does it connect with such lofty ideas? The suicidal, marginal Van Gogh is one of the links between the two domains. He was seen as mad, his art belonging with that of the insane. When the pioneer art therapists looked obliquely towards this marginal art, towards asylum art,

the art of prisoners, of children, there they found another 'ground' for understanding their work. 'The visual' and studies in 'the art of the insane', were brought together in the minds of a few pioneers, providing a seedbed for the growth of a new discipline. It needed the fertiliser of modernised approaches to psychology and an emancipated view of image-making to spring the seeds into life. Freud's engagement with neurosis allied to his interest in the visual - first in dream imagery, then in art - and Jung's engagement with psychosis and with visual symbolism (and his embodied engagement with image-making) - both 'analysts' working on the cusp of Romanticism/Modernism in both art and science - provided the catalyst, at least from a psychological perspective. But from the perspective of art, 'Modernism' as a singular aesthetic field and as a state of mind (Baudrillard), needs to be explored before any discussion of Freud as a proto-postmodernist psychologist - and his influence on art therapy, can take place. In advance of that exploration, modernism's own origins in Romanticism, an episteme that profoundly influenced the thought of both Freud and Jung and their followers, needs to be outlined.

Notes and References

1. Barnes, B. (1977) *Interests and the Growth of Knowledge*. Routledge & Keegan Paul.
2. Habermas, J. (1989) In Mueller-Vollmer (Ed.), *On Hermeneutics Claim to Universality*. p.294-319. Oxford: Basil Blackwell.
3. Such instances occur in the public domain as when, for example, image-makers face the problems of convincingly depicting extreme emotional states. Here further questions about relationships between the visible world and pictures of it arise. For instance, in medieval churches members of the congregation probably did not think that they were actually witnessing the miracles, crucifixions, and resurrections surrounding them. However, the iconoclasts who took it upon themselves to demolish the offending images thought that in some respects, they were indeed 'victims' of the images' power.
4. There are not always logical or necessary relationships between the artist and the 'sitter', they can also be poetic – rhyme - as desire, fear, fatigue, etc. play their parts, and of course, the image may be a denial of a particular state of mind.
5. Hockney argues that Alberti worked out his geometrical perspective from images that were originally traced from optical sources.
6. Hockney, A. (2001) *Secret Knowledge. Rediscovering the Techniques of the Old Masters*. Thames and Hudson: London. His views are controversial in an ongoing debate about the extent to which artists have relied on optical devices and the implications of their having done so.
7. Gadamer, H.G. (1989) In Mueller-Vollmer (Ed.), *Rhetoric, Hermeneutics and the Critique of Ideology: Metacritical Comments on Truth and Method*.

Section C

Chapter 12: The Modern Context 1: Paths to Modernism via Romanticism

For over a century between the 1840's and the 1940's, the pioneers of Modernism¹ radically changed the languages of art. Some of them spent their entire careers setting up limit situations for the intelligibility of art, or even the possibility of art's *lingua franca* - representation and denotation - continuing to define its purpose. Artists pushed their images to the edges of comprehensibility, (e.g. Cézanne's 1895-1906 large, 'Bathers'; Picasso's 1912 Cubist works; Malevich's 1915, 'Black Square'; Pollock's 1947 drip paintings) though sometimes still maintaining at least an ironic relationship to the 400 year-old canon of figurative painting (c.f. Clarke, 1999). The language games refined via art's deep engagement with (creating the illusion of) visual coherence, articulating representation - governing how to draw or paint - were changed utterly over the period. New artistic vocabularies, disarticulated through the advent of photography from the chores of representation, though they could play that game if the artist wished, were recruited to illuminate whatever psychological enterprise appealed to the artist, or to the dealer for that matter. This is the visual and aesthetic vocabulary of art therapy's pioneers. The task of this chapter is to investigate what they owe to the powerful creative impulses that lie behind the apparent destructiveness of pioneer Modernist artists. For the latter, deconstruction of the prevailing tradition was a consequence of their growing awareness of the multiplicity of aesthetic imperatives capable of generating artistic meaning. They did not simply picture the world - for the first time, they understood the world 'as a picture' (c.f. Heidegger) not unified, but composed of a multiplicity of discordant elements. It is not possible here to define Modernism in detail or in great depth; rather, it will be portrayed via a brief review of its concatenation of aesthetic theories, as they shift from Romanticism and proto-Modernism. These cohere, more like random objects collected by a snowball rolling down a mountain, than like carefully collected samples selected during its ascent (Bronowski (1973), quoting Darwin, writes of the 'ascent' of man) by heroic artists. The resulting successive accumulation of ideas and images is often misread as a progress rather than as a congress (c.f. endpoints vs. repertoires in children's art, above p. 20).

In the following charting of Modernism's territory, which overlaps that of Romanticism, the irregularity and complexity of these varied routes to its terminus will become apparent; modern artists having drawn happily on the interplay of diverse and conflicting ideological and aesthetic concerns. Although this thesis proposes that art therapy is a quintessentially modernist creation, it recognises that its roots are buried in the lingering Romanticism that still flourished in the early 20th Century, as Edwards (1989) has described. These pre-modern impulses funnel ancient aesthetic ideas into modernism's present and thence into art

therapy's array of paradigms, i.e. the spiritual, the moral, the magical. Although ancient, traces of their origins are still apparent.

For example, Plato and Aristotle always seem to be present. Plato's religious, moral, mathematical (God geometrises) even mystical theory of artistic creation - of poetry rather than visual art - influenced modernist aesthetics and was strongly felt in the middle years of the 20th century, via Abstraction, Systems Art, etc. For art therapists he is doubly pertinent for his - sometimes misunderstood - linking of art and 'madness', holding that a kind of 'divine' madness takes possession of a true artist. Alongside Plato's spirituality, Aristotle's more empirical approach to art is evident in the moral paradigm. He argued that tragedy, comedy and other types of art can each arouse a special type of pleasure, the bittersweet pleasure of *catharsis* being the one most familiar to art therapists. Versions of both philosophies appear in the relics of the Medieval repudiation of idealised physical beauty as a symbol of wholeness: wholeness could be achieved instead by artistic creation helping to free the spirit from the husk of the un-wholesome, merely mortal, body. Classical Greek idealisation of the soul, as against the body, reappears in Augustine² and the neo-Platonists, whose emphasis on moral aspects of art owed much to the Stoics. Their expertise in the psychology of the 'image'-ination, not yet a psychological attribute, was based on mastering the passions. *The Temptations of St. Anthony* are really about whether one admits dangerous - for the desert fathers - sensuous images, after encountering their unbidden appearance in the mind's eye - a result of the Devil's work, rather like accepting the invitation to download such images from the internet. Even within the legitimate employment of images for spiritual ends, danger lurks: following Aristotle, Erasmus comments on the ways artists still managed to celebrate the body's allures.³ His analysis is acute: '...The tongue speaks to the ear, illustrations speak to the eye, and are more eloquent than language, for they often penetrate more deeply into the heart of man...' He shrewdly observes the paradoxically libidinous features of religious iconography.⁴

The moral powers of art, its ability to inspire (sermons in stone) and admonish, e.g. in its themes of warnings against the dangers of temptation - the seven deadly sins, the Grim Reaper, Hell - comes across both in terms of resistance and affirmation within modernism, for example in the erotic character of Picasso's *Demoiselles d'Avignon*, Matisse's *Odalisques*, versus Roualt's and Spencer's more chaste treatments of the libidinous body. The 'moral' for Aquinas, is not just in the spirit; beauty can be found through contemplation, in real world objects, through their perfection, proportion and clarity - these have the power to calm desire (Brancusi/Minimalists). Incidentally, here is the beginning also of a move away from the idea that artistic value depends on qualities inherent in the object or in the image, for example in holy pictures; rather, the disposition and outlook of the perceiver - art being for, or against, the perceiver's perspective - are now important.

On the one hand, some of the ancient ideas leapfrog the intervening centuries to land in the 20th century; meanwhile the same original ideas were transformed during these centuries by the slow processes of cultural evolution. In Europe Classical and Christian ideas merged, so that by the Renaissance, the Platonic ideals of supernatural spiritual beauty had blended with Humanist and Naturalist preoccupations with the real world and its peoples. (c.f. Raphael, *The School of Athens*). Such inspiration for art lingered on into the early modern period. This was a period under the influence, at first, of approaches to aesthetics from the standpoint of metaphysical idealism, again, the idea that beauty is a symbol of morality derived from Kant. The idea of the artist as a moral/spiritual being emerged also, through the notion of 'dedication.' One thinks of Michaelangelo at the Sistine ceiling, Goya faithfully recording the horrors of war, Turner strapped to a ship's mast in a storm. Later developments were influenced by Hegel's (1935), speculations about the nature of art and beauty as the expression of a 'World Spirit' in sensuous form (c.f. the magical paradigm). Then came Riegel's *Kunstwollens* or artistic volition (1893) - related to, the psychological paradigm - in turn leading to the modernist concept of individual creativity, a concept whose false transparency in the art therapy literature can still generate confusion.⁵ Hegel helped to move aesthetic theory away from Platonic Idealism, as exemplified by Schiller's 'eradication of matter by form', (*Letters on Aesthetic Education*, 1795) and towards the late Romanticism that was to underpin art therapy in numerous different ways. As Kleinfelder (1993⁶) observes, Romanticism: '...underlies much of the rhetoric of modernism...our own post-modern age is still trying to sort its way through the entangled web of a romantic subtext at work within the discourse of modernism...' (p.7).

Filling out the picture, to back track a little, before the advent of Romanticism, there had been earlier empirical approaches to aesthetics in Britain, (Locke); the rejection of the Platonic (later Cartesian) belief in innate ideas included rejecting art as a producer of 'recollections' of heavenly perfection. Proposed instead was a psychologised aesthetics where sensation is not only the source of knowledge, but also of pleasure and pain (c.f. Aristotle). Hume proposed an associationist theory, again psychologically orientated, which held that objects and ideas take on emotional quality by association with primary pleasures and pains, connecting the body once again, but from a different direction, with moral and aesthetic values. Hume - 'the Newton of the human mind' - had replaced the prevailing hydraulic conception of psychological functioning with a proto-physiological construct linking the emotions to the newly discovered nervous system. This laid the groundwork for an approach to psychology linking reason and the passions. By the 1760's artists and poets were excited by the prospect that they could replace earlier sophisticated, but still mechanistic, accounts of literally what makes us 'tick', like Newtonian clocks, with Hume's naturalism, embracing the full range of human sentiment and belief. This allowed them to bring out of 'concealment' the primitive and the unspoiled as possessing appealing aesthetic qualities. These are seen as the products of Imagination - not yet sullied by conventions of science, reason, or language. The Scottish philosopher Reid in a proto-phenomenological move, had argued that

the moral and the physical universe are indivisible, therefore moral and aesthetic ideas share a common field of experience, or rather occupy the same ontological position. (c.f. Wittgenstein's 'ethics and aesthetics are one' 1971, p.77e). Reid says:

'There are...common principles, which are the foundation of all reasoning, and of all science. Such common principles seldom admit of direct proof; nor do they need it.' (1788 [1969]: 31, in Harré, 2000⁷, p.22).

Reid held that we should not impose order on the world of experience, but instead record the raw material of perception. As noted above, perceptions had been construed either as mechanical by associationist philosophers (Hume) or as intellectual (Kant). Now a new imaginative purity of vision becomes possible. Art no longer reflects the orderly world of shared ideas - it belongs to the (chaotic) world of perception captured by the mind and skills of the artist. It must subsequently be ordered by the spectator's subjective experience. Imagination, a Renaissance term for a power of the mind, which includes suggestion and auto-suggestion, is elevated above Reason. But 'the sleep of reason' breeds monsters, as Goya reminds us, and Dryden's famous: 'Great wills are sure to madness near allied, and thin partitions do their bounds divide'⁸, portrays the risky, 'natural' state of affairs feared by 18th century rationalists.

All of this had a bearing on the idea that art making could be a means towards inner imaginative truth, the imagination being to feeling, emotions - what reason was to truth or reality: artists were soon regarded as special kinds of persons able to access such subjective truth. The artist represented the embodiment of special human values, capacities, energies, the chief of which is creativity. So the Romantic artists (post-Hume) did not simply depict imagined or desired reality; they laid claim to a superior reality for art, an idea derived from German Idealism via its English translation through Coleridge and Carlyle. By emphasising irrational or non-rational elements in art, Coleridge's use of opium and Carlyle's dyspepsia lending personal experience to their ideas, they paved the way for the attention of artists to be directed towards what was to become the unconscious. The motives of artists were to be found not only in either rationality - c.f. the 'political' art of Hogarth, or the senses - c.f. Constable's landscapes. They were likely to also be found at times via visions, dreams; in drugs, sickness, fever and insanity - c.f. Fuseli, Blake.

Thus although initially the followers of Kant had wished to turn aesthetics away from such emerging psychological and sociological interests and back to idealist speculation, they did not entirely succeed. Romantic writers and artists rejected some of these ideas, particularly Kant's insistence on an *a-priori* basis for aesthetic judgements; this entailed a moralistic view of aesthetics, i.e. the issue is not how we judge art, but how we *ought* to judge it. They picked up other ideas, particularly the implications of Hegel's 'universals':

'What is demanded for artistic interest as well as for artistic creation is, speaking in general terms, a vital energy in which the universal is not present as law and maxim, but is operative in union with the soul and emotions.' (1835, in Wind, 1963⁹, p.53)

In contrast to Plato for whom art is dangerous and needs to be censored, for Hegel art was no longer as it had been in the past, one of the central concerns of mankind. Science and technology were rapidly usurping that public perception. Art, however, in being pushed to the periphery of public interest is free to pursue activities that entail 'no personal longing, obsession or desire, but only a pure pleasure in the phenomenon'. This will lead to a form of sublimation:

'an inestimable self-abandon of the imagination, an innocent frolic... and with it an inward warmth and joy of sensibility...which raises the soul, through the serenity of form, above any painful involvement in the limitations of reality.' (*Ibid.*, p.14).

As Wind says, Hegel

'...explained that the absolute freedom of art, by which art can attach itself freely to any substance it chooses, has made of the artist a tabula rasa infinitely susceptible to new shapes because no shape can be regarded as final, he is in a state of perpetual self-transformation, engaged in. an infinite plasticity.' (*Ibid.*, p.14).

As an extra twist to the tale (of the magical paradigm's origins), because of a perceived conjunction of art with disturbed mental states, Romanticism's prominent creative spirits flirted with madness, embraced 'the irrational', turning their backs on the threatening scientific and technological advances of the 19th Century. This will be explored more fully below. The caricatured perception of the Romantic artist as mad, later becoming the mad scientist, formed one of the discourses within the late 19th Century 'mad genius controversy' (Becker 1978). An ongoing dispute developed between those upholding the Romantic conception of genius, as having to do with the subjection of a person to divine or demonic possession; and those favouring the scientific idea of its being the result of extraordinary hereditary endowments. Folded into this is the notion that at one end of the genius/madness continuum is to be found the degenerate, or perverted artist. In some quarters, artists, especially innovative ones, were at risk of being labelled as such, a notion that survived well into the modern era. For example, Theo Hyslop,¹⁰ a prominent psychiatrist, surveying the avant-garde art of his time (the 1920s), made the diagnosis that:

'...Most of the so-called 'up-to-date' attempts to revolutionise art, music and literature, are symptoms of perversion due to fatigue...attempts [are] made to excite the fatigued or exhausted faculties by means of sensory stimuli which are either abnormal or perverted. (1924)

There is perhaps a grain of truth in the analysis, since the artists he criticises were indeed resorting to shock tactics, but not out of 'excessive indulgence', rather for the benefit of a hedonistic society - the roaring twenties - that was flirting dangerously with Fascism. The point is that as a psychiatrist, he felt entitled to pronounce on art because of its close association with madness - an association bred in Romanticism.

Romantic artists had exploited the power of images to disturb their spectators, powers previously employed in 'awe-inspiring' religious art. This enchanted art had been pushed to the periphery of artistic interest by perspectivism and secularism, as noted above. It re-emerged in the 18th century, emanating from and directed at personal subjectivity, rather than transcendent spirituality, for the most part. Spectators could be dramatically affected by psychologically loaded images; for example Delacroix, who had posed for Gericault as one of the figures on the latter's famous *The Raft Of The Medusa*, on seeing the finished painting, recorded how: '...as I left the studio I broke into a run, and kept running like a madman all the way back to the rue de la Planche where I then lived...' (in Upstone 1993¹¹ p.32.) In this particular case the political intent of the work added to its shock value. However, this force had been recognised in more introverted creations. As Edwards (1989) points out, Charlotte Bronte, in *Jane Eyre*, (1847) makes powerful use of visual imagery: she describes a child's overactive imagination allied to her curiosity, where the strange vignettes in Bewick's *History of British Birds* fascinate and move the young heroine, bullied and hiding in an alcove: '...Each picture told a story; mysterious often to my undeveloped understanding and imperfect feelings, yet ever profoundly interesting...' (Bronte. 1996¹², p15.) The awesome shadow of Goya's so called Black paintings seem to fall on Bronte's description of Jane's amateur water-colours, though the former were not shown to the public until 1878, almost seventy years after they were painted. These masterpieces of the Romantic imagination hark back to the Carnavalesque and project forwards to the exploration of the unconscious in art, and even to the discourses on art and madness then starting up. However, Goya's work was to remain walled up behind the Pyrenees until the late 19th century, so Bronte could not have had them in mind; Edwards concludes: 'I would say that the described images (Bronte's) have something of an archetypal quality about them, in a Jungian sense.' (*Ibid.*, p.75) As the 19th century progressed, the gamut of aesthetic ideas described in this chapter, ranging from the idealist to the psychological to the archetypal and the spiritual, provided artists with rationales for an unprecedented variety of styles and approaches to their creations. On the cool end of this range, the detached observation of Cezanne and later the impressionists and pointillists, pioneered one pathway to 20th century modernism. At the opposite end, primitivist emotion and expression generated pictures and stories related to the sacred space of Jane Eyre's curtained alcove, bringing some foretaste of a more hermetic experience of art - one that would become part of the art therapy scenario a century later.

However, images such as Bewick's illustration of the fiend, designed to evoke a *frisson* in the viewer, presuppose certain conditions - ('social affordances' to extend Gibson's term, see Michel and Still, 1992, p.876) for their reception. It is not simply a question of these being accounted for in the spectator's individual psychology, even when the reception is, in Russian doll fashion, ensconced inside a similarly psychologically loaded text - but also of a sustaining cultural context. For example, Mary Shelly's

Frankenstein is much more of a camp horror story now than it was when she wrote it. Her cultural context included a Faustian conception of the mad genius very different from that of today. The same applies to Goya's Black paintings; 'They were received by the critics with furious controversy and by the art loving public with shudders of distaste.' (Wyndham Lewis, 1968¹³, p189) Today, crowds flock to the Prado to marvel and admire, but not to shudder. The primacy of the Romantic imagination that generated them was giving way to a less intuitive response to art by the time they were shown. However, the site of its activities was now understood as being within the cellar of the unconscious mind rather than in the outhouses of reason. In this new location its disturbing activity still flourished. The following chapter provides a few examples of the period's current preoccupations that will perhaps help to illustrate what this changed perception meant. One example will be Romanticism's provision of culturally accommodating sites, for the organisation of a number of ideas linking art and madness. It will also consider some of the increasingly powerful effects of scientists' reactions to these attempts to understand artistic (and scientific) creativity. It will then sketch in a few features of the socio-political landscape into which modern art emerged, the topic of chapter 14.

Notes and References

1. The 'false transparency' of the term 'Modernism', a general term for a complex and often self-contradictory cultural movement, is acknowledged. Regarding the term Romanticism, as Lovejoy remarked: 'When a Romanticism [he identifies three] has been analysed into the distinct 'strains' or ideas which compose it, the true philosophical affinities and the eventual practical influence in life and art of these several strains will usually be found to be exceedingly diverse and often conflicting.' (1948, p.252)
2. *Confessions*, Book X, p.34.
3. 'Aristotle considers unchaste paintings and images so pernicious for morals, that he would have the legislators take measures against it in the form of public regulations, so there should not be any pictures in the towns, which could arouse dissolute thoughts.' (Muller & Noel, 1987)
4. '...the licentiousness which we perceive (at the present time) in statues and paintings...It is true that all these subjects [David and Bathsheba, Salome's dance] are derived from the Holy Scriptures, but when they depict women, how ingeniously do not the painters incorporate dissoluteness therein?.....a picture speaks albeit mute, and slowly but surely gains a hold on men's souls.' (in Muller & Noel, 1987, p.129-30)
5. The resulting omnipotent modernistic 'creativity' was not an entirely new idea, having been foreshadowed, as Gombrich (1966, p.111) points out, by no less an ancestor than Leonardo: 'If the painter wants to see fair women to kindle his love, he has the power to create them, and if he desires to see monstrosities to arouse his fear, his amusement and laughter or even his compassion, he is their Lord and Creator. And if he wishes to bring forth sites or deserts, cool and shady places in times of heat or warm spots when it is cold, he fashions them...'. His protean creativity was that of The Genius.
6. Kleinfelder, K. (1993) *The Artist, His Model, Her Image, His Gaze: Picasso's Pursuit of the Model*. Chicago: University of Chicago Press.
7. Harré R. (2000) *One Thousand Years of Philosophy: From Rāmānyga to Wittgenstein*. Malden, Mass., Oxford, UK: Blackwell Publishers.
8. Quoted by Schopenhauer in his discussion of genius and madness, in *The World as Will and Idea*, 1961, p. 191.
9. Wind, E. (1963) *Art and Anarchy*. London: Faber & Faber.
10. Hyslop, T. (1924) *The Border Land: Some of the Problems of Insanity*. London: Philip Allen & Co.
11. Upstone, R. (1993) *Sketchbooks of the Romantics*. London: Tiger Books International.
12. Bronte, C. (1996) *Jane Eyre*. 15th Edition. London: Penguin Books. (Orig. 1847)
13. Wyndham Lewis, D.B. (1968) *The World of Goya*. London: Michael Joseph.

Chapter 13: The Modern Context 2: Genius, Madness and the Marginal

Although melancholic artists (Donne, Dowland, Durer) were not so fashionable in the reason worshipping 17th century, it can be broadly asserted that their successors appeared by the mid 18th century and by its end relationships between genius and madness were deliberately cultivated. It was an unholy alliance that continued to develop throughout the Romantic period. As reason began to give way to imagination, the latter was understood as a realm of experience alternating with, or perhaps hidden below consciousness.¹ Psychologically-minded philosophers as well as artists and writers contributed to this discourse. For example, Schopenhauer, declaring that 'Genius is nearer to madness than the average intelligence', argued that since neither reason nor understanding can be denied to the madman, his malady is connected with the functioning of memory. There are gaps in the memory which are filled up with fictions; these are either always the same, (*idée fixe*), or always different, (*fatuitas* or folly). Sometimes there is even complete absence of memory; then the madman's behaviour is determined by the caprice of the moment. He, like the 'brute', is confined to the present, however the madman also carries a 'false past' with him, and as Schopenhauer says: 'The influence of this false past prevents the use of true knowledge of the present which the brute is able to make'. (1818, [1961²].p. 193) He continues:

'...the madman has a true knowledge of what is actually present, and also of certain particulars of the past, but he mistakes the connection, the relations, and therefore falls into error and talks nonsense. Now this is exactly the point at which he comes into contact with the man of genius, for he [the man of genius] also leaves out of sight the knowledge of the connection of things, since he neglects that knowledge of relations which conforms to the principle of sufficient reason ... in order to see in things their Ideas, and to seek to comprehend their true nature, which manifests itself to perception.' (*Ibid.*, pp. 93/94.)

His explanation, that one party makes faulty connections while the other ignores obvious ones is a variant of contemporary associationist theory, allied to his Idealism. A different slant on the issue had come from another significant voice within these debates, that of Coleridge. He, like Schopenhauer, saw reason as helping us to grasp universal Ideas - but according to Coleridge we are unable to do this without 'imagination' too. Although imagination can destabilise reason, for Coleridge it was a primary human attribute. He argued that to produce 'substance' the artist must employ imagination, must be able to do consciously what non-artists do unconsciously.

In these debates, reason and imagination seem to be human faculties developed to resolve a dichotomy between objective and subjective experiences of the world. If scientists employ reason to understand the outside world (theories and facts); artists employ imagination to understand an inner world (emotions and feelings).³

Nineteenth century artists and poets played-off the infinite elasticity of poetic creation, against the infinite self-reflection of criticism, in a highly productive dialectic - at least initially. Romantic⁴ artists were trying to represent relationships between inner and outer reality. The latter is registered by a mind that sees all earthly forms as being in transition towards a state of transcendence (Hegel). But Romanticism became also the victim of its excesses. As Cardinal (1975⁵) comments, the nuanced concept of 'formative imagination' (Fichte) regressed into grosser terms:

'...where it denotes the unlimited power of individual subjectivity to invoke at will any form or shape, in an endless variety of fantasy and caprice - an excuse for narcissistic self-assertion.' (p.42).

The ways in which positive and negative features of Romanticism came to influence the psychology on which art therapists built, can be studied in Ellenberger's work, subtitled *The History and Evolution of Dynamic Psychiatry*. It traces the gradual development of the concepts 'formative imagination' and 'will' of Boehme, Schelling and Schopenhauer, as they take on a new identity - the 'unconscious' - via works such as Von Hartmann's *The Philosophy of the Unconscious*. It tracks the initial haphazard use of that term by exorcists, magnetists, hypnotists, to its later more technical employment by psychoanalysts, depth psychologists and psychotherapists (p.210). For Von Hartmann, the unconscious has three layers: the absolute unconscious, which constitutes the substance of the universe, and is the source of the other two forms; the physiological unconscious, which is at work in the origin, development and evolution of living beings, including man (c.f. Carus; Jung); and the relative or psychological unconscious, which lives at the source of our conscious mental life (c.f. Freud).

Alongside the unconscious, in Romanticism there is a deep feeling for nature as opposed to old-fashioned enlightenment interest in man and society. 'The proper study of mankind is man' (Pope) gave way to a feeling of empathy with nature and the cosmos. Thus according to Ellenberger (1970⁶)

'Behind the visible nature, the Romantic sought to penetrate the secret of nature's 'fundament' (*Grund*) which he considered to be at the same time the fundament of his own soul. The means to reach that fundament not only lay in the intellect but also in the *Gemut*, that is, the most intimate quality of emotional life'. (p.200)

Feelings and other sensed realms of human interiority became the object of intensive study:

'...all aspects of the unconscious were explored, dreams, genius, mental illness, parapsychology, the hidden powers of fate, interest in the psychology of animals...popular tales and folklore, the spontaneous expression of popular genius... magnetism...' (*Ibid.*)

Ellenberger recognises that the main interest to be found in Von Hartmann lies less in his psychological theorising than in the range of ideas he explored. He collected numerous relevant facts concerning perception, the association of ideas, the emotional life, instinct, personality trait, individual destiny, as

well as the role of the unconscious in language, religion, history and social life. One might here note Nietzsche's (1869⁷) scathing criticism too. For Nietzsche, the book was:

'...the philosophy of unconscious irony....Rarely have we read a merrier invention and a more philosophical prank than Hartmann's.' (p 51).

For Nietzsche, Von Hartmann's is yet another Hegelian account of mental life; Hegel's 'world spirit', the working of a blind force, is internalised and becomes the Unconscious. Nietzsche attacks von Hartmann's demand for: '...total surrender of the personal to the world process.' (p.58). This was part of his general criticism of Hegelian ideas, '...still smoking in older heads.' (p.39) Traces of the lingering Romantic Movement are to be found however in his comment, that:

'...It is the same absurd method which leads our young painters and sculptors into salons and art galleries rather than into the workshop of a master and above all into the sole workshop of the sole mistress, nature.' (in Ellenberger, p.111)

Within Romantic aesthetics the overwhelming force of ideas - about purity of vision, the imagination, nature, the unconscious - led also by the middle of the 19th Century to two (at least) diametrically opposed ways of thinking about relationships between genius and madness. A full-blown debate ensued, between those who held that the genius/madness conjunction is natural - and those who thought the notion fanciful or unrealistic.

On the one hand, there were the Romantic seekers of insight via the imagination, mentioned above. On the other hand, psychologists like Francis Galton (1869⁸) and his followers rejected the notion that mental instability or inspiration played any part in creative work, in fact, in modern jargon, he held it to be counterproductive:

'If genius means a sense of inspiration, or of rushes of ideas from apparently supernatural forces, or of an inordinate and burning desire to accomplish any particular end, it is perilously near to the voices heard by the insane, to their delirious tendencies or to their monomanias. It cannot in such cases be a healthy faculty nor can it be desirable to perpetuate it by inheritance'.

Later he retreats somewhat from the eugenicist stance taken at the end of that comment, arguing against there being a natural connection between genius and madness, as the main proponent of the opposite position, Lombroso and his followers held.⁹ However, the matter is not resolved in any clear-cut way. He writes:

'...there is a large residuum of evidence which points to a painfully close relation between the two, and I must add that my own later observations have tended in the same direction, for I have been surprised at how often insanity or idiocy has appeared among the relatives of exceptionally able men. Those who are over-eager and extremely active in mind must often possess brains that are more excitable and peculiar than is consistent with soundness. They are likely to become crazy at times and perhaps to break down altogether'. (1892¹⁰)

To relate the above to emerging discourses on marginalised art, there were of course artists fitting neither into the category of 'genius' (e.g. Van Gogh) nor of degenerate (e.g. Beardsley), who nevertheless became mad; one of the most significant being Richard Dadd, mentioned above.¹¹ Other artists experienced psychiatric hospital incarceration and/or treatment. These include the illustrator Louis Wain and the painter/illustrator Alfred Kubin.¹² These artists and others like them (Rops) provide intriguing material for the field of pathographic art. However, for interested art therapy pioneers, it was the untutored asylum and eccentric artists whose material linked directly to the status of mind and the symptoms then being categorised by alienists (e.g. artists such as *Wolfflin*, Messerschmidt). Rather than exploring this relationship in depth, it is simply mentioned here as one of Romanticism's bequests - of the individual artist - but one marginalised as outsider, identified as such by his/her symptoms and his/her art. Artists became interested in these and other outsiders too (MacGregor, 1972). The artistic freedom Romanticism engendered went on to produce the doctrine of *l'art pour l'art* and the techniques for 'dissociation of sensibility' (c.f. Hugo's drawing experiments, Redon, Mallarme) leading to the Romantic artist as alienated outsider. Not only this, artistic relativism opened pathways to critical relativism, e.g. that of Morelli who eschewed aesthetic considerations in favour of a scientific approach to aesthetics, hastening the acceptance of child art, primitive art and eventually psychotic art as valid areas in which to seek fresh principles of form and creation.

Alongside Schopenhauer, Nietzsche and others, the natural scientist Darwin too, helped to shift aesthetics from its ancient base in grace and reason to the new domains of the will, the imagination and the understanding. Darwin's evolutionary perspective has to be included in this discussion because art began to be seen as implicated in the broader evolution of culture. If, as has been said, the great intellectual achievement of the 18th century was the theory of progress, that of the 19th century was the theory of evolution, perceived by its champions as forward-moving, progressive, irresistible. Here is the beginning of the notion of 'the demon of progress in the arts', (Wyndham Lewis, c.f. p.29 above). Art was seen as subject to evolutionary change and development just like everything else. According to evolutionary theory, artistic activity, however sublime, also contains remnants of its primitive origins; these became invested with values of a Rousseau-ish Noble Savage sort: geniuses, at great risk, could tap them (e.g. Beethoven, Goya); madmen, subject to mental weakness, would be invaded by them. However, as noted, such dangers did not prevent madmen from producing powerful images, some of which could now be recognised as works of art, for example, those of Dadd and Wölfli).

Evolutionary theory carried its own dynamic impetus; Dewey emphasised the biological origins and functions of intelligence and the continuity of aesthetic experience with ordinary experience; and Marx brought a socio-political dimension into this thinking about the role of art in society. He enquired into the (unconscious) ideology and economic interests of the artist's social class and the system of patronage of

which it is a part (c.f. Clarke, 1999). However, alongside the revolutionary ideas of Darwin and Marx, at the very beginning of art therapy's formation within modernism, there was simultaneously a Romantic conservative call for a return to an idealised past. The development of society towards industrialisation was felt to be threatening or even destroying civilised values. This anti-modern stance was taken up by small groups of artists, e.g. the pre-Raphaelites,¹³ who wished to emulate the simplicity and clarity of artists such as Giotto or Fra Angelico and the supposed spirituality of hitherto reviled Gothic architecture. It was taken up as well by those who held that great art could develop only in the context of traditional or folk culture, hence the revival of traditional crafts. Hence also the Europe-wide collections of folk tales, fairy tales, folk songs and dances, and perhaps to a lesser extent, folk art, assembled at the end of the 19th century and the beginning of the 20th. Such activity is again closely related to other primitivist collecting of native art, child art, and as noted, the art of the insane. These interests were also fuelled by burgeoning nationalist movements, bent on organising escape from imperial masters: Holy Russia, the Hapsburg Empire and the British Empire, through intense revolutionary activity.

Concurrently, within a wider political perspective, there emerged yet another influential debate. Capitalist industrial forces whose spectacular advances stimulated dreams of unbridled wealth and power in the imaginations of some advocates of modernism, were perceived to be generating also an alienated, fragmented underclass of discontented and therefore dangerous have-nots, in the imaginations of others e.g. Engels, Marx. Theirs was the opposite dialectic force-field, calling for the emancipatory rejection of imperialism, capitalism and *volkish* romanticism; all to be replaced by the creation of equality and a morality founded on the material base of existence. These include the leftish tradition referred to by Clarke (1999), demanding a new art congruent with its revolutionary aims (Malevich, Lizzisky).¹⁴ Classicism, Romanticism and Modernism are relatively narrow terms when applied only to art and aesthetics; however the term Modernism has broader socio/political dimensions too, that need to be considered in this account of the influences shaping art therapy, for instance, the shift from the engaged Romantic to the alienated Modern individual; it is to these aspects of Modernism that the study turns next.

Notes and References

1. Ellenberger's study, *The Discovery of the Unconscious* (1970 esp.Ch.3), and a lively study by Hacking, *Rewriting the Soul* (1995) both comprehensively deal with the resulting challenge to rationalism.
2. Schopenhauer, A. (1961) *The World as Will and Idea* (Orig. 1818), Book III, Section 36. London: Allen and Unwin.
3. Rorty (1989) has argued that it would be helpful to dispense with both constructs; this would dissolve (rather than resolve) the problem of relationships between the two faculties.
4. From the perspective of psychology, Romanticism is the seedbed of art therapy also, in that intriguing pre-figurings of later ideas found in psychotherapy abound in the literature of the period. The (1784) 'magnetiser' described by Ellenberger (1970) could easily be transposed into a latter day psychotherapist (pp.155-6.); magnetic reciprocity can be understood as analogous to transference; and Jung's (1885) notion of ideas as 'parasites' resemble Blakemore's (2000) 'memes'.
5. Cardinal, R. (1975) *German Romantics in Context*. London: Studio Vista.
6. Ellenberger, H. (1970). *The Discovery of the Unconscious*. The History and Evolution of Dynamic Psychiatry. London: Basic Books.
7. Nietzsche, F. (1980) *On the Advantage and Disadvantage of History for Life* (Originally 1874). Indianapolis: Hackett Publications Incorporated.
8. Galton, F. (1869) *Hereditary Genius: An Inquiry into its Laws and Consequences*. London: MacMillan (2nd Ed. (1892).
9. Lombroso assembled and 'classified', a fascinating collection of artworks and artefacts in an effort to support his theories; it is with such collections that proto-art therapy enters the modern 'scientific' era.
10. Galton, F. (1883) *Inquiry into Human Faculty and its Development*. London: MacMillan.
11. Three of his water-colours and three of his oils were exhibited at the Manchester Art Treasures Exhibition of 1857; see also Aldridge, 1974.
12. There is a substantial literature on the topic of artists' breakdowns; (for example, Wittkower, *Born Under Saturn*, 1963; Allderidge, P., *The Late Richard Dadd*, 1974; Kris, E., *Psychoanalytic Explorations in Art*, 1952, to note a few). The various issues with which it deals need not be explored here as they would lead too far astray from the central theme.
13. The pre-Raphaelites can now be seen as part of the wider Symbolist movement.
14. It may be worth mentioning here that this political feature of early modernism appears in the field of art therapy not so much in any particular paradigm, but in artists deciding that their work lay in social contexts. They chose to work in asylums, special schools, hospitals, prisons and with public art, deciding to use their skills and knowledge on behalf of disadvantaged, marginalised people, rather than to pursue individualistic artistic careers.

Chapter 14: The Modern Context 3: Modernism and Art

Public concerts, exhibitions and the activities of the institutions that govern the supply and reception of art, form a society's public cultural identity. Tate Modern can be thought of as such a socio-political cultural machine. The socio-political context within which modernism's artists' explore private individuality, interiority, is deeply implicated in constructing the rules of the game linking art and the artists' personal emotions.¹ One implication for Modernism is that, as in Romanticism, even the most personal of modern works of art always necessarily exist in relation to the artists' imagined public reception (c.f. Rousseau, Blake). Their manufacture is primed with charges carefully triggered for the multiple contexts of an anticipated reaction. This can perhaps be understood easily in the context of Romanticism, as for example, in Jane Eyre's reception of the Bewick illustration, a suggestive microcosm for the reader of the whole great melodrama to come. In a much wider social context, the various religious faiths define the parameters of their sacred art, whose claim on its (highly specific) public is transparent.² But socio-political forces affect even very intimate art directed by personal subjectivity; social and political 'receptors' exert their power on what appear to be artists' highly personal disclosures.

Politicised (aesthetic) analyses of the forces shaping various artists' personal self-expression are seldom encountered in writing influencing early art therapy. In Britain, the writer and poet Herbert Read is recognised as a powerful influence on art education, thus indirectly on art therapy, particularly during the '40s and '50s. His ideas embrace both individual psychology and public sociology; that is, they derive partly from Freud and Jung's contribution to debates within art and aesthetics but also from Dewey and Marx. Of course, it was not just writing that influenced the pioneers; in this respect it is relevant that before co-founding Wythymede, an important seedbed of British art therapy, Gilbert Champernowne had been practically involved in the University Settlement movement³ just as he would be in helping to organise the Jungian therapeutic community. However, the British literature, apart from the explorations of Read and a few other writers, such as Alex Comfort in the 1940s;⁴ Ernst Fischer in the 1950s and 1960's,⁵ neglects the development of the social evolutionist approach to art. Understanding art in terms of its being a product of social forces and of its having the function among others of illuminating social issues - did not seem to gain much ground until the late 1960's.⁶ Until then, despite Surrealism, the evolutionist approach to the aesthetic turned towards a concern with art's formal development, c.f. Fry (1924) and Bell (1914) and their followers. Most of the writers on art and therapy accepted this situation uncritically. They tended, perhaps not surprisingly, to select the models they espoused from the midst of the successive 'isms' formulated by a generally inward-looking modern art establishment, neglecting other significant strands of Modernism - hard-edge abstraction,⁷ social realism, or Duchampian ironic art. They did not embrace, for example, hard political, activist art - Constructivism, Futurism, Suprematism. Instead, they looked to subjective rationales for their practice ranging from emotivistic (Langer, 1967) to

psychoanalytic, to be explored separately below.⁸ Their preferences tended to be those that reinforced particular psychological notions of the personal; of individualism, of identity as monadic, and those aesthetic notions positing pre-existing truths as governing form - truth to form, truth to materials, etc. In other words, a comparatively narrow selection of ideas formed the basis of early art therapy's aesthetic as well as its psychological (e.g. psychoanalytic aesthetic) epistemology. This selection left out the ingredients that were later to inform postmodernism, those that would generate the vocabularies of trace (Derrida), contingency, intertextuality, art as socially constructed and as performed. It also isolated the discourses of art therapy from engagement with some of the progressive critiques of Modernist art theory (Rosenberg, Greenberg, Fried). Before exploring the consequences of this, a brief description of the broader field of modernism is needed, to place the interests of the emerging profession in context.

Clark, (1999)⁹ re-contextualised modernism's achievements - previously portrayed by, for example, Greenberg and Fried in aesthetic terms - in terms of the social conditions of its paradigmatic artists' productions. According to him, modernist art is grounded in the socio-political context of 200 years of a leftist tradition that ended with the fall of the Berlin wall in 1989 - its inception being the hurried painting and first showing, in a ceremony to mark its protagonists martyrdom, of the *Death of Marat*, completed by Jacques-Louis David in 1793. Clark writes:

'Modernity means contingency. It points to a social order which has turned from the worship of ancestors and past authorities to the pursuit of a projected future - of goods, pleasures, freedoms, forms of control over nature, or infinities of information.' (1999, p.7)

This process goes along however with a great 'emptying and sanitising' of the imagination - and the new, narrow, goal-directed imagination is contrasted with the 'enchanted' imagination both of individual childhood and of cultures of past epochs - Egypt, Medieval Europe:

'Without ancestor-worship, meaning is in short supply - 'meaning' here meaning agreed-on and instituted forms of value and understanding, implicit orders, stories and images in which a culture crystallises its sense of the struggle with the realm of necessity and the reality of pain and death. The phrase Max Weber borrowed from Schiller, 'the disenchantment of the world,' still seems to me to sum up this side of modernity best.' (*Ibid.*)¹⁰

Pre-modern civilisation, with its relatively located meanings and postmodernity, with its ephemeral contingent meanings/values, bracket an epoch notable for meaning being tied to materialism. Modernism is committed to the material basis of a brave new world, a world of scientific and technical lift-off on a bewildering scale,¹¹ set off against the superstition¹² of the Medieval age of Faith, the idealised intellectualism of the pre-modern age of reason and the decadence of Romanticism. As an example of this, Freud's psychological materialism, itself a product of Darwin's evolutionism, will be examined shortly. But first it may be worth characterising the phenomenon of Modernism via its portrayal by one of its critics, as opposed to Clarke who is one of its advocates. Baudrillard (1987¹³) was a key figure in the 1970's critical programme of defining modernism in order to delineate more clearly the outlines of

emerging postmodernism.¹⁴ He draws attention to an additional dimension of social context functioning alongside the psychological and the political; that is to the doxological, the tacit knowledge and absorbed routines of everyday action, the '*habitus*' (Bourdieu, 1968):

'Modernity is not just the reality of technical, scientific and political upheaval; it is also the play of signs, customs, and culture which translates these structural changes at the level of ritual and social habitus...' (p.65)

The psychological, the political and the doxological are facets of a rapidly changing world, including urban concentration and the gigantic development of the means of communication and information, that mark modernity as a social practice and way of life articulated on change and innovation. (*Ibid.*). Its practices are articulated on anxiety, instability, continual mobilisation, shifting subjectivity, tension, crisis. He regards the date of the appearance of the word itself (Theophile Gautier, Baudelaire, 1850 or so) as significant: 'it is the moment when modern society realises itself as such, thinks itself in terms of modernity...' (*Ibid.*)¹⁵

For Baudrillard, Modernism entails the end of all anterior systems - the magic, religious, symbolic consensus of traditional, communal society. Modernity becomes a 'transcendent value', a 'cultural model', and a 'morality'. Modern individualism emerges, taking ever deeper inward turns: '...the individual, with his status of autonomous consciousness, his psychology and personal conflicts, his private interest - indeed, his unconsciousness...' (*Ibid.*) defining both the outward looking modern artist; Courbet, Cézanne, Picasso, as well as their more subjective brethren, Van Gogh and Munch. And because there is a price to be paid for emancipation from tribe, from clan, from family - included also are artists such as Dali and Warhol. Although their lives were self-chosen public spectacles, played out via the new media, this was because, as Baudrillard observes:

'...The (bureaucratic) rationality of the State and that of private interest and of private consciousness converge...the individual is drawn increasingly into the network of media, organisations, and institutions, which give rise to his modern alienation, abstraction, loss of identity in work and leisure...' (*Ibid.*, p.66)

The legacy of Romanticism's bid for emancipation from both rationalism and superstition is apparent in his noting, that where art is concerned, at all levels:

'...modernity gives rise to an aesthetic of rupture, of individual creativity, of innovation marked by the sociological phenomena of the avant-garde, and by the always more extensive destruction of traditional forms'. (*Ibid.*, p.68)

These forms include genres in literature, rules of harmony in music, laws of perspective and of representation in painting, to which he adds, more generally: '...the authority and legitimacy of the received models of fashion, sexuality, and social conduct...' (*Ibid.*). But the rupture is not complete; here he sharply identified a compensatory return of the repressed, that is, earlier ideas and practices start to

look interesting again in the new context of the modern world - but now there is an added layer of irony present. Here Baudrillard's analysis prepared the way for postmodernism. This will be the topic of Chapter 19. To return to art therapy's use of modernism, given the breadth of mainstream Modernist activity described by Baudrillard and Clarke, art therapists' narrow selectivity requires an amendment to the thesis that the discipline is essentially modernist - rather it is contingently so.

Before considering the influence of psychoanalytic aesthetics, it should be remarked that additionally, art therapy was influenced by ideas entering the artworld from other directions too. Gestalt psychology (Kohler, Koffka, Wertheimer) was gradually imported into art (and into what became art therapy), via Arnheim's (1969) concept of 'visual thinking'. Arnheim became very influential in American and some Continental art therapy fields,¹⁶ although as Ehrenzweig (1953¹⁷) writes:

'The Gestalt theory, by observing everywhere articulate gestalt (or gestalt in its nascence) and failing to give attention to inarticulate form experiences, committed the 'psychologists fallacy' almost as a matter of principle, yet went uncensored by followers of William James.' (1967, p.4)¹⁸

In criticising the rationalism of Gestalt aesthetics, he made his own contribution to art therapy theory via his concept of 'dedifferentiation' and the 'hidden order' of artistic processes. He invokes James's (1895), stream of consciousness, a concept that had to wait half a century before re-emerging as a principle capable of being applied within psychotherapy. Ehrenzweig attempted to reconcile James' 'stream of consciousness' and Freud's personal unconscious, believing that modern art could reveal the workings of unconscious perception via conscious creative activity. (p192)

So the developments within art and aesthetics described above, a collage as it were, of varied schools and ideologies, all played a part in the evolution of art therapy. The emergence of the discipline at a particular time, between the 1920s and 1940s from a conjunction of backward-looking Romanticism and forward-looking modernism influenced both its theory and its practice. It turned out that the particular artistic movements taken up by the pioneers would be:

- (i) Romantic Expressionism, wherein the artist's inner personal feelings and emotions were made visible through subject matter and handling of the medium;
- (ii) Idealist Abstraction, in which Platonic transcendental and ineffable themes generate sublime works; c.f. Riegel's 'will to form', and Prinzhorn's¹⁹ 'urges';
- (iii) New Materialism where 'significant form' (Bell) and/or the materiality of media, truth to material, play a dominant role;
- (iv) Evolutionary Primitivism, i.e. native art, child art, insane art, graffiti - which supposedly tapped into the so-called roots of creativity;

- (v) Psychoanalytic Surrealism, where links were posited between automatism, the (Freudian) unconscious, dreams and art, and in the case of Klee and Dubuffet, between the areas of art and psychopathology, again via Prinzhorn;
- (vi) Spiritual Abstract Expressionism, premised on a supposed connection between Jungian (and it is worth noting Jackson Pollock's claim to be a Jungian), universal inner feelings and impulses; and the artist's unique image-making on the canvas.
- (vii) the Sublime - art based neither on representation nor expression, but linked to secular spiritual interests (Newmann; Rothko).

To expand on just a few of these, in America the Abstract Expressionists in the 1930's and 1940's were probably the most influential artists initially. It has been suggested that they should have been called Abstract Surrealists to differentiate their psychological from later phenomenological approaches to abstraction. They explored connections between the process of making marks with paint and the release of their own emotional tension. Using universal symbolism and transpersonal techniques, Abstract Expressionists subscribed to the notion that creativity flowed directly from the unconscious, to emerge in the cathartic gestures recorded in paint.²⁰ Their hypotheses were taken up by art therapists (e.g. the American, Edith Kramer, 1979) interested in the notion that through such praxis, the emotional experiences within the process of art-making, as well as the process of symbolising, is itself therapeutic. In Britain, it was Ehrenzweig who linked abstract expressionism with psychoanalysis, opening up a similar path for art therapy here. Furthermore, the artistic movements within Modernism espoused by pioneer art therapists had given permission for artists to dispense with art's existing formal languages of conventional figure drawing, composition and perspective. Thus art therapy's pioneers could honestly say to their clients: - "It doesn't matter if you can't draw" - since there was a world of art that implicitly endorsed this reassuring statement.

In the event, for proto-art therapy, Freud's psychodynamic explanation of artistic creativity - an explanation pitched somewhere between perspectivism and hermeneutics - proved to be ideally suited to modernism's attempts to legitimise both the making and reception of art in psychological terms, at least initially. His influence on art and art therapy will be examined in more detail in Chapter 16. Before this, there are at least two other approaches in aesthetics emergent in early art therapy writings to be highlighted. One is an a-historical, a-cultural approach, emanating from beyond culture, which is just the temporary guise in which the muse deigns to appear (e.g. Baynes 1940) derived from Plato via, e.g. Jung and Cassirer (Schaverien, 1991). But here art is a kind of efflorescence, a by-product of spiritual life.²¹ In the Jungian version of a-cultural theory, archetypal images emerge from the unconscious in a predetermined sequence as the process of individuation unfolds through the art-making. Jungian psychologists and art therapists did not, until relatively recently, seem to be very interested in the

specifically socially constructed determinants of these archetypes, or in causal or dialectical processes accounting, for example, for differences between them. 'A medieval king, an Egyptian spirit and a T'ang dragon' may appear shoulder to shoulder, quite legitimately, because similarities are emphasised and differences passed over, as the historical accidentals of their genesis. Cultural differences are not considered to be particularly significant. In this case one is dealing with not just pre-modern conceptions of art but with ideas reaching back beyond pre-age-of-reason eras - to the age of enchantment. (See above p.129) These ideas reach back to times when visions, spirits, and inner voices were familiar everyday experiences. Jung's crucial contribution to the evolution of art therapy, ranging from his exploration of imagination to his distinguishing between psychological and visionary art, will be mentioned, but not fully considered, in the magical/spiritual paradigm below; one hopes that experts in Jungian psychotherapy will at some later date fill the large gaps to be found in this story of art therapy's evolution. Within the context of any discussion of modernism, he would probably be aligned with Richard Strauss, Thomas Mann, T.S. Eliot and other significant 20th century artists who took a stand against the deconstruction of 19th century values and ideologies, typical of radical avant-garde Modernism. In later post-Jungian developments within art therapy, related to spiritual/magical understanding of health and illness are to be found references to art movements - focussed on the role of the artist - as magician, as shaman (to be discussed in the 'magical' paradigm section), or as a teacher or mentor. Here the artist is entrepreneur, is the midwife of a creative process that is naturally healing.²²

To sum up, the seedbed of the ideas discussed above can be found among the topics described as holding the key to modern art (p.29). They are: the expressive functions of art added to the representational and symbolic; the personality of artists brought to the foreground in monographs; the appearance of the 'demon' (Wyndham Lewis) of progress in the arts as in science; the beginning of the 'tradition of the new' (Hughes). Added to this was the democratisation of the art making process via abstraction, expressionism, primitivism, - including the acceptance of image-making 'beyond' art, primitive art, child art, pathographic art. All of these discourses are to be found in embryo in the writings of prominent critics of the latter half of the 19th century (e.g. Baudelaire, Huysmans), by the end of which a new art world had been created. In Britain, the late flowering of Romanticism in the decadence of the 1890's, (Pater, Beardsley, Wilde), alongside the retreat to craft traditions of the arts and crafts movement, (Morris and his mentor Ruskin), in a sense turned art inwards as well as backwards. The importing into conservative Britain of the Post-impressionists by Roger Fry in 1910 - even though disguised under the banner of the aesthetic movement - brought into being a new congregation, ready for a new vision, for a new rhetoric of inwardness. One was ready to hand, having been constructed in the intellectual ferment of *fin de siecle* Vienna. This was psychoanalytic aesthetics, seized on by British modernists, proto art therapists amongst them, e.g. the pioneer Arthur Segal - as providing an ideology able to dispense simultaneously with the

decadent 'art for arts sake', and the moral 'truth to form' cultural referents on offer, and to satisfy the new century's desire for change.

Notes and References

1. However, avant-garde art often relates to this social construction of privacy as much by gestures of refusal towards it, or by denials of it, as by affirmation. Dada is one example of this; post-modern Brit-art adopting playful/ironic games of peek-a-boo, merging the political and the highly personal, as in the work of Tracy Emin, is another.
2. C.f. Seznec, 1953.
3. Laing and Byrne, (1996, p. 12) and Stevens 1986.
4. Alex Comfort's *Art and Social Responsibility: Lecture on the ideology of Romanticism*. Falcon Press, London, 1946. Written during and just after World War Two: Cites G.M. Trevelian, and earliest Read (e.g. *To Hell with Culture*)
5. *The Necessity of Art*, 1963.
6. When Hauser (1962), Berger (1974), and Clarke (1973) and feminist critics including Pollack, (1988) and Rose (1986), redrew the map of the field of aesthetics.
7. Though it is true that the Jungian art therapists Michael Edwards produced 'systems- art' paintings.
8. Included in their aesthetics would also, by proxy, be Heidegger's philosophy of art for although his direct influence was not apparent until postmodernism emerged, its intimations are to be found at a second remove, in mid-century literature (for example via Sartre, Camus, Beckett, and via Bacon, Lucien Freud, etc.). He directs attention to the 'working' of the work of art, *in time*. For example in his evocation of a Greek temple, the temple 'speaks' by causing the world not just to 'appear' around it, but by orchestrating that appearance. It is not because of pleasure - which would stop it from 'working', but because of its truth, that we need art. To the perceiver the work does not simply exist. Because it 'happens' in time, its recipients co-operate in its working. This will be explored in Chapter 19, the philosophical paradigm.
9. Clark, T. (1999) *Farewell to an Idea: Episodes from a History of Modernism*. New Haven & London: Yale University Press.
10. One is reminded here of Marion Milner's paper: 'The Role of Illusion in Symbol Formation' (1955) where she - from a psychoanalytic perspective - argues for the importance in infancy and early childhood of the forming of the imagination, the encouragement of fantasy, the nurturing of illusion (so that disillusion-disenchantment as a form of weaning can re-assure the child that disappointment need not be disastrous).
11. Review, *Times Literary Supplement*, 9.4.99, Julian Bell, p.16-17.
12. c.f. Jung.(1939) Also c.f.. Charles Taylor: Gifford Lectures: 1999.
13. Baudrillard, J. (1987) Modernity. *Canadian Journal of Political & Social Theory*. Vol. XI (No.3).
14. This section will use extensive quotation since Baudrillard's writing is so succinct that it is difficult to paraphrase.

15. This date is later than Clarke's because modernity had to come into being before it could be described, defined and named in this way.
16. Arnheim supported the arts therapies through his close involvement in the international journal, *The Arts in Psychotherapy*.
17. Ehrenzweig, A. (1953) *The Psychoanalysis of Artistic Vision and Hearing*. London: Routledge & Keegan Paul.
18. Ehrenzweig thought that 'modern depth psychology' may be able to explain this blind spot: 'Freud has shown that inarticulate form experiences are the messengers from the unconscious mind; our unwillingness to give them due attention may be connected with our general reluctance (resistance) to the role the unconscious mind plays in our mental life.' (*Ibid.* p.4)
19. Prinzhorn's: *Artistry of the Mentally Ill*, (1922) was on all the art therapy course reading lists soon after its English translation was published in 1972.
20. Their recourse to automatism owes a debt to the German Romantics' 'somnambulism'; 'passive consciousness'; 'the involuntary'; as well as being associated with Aristotelian catharsis - at least as far as that idea was understood at the time. There seemed to be some confusion between catharsis and acting-out. For example whilst creating sublime artworks, Pollock and Gorky acted out typical mad genius roles; so did Rothko in a different way.
21. Many studies in the discipline of art and psychopathology, from Lombroso to Dubuffet, have been based on such approaches. Similarly, child art, primitive art and naive art are thought to possess a-cultural properties and are likened to psychotic art on that account.
22. Art therapists did not take up a third possible approach to the 'reading' rather than the making of images. That was the approach via iconography as developed by art historians such as *Wollflin* and *Panovsky*. Perhaps the reason is that proposed by Gell (1994), who refers to what he calls the 'methodological philistinism' of this approach, because: '...the iconographic approach of (Panovsky, 1962) ... treats art as a species of writing, and ...fails... to take into consideration the presented object, rather than the represented symbolic meanings.' (p. 43). It should be noted that Gell is equally critical of sociological approaches, as in Bourdieu (e.g. 1968): '...which never actually looks at the art object itself, as a concrete product of human ingenuity, but only at its power to mark social distinctions'. (*Ibid.*)

Chapter 15: The Modern Context 4: Freud and Modernism

This chapter will briefly outline the complicated discourses surrounding the novel approach of psychoanalytic aesthetics developed at the beginning of the 20th century. But first, a reminder of its creator's credentials is required. Freud was equipped with fluency in ancient and modern languages, with a professional education in medicine and a specialist training in neurology, bearing a cultural outlook and inhabiting a cultural context (*fin de siècle* Vienna) destined to radically alter the world, and driven by a mission. He engineered an aesthetic paradigm shift in proposing a link between art, sex, dreams and madness, or at least neurosis, one that triggered *eureka* responses in many of his contemporaries and ours. Fierce controversy built up around his ideas and practices, still enlivening the pages of the literary journals, if not academic psychology departments. Irrespective of the status of his scientific claims, his influence on modernism in general, and on art therapy in particular, is undeniable. In this next context of art therapy's evolution to be explored after a general introduction, his and William James' contemporary accounts of the unconscious will be compared, prefiguring later discussion (p.139ff, below) Then an outline of psychoanalytic aesthetics, of mistaken accounts of its tenets, and a challenge to its critics by Wollheim (1974), will be presented, in order to show why it was so appealing to important art therapy pioneers.

In the developmental narrative pro-posing romanticism as the seedbed of art therapy, and modernism as its fertiliser, Freud's husbandry is apparent. It was his work, with its embedded romantic philosophy as well as its modern medical neurological and psychological outlook, that led, in the early 20th century, to the roots of artistic creativity being transplanted into the ground of the emotions, rather than being allowed to remain in the ground of the visual, the phenomenological. Art represented not just the visible world - but simultaneously, the artist's. Thus the prevailing accounts of art-making and reception were replaced by a hermeneutic, interactive model, mixing-up the conscious and unconscious creative processes of both maker and spectator, in parallel with how Cézanne, for example, was mixing up the spectators' perceptions with his own - rather than allowing a detached observer stance to be maintained before his pictures. In Britain, as Freud's works on dreams and later on jokes, began to circulate, their application to aesthetics became clear in the context of the times. On one hand, the Bloomsbury group of artists, writers, poets and philosophers had formed the Contemporary Art Society (in 1909) and, more practically, the Omega Workshops. Theirs had been a brave attempt to generalise both creative art and aesthetic response under the rubric of 'significant form' (Bell). Wyndham Lewis and the Vorticists had responded by blasting the tame middle-class modernism of such artists and art lovers, from Impressionism onwards, in an espousal of Futurism, and later Fascism via Ezra Pound. Alongside, on the other hand, there remained the vestiges of decadent marginalised art, inspired by the sexuality and violence of De Sade, epitomised in the 1890s by Beardsley and Wilde. The dominant visual aesthetics of

Fry and later Bell was felt as too restrictive - too cold and intellectual, to account for the variety and disparateness of early 20th century art making in general, and this art in particular. It could now be understood as a manifestation of unconscious drives, rather than as formerly, as artists indulging in exquisite aesthetic experience: 'To burn always with this hard gem-like flame, to maintain this ecstasy, is success in life', had been the Decadents motto derived from Walter Pater. As for the grotesque, the Carnavalesque - Dadaists had created a language based on throwing words violently together like the psychoanalytic device of free-association, in an uncensorable flow, Joyce's *Ulysses* being the masterwork of this process, Picasso and Braque's collages too. In this context, Freud's linking of sexual and aggressive drives to art, seemed to provide a new key to understanding both normal and pathological artistic creativity. Prior to Freud, the two seemed to inhabit separate realms of discourse; now, he began to see all creativity, whether manifested in art, jokes, dreams, even symptoms, as being on a continuum between the two poles.

Artists found psychoanalytic aesthetics attractive, despite its theoretical shortcomings, as pointed out over the years by writers as diverse as Suttie, 1935; Wittgenstein, 1967; Timpanaro, 1974; and Webster, 1998. Freud's comments on art and aesthetics, impossible to unify into a theory and scattered through his work, gave them something new to think about.¹ It is well known that his ideas were widely influential within Surrealism, but various critics and writers on art have used them to legitimise other art movements too, for example, mid-20th century Abstract Expressionism. Within emerging art therapy - before Ehrenzweig's phenomenological approach was recognised as a possible basis for aesthetic theory, and Winnicott's transitional space/object as a possible psychological tool - analysing the content of the clients' pictures according to what were seen by Freud's critics as his meaning systems, was the most familiar method used by its pioneers in their attempts to understand their clients' works. This despite this approach having gained by the 1950's, as well as a high status, a certain level of notoriety too, in the art world, thanks to over-enthusiastic Freudians' indiscriminate attribution of hidden sexual and aggressive drives to all creative activity by artists, living or dead.²

Orthodox psychiatry, busily taxonomising unorthodox behaviour - was suspicious. However, not all psychiatry was anti-Freudian; pioneer art therapists working under the aegis of supportive doctors,³ did manage to develop their psychoanalytically orientated practice despite its apparent shortcomings. In some senses, however, these art therapists were not using art as such, but their client's images as texts; interpreting dreams, or slips of the tongue would probably have served their purpose just as well, although the relative permanence of patients' pictures compared with therapists' memory of what had been said in particular sessions gave art therapists a novel therapeutic tool. Additionally, the collaboration between Jung and Freud in the early years of the century generated a rich mixture of ideas that was to bear fruit in mid-century (e.g. in the work of Herbert Read and Wingfield-Digby) and their subsequent

rivalrous exploitation of separate paths only served to intensify their relevance for the emerging discipline of art therapy. In the early 20th century Freud's ideas were excitingly radical, emerging as they did from the hotbed of European intellectual life, Vienna (c.f. Janick and Toulmin, 1973.) His new science of psychoanalysis was considered to be the cutting edge of psychology, and his supporters included many leading artists and intellectuals. Cane (1998⁴) explores some of the ways in which members of one prominent Victorian family, noted for its forward-looking ideas, the Stracheys, - who were the translators of Freud into English - sought, articulated for others, and attempted to live by, what they understood as principles governing modern life. She writes:

'...both James and Alix (Strachey) took psychoanalysis up very much as their own particular modernist project, as a professional and a personal interest which would be intellectually challenging, and would keep them at the forefront of modern thought. They devoted themselves to the idea of applying science to political, social and personal life...'(p. 135-221)

Science is the keyword here. Both Freud and Jung thought of their work as scientific. Though they practice the art of medicine, doctors are by definition scientists. Freud and Jung were qualified medical practitioners, and by the end of the 19th century, medicine, along with surgery and the emerging neurology had become the authoritative sciences of the body, and also, by default, of its feelings/desires. What was so radically modern in Freud was that in his exploration of feelings/desires, as manifest in sexuality, he combined two hitherto separate privileged roles. This gained him entry not only into the forbidden world of the bedchamber and the secrets of the body, to which as a doctor he already had access, but also to the secrets of the soul via confession, to which hitherto only the priest - or the lover - had access. To use another analogy, he takes the reader of his case-studies backstage as it were, to find out how his patients' pathological - and by implication - social/moral facades, as he came to understand them, are propped up. These include the highly respected facade of art.

As is well known, psychoanalysis starts with Freud's concluding in his work with hysterical patients that their neurotic symptoms are not caused by biological malfunctions, but that they embody meaning. He tried to portray relationships between the *psyche* and *physis* (the physical self bearing the symptom) scientifically. Brentano's phenomenology as well as Charcot's hypnotism influenced his understanding. His argument is that certain forbidden memories, impulses or phantasies, striving for expression, are not admitted directly into consciousness. They are repressed albeit remaining dynamic, by unconscious processes. This impasse *is* the neurosis, which for Freud was not a blemish or a disease but a continuation of ordinary living. One did what one intended to do, but there was also a hidden reason (not a cause). Ultimately the memories/desires find symbolic expression via a symptom, a compromise between on the one hand, repressed ideas and/or feelings, and on the other, the repressing forces. Symptoms are manifestly troublesome; however this is because of what their latent content consists of rather than just their pathological realisation in the social world.

Links between the aetiology of symptoms and creativity were made, as he began to suspect that conflicts and compromise solutions lie not only in the domain of pathology. Having speculated that dreams have a structure similar to that of neurotic symptoms - just like the neurosis they too are composed of latent as well as manifest content - it was a short step to extend this kind of thinking about the plight of the neurotic, the structure of the dream, and the activity of the dreamer, to artistic creativity and the artist. The techniques of his therapeutic work - free-association and dream analysis - became his principal tools in investigating artistic creativity.

Of course, many artists and aestheticians rejected Freud's ideas about art, which Freud himself admitted were not systematic or comprehensive, believing that they demean art and artists. Critics hold that for Freud, art is merely the read-out of the sublimation of excessively strong raw instincts forcibly produced by an introverted personality who lives in a fantasy world, on the borderline of neurosis. They object also to his dealing mainly with pictorial content and not with the formal or institutional aspects of art, to his explanations applying equally to great and trivial art (Fry 1924, Gombrich 1963⁵). Some of these critiques of psychoanalytic aesthetics accuse Freud of a sanitising of the artist's imagination (c.f. Clark, 1999, above) in his assumption that consciousness is necessarily allied to rationality, of having created an internal box labelled the unconscious which contains the irrational aspects of consciousness.

Before dealing with these criticisms, it may be useful to compare his ideas with those of a leading contemporary psychologist, William James,⁶ who had been able to accommodate irrational and unruly elements within his understanding of consciousness. In his *Varieties of Religious Experience* (1902), an essay applying Darwin's natural history to religious experience, humans are seen as part of nature - nature as a machine, but not a Newtonian clock, instead, an ecological machine, like a coral reef, the subconscious being the submerged part of the reef. As Reed (1996⁷) describes it:

'...[it] is a psychology in which the centre of consciousness is like a small island in a larger sea of the subconscious, a sea in which there exist numerous reefs, mostly submerged, some very beautiful, and many dangerous to those who want to pass through.' (p.6)

As Reed points out, James summarised this theory towards the end of his book. The subconscious contains, he said:

'the larger part of each of us...[harbouring] the springs of all our obscurely motivated passions, impulses, likes, dislikes and prejudices. Our intuitions, hypotheses, fancies, superstitions, persuasions, convictions and in general all our non-rational operations come from it. It is the source of our dreams and apparently they may return to it.' (*Ibid.*)

In hypnotic and hysterical states, this subconscious is exposed. James also thought that if there were psychic powers, such as telepathy or precognition, they would manifest themselves only in these subconscious states. Reed observes that:

'For James, the stream of consciousness is not separate from but integral to the stream of action...James thought that hysterical automatisms or para-aesthsias occur when the dominant stream of consciousness is blocked off from a subsidiary stream by some kind of dam in the subconsciousness (e.g.) an *idée fixe*. (*Ibid.*)

James' ideas challenged those of the associationists, for whom the mind is also part of the natural world but passive, like a mirror. Theirs had challenged the preceding idealist's metaphysical theory: the mind is not passive but active, but its activity is outside the natural world. James wanted to show that the mind is natural and active. According to Reed, he was attacking the positivist theorists as being covertly metaphysical. Arguing against the prevailing 'production' theory of consciousness, the idea that the brain produces conscious states, he suggests instead that it is more like a filter, whose activity either lets past, or blocks, the transmission of an already existing mental life. What gets transmitted are not supernatural entities - our finite personalities are fragments of larger, but finite sectors of the natural world: 'When something happens to lower our thresholds of awareness, our consciousness is open to more of this large arena, perhaps generating both psychic powers and psychological distress.' (p.7) From James' perspective, Freud's ideas were potentially helpful in psychology:

'[James] worried over Freud's 'fixed ideas', confessed that he could do nothing with Freud's dream theory, and denounced psychoanalytic ideas about symbolism as dangerous. But he expressed the hope that 'Freud and his pupils will push their ideas to their utmost limits, so that we may learn what they are. They can't fail to throw light on human nature' (Gay, 1988, p.212⁸).

Although James is a great writer⁹, since his aesthetic ideas, some presumably formed during his contemplating the vocation of being a painter, were never explored in art therapy - they will not be looked at here. Rather, the study returns briefly to the classic picture of Freudian aesthetics - acted on or rejected by generations of art therapists. To begin with, there are several different psychological aspects of his process of artistic creation to be taken into account. First there are wishful fantasies, represented as fulfilled - but they only become works of art when they have undergone a transformation. It disguises what is offensive in them and conceals their personal origin; makes them more acceptable both to the artist's superego and to society. Also, as beautiful objects they bribe their audience/reader with a bonus of pleasure. This is necessary because, for Freud, the work of art, like the dream, can be understood in terms of, secondly, two types of content; manifest content and latent content. The manifest content is a mask that conceals the real meaning and source of power of works of art. This is the latent content, the usually repressed memories and instinctual needs and drives that can only be fulfilled in some substitute manner.

Freud sees the work of art as a compromise between, thirdly, the pleasure principle's insatiable desires and demands - and the superego of the artist. The ego, directed by the reality principle, balances these two opposing tendencies.

One can see the appeal for the pioneer art therapist of the idea that the creation of a work of art involves the mental process of reconciling both the artists' and the spectators' pleasure principle and reality principle. This was an insight offering a radically new approach to art and aesthetics. It challenged idealist and romantic aesthetic ideas about beauty, harmony, inner truth, and replaced them with a new theory grounding aesthetics in the material reality of an individual life history. The individual's original fantasy, formed according to his/her pleasure principle, appears as a new kind of reality (in conformity with the reality principle). Halsey¹⁰ (in Ulman and Levy, 1980) repeats Freud's observation that¹¹: 'The creative writer does the same as the child at play. He creates a world of fantasy which he takes very seriously.' (1987, p.132) It would seem that the artist is a public dreamer who successfully disguises and universalises his fantasies through the mechanisms of artistic transformation.

Pioneer art therapists responded to Freud's idea that a source for the content of works of art could in practice lie close to daydreaming, itself a form of play. Just what kind of peculiar sensibility enabled the artist to transform his fantasies into material form, Freud admits, '...is the artist's innermost secret'. Following Schiller (in Podro, 1972), art and play were seen as linked - art-making involving a continuation of and substitution for the play of childhood - conscious day dreams and memories of childhood often playing their part in spontaneous artistic creation. The work of art would come about, when some actual experience made a strong impression on the artist by stirring up earlier experiences generally related to his/her childhood. This, in turn, would arouse a wish that would find its fulfilment in the work in question. Also, ready made material - myths, legends, and fairytales - are sources of artistic content; these and childhood experiences are very similar because the fantasies of the culture are held to correspond to the fantasies of the individual. However in relating individual to cultural benefits of art, it would seem that he is referring to bourgeois art and not to the daring experiments of the modern artists who were his contemporaries, those who were subjecting his particular culture, that of late 19th/early 20th century Vienna, to ferocious interrogation. The resulting works of art also pictured not only the achievements, but also the hypocrisies of the current cultural milieu.

In his study of Freud's aesthetics, one of Spector's (1972) concerns is with Freud's not having based his theory of aesthetics on pleasure. Freud writes of the power of Eros to make attachments to objects out-there, a situation parallel for example to the loving contemplation of a favourite work of art. If the desire for pleasure attracts the spectator to devour artists' images, can the pleasure principle similarly drive the creator of art? Here Spector argues that creativity based on the pleasure principle itself should be treated

with some suspicion. This is because what fuels the artistic impulse is often the opposite of pleasure, and may create repeat early experiences that are anything but pleasant. Here is Freud's postulated death instinct or rather, drive¹²; an ingrained attraction for death and the aggressive, in normal persons, that complements the pleasure principle. The relevance of this argument for art therapy theory resides in Spector's point that art is not therapeutic in a general sense. He is arguing against optimistic post-Freudians who had found in Freud hopeful signs that human nature can be moulded to a better model. Spector argues that such optimistic notions overlook Freud's depiction of the unpleasant course of the defensive neuroses. As noted, Freud saw artistic creativity as being located somewhere between the pleasure principle and the reality principle.¹³

Regarding his supposed connecting of artistic creativity with neurosis: Wollheim (1974¹⁴) has argued that far from claiming that art and neurosis are inextricably linked, for Freud, they are incompatible. Why then it is commonly thought that Freud equated creativity with neurosis? Wollheim's answer is that, initially, Freud did seem to hold that unconscious drives produce symbolic expression of the warring aspects of the psyche. Their expression via art leads to a relief of tension. Here the role of artistic expression is similar to the role of dream images, i.e. they convey by means of a secret code, truths about inner reality. This construction seems to be at the basis of much writing in early art therapy literature, that is, the idea that art is merely symptomatic of inner disturbances. However Freud thought that it is *freedom* from neurosis that characterises the creative artist, that neurosis is an impediment to creativity, and that those aspects of an artist's personality 'which might be pathological in another kind of person, may turn out to be benign in the context of creativity.'(p.203). This is the exact opposite to what is commonly believed to be Freud's view. Wollheim's explanation is that the misconception derives from 'infelicities of expression' on the writer's (Freud's) side and 'inattention to the text' on the reader's side. As an example, he points out that readers often fail to appreciate that Freud's (1914) paper, 'Creative Writers & Day Dreaming,' often quoted as proving that Freud equated art with the phantasies of the unhappy or the unsatisfied, referred not to great literature but to the 'Romantic novel' - Barbara Cartland perhaps? Wollheim also observes that there has been a tendency to fit together certain strands in Freud's thought to constitute views he never held and that this has happened in the case of his writings on art. He proceeds to untangle three strands that have been illicitly woven together by various commentators.

First, with regard to neurosis and art, the concepts have not been clearly understood. Freud made a distinction easily neglected by his readers between 'neurosis' and 'neurotic'; according to Wollheim:

'...For Freud a neurosis is a constellation of desires, beliefs and dispositions, with a structure of its own rooted in the past, which present experience can neither permeate nor dissolve. Because of this structure the question whether the concept is instantiated, whether there is a neurosis, is a determinate issue.'(1974, p.203)

By contrast, the concept of neurotic 'essentially admits of degree.' Someone can be more or less neurotic. Wollheim carefully points out that 'most of the time' Freud adhered to the view that someone was a neurotic if his neurosis excluded him from love and work. But in other, 'more philosophical moments' as Wollheim describes them, Freud 'was not above suggesting that we are all neurotic, that we are all sick'. Hence the confusion, and as Freud himself had hinted at continuities between the two, he is partly to blame for misunderstandings. Secondly, though the components of neurosis are common to all of us, outside the neurosis particular concatenations of beliefs, desires and dispositions may differ 'in strength, in amenability and consequently in influence'. So although they are universal features of the human condition they are weighted differently for each of us. The explanation is presented as a developmental thesis: for Freud; 'the neurosis represents in effect a stopping-point in the common development of the psyche. The neurotic stays put - or rather reverts to - somewhere we have all been' (*Ibid.*). Thirdly, Freud tends to concentrate upon the content of the work. This has of course led to widespread criticism and repudiation of his writings on art and aesthetics by many artists and critics, (as noted, p.140). The content is then taken to have underlying causation that can be traced to 'a hidden desire or belief in the artist's psyche: or to a combination of desire and belief, to a wish.' But the point is that for artists, such hidden material provides energy and fuel for creativity. As Wollheim goes on to argue:

'The view that the artist's aesthetic capacity to manipulate his hidden wishes shows his freedom from neurosis fits in well with a famous formulation of Freud's: that the neurotic repeats what he cannot recall. For to recall is associated in Freud's thinking with a certain freedom, a certain mobility, the capacity to make sense of what in a pathological condition haunts the mind with a gloomy, statuesque monotony.' (*Ibid.*)

What led Freud to look for the artwork's meaning beyond or beneath its surface? Wollheim argues that Freud's imputation of the presence of hidden wishes in the content is to be explained by the fact that he '...had developed in the context of the dream and the symptom such a powerful diagnostic tool for the understanding of their content, for the uncovering of the hidden, that it seemed to him reasonable to use it wherever it promised results...' (*Ibid.*) and art was an area of activity where wish, fantasy, imagination and invention were prominently on display. Also, in nearly all cases, Freud's consideration of works of art has an ulterior motive that went beyond art and its appreciation; he was illustrating a fragment of his developmental theory.

Wollheim observes that it is not difficult to see how the three strands of argument (above) put end to end, might seem to lead from art to neurosis. The line runs from the work of art to the hidden wish: from the hidden wish to the constituents of the neurosis: and from those constituents to the neurosis itself. But he points out, as others had before him, that such reasoning omits two very important issues. There are those elements in the work of art that Freud seemed to ignore or failed to interpret. An interpretation of these elements led psychoanalytic aesthetics in a very different direction from that taken by Freud, as we find in the work of Ehrenzweig and Milner. These elements are the formal elements of art, regarded as being

that which is specific to art. It is this that was seen as an under-theorised area in early psychoanalytic aesthetics. Also there is the fact that it is the intensity and inflexibility of a wish, not just its object, that brings about the existence of a neurosis. Wollheim argues that Freud did in fact acknowledge the formal aspects of art - its language games and its materiality - his argument that the artist is not neurotic. He put these two issues, of form and of the flexibility of the creative personality, together, to demonstrate that not merely is art not identical with neurosis, but is incompatible with it. If the artist can mould or shape his 'neurotic' material into a form that commands interest and excites curiosity, this is, as Wollheim points out: '...testimony to the fact that the material is not of pathological strength: or, to put it in a way which increasingly appealed to Freud, that it is not stronger than his ego can contain' (p.204). Wollheim's important restatement of Freud's position *vis à vis* artistic creativity has not received the attention it deserves by art therapists, given that he did clearly indicate where some of the profession's theoretical problems might lie. So it may be useful to briefly mention one of his conclusions derived from the analysis above, even though the argument belongs/refers to the next, postmodern section, of the study.

Wollheim, rare among philosophers in that he does mention art therapy in his paper, having shown why and how misunderstandings about Freud's true position on creativity and neurosis could have arisen, moves on to address the matter of claims on behalf of the therapeutic virtues of art, enquiring into the conditions whereby the insight that aesthetic creativity guarantees freedom from neurosis (according to Freud) may be applied therapeutically. The proposition that one can free people from suffering through engaging them in artistic activity is the major premise on which art therapy is based - Music, Dance, Drama and Play Therapy also. But Wollheim questions the legitimacy of the unquestioning recruiting of art into its service. He argues that 'just as the thesis that art is neurosis has blurred the conception of neurosis - so the thesis that art is therapy has a blurred conception of art' (*Ibid.*). He notes for example, that theorists have tried to show 'without success' how mechanisms used by the ego to retain its control over archaic desires and beliefs, in one way or another correspond to the mechanisms whereby artists manipulate aesthetic material. This is because it cannot be proved that states of mind, inner states, necessarily find direct expression in the compositional features of works of art, that is, in their form. Even though the content, the iconography of pictures and other artworks, may be approached via a dictionary of symbolism, such a procedure cannot be applied to its form. In art, formal manipulations cannot just be learnt and then practised - they have to be created anew by every significant artist, so correspondence between the integrative and the formal properties of art are simply not processes of the mind capable of mechanical formulation, and art therapy cannot build, and has not built, a theoretical base on such a supposition.

This is Wollheim's critique and this section closes with a reminder that his approach to aesthetics is actually post-Freudian.¹⁵ In Wollheim (1972), he clarifies the concept of 'attack/reparation' as applied to

art-making, relating this to Stoke's carving/modelling aesthetics, a rich theoretical perspective that has been very influential in certain areas of art therapy, providing a new direction in the 1970s for a few practitioners, (c.f. Klein's seminal *New Directions in Psychoanalysis*, 1973). Whilst Klein/Stokes is still an individualistic theory in comparison with later interactive art therapy theorising, it was a useful springboard for developing post-Freudian theory, based also on Winnicott's post-Kleinian social/interactive model of creativity, to be explored below, Chapter 20. It is here with Winnicott, that the discussion moves into the domain of post-modern psychoanalytic aesthetics. Before moving on, one final issue needs to be addressed in this chapter: in the twenty five years since Wollheim raised his illuminating questions in his critique of art as therapy, has anything changed so that its practitioners can create a principled aesthetic theory to justify what is undoubtedly a successful area of practice? The answer is that art has changed - certainly this is true of visual culture in general (c.f. Chapter 9). Wollheim seems to be reflecting on the imminent end of modernism and the beginning of postmodernism, which many other critics too see as a cultural disaster. He writes of the 'integrative processes of the mind' not being apt for pairing with compositional features of art; but relationships between inner states and the outer picture are always problematic. The artwork is always an excess over the inner state - has been termed the death of the inner state - is absolutely other to it - another kind of life, whose relation to the inner, for postmodernists, is now held to be irrelevant. Again for postmodernism, 'integration' is not always on the agenda. When it is, although the pulling together of the image via composition (e.g. Raphael), chiaroscuro (e.g. Rembrandt), colour (e.g. Monet), or facture (e.g. Pollock) may be absent, *bricollage*-like integration is very evident. This is so even where, in Wollheim's terms, the artist concerned is not healthy and his/her disposition fits the description of the neurotic, for whom: '...there is a constellation of desires beliefs and dispositions with a structure of its own rooted in the past which present experience can neither permeate or dissolve.' (1974, p.203)

This sort of psychopathology now seems to be able to exist side-by-side with creativity; acceptable in the cultural climate of postmodernism, but not hitherto. The kind of creativity, evident for example in Outsider art, may not have been accepted as commodity art in the mid-1970s when Wollheim produced his essay: now it certainly would, because what its audience is looking for, and at, has changed. Wollheim, at the conclusion of his essay, laments the fact that for post-war culture 'the pathological has its charms' and alludes to 'the sickness of art itself.' His view that each artist has to 'create anew' does not seem to fit in with postmodern views about creativity; now art mimics, art quotes, art plagiarises. The whole question of authorship is opened up (c.f. recent work on the workshops of Leonardo and particularly Rembrandt - the re-making of medieval history), to be discussed more fully in the next chapter. Meanwhile to sum up the current position, one recognises that the initial hope of those art therapists excited by the possibility of diagnosis via images, of eventually being able to discover and to demonstrate clear causal linkages between symptoms, as representations or expressions of inner states, on

the one hand, and features of pictures on the other, appears to be unrealisable. However, Freudian aesthetics promised more than interpretation: for example, therapy through catharsis, corrective emotional experience, sublimation; regression in the service of the ego (Kris). If some of the assumptions underlying certain of art therapy's theoretical, Freudian foundations may now be perceived as having been misconceived, then an in-depth study of the fate of these ideas and of the consequences for art therapy of rejecting them is now needed, taking into account responsible current critiques (e.g. Webster, 1996, and not the cruder demolition projects of Crews, Tallis etc). Clearly, this cannot be undertaken here for reasons of space. However the study can take account of some of the psychodynamic features of the visual that raise specific transference/countertransference issues in contemporary art therapy, in the contemporary, overwhelmingly visual, culture. A consideration of the co-constitution within art therapy of identity, by the triadic interplay between client, therapist and image, will, in the next chapter, link these modernist themes with earlier visual topics. This will lead to a consideration of how misleading identity pictures are constructed and also, how art therapists can, through their awareness of the dynamics of the visual, guard against such misrepresentation.

Notes and References

1. It is beyond the remit of this discussion either to extricate his aesthetic from his other ideas or to trace the specific influences of his ideas on aesthetics and art theory and practice. Such analyses have been undertaken by many authors; e.g. Rank (1932), Kris (1952), Spector (1972), Fuller (1980), Spitz (1985), and Schneider Adams (1993).
2. When Freud's elementary translation mistake in his Leonardo essay (1932) was revealed, those already hostile sections of the art world felt vindicated in their criticism (e.g. Shapiro, 1955); the psychiatric profession was also largely confirmed in its scepticism about the employment of 'psychological' approaches to healing the mentally ill.
3. Including Professor Carstairs in Edinburgh.
4. Cane, B. (1998) The Stracheys and Psychoanalysis. *History Workshop Journal*, Issue 45.
5. This last criticism is not legitimate; as Kris, Wollheim and in the field of art therapy, Kramer, Spitz and others have pointed out, Freud did bring the meaning of artistic form into the picture, particularly in his later *Wit and its Relationship to the Unconscious* (1966), enabling artists and writers on aesthetics to accept more readily his theory of sublimation, since there seems to be a similar artifice-making aspect to the creation of the joke and the creation of art. Also, both incorporate the notion of play as an important component of artistic creativity. Here too, of course, similar objections are made, e.g. by adherents of Bergson's (repetition) theory of humour. Such critics do not accept Freud's idea that the witty or humorous component in the joke is merely sugar on an unpalatable pill.
6. James' status at the turn of the century, although equal to Freud's, was in the process of being diminished by critiques of his 'armchair psychology'. This meant that his ideas did not catch the imagination of artists (and therefore art therapists) until much later. James' work will also be referred to in the discussion of the psychological paradigm, p.119ff.
7. Reed, E. (1996) William James on Consciousness beyond the Margin. *Times Literary Supplement*, 6th December.
8. Gay, P. (1988) *Freud: A Life For Our Time*. Harmondsworth: Norton/Penguin.
9. It may not be a coincidence that his brother is one of the giants of the late 19th century and early 20th century novel.
10. Halsey, B. (1980) Freud on the Nature of Art. In Ullman & Levy (Eds.), *Art Therapy Viewpoints*. New York: Schocken Books.
11. Creative Writers and Day Dreaming, in *Freud, Art and Literature*, 1987, Vol. 14, p.132.
12. C.f. Bettelheim (1982) on mistranslation.
13. Here one refers to the pathographic literature exploring the defensive function of art within neurosis and psychosis, where for example in schizophrenia; image-making seems to help ward off the disintegrating threat of psychosis. For some critics of pathographic art, this defensive role of image-

making only superficially resembles creative artistic production, and usually disappears with the anxiety, so that often the art and the disease are cured together. In Freud's view, the pleasure derived from defence stands on a very precarious base, and represents only a moment in the evolution of a neurotic illness.

14. Wollheim, R. (1974) Neurosis and the Artist. *Times Literary Supplement*, 1st March, 1972, pp.203-204.

15. C.f. His Kleinian approach to criticism in the Preface to his book on the artist Adrian Stokes: '*The Image in Form*', (1972), a collection of extracts from Stokes' written output. Stokes was also a painter; see the catalogue: *Adrian Stokes, a Retrospective*, Serpentine Gallery, London, 8 June to 8 July 1982, the Arts Council of Great Britain.

Chapter 16: The Modern Context 5: The Politics of the Gaze

A number of issues positioned on the cusp between modernism and postmodernism can now be addressed in the light of the discussion so far. In Chapter 12 the unpicking of the multi-stranded anchor-rope of aesthetic theory stretching from the present, through the deep waters of pre-modernism, to the seabed of the ancient past, exposed the tangled tissue of ideas now constituting art therapy practice and theory. This chapter will examine its current constitution and the received wisdom it articulates, cognisant of the new world of visual communication to which it must adapt. The early part of the study dealt with the visual world of art therapists and moved beyond mono-perspectival to hermeneutic accounts, of how therapist and client relate to images - psychodynamic art therapy considered as an application of hermeneutic methodology. However, in the period since the basic assumptions underpinning art therapy were developed, highly significant changes have taken place in public experience of - and relationship to - the visual. It is now necessary to consider the actual and potential relevance of these changes to the context of work in the healthcare field.

In conventional art historical studies, as opposed to this broader kind of narrative, modernism has been portrayed as an evolutionary progress, from representation through cubism to abstraction. But certain 'ways of seeing' were ignored or marginalised in the interest of clean storytelling, and art therapists found themselves in an interesting position with regard to the visual, having an experience of modernism different from that of its mainstream artists. Issues raised by one of its theorists may best introduce the themes to be explored - not in any great depth, since more recent art history and media studies have produced a rapidly growing literature on the topic of this chapter - so only a few issues of relevance to art therapy will be dealt with. From within the environment of the art therapy studio; Schaverien (1995) has explored the implications of the fact that art therapists' clients produce their works under the auspices of not one but two equally potent, sometimes hidden, forces - the client's *and* the art therapist's gaze. With important exceptions to be explored below, individualistic modernism had not envisaged such complication. When articulated with the gaze of the client, what sometimes seems to be merely the therapist's innocent looking is often in fact a locus of power. This is the art therapist's gaze as a vehicle for transference, within Schaverien's model. The gaze can be said to elicit the pictures, which are now not only viewer-centred in an abstract way, but are therapist-centred too. In art therapy, in working with both image and narrative, one recognises its penetrative power, often being told by clients that they feel they are being 'stripped bare' to co-opt part of Duchamp's title (of his *Large Glass*).

One here is reminded of Foucault's comments on the power of the gaze (in Frazer, 1981¹), when he describes a variety of disciplinary micro-tactics and practices in 19th century panoptical prisons:

'...The gaze was a technique of power/knowledge used by administrators to manage their institutional populations by means of visibility. They organised these populations so that they could be seen, known and surveilled, and thus controlled...' (p.277).

This panoptic gaze scrutinised every aspect of the subject's life, his/her performance, habits, and histories. Schaverien (1995²) explores the implications of acknowledging the presence in therapy of the power of the art therapist's, not panoptic, but erotic gaze. She also reflects on the reciprocal 'lure' of her clients' pictures, examining the consequent dynamics of transference/countertransference. Although art therapists have touched on these topics in the past, Schaverien's book, particularly its Chapters 8, on the lure and reflections, and 9, the engendered gaze, is the most comprehensive study of its kind in the literature to date; to replay her arguments here would be redundant. However some of her observations on these matters are worth highlighting in order to situate art therapists' use of the visual in a broader socio-political context. First, in mapping the relative hermeneutic positioning of image and viewer, she writes of the situation in the therapy session where:

'...we might see the picture emerging out of the space where there is silence in other forms of psychotherapy. Pictures exist in the space in-between the people.' (p.215)³

Whilst both therapist and client are engaged in a heuristic relationship with the image, the therapist is also (dis-)engaged in an appreciation of the drama of image-making. Indeed it could be argued that for each participant, the 'artist-self' is engaged heuristically and the 'viewer-self' is engaged hermeneutically. But this is the case not only in art therapy. If one moves from the art therapist's clinical setting to artists' studios, one recognises that (of course) some prescient artists had already constructed such personal, targeted relationships described here as 'interpersonal transference and countertransference' between picture and viewer. These relationships are not designed for passive perceptualist viewing, but deliberately supercharged by their creators, psychologically as well as aesthetically. Invitations to become mixed-up with the artist's psyche through the lure of the confessional image had become a feature of the artworld by the end of the 18th century - one thinks of Goya, Gericault, even Blake. By the highpoint of the modern era, such seduction, or indeed coercion, had become commonplace (Ensor, Soutine, Bacon), and needless to say, postmodern art plays ironic games with seduction, engagement and denial, as Jameson (1984) describes (see chapter 18, below) as do Kroker and Cook (1986).

Two works by Duchamp may provide a setting for the themes of this chapter. These were works that arguably marked the beginning of the shift from modernism to the postmodernist episteme.⁴ The first is his construction *The Bride Stripped Bare By Her Bachelors Even* of 1912-1923 (Fig.5),⁵ known as the *Large Glass*. He describes the work as a 'delay' in glass - when we try to gaze at the work, our vision is momentarily arrested, then it slips through the glass 'ground', normally made of solid wood or canvas. Phillipson (1985) notes that: '...the choice of delay is crucial, for what it immediately points us towards

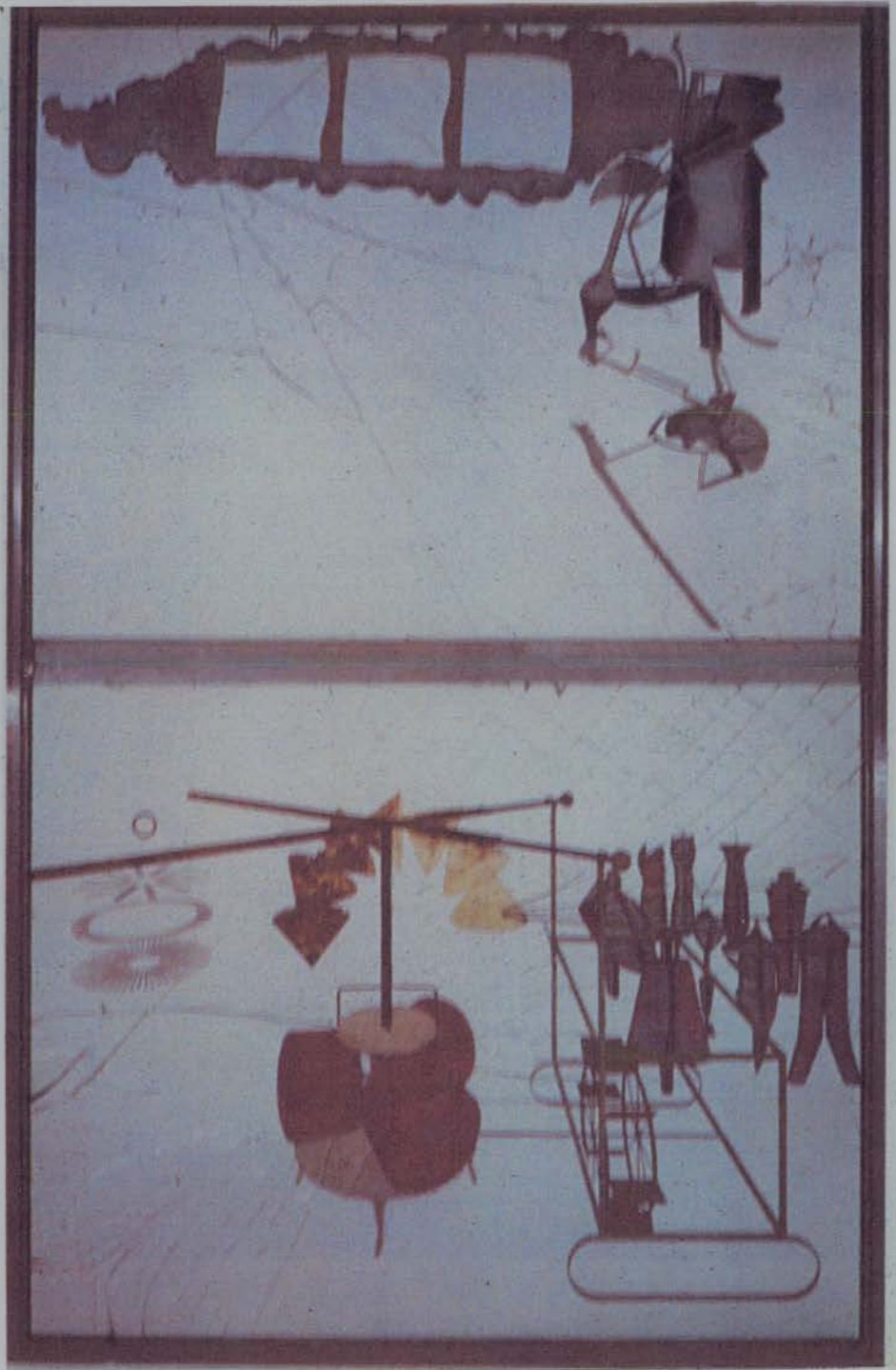


Figure 5: Marcel Duchamp: The Large Glass

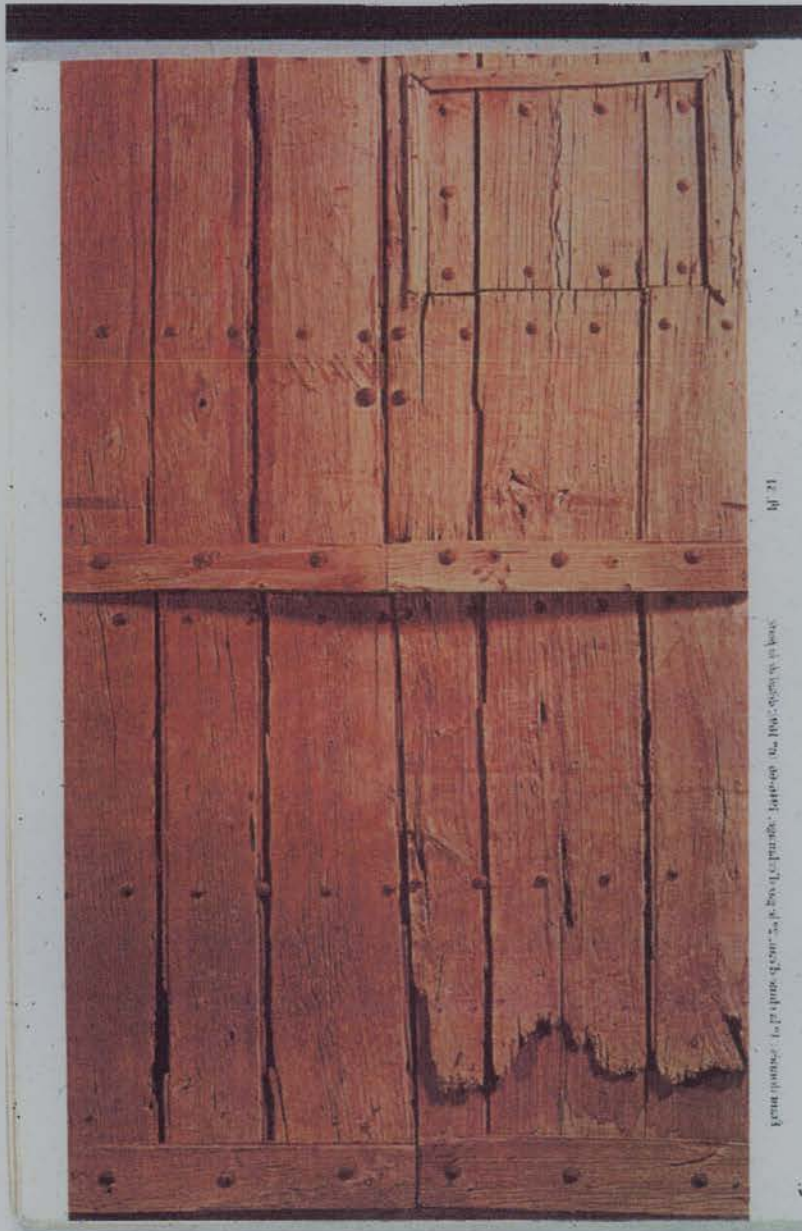


Figure 6: Marcel Duchamp: Etant Donnes, Detail

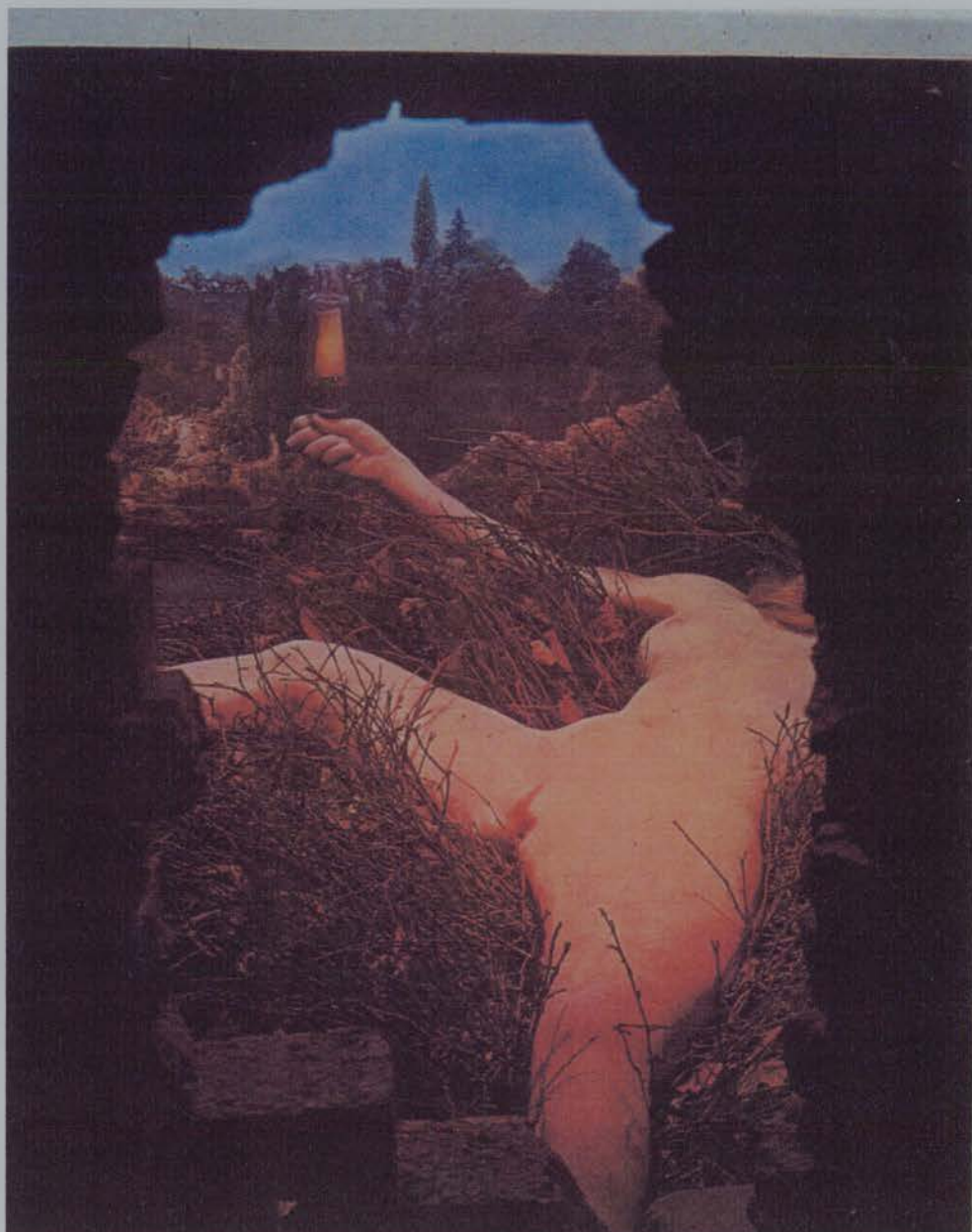


Figure 7: Marcel Duchamp: Etant Donnes, Detail

is deferral'. (p. 68). And for Duchamp, spectator induced painting is permanently 'deferred'. He wanted to move his viewer's attention from retinal painting, that which appealed to the eye, towards, as Phillipson argues, language. Language exists through 'difference' (*deferrance* - Derrida) - a gap between intention and realisation, which like all gaps, requires a leap. For a theory of therapeutics through art, this difference is intriguing. Because its meaning is so obviously constituted by the viewer of Duchamp's work, his gap can become the site of powerful projective identifications. On learning that *The Bride* is about what may be called the mechanics of desire, one is made aware of one's own complicity in the construction of meanings constellated around vision and the sexual, through being seduced/distracted initially by the artist's irony and wit, and then caught up in deciphering his layers of meaning. In refusing spectators mastery of the visual associated with perspectivism, he forces viewers to see their own viewing.

But Duchamp took matters further. As if to underline his own position with unequivocal finality, he forced any would-be gazers into the position of not just viewers but voyeurs, of Peeping-Toms. He orchestrated, with the help of trusted collaborators, including his wife, a provocative artistic gesture in his last - indeed posthumous - work; he did not permit the public to see it until after his death. Fixed perspective par excellence, though what is shown is not a sublime vision like Gallileo's planets, but a mystery, a forbidden object of desire, that Jones (1994) characterises thus: '*...Etant Donnes* (Figs. 6/7) seemingly activates castration anxiety by means of a female mannequin whose open vulva is replaced with an aggressively visible and grotesque gash that goes nowhere.' (pp 201-2) Even before viewing the spectacle there is a delay - this time to wait one's turn - then a peephole. The eye is sucked into a spectacle that plays with erotic desires centred on flesh. The forbidden becomes attached to the impossible; as MacDougall (1986⁷) writes:

'...from childhood on we all have to compromise with two fundamental aspects of external reality: the Forbidden and the Impossible. These form the ineluctable framework from which our personal identity is constructed...each of us attempts to find solutions that satisfy the exigencies of our forbidden libidinal longings and our impossible narcissistic desires.' (p.7.)

Duchamp posits a solution staged in a Winnicottian transitional space, the intermediate area of experiencing that lies between fantasy and reality. The solution includes engendering guilt as well as arousal, all mitigated by the realisation that the object of the gaze is only a work of art. It is as if he could foresee the consequences of the lifting of repression in art's self-censorship and in other domains of image-making in the accelerating visual culture of over half a century later.

This includes the development in the modern era of new categories of image-making - photography, moving-pictures and mass advertising - that created a new visual world of loaded imagery - loaded that is with the know-how of the huckster - which of course fed back into fine art, e.g. via pop-art, optical art,

upon which most of art therapy's theorising of the image was originally based as was that of psychoanalytic aesthetics.

Thus within modernism, commercial art and graphic design, as well as art stemming from high moral or aesthetic imperatives, has increasingly challenged aesthetic prioritising within established pictorial conventions. For example, over time, the mobility, or rather the volatility of both the subject and the viewer in this new pictorial language-game, has stimulated commercial as well as fine artists to eschew perspectives that work only in relation to fixed viewpoints. Advertising posters, especially huge billboards, originally designed so that 'he who runs may read', later developed into vehicles of seductive power and as well, into symbols of transience. They remind us of our own mortality, in contrast to the *ars longa, vita brevis* intimations of immortality posited by Medieval and Classical art. Their unpredictable changes over time - (e.g. from images of telephoning teens, to dream vehicles, to monster movie iconography) - make poster-sites into Warhol-like slowed-down movies. Artists, ranging from the Russian constructivists, for example Tatlin, to mid-century American formalists, such as Stuart Davies and pop-artists such as Liechtenstein and Rosenquist, rejoiced in their transience, their anonymity and their scale. More significantly perhaps, this larger than life scale and worrying transience was often combined with a certain compensatory libidinous charge, particularly evident in the case of huge cinema posters and cosmetics advertisements. These ushered in a publicly acceptable visual eroticism whereby huge pictures of the body, both male and female, bent on attracting the passing, motorised glance, became a sort of competitive landscape/backdrop to the city and the town. Duchamp's works against perspective discussed above exemplify the most aware artists' recognition of the emergent new condition of the visual, at the middle of the last century.

Assailed by a volume and a variety of manufactured images unparalleled in the history of art/communication, affecting every area of art, from children's drawing development, now informed by cartoons, picture books and television programmes, to the Turner Prize, it goes without saying that all of this affects art therapy too. The world-wide web has opened up 'conversations' (Oakshott, 1959) about every conceivable topic of discussion imaginable. Some of these break strong taboos. Today's speedily proliferating pornography industry would seem to indicate that millions of voyeuristic consumers are highly responsive to its visual feast of publicly available sexual images. Here the attachment of desire to the gaze has produced another greedy response, of erotic and pornographic image-makers to the insatiable demand for a peculiar kind of knowledge. What are art therapists to make of the fact that for many of their clients the movement of their current (postmodern) gaze is into the worlds constructed behind - or are they within - the computer screen's hyperspaces located in virtual reality; and that some of their clients' pathologies are derived from this? It may be useful to explore these issues a little further at this point, not only because the relationship between art therapist and client always has an element of the

voyeur/exhibitionist relationships noted originally by Freud, though exemplified here by Schaverien (whose orientation is Jungian), but also because the topic is relevant for the social construction of various aspects of fractured identity, including sexual identity, within art therapy.

Following Berger's (1972) pioneering Marxist essay on power relationships between viewer and image, there has been continued debate about political aspects of erotic image-making. They are usually discussed in terms of the power exercised by the, usually male clothed figure, over the usually unclothed female, where vicarious domination rather than aesthetic appreciation is alleged to be the motive for such image-making and viewing. This position is taken in Rose's exploration of 'sexuality in the field of vision' - the title of her book (1986) - written from a feminist perspective. However, not all commentators follow this line; Schaverien (1995), in her later study, of erotic transference and countertransference in art therapy, takes issue with such a narrow politics of the gaze, stating that although in this literature the gaze is considered to be gendered and masculine: '...this is not my meaning.' (p.12). She is referring to Grosz (1992⁸) who makes the Lacanian point that scopophilia (the drive to see) can be divided into active and passive forms. In the active 'the subject looks at the object' and in the passive, the 'subject desires to be looked at' - the male being associated with the active looker and female with the passive looked at; a positioning often mirrored in the voyeur/exhibitionist aspects of therapeutic relationships mentioned above. However, Grosz's conclusion also is that the gaze is not specifically masculine:

'...vision is not, cannot be, masculine...rather, certain ways of using vision (for example to objectify) may confirm and help produce patriarchal power relations...for Lacan the gaze is about seeing and being seen...' (*Ibid.* p.12)

Other commentaries indicate further dimensions of the surrender (Sennet's 1998⁹ term) to the visual of the sort that occurs in therapy. He makes the point that should be of great interest to art therapists who are daily caught up in the tangled web of the phenomenology of the visual, transference, gender politics and the narratives of clients. In discussing the pictorialised construction of identities, he notes first that when we attend a play or a concert, we 'surrender' to the stage; this observation leads him to enquire about relationships between such voluntary surrender in the theatre and its opposite; involuntary surrender before the work of art, or, significantly, the TV or computer screen. He is perhaps discussing the sort of surrender indicated in Lacan's (1977) comment: '...the painter...gives something for the eye to feed on, but he invites the person to whom this picture is presented to lay down his gaze there as one lays down one's weapons' (p.101). Laying down the weapons of ironic detachment from the allure of the object is to be expected in the theatre where the audiences' willing suspension of disbelief is commonplace. But now it seems, surprisingly, to be also the case, e.g. for the recipients of political broadcasting and of course advertising, where one would expect rather a 'hermeneutics of suspicion' (Ricoeur on Freud). He extends his disquiet in exploring those concerns with race, gender and ethnicity that came of age in the 1960's. For example, returning to Wittgenstein's remark that a picture is no more a showing of the world than a

word or phrase is, Sennett discusses relationships between 'pictures' and 'word-pictures' as distorted carriers of identity. Analysing how, for example, a person's sexual disposition is assumed to represent itself, he argues that even sensitive commentators tend to understand this in terms of the visual. Looking at two contrasting ways in which sexual identity could be constructed, in this case a lesbian one, he writes:

'...It is either like a group photograph, everyone in school uniform - she certainly looks lesbian - or a social identity is a narrative, a story woven among diverse personalities, developed through the interplay of their differing needs and tastes - she has become a lesbian by virtue of whom she has loved, rather than because of how she looks or any other instant classification.' (p.14).

His argument is that in the first of these cases, the pictorially constituted identity is more prone to be oppressive than are narrative identities. This is because:

'...Identity pictures, like school uniforms, tend to homogeneity... identity pictures tend to inflate personal details into social symbols. This is notoriously evident in racist versions of identity, for instance, the Nazi science which equated a harelip with moral degeneracy...My worry, even about US enlightened ones, is that, in an era dominated by visual media, the picture version seems more concrete and compelling than the complicated, usually incoherent story of shared lives.' (*Ibid.*)

But even here there are problems; the creation of 'word-pictures' can have similar reductive effects:

'... to dramatise and humanise the struggles of blacks, Jews, workers, women, gays, Mexicans, commentators contrive a language of word-pictures rather than of word-stories. They talk about 'being' Jewish, or what it 'feels like' to be black.' (*Ibid.*).

These static word-pictures emphasise: '...the inner state, the psychology of an identity; we are invited to look deeply at the other, to stare in fascination.' (*Ibid.*) It may be worth noting that art therapy students are often reluctant to read about their clients' - for fear of becoming influenced/prejudiced by such word-pictures as: '14 year old anorexic' or 'depressed housewife,' etc., commonly found in case-notes.

In Chapter 11, Young's (1994¹⁰) approach to this topic from a psychoanalytic perspective was cited. He is concerned to demonstrate the complexity of picturing processes, to highlight the dynamic as opposed to static work going on:

'I am a subject. You are an object. I am here; my essence is in here. You are there - out there, across a physical and epistemological space. I can infer that you are also a subject - by eye contact, by tone of voice, by analogy to my own experience and by other cues...' (p.61)

One consequence of such perspectival scrutiny is that:

'... you easily revert to being experienced as an object, and I may easily lapse into treating you as one - as someone who does not touch me: alien. You may sense this and be alienated from me.' (*Ibid.*)

Furthermore a reflexive variant of this process can lead to a situation where:

'...I may experience myself as alienated from myself - as a thing, as a bug, as ugly, as dead... Rather than experience yourself as dead, you may put that feeling into me by projection, and if I take up the projection (unconsciously) and display it, a successful projective identification is in being between us.' (*Ibid.*)

Projection and surrender are consequences of a narrowly schematised perspectival model of what relationship involves; he points out that the model is enriched by interactive constructions of identity - as a process, rather than as a picture with its simple locations:

'...things get batted back and forth. In a phenomenological description you are no longer an 'it' but a 'thou'...as I am for you. I am here and there at once, as you are. You are in me. I can expel a part of myself. You can take it in and re-expel it, and I can experience it as you, while, in another part of my mind, knowing where that part came from.' (*Ibid.*)

Picture constructions of identity fail to appreciate the complex dynamics of the perpetual scanning and re-scanning of identity as constructed between such interested parties as therapist/client. Art therapists learn to be wary of individuocentrism and other socially de-contextualised descriptors of the complexities of 'being-in-the-world'. Rather, persons as experienced semiotically, through various sign-systems; clothes, hairstyle, accent; as well as phenomenologically and psychologically, are recognised as socially constructed by such impersonal signifiers, but also by their personally manifested actions, as actors possessed of agency. This points to the need to explore new philosophies of relationship, perhaps that proposed by Castoriadis (1994) who links autonomy with heteronomy, arguing for the interdependence of the personal and the social (in contrast to Rorty who argues for their separation) or that of Levinas (1989) who proposes a perceptual, face-to-face ethics - to be discussed below. The fact that the co-construction of convergent emotional narratives (Trevathan, 1993) is also a major component of the art therapist's work can go some way towards mitigating the iconicising stasis of either pictures or word-pictures, with their ensuing reduction and misrepresentation of the client. The challenge is to replace these with picture stories and word stories. This kind of dynamic responsiveness to situations and contexts is implicit in some art-critical studies, e.g. in Phillipson's espousal of a semiological as opposed to a merely perceptualist account of image-making and reading. It is also theorised therapeutically for instance, in work on the psychology of 'mutualism', embracing a set of ideas stemming from William James (flow), Husserl (kinaesthetics), Gibson (affordances) and Heidegger (care). Still and Good (1998) have produced a paper mapping various co-ordinates for this sort of therapeutic practice. But before considering its implications for art therapy, a brief description of the current postmodern, virtual, global, cultural episteme, - in so far as such is possible - needs to be presented, to provide a cultural context for considering these new ideas.

To sum up: in this section of the study, following a survey of aesthetic theories that were used as foundations, via Romanticism, for differing and diverse strands of Modernism, psychoanalytic aesthetics

was discussed; Wollheim was invoked as a defender and clarifier of Freud's ideas. In the light of these discussions, the ground of the visual was revisited, this time to indicate consequences of handling the proliferation of (contemporary) visual imagery. In a brief survey of the complex topic of the politics of the gaze and its relationships with this 'pandemonium of images' (Hillman 1983), questions were raised about one particular outcome of this - the mis-construction of identity through 'pictures' and 'word-pictures'. But this propensity indicates that within Modernism, the surviving Enlightenment/Romantic positing of individuality as the defining feature of humanity has now come under interrogation - and it is to an inspection of this armature of the modernist *status quo* that the study now turns.

Notes and References

1. Frazer, N. (1981) Foucault on Modern Power. *Praxis International*, Vol. 1:272-287.
2. Schaverien, J. (1995) *Desire and the Female Therapist: Engendered Gazes in Psychotherapy and Art Therapy*. London: Routledge.
3. Schaverien says: '...sometimes interest in the pictures will have priority over the interpersonal relationship - art is the figure and the therapeutic relationship is the ground from which it emerges. However, at other times the interpersonal transference and countertransference is the figure and the pictures the ground. When this occurs the pictures may be like illustrations of the therapeutic transference...A further category would be the type of interaction where the two are interchangeable and the pictures interrelate with the person-to-person transference and countertransference. Neither figure nor ground is dominant; they are of equal status.' (*Ibid.*, p.215). She adds the observation that these different approaches are often arrived at as a response to the needs of the patient, but sometimes they are a result of the therapeutic setting.
4. They are introduced here as illustrations because they anticipated themes - of transference and desire - highly relevant in art therapy.
5. Of the innumerable studies of this piece, two of the most illuminating are Richard Hamilton's typographic version of Duchamp's Green Box, entitled 'The Bride Stripped Bare by her Bachelors Even' (1960). Lund Humphries & Co. Ltd. and Octavio Paz' *Marcel Duchamp or The Castle of Purity*, (1970), trans. Donald Gardner. London: Cape Goliard Press.
6. Phillipson, M. (1985) *Painting, Language and Modernity*. London: Routledge & Keegan Paul.
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10. Young, R. (1994) *Mental Space*. London: Process Press.

Section D

Chapter 17: Postmodernism, Art and Representation

If art therapy is a modernist discipline as this study proposes, how are its practitioners to deal with the postmodern episteme that is its present cultural milieu? In order to answer, the first task is to identify critiques of modernism that could affect the discipline by undermining some of its basic structural components. One of these is the notion of representation in art, another the notion of expression. As noted in previous chapters, postmodern thinkers are suspicious of their claims, of the assumptions that underwrite their aesthetic rationales. But these rationales provide two of art therapy's basic supporting frameworks. Insofar as it has built itself on these and justifies its practices on the basis of these two prime functions of art, representation and expression - it is exposed to severe critiques. Disturbing questions are raised: in what way can music, or architecture, or painting, or even everyday language, be regarded as representating (*Darstellung*) something, or expressing it? For instance, the image might, in a movement from the client's external world to their interiority, be held to *represent* the home situation; the frozen face; the nagging ache; the inner emptiness. Admittedly, the last two are special cases of re-presentation, usually taken to refer to depiction, (c.f. Goodman, p88 above). Or the client's image might be held to *express* rage, horror, hate and/or other feelings and emotions. However the concept of ex-pressing conveys the idea that there is something in the client waiting to be pressed-out. Art criticism demonstrates that as artists moved beyond faithfully representing reality, to exploring the realms of feelings and emotions, they became open to new critiques. They had to respond to the charge, for example, that these emotions were not being expressed adequately, with propriety. Is the angst in Munch's, *The Scream* (1893), like the brutality in some of Goya's Black paintings, too histrionic, too blatant? Or the charge, that a portrait did not properly represent the sitter. (Graham Sutherland's portrait destroyed by the sitter, Churchill, for example.)

Postmodernist critics are suspicious of both expression and representation for what these terms presuppose, and also, of the notion of 'medium'. The idea that language, symbolism, and media of all kinds provide representations (*Darstellung*) or pictures (*Bilder*) of reality had been commonplace in 19th century thinking, supporting the liberal/humanist conception of aesthetic meaning. As MacDonnell (1986¹), says:

'...In the eighteenth and 19th centuries there were two main kinds of theories of meaning, both of which assumed that words stood for pre-existing ideas. One of these asserted that meanings came from things which were 'represented' in words; the other that meanings derived from universal ideas which were 'expressed' in words and given individual form by each speaker.'(p.9)²

But, as in the Munch example above, how can any medium be adequate for a message? Rorty (1989³) presents and criticises language as medium - language as mediator between language users and the world out there. He also criticises another view of language as a medium, in this case as mediator between language users and their 'inner worlds'. In his critique of both representational and expressionistic theories of language he says:

'...I can explain what I mean by a medium by noting that the traditional picture of the human situation has been one in which human beings are not simply networks of beliefs and desires but rather beings which have those beliefs and desires. The traditional view is that there is a core self which can look at, decide among, use, and express itself by means of such beliefs and desires.'
(p.10)

In the traditional model of representation, as noted above, the essential core self is on one side of this network of beliefs and desires, and reality on the other; the network is the product of an interaction between the two, alternately expressing the one, the self, and representing the other, reality. Rorty argues against the legitimacy of assuming such a core self, and the linked idea that such a core self can be expressed (linguistically). A consequence of embracing this position is: if language is not a medium of representation/expression, e.g. for the client in verbal psychotherapy, then it can be argued that visual art is not a medium of either representation or expression for the client in art therapy. So both traditional functions of language are questioned. Representation is interrogated not just via critiques of a perspectivist bias in art but at the more fundamental level of language itself.⁴

It is the picturing process, rather than how and what is pictured, that is under scrutiny. Owens refers to Heidegger's view that: '...the fact that the world becomes a picture... is what distinguished the essence of the modern age...' (in Foster, 1986, p.66) and continues '...To claim this, is also to claim that the world exists only in and through a *subject* who believes that he is producing the world in producing its representation...' (*Ibid.*). Wittgenstein's exploration of language use led to an examination of subtly differentiated aspects of linguistics; of relationships between semantics, syntactics, and pragmatics. A semantic approach in art therapy would involve exploring what the client's signs, their images, stand for, what is signified by them - the stock in trade of art therapy textbooks. A few art therapists have explored syntax (e.g. Simon), which emphasises the structures of sign systems - the universal grammatical rules presumed for example, to explain similarities within a variety of patients' images, but where once again, according to the literature, the therapist is usually more interested in what is signified than in the structure of the rule system itself. In the 1970's the third aspect of language, pragmatics, seemed to some to offer a better route towards making sense of clients' images. It led to consideration of not only the sign and its meanings, but also more significantly, of the sign and its users. Verbal and written languages posit a social interaction between language users; visual images, too, are made up of shared symbols circulating in the social world (as Schaverien recognises, p.135 above), which a client may first interiorise and then

re-present. Clients' meanings and values are potentially comprehensible in terms of mass media texts that have become part of their language game or tool box - to use Wittgenstein's terms.⁵

As first of all, Wittgenstein, as sort of prophet, and later as e.g. Goodman, (see above, p.104) show, deeper problems were gradually exposed by Modernism's quest to discover the limits of representation, (expression being recognised as auxiliary). A crisis of representation ensued as it increasingly became accepted that if meanings issue *from* language and do not pre-exist it, there is nothing that needs to be represented; in other words, the language of art represents itself more than its subject. The picture of a castle is more like another picture than a castle (Goodman, above, p.97). For art therapy, throughout the 1970s and 1980s, the handy constructs of, say, symptoms as representations of pathologies, and their subsequent re-presentation, or expression, via media - in other words, the familiar concepts supporting basic models of psychopathology/psychotherapy - attracted mounting criticism. Whereas modernist biomedical models of madness, as proposed by Kraepelin for example, (see Shepherd, 1995 for an alleged eugenicist orientation driving these) and sociological models as proposed by Parsons, 1949, [orig. 1937] and Taylor, 1994, read symptoms causally, for example, damaged nerves or poor social conditions cause the illness - postmodern critics of representation, following Wittgenstein and Foucault (1961), opposed the notion that any symptom, if that is what it must be called, must of necessity have only one cause which it represents. Reductive causality, and expansionist teleological interpretations of pathology, (c.f. Jung) are suspect metanarratives. Postmodernism is against the singular and for the plural, preferring whole galaxies of meaning to emerge from limited sets of phenomena. It thus calls for a Wittgensteinian pragmatic rather than (for example) a Freudian analytic approach to therapy; it demands a therapeutics where needs can be identified not in terms of social goals or of personal integration, but in terms of the clients' wishes and desires being facilitated; an approach where the therapists act not as interpreters of signs and symbols in their clients' pictures, but rather as co-creators of meaningfulness with them. Here one would point to late Winnicott, and Bion as harbingers of a postmodernist epistemological base for psychotherapy; Rorty would include here the 'postmodern' Freud, to be discussed below.

Despite the its immersion in the rapidly changing cultural context sketched above, art therapy's approach to both art and therapy has remained modernist during this period. Its pioneers' ideas were rooted in a concept of personal identity that upholds the Enlightenment/Humanist ideal of the free individual claiming his or her natural right to health and happiness. There is a great gulf between, on the one hand, this modernist individual deploying his or her human rights, demanding the right to self-expression, self-realisation, etc., whose mental health is measured in terms of integration and autonomy and, on the other hand, the postmodernist subject portrayed by Jameson, (1984), Baudrillard, (1983) (see below) and others - whose sign of health is an ability to manage fragmentation skilfully, to remain in the Kleinian projection-introjection cycle, possessed of an ability to stay split in the face of the threat of fusion with

the Imaginary - the Other, (Lacan), that is, fusion with the seductive forces of mass-media, globalisation, consumerism. Baudrillard's critique of individuality is very pertinent for justifying a reappraisal of therapeutic aims based on what may be understood as the pathologies of modernity. Modernist individuality, in his reading, is a reactionary masquerade. For example, as he sharply argues;

'...the phase of the triumphant ascension of liberties and individual rights is the reactionary exaltation of a subjectivity threatened everywhere by the homogenisation of social life. Modernity is the recycling of this subjectivity lost in a system of 'personalisation', in the effects of fashion and controlled aspirations.' (*Ibid.* p.71).

Art therapists, like their colleagues in other areas of psychotherapy, have experienced working with such defensively constructed individuals, even within group-therapy practice, possessed of personalised choices of paralysing complexity. Additionally, and to a greater or lesser extent depending on the strategy employed at the time, there is an assumption, as Jameson has noted, of a metaphysical inside and an outside to these individuals; 'inner self' and 'persona' (a public mask) being but two of the terms which frequently recur in the literature. Modernist art (including outsider art), is characterised by its own particular elevation, or perhaps, over-estimation, of the value of personalised individuality, of uniqueness. In general, art therapists still subscribe to therapeutic premises based on these conceits, for example, when they promote the ultimate significance of the client's unique social and personal history and progress through life. This notion of individuality requires the assumption of a particular concept of selfhood, encapsulating personal, social and historical levels of identity. It assumes a causal narrative concept of myself which links birth to death as a series of consequences. Jameson (see below) and other post-modern theorists have pointed out that this notion of selfhood is relatively recent and has its own problematic history.⁶ Baudrillard (1985⁷) sees a gradual erosion of this concept. He contrasts the pre-modern magic, religious, symbolic consensus of traditional, communal society with the social construction of the modern individual, with his or her autonomous status, his or her psychology of personal conflicts, his or her private interest and indeed his/her unconsciousness, and his or her rights. As noted above, this individual is drawn increasingly into and shaped by the networks of media, organisations and institutions; these give rise to his/her post-modern alienation, abstraction, loss of identity in work and leisure, incommunicability, etc., 'which a whole new system of personalisation through objects and signs is intended to compensate.' (p.67) His repudiation of the notion, or rather the myth, of the autonomous individual, to be replaced with the notion of a fluid 'being' in a state of continuous re-creation, effected by the discourses passing through him or her functioning as filter, could, if accepted, have important implications for art therapy, in that it brings into question traditional unexamined conceptions of the nature of interiority and its communicability, and its expression of feelings or emotions, as will be discussed below (p. 212ff).

For the art therapist, embracing the notion of the self as a dynamic process rather than a static given will present challenges. Working with this socially constructed self will be different from deploying the traditional therapeutic strategies listed above to service the modernist self. (p.40). The modernist individual overburdened by responsibilities, one of which is to be healthy, has shaped therapeutic practice. However there are strong debates about the meanings of different kinds of individuality within art therapy's different cultural paradigms, for example about relationships between communally organised identities and the self-created autobiographies of individuals, that have been touched on above. In Foucault's (1974) reading of the history of the modern period one readily recognises the adumbration of current concerns about incarcerated patients' selfhood, their individuality being compromised through labelling processes. The authorities' perception of them as individuals rather than as stereotypical figures, - a schizophrenic, a manic depressive - in the past, a mope, a lunatic - was seen originally as a step forward (Szasz 1961). But health seems to be connected with fitness, strength and other morally loaded terms - sickness and disease becoming associated with weakness and inability. Sick persons become stigmatised and denied full individuality, full social responsibility. However, as Baudrillard argues, sickness brings also the liberation from the (older) anomie of the centred subject, and as Jameson (1978) observes, the sick role, even the definition of what sickness is, is changing:

'...The end of the bourgeois ego or monad no doubt brings with it the end of the psychopathologies of that ego ... (this) may also mean, not merely a liberation from anxiety, but a liberation from every other kind of feeling as well, since; 'there is no longer a self present to do the feeling.' (p.64)

He is not saying that the cultural products of the postmodern era are utterly devoid of feeling, but rather that feelings - which, he argues, it may be better and more accurate to call 'intensities' - are now free floating and impersonal, and tend to be dominated by a peculiar kind of euphoria. One thinks of the surfeit of manic excitements; of sporting spectacles, rock concerts and raves, the orchestrated grief of a princess's funeral, the ersatz indignation of television interviewers, the violence of road rage as a response to intrusion, different kinds of euphoria generated at each flick of the channel changer. This in turn brings about 'What I have generally...been calling the waning of affect...' (*Ibid.*), to be discussed below.

The prominent post-structuralists such as Foucault, Derrida, Jameson, Baudrillard, who ushered in postmodernism in the 1970's, attempted to replace traditional depth models of human 'be-ing' with a conception of practices, traces, discourses and textual play - depth replaced by surface, art now being the playful manipulation of these surfaces. This transformation is manifest in the arts, not only in books, films, paintings - but at the scale of architecture and town planning, and of course, in the virtual surfing spaces of the World Wide Web too. The poststructuralist critique of depth models within psychology would repudiate, besides the inside/outside model, four others:

- the dialectical one of evidence and appearance, including ideology and false consciousness
- the Freudian one of latent and manifest, of repression
- the existential one of authenticity and inauthenticity, of alienation and disalienation
- the semiotic one of signifier and signified.

Interiority would still consist of memories, reflections, phantasies - but unsupported by any of the above metaphysical apparatus - and this of course again touches on representation; e.g. the memory, the dream, is its own description, the self-description cannot represent it. The contrast between the sheer committed individuality of Munch's *The Scream* and the camp irony of Warhol's *Diamond Dust Shoes* simply presenting its own description (to be discussed below also) - not purporting to represent shoes - may suggest that the post-modern aesthetic that frames the latter is heartless, facile and essentially conservative. Its values stand in stark contrast to what Clark (1999⁸) calls the 'lyric' in modernism;

'By lyric I mean the illusion in an artwork of a singular voice or viewpoint, uninterrupted, absolute, laying claim to a world of its own. I mean those metaphors of agency, mastery and self-controlness that enforce our acceptance of the work as the expression of a single subject...'(p.401)

He goes on to add, '...lyric in our time is deeply ludicrous' (*Ibid.*). This is a poignant comment from a committed Marxist, but his term 'ludicrous' brings into play the 'ludic' - the element of play (c.f. Huzinga, 1949) that can be a redemptive feature of postmodernism - with its commitment to a 'play of signifiers' on surfaces. But before exploring this further it is necessary to again portray the context in which the issues raised by these critiques manifest themselves in art therapy. Those practising in the British object relations model for example, would seem to be condemned to working at depth. But as will be argued below, this may not be a problem if postmodernism is seen not as an ideology but as a critique, of, among other areas of discourse, both received notions of psychotherapy and of art. So far, an image of postmodernity - of a changing culture in the field of the human sciences and more specifically, in the context of its impact on healthcare - has been presented via a small number of authors who have defined the emerging culture. The next task is to characterise postmodernism in art, in order to help the exploration of what is entailed in accepting the implications of its critiques of modernism.

Notes and References

1. MacDonnell, D. (1986) *Theories of Discourse: An Introduction*. Oxford: Basil Blackwell.
2. As noted above in Derrida's (1989) critique of Levi -Strauss and Heidegger , p. 20
3. Rorty, R. (1989) *Contingency, Irony and Solidarity*. Cambridge, Mass.: Cambridge University Press.
4. The project began back in the mid 1970s; it was exposure to Wittgenstein (1972), Kuhn (1960, discussed above), and Foucault (1967) that initially provoked my own reappraisal of the function of representation in therapy. Also Janic and Toulmin's book, *Wittgenstein's Vienna* (1973), which explored the cultural themes engaging early 20th century Viennese artists, scientists and intellectuals of Wittgenstein's (and Freud's) era. Carl Kraus had called for a critique of language, as the crucial 'instrument of thought' constructing and defining the oppressive (for them) Habsburg empire, echoed in other fields and broadened into a demand for a more general critique of representation/expression, including the visual arts, leading to the postmodern 'crisis' of representation.
5. For one client a 're-mixed' collage of pre-existing images was utilised to de-monstrate her suffering. She used bridges and comic as symbols; it was discovered later that she kept pictures of bridges, and she copied post-cards and teen comics, as a sort of homework for her art therapy (see appendix p.277ff).
6. De Tocqueville admits in *Democracy in America* (2000; Orig. 1835) that he could not do justice to his subject (democracy) without recourse to the strange now word 'individualism'.
7. Baudrillard, J. (1985) *The Ecstasy of Communication* (Orig. (1983). In H. Foster (Ed.), *Compulsive Beauty* (Trans. J. Johnstone). Cambridge, Mass.: MIT Press.
8. Clark, T. (1999) *Farewell to an Idea: Episodes from a History of Modernism*. New Haven & London: Yale University Press.

Chapter 18: Postmodernism, Art and Fragmentation

Within the British art scene, the first reference to postmodernism - a term first used in architectural criticism, c.f. Jenks 1996 - found so far, is in *Art and Artists*, (March 1969¹). It occurs in a letter from the artist David Sweet, who states that; '...modernist abstract painting has lost its evolutionary impetus because it has become Post-Modern.' (p.8) He argues, from a Greenbergian evolutionist view, that if the main task of modernity was the defining of each art's area of competence, '...then with the completion of this task painting [is] bound to become conservative, working within the limits that modernism had set as its necessary confines.' (*Ibid.*). He continues;

'...The dissatisfaction of art-makers with abstract painting and their flights to richer pursuits is caused by the narrowness of the issues which can be authentically dealt with in contemporary painting. The historical flow of painting has slowed from the teleological rush of modernism to the cyclical movement within the range of issues still open and this change in history-style is the main sign of Post-Modernity.' (*Ibid.*)

Of course, throughout the modern movement, there had been an anti-modernist culture. On the one hand it was comprised of artists who simply stuck to the old ways of producing Constable-like landscapes, Impressionist pastiches and academic portraits. On the other, there were artists like Stanley Spencer or Giorgio Morandi (for example) whose works by-passed modernism. But Sweet himself was a dedicated modernist, describing himself as 'a formalist conservative abstractionist.' The 1960s neo-conservatives to whom he refers may have been artists such as Patrick Caulfield whose original Pop Art imagery had evolved into cool still lives and interiors, or Malcolm Lowry whose meticulously copied, wilfully distorted paintings of postcard images were creating a stir at the time. Much earlier, Picabia and Duchamp, and then Warhol and Liechtenstein, had anticipated the post-modern turn to irony and detachment. Some styles within Modernism had also evolved from their origins in movements such as Art-Povera, Assemblage and Pop-Art, towards fully-blown postmodernism. Artists began to privilege 'surface' at the expense of 'depth' (pace Saussure); emphasising the image as signifier itself, rather than dwelling on that which was (supposed to be) signified by the image. As a consequence, according to Jameson, (1984) this meant:

'...the end of style, in the sense of the unique and the personal: the end of the distinctive individual brushstroke (as symbolised by the emergent primacy of mechanical reproduction.)...' (p.64)

One thinks here of Liechtenstein's cool Ben-Day dot rendering of an abstract expressionist *Brushstroke*. A decade later, that is, by the late 1970's, artists such as Duggie Fields and Andrew Logan boldly styled themselves 'Post Modern' artists. The critic Terence Maloon (1978) thought Postmodern a contentious title; nevertheless he acknowledged that it was not merely a device for the artists to draw attention to themselves.² Post Modern art differs from Modernism, Fields (in Maloon, 1978) explains, in that it is

anti-purist, eclectic, pluralistic. While it borrows extensively, and eclectically, from modern painting, sculpture, graphics and design, it also responds to visual sources generally excluded by pure modernists. The progressive/reductive tendencies of modernism are emphatically renounced: according to Fields: 'Less is less, more or less'. The artists distinguish their work from modern art by rejecting the utopian belief at modernism's root;

'...technological advancement, 'progress' does not ipso facto divorce the future from the past, as technocrats, romantic socialists, modernists of all shades and advertising agencies once had us believe. The new has not superseded and supplanted the old in service to some efficient, streamlined, coherent, futuristic environment. Instead, successive manifestations of the New have complicated the environment, introduced a variety of time-frames, all of which are simultaneously present.' (p.13)

As a profession founded on principles fundamental to modernism, art therapists in the 1970's seemed unaware of these shifting tectonic plates in the art world. They seemed reluctant to enquire into the significance of the new artistic milieu they now inhabited, unprepared to deal with its questions, that are still pertinent. How can Warhol, Koons, Clementi, Fischl, Fields, Sherman, Whiteread, for instance, be used in the way that art therapy used Kandinsky, Ernst, Pollock, Rothko? And aside from fine art, what do other figures in the also pervasive visual culture of commerce and entertainment, - for example in the 70s, Monty Python and Biba prints, now, Beavis and Butthead, Big Brother, the Simpsons, and the phantasmagoria of the internet - have to offer art therapy? What do they tell about the current social norms against which the clients' pathologies are projected as figures against a ground? Postmodernism proposes that neither universal moral imperatives, nor a stable social world, that art was previously supposed to either express or represent respectively, can be relied upon to underwrite conduct. Ironically, the confusing interplay between art, media and politics did empower art therapists; they were able to strengthen their professional position at this time - not necessarily understanding what they were doing. But were art therapists also, unknowingly, embracing some of postmodernism's emerging principles? To map this field in order to answer the question, a portrayal of postmodern art through just one text, Jameson's seminal 1984 paper³ is presented next as a case-study. His was an essay devised to project: '...a conception of a new systemic cultural norm and its reproduction...' (p.57) This exegesis will follow his argument through his successive readings of individual works made by three artists, Van Gogh, Munch and Warhol, the last epitomising postmodern artists' stance. His rich argument defies compression so here the liberty will be taken of presenting some of its main points verbatim.

Jameson's paper addresses the consequences of accepting his initial hypothesis, that there has really been a radical break with the recent modernist past. From a Marxist position, he believes, along with the artists quoted at the beginning of this section, that modernism has run its course. He refers to:

'...the waning or extinction of the hundred year old modern movement...abstract expressionism in painting, existentialism in philosophy, the final forms of representation in the novel, the films

of the great auteurs, or the modernist school of poetry ...all these are now seen as the final, extraordinary flowering of a high modernist impulse which is spent and exhausted...' (p53).

Insisting that there has been a 'rupture' with the past, he first dismisses counter-arguments to the effect that postmodernism is no more than one more stage of modernism or of romanticism, by pointing out that it occupies a very different positioning in the economic system of late capitalism than had modernism within early capitalism. This implies a more fundamental change or break than: '...the periodic style and fashion changes determined by an older high modernist imperative of stylistic innovation.' All are now implicated in a radical transformation of the 'very sphere of culture itself' in contemporary society, this is because distinctions between *consumption* and *culture* are being elided. There is an inescapable connection between the evolution of late capitalism - which he calls 'pure capitalism' - and this new stage of cultural production/consumption of the last 20/30 years. He regards it not as a 'style' but rather as a 'cultural dominant', a 'force field':

'...postmodernism is...the force field in which very different kinds of cultural impulses - what Raymond Williams has usefully termed 'residual' and 'emergent' forms of cultural production - must make their way. If we do not achieve some general sense of a cultural dominant, then we fall back into a view of present history as sheer heterogeneity, random difference, a coexistence of a host of different forces whose effectivity is undecidable.' (p57)

Artists in making their way in this new socio-economic force-field, discover that what in their work had previously denoted sincerity, authenticity etc, now becomes attenuated or disappears altogether. Jameson argues that postmodern culture exhibits a 'new depthlessness' - as noted above in the Kitch imagery of Duggie Fields that will be matched soon by the new narcissistic pathologies of Baudrillard. There is also 'a weakening of historicity' and a 'new type of emotional ground tone of 'intensities'' which he relates to older notions of the sublime. Here his ideas link with those of Jean-Francois Lyotard (1976). Jameson draws together highly pertinent examples of artists working at the boundaries of their cultures - Van Gogh and Munch at the breakthrough into modernism, Warhol at the breakthrough into postmodernism. He illustrates his thesis with a striking case study that should be of great interest to art therapists who are used to looking for meanings behind their clients' works, to be sought through hermeneutic engagement of the kind familiar from reading works of Modern art. He presents two modernist readings of Van Gogh's painting of peasant shoes. He refers to these as hermeneutic readings in the sense in which '...the work, in its inert objectal form, is taken as a clue or a symptom for some vaster reality which replaces it as its ultimate truth.' (p.59) Both of the modernist readings have the aim of enabling us to experience Van Gogh's painting as a symbolic act; as 'praxis and as production' (p58). Viewers are required to construct some initial situation out of which the finished work emerges, so in rehearsing such readings Jameson's first step is to stress the social conditions - what he calls the 'raw materials' - which Van Gogh confronts and transforms. This raw material is an image and its context;

'...the whole object world of agricultural misery...poverty...toil, a world reduced to its most brutal and menaced, primitive and marginalised state.' (p.58).

However, Van Gogh overlays this stark world with '...a hallucinatory surface of colour... with hues of red and green...' (*Ibid.*) and Jameson argues that Van Gogh in his Utopian way, in conjuring up the peasant figures of his fresh, vibrant vision, ennobles them. He does this, not by placing them up a rung on the social ladder - an equalising aim of 19th century reformers, (one thinks of the Pre-Raphaelites, particularly Holman Hunt's *Work* here) but by declaring that the world as it is, even the mundane world of a pair of shoes, is alive, noble, worth celebrating. Through his painting Van Gogh is making an act of reparation for the attacks of the fragmenting and crushing power of capitalism as it stunts the labouring classes and: '...a stricken world is by some Nietzschean fiat and act of the will transformed into the stridency of Utopian colour...' (p.60) (c.f. Gauguin and his noble savages, Munch and his images of workers.) He then turns from this socio-political view to an existentialist reading. This second modernist reading of the same painting derives from Heidegger's idea that the work of art emerges from a gap that exists between Earth and World. That is, a gap between the meaningless materiality of the body and nature on the one hand, and the meaning-endowment of history and the social on the other. (p.59). He quotes Heidegger (1936):

'Van Gogh's painting is the disclosure of what the pair of peasant shoes is in truth... This entity emerges into the unconcealment of its being, by way of the mediation of the work of art, which draws the whole absent world and earth into revelation around itself along with the heavy tread of the peasant woman, the loneliness of the field path, the hut in the clearing, the worn and broken instruments of labour in the furrows and at the hearth.' (p.59)

Here Heidegger is giving an account of the 'working' of the work of art as alluded to above (p.151). However, according to Jameson, his account needs to be completed by:

'...insistence on the renewed materiality of the work, on the transformation of one form of materiality - the earth itself and its paths and physical objects - into that other materiality of oil paint, by reference to relations between the materiality of the earth and that of paint: and by reference to the feature of visual pleasure, or rather of the sense of sight; 'the visual, the eye - which it now reconstitutes for us as a semi-autonomous space in its own right' (p.59)

(These remarks can be related to the discussion of the visual in Section B above). He contrasts the potential of Van Gogh's painting to support these modernist readings, one sociological, the other existential/phenomenological, with the refusal of another shoe painting - Andy Warhol's *Diamond Dust Shoes* - to accommodate such an exercise in hermeneutics. This is because: 'nothing in the painting organises even a minimal space for the viewer.'⁴ In contrast to Van Gogh's modern open paintings, Warhol's shoes are postmodern 'fetishes'. There is no way to '...restore to these oddments that whole, larger lived context of the dance hall or the ball' (*Ibid.*). Perhaps there are hidden layers of meaning in the image, since we know, from Warhol's autobiographical references, of his work as an illustrator of shoe fashions and as a window designer of shoe displays. In Warhol's paintings - or rather, images - there is a 'waning of effect', but there is also '...a strange compensatory decorative exhilaration... a gratuitous frivolity...' in his spangling of glitter dust and gilt sand onto the painting (p.61). There is here a return of

the repressed in Jameson's view; an attenuated ghost of the vibrant colours of Van Gogh's celebration of toil, breaking through the mask of the Warhol painting in parodic form, as it were.

Alongside Van Gogh and Warhol, Jameson now recruits Munch into his argument, through the latter's well known picture *The Scream*, (1893). One may be critical of his commentary at this point since it is based on the common assumption that the scream is issuing from the figure at the front of the painting. This is not necessarily the case.⁵ The figure is pressing its hands to its ears as if to block out the sound. However its mouth is open, so Jameson may be forgiven for this mis-interpretation, which most of his readers will also make. He writes:

'The Scream is of course a canonical expression of the great modernist thematics of alienation, anomie, solitude and social fragmentation and isolation, a virtual deconstruction of the very aesthetic of expression itself, which seems to have dominated much of what we call high modernism.'(p. 61)

Jameson argues that the concept of expression presupposes some separation within the subject that then entails a metaphysical account of inside and outside. He alludes to something that is assumed to occur in art therapy, that is to

'...the wordless pain within the monad and the moment in which, often cathartically, that 'emotion' is then projected out and externalised, as gesture or cry, as desperate communication and the outward dramatisation of inward feeling.' (*Ibid.*)

This is not really catharsis but evacuation, emptying out, since catharsis requires pity as well as terror, for its effect. However in Jameson's view, Munch's painting shows that expression requires the category of the individual monad.⁶ Not only that, the maintenance of such individual subjectivity as a self-sufficient field, 'a closed realm in its own right', exacts a heavy price, of loneliness and solitude. His reflection here on the medium again grounds his theorising in the material realm of art (c.f. Heidegger, 1971, Elkins, 1999). The paradoxical nature of art's engagement with expression is brought into focus in Munch's image according to Jameson, because it is perhaps one of the first paintings which 'subtly but elaborately deconstructs its own aesthetics of expression all the while remaining imprisoned within it...' (p.62). This is due to the dissonance between material and subject matter:

'The realm of the sonorous - the cry - is incompatible with the medium of paint: the figure lacks ears: the 'absent' scream however is close to the 'absent' experience of solitude and anxiety: the picture's loops and ripples are a visible diagram of sonorous vibration - they fan out from the 'sufferer' to become part of the geography of the universe - the visible world becoming the wall of the monad on which this scream is recorded and transcribed.' (p.62)

This is an ingenious reading of the image. It brings him to the main point of this section of his argument, a general historical hypothesis: namely, that concepts such as anxiety and alienation (and the experiences to which they correspond, as in *The Scream*) are no longer appropriate in the postmodern world:

'The great Warhol figures - Marilyn herself or Edie Sedgwick - the notorious burn-out and self-destruction cases of the ending 1960s, and the great dominant experiences of drugs and schizophrenia - these would seem to have little enough in common anymore, either with the hysterics and neurotics of Freud's own day, or with those canonical experiences of radical isolation and solitude, anomie, private revolt, Van Gogh type madness, which dominated the period of high modernism.' (p. 63)

His point is that this shift in the dynamics of cultural pathology can be characterised as one in which the alienation of the subject is displaced by the fragmentation of the subject.⁷ One of the consequences of such fragmentation is that ideas about relationships between expression, communication and about therapy in general if such analyses are valid, must be revised. As he argues:

'The fragmentation of the human subject or the 'de-centring' of the subject, or indeed the 'death' of the subject, has the consequence that 'expression' itself, as well as individual 'style' and the notion of 'avant-garde' also fragment, decentre or die.' (p.64)

This is art criticism of the highest pertinence, as far as art therapy is concerned - because it invites a re-appraisal of image reading. It posits an a-perspectival, even playful, engagement within modern art - Van Gogh, Munch - as within postmodern art, e.g. Warhol, akin to the dynamics of similar kinds of engagement in therapeutic relationships (as will be discussed in chapter 21). It is basically a reception theory, although the receiver is not a Walter Pater-like sensitised connoisseur. Rather he/she is conceived of as a 'network', a receptor rather than a 'unit' self, albeit one held together, temporarily, by the adoption of a gallery visitor persona (Jung) or perhaps even by the task of articulating unrehearsed responses to a newly made image - how does one respond to radically new works?

If one accepts Jameson's analysis, among a number of consequences of the shift from the modern to the postmodern self of the artist, and the client as artist - modernist 'style' becomes postmodern 'code'. This applies across the board; there is no sense of there being a healthy normality, e.g. in Warhol, behind the abnormal voice, mask - momentarily borrowed, only the paradoxically de-centred individual, whose plight is brought into art therapy. Whether or not one fully accepts it, it is necessary for art therapists to consider his ideas carefully, as making serious claims on their attention. This is because the profession's own main areas of discourse are rooted in modernism, (considered already), particularly discourses encompassing ideas such as the artist as someone exemplifying enviable 'individuality', and discourses celebrating the proximity of 'psychopathology' to creativity. However as discussed in Chapter 3, art therapists have been very selective in their *in vitro* inseminations, so although Van Gogh and Munch seem to fit naturally into their spheres of interest, Warhol is a different matter. The narcissistic refusal of dialogue implicit in his work - his wilful and pioneering substitution of code for style, foreshadowed perhaps by Bacon who stands at the cusp of modernism/postmodernism - seems to characterise much of the contemporary art world. In the triadic operation of the artistic/therapeutic process discussed above (Chapter 5), that is, the phenomenological>psychological>sociological movement of attention from the

centre to periphery of the self, figuratively speaking, or; to use another figure, the heuristic>hermeneutic>semiotic circle-dances discussed above, (p.63) the middle terms (psychological/hermeneutic) have been bracketed, or rather have been shrunk to a desktop icon, not wanted at present but available if needed. For some (like Wollheim, 1974) this is a cause for regret, for others (like Kroker, 1986) it should be enjoyed. The loss of depth is compensated for in new possibilities of play and communication for art and therapy too, as will be seen in chapter 20.

The new world-picture identified by Jameson, Baudrillard, Beuys, Warhol, in the 1970s, challenged the existential/humanist world view created by Camus, Beckett, Picasso, Matisse - and all of the late modernist writers and artists who had shaped the European post-world war two version of modernism that influenced early art therapy, through its dissemination via art education. The charge laid against neo-romanticism was that it sought to by-pass the guilt and humiliation consequent upon the tragedy of mid-twentieth-century atrocities. Neither science nor philosophy, literature or art, had prevented a holocaust, an atomic bombing, a deliberate destruction of ethnic, political, and otherwise undesirable groups of persons, by their idealistically motivated and highly civilised enemies. The artists mentioned above were survivors of a nightmarish replay of their predecessors' trauma. World War One signalled the end of Romanticism - despite the genius of Ravel, Paul Nash, Wilfred Owen and other artists and intellectuals who held on to its values. Dada, Surrealism, Kurt Weill and Beckmann, George Gross and Soutine, pictured a world gone mad. Americans wrote aptly of the 'roaring' Twenties. In the light of increasingly horrifying accounts of 20th century history and of contemporary events - in Cambodia, for example, prominent mid-twentieth century artists adopted an a-political, a-personal position. A re-view of what it meant to be a person in the light of the betrayal of basic human values produced an angry, punk, protest, alongside ironic gestures of submission to the sophisticated world of consumerism, as exemplified by Warhol's 'Brillo' boxes.

A generation later, anger seems to have turned into resignation or despair, at least in the pathologies brought into therapy. Consumption abuse (a paradoxical concept) - of drugs, food, sex, smokes, shopping, television, the internet - discloses a retreat to the appetites in the face of stress on the one hand, and boredom on the other. Narcissistic disorders, where self-worth is in doubt and envy gives rise to fear, hate, rage - are the psychological arenas where the seeds of abuse, murder and suicide are sown. But alongside all of this, the students entering the profession bring with their knowledge and skills, outlooks and attitudes destined to alter the way things are. Postmodernism, as pictured above, does not provide an alternative ideology to replace the demolished structures of meaning that sustained modernism. But it has at least cleared the ground upon which new structures can be built. The destruction of huge modernist tower blocks and the re-building of mazes of little streets on their former sites, as a tendentious lip-service to postmodern plurality, may indicate that the project of this study, whilst not undertaken from a

developer's perspective, is in tune with current cultural concerns. So, in the spirit of postmodern plurality, in the next chapter the outlines of the main features of each of the cultural paradigms, proposed as a repository of one of the arrays of art therapy's epistemology, are presented.

Notes and References

1. Sweet, D. (1969) *Art and Artists*, March, p.8 & p.62
2. Fields got the name from Charles Jenks' book, *The Language of post-Modern Architecture*, 1966.
3. Jameson, F. (1984) Postmodernism, or the cultural logic of late capitalism. *New Left Review*, 146:53-93.
4. C.f. Levin, (1984) p.232 below.
5. Munch himself describes what inspired the painting: 'I was walking along a road one evening - on the one side lay the city, and below me was the fjord. I was feeling tired and ill - I stood and looked out over the fjord. The sun went down - the clouds were stained red, as if with blood. I felt as though the whole of nature was screaming - it seemed as though I could hear a scream. I painted that picture, painting the clouds like red blood. The colours screamed. The result was *The Scream in the Frieze of Life*. In Stang, R. (1979) *Edvard Munch: The Man and the Artist*. London: Gordon Frazer, p.90.
6. A point also developed by Rorty, (1989) See p.163.
7. Here he is thinking along similar lines to Baudrillard.

Section E:

Chapter 19: The Cultural Paradigms

The new - postmodern - way of viewing the contemporary socio-cultural world described above entails looking at art therapy anew also, and as the thesis proposes, one way of doing this is by deconstructing and re-arranging its constituent parts. This will now be done in the light of knowledge gained on the journey so far. Having arrived at the terminus, the explorer now surveys the small group of cultural paradigms tied - to return to a nautical analogy - like Yalom's cargo ships, to bollards on the wharf, the ends of different ropes looped loosely together on the quayside - a picturesque image of deconstructed art therapy. Although Bloch (1986) divides the bewildering number of schools of psychotherapy into two broad categories, the religio-magical, and the empirical-scientific, this study recognises seven, which, like the seven days of the week, are similar in some respects but different in others. Future commentators may find more, or less, than this number - but for the purposes of the discussion, seven vessels will now be inspected. The cargoes will be described, but their heterogeneity, their plurality - make any ambition to delve into each one of them in depth, impossible at this stage.

The general features of the paradigms will be outlined in the light of the story of art therapy's gradual development through its accumulation of diverse components. Re-organising the field into these collections of discourses can be justified by the fact that other arrangements are arbitrary, having arisen almost by accident, as each new application, each new style, was added to the existing list - or each new theorist (Lacan, Kohut, come to mind) ushered into the canon. The paradigms do not have fixed boundaries; inevitably they will overlap and interpenetrate one another, perhaps through submerged connections as in James' coral reefs (c.f. p.139 above). Despite this untidiness, the proposed taxonomy ought to be useful if only to help art therapists to shrug off heavy theoretical and stylistic armour, valuable at one time for both strategic penetration of healthcare citadels and as defensive protection, but now increasingly redundant in a rapidly changing milieu. One unifying feature will be the presence in each of the visual, articulated via art and aesthetics, as discussed above. To have the word 'art' at the beginning of each title emphasises that the earlier argument for its centrality in the discipline remains crucial. Amongst other benefits it may, in time, stimulate art-based research along radically different lines of enquiry, given the differing functions it will fulfil in the different paradigms.

In this exercise, links between certain of these will be easy to establish whereas others are diametrically opposed. They will be presented in groups - in a sequence following the trajectory: premodernism; modernism; postmodernism, roughly based on their creation over time by proto, pioneer and then

professional art therapists. The other unifying term, culture, as in cultural paradigms, may be more ambiguous. There are growing numbers of studies of cultural issues in art therapy (e.g. Hiscox and Calish, 1999, Campbell *et al.*, 1999), where culture has a socio/political meaning, often defined in terms of gender, sexual orientation, race or nationality. Cultural ambiguity extends even to the meaning in differing contexts of the terms art and therapy, although this need not be a barrier to recognising the overall unity of the discipline in the context of inevitable social and political flux. As Waller (1998¹), points out in her survey of European art therapy, in discussing collaborative ventures she writes:

‘...if we look at art therapy as a process that will fluctuate according to the socio-political context, the prevailing economic models, the conflict of interests among groups and nations, then it becomes possible to write collaboratively...’ (p.147)

In this chapter, the notion of culture is defined neither on an ethnic, nor religious, nor historical basis, but by broad themes: these will have particular relevance within differing ethnic and religious groups, too.² So in the cultural paradigms to be discussed next, culture is a term defining various areas of discourse - e.g. the spiritual, the magical, the moral, etc. For the purposes of this study, they have been separated but, as will be seen, areas of each overlap, as in a Venn diagram - but to start with, their distinguishing features are emphasised.

Art, Therapy, and the Spiritual

Two major sub-themes inform the first of these paradigms, the spiritual: one is the relationship between the spiritual and art; the other the relationships between the spiritual and healing/therapy. Alongside the spiritual, and truth, parallel notions of the sublime, and nature inform both art and therapy, in this paradigm. Art therapy brings art’s spiritual heritage to psychotherapy, and as well, a base in the concrete practices of image-making, art therapy here floating in its transitional spaces of anti-materialist ideologies, yet grounded in arts’ materiality. Highly conspicuous ties reaching beyond recorded history link visual art and spirituality. It is supposed that art’s very origins are to be found in the transcendent, the sacred; in a human need to register symbolically the most profound emotions; awe, terror, love; in the awareness of the mystery of creation; of life and death and of nature. However, as many writers, including for example, Kuspit (1986) attest: ‘...The ‘spiritual’ is a problem in contemporary art...’ (p.313).³ Elkins (1999⁴), is another author who refers to similar difficulties:

‘...religion is no longer an easy subject, and many artists do not link it directly with themselves or their work.’ He adds: ‘The buried spiritual content of modern and post-modern art may be the great unexplored subject in contemporary art history...’ (p.75)

The spiritual work of the artist includes the primary task of conveying to the faithful the belief that the most important features of human life endure beyond death, the empathetic depiction of this afterlife

having been the subject matter of much Western art. Death as a rite of passage for the soul's journey to the afterlife and the division of the afterlife into heaven, purgatory and hell, constitute part of this thematic. Also, the artist's task has been to 'il-lustrate' the possibility of two-way communication between the transcendent and the human. To denote the former - the act of the manifestation of the sacred in human time - Eliade (1960⁵), proposes the term hierophany - something sacred is shown forth. He states, (in discussing religions⁶):

'One may say that the history of religions - from the most elementary to the most developed - is constituted by a number of important hierophanies, manifestations of sacred realities. Beginning from the most elementary hierophany - for example, the manifestation of the sacred in any object whatever, say a stone or a tree - and ending in the supreme hierophany, the incarnation of God in Jesus Christ, there is no real break in the continuity.' (p.124)

He notes that modern Western man has difficulty with many forms of the manifestation of the sacred:

'...he finds it difficult, for instance, to accept the fact that, for certain human beings, the sacred may manifest itself in stones or trees. It should never be forgotten, however, that what is in question here is not a veneration of the stone in itself, nor the worship of a tree as a tree. Sacred stones or trees are not adored in their natural capacity, but only because they are hierophanies, because they 'show forth' something which is no longer mineral or vegetable but sacred - 'wholly other' (p.125).

Extending Eliade's examples to encompass art, images of Christ's human incarnation, life, death and resurrection form a mundane hierophonic subject-matter complementary to the abstract transcendent afterlife topic. This in turn generated a complementary accompaniment of images of other exemplary lives; of the saints; of religious benefactors; of the first parents, Adam and Eve; or of episodes in the Holy Book. Ranging from crude mass-produced devotional images to the great mind-expanding Humanistic religious art of, say Rembrandt, this art could be said to offer to its spectators, its own self-healing qualities - their absorption, via contemplation within its architectural, musical and ritual context, helping to make-whole the physical and spiritual self.⁷ But by the time art therapy began to develop, secular spirituality; occult, mystical and messianic, had largely replaced religious practice for many artists.⁸ As Tuchman (1986⁹), says;

'Various artists, from the generation born in the 1860's to contemporary times, have turned to a variety of anti-materialist philosophies, with concepts of mysticism or occultism at their core. Mysticism refers to the state of oneness with ultimate reality. Occultism depends upon secret concealed phenomena that are accessible only to those who have been appropriately initiated' (p.190).

The latter will be discussed in the next section. Regarding 'the state of oneness with ultimate reality'. Gadamer (in McMahan, 1995) has declared that art in general reveals a holy and whole sense of the world and mankind's 'finitude before that which transcends him'. He says that art may be 'the only way granted to us finite beings to relate to what we call eternity'; that 'all human experience must be liberated

from contingency' and 'raised into ideality'; and that each art work is itself the shock that triggers the imaginative intuition of the sublime.

Also, the spiritual in art is often linked with the sublime (see above p.132), art being able to give form to the numinous. The sublime, as a quasi-mystical construct, has underwritten much of art therapy's early literature, mainly because of Romanticism having imparted a secular sublime related to nature, into art. It is derived from Plato's idea of true knowledge being achievable only in a state of *ekstasis* - in rare moments when the soul leaves the body. To stand outside oneself and to: '...give(s) to airy nothing, a local habitation and a name,' (*A Midsummer Night's Dream*) is one of art's achievements. In the context of art therapy, art as a showing-forth of the spiritual, is linked also to Heidegger's view of art as 'disclosure' (*alatheia*), it being a 'force' under whose 'sway', be-ing comes into existence. This is neither a completely spiritual nor religious outlook, it is secular (though Heidegger writes of 'the gods'). Art's quest is for truth: 'Art is the happening of truth in the work' - truth having here replaced God, as reason replaced belief in the Enlightenment.

In contrast to Heidegger, Campbell (1983¹⁰), links artists not with philosophers but with shamans and prophets, with the great seers (known to India as rishis, in Biblical terms as prophets, to primitive folk as shamans, and in our own day as poets and artists), who recognise:

'...through the veil of nature, as viewed in the science of their times, the radiance, terrible yet gentle, of the dark, unspeakable light beyond, and through their words and images reveal the sense of the vast silence that is the ground of us all and of all beings.'(p.10)

Visual art, if that is the correct term to apply to the seizing and articulating of these hierophanies before art becomes an identifiable category, became recognised over time as a secondary showing-forth, a demonstration of the sacred. It seems likely that the artistic products created for tombs, temples, churches and cathedrals attracted to themselves some of the awe and mystery previously attached to this sacred function.¹¹ Within the canon of European culture - whose iconographic content ranges from rock carvings and cave paintings, to Egyptian tomb artefacts and Greek, Roman and Medieval buildings, frescoes, metalwork, paintings, sculpture and ceramics - its fabulous array of intensely wrought images of the other-worldly and the supernatural, would seem to bear out such a hypothesis. But whatever the origins of the visual arts, the initially fragmentary but subsequently compelling historical records confirm the reciprocal influence of the spiritual on art and of art on the spiritual, up to and beyond the Enlightenment, when as noted, reason began to replace faith as the prime arbiter of human conduct. Ironically, despite the force and accomplishments of rationality, the spiritual is still a major feature within the world of art, many of its most prominent contemporary figures proclaiming spiritual if not overtly religious motivations. For example, Gablick (1984) follows MacIntyre (1985), in observing that modernism's achieving individuality and freedom, led many artists to have negative attitudes towards society. However

she sees the German artist Joseph Beuys as: ‘...a pontifex, a bridge-builder between material and spiritual worlds and between art and society.’ (p.125-6). Other overtly modern/spiritual artists include Spencer, Rothko, Newman and Viola.

The second theme of the paradigm, of relationships between spirituality and healing, also has fathomless historical depths. Reduced to a formula; life is (seen as) a gift; illness and sometimes death can be (seen as) punishment; however God, or the Gods, can be persuaded through prayer and sacrifice, to miraculously restore health or even life. Stories of such miracles are found in numerous religions and cults; e.g. votive offerings, some representing particular limbs or organs, adorn ancient tombs as well as contemporary churches. God’s representatives on earth - kings, queens, princes and holy persons - are endowed with miraculous power to heal through touch. Rituals of confession, remorse and forgiveness articulate relationships between God (Gods) and humanity. Several writers explore the remnants of such spiritual practices that survive in the rituals of psychotherapy. Szasz (1990¹²) in his continuing critique of institutional psychiatry contends that the basis of psychotherapy is religious:

‘...we now classify many medical acts as scientific when, in fact, they are religious. These opinions, which may seem strange or even outlandish today, are actually the opinions of the ‘founding fathers’ of modern psychiatry.’ (Szasz 1990, p.12)

He refers to Freud’s disclaimer about psychoanalysis being a specialised branch of medicine, citing his portrayal of it as a kind of religion. Freud wrote:

‘...the words, ‘secular pastoral worker’, might well serve as a general formula for describing the function (of) the analyst...We do not seek to bring (the patient) relief by receiving him into the catholic, protestant or socialist community. We seek rather to enrich him from his own internal sources...Such activity as this is pastoral work in the best sense of the words. (Freud, 1959, in Szasz 1990.)

Szasz follows this with a quotation from Jung, taken from his book *Modern Man in Search of a Soul* (1933):

‘...patients force the psychotherapist into the role of a priest, and expect and demand of him that he shall free them from distress. That is why we psychotherapists must occupy ourselves with problems which, strictly speaking, belong to the theologian’. (In Szasz 1990, p.13)

Earlier, Eigen’s (1981¹³) paper: *The Area of Faith in Winnicott, Lacan and Bion*, made the point, from a psychoanalytical perspective, that:

‘...we live in the faith that emotional truth is possible, even necessary as a principle of wholesome psychic growth...our faith in something important happening when we reach out towards the unknowable sustains the attention that clears a working space for truth.’ (p.423)

Those art therapists using Yalom as their mentor probably fit into this paradigm as well, in that his existential approach to psychotherapy (not as bleak as e.g. that of Sartre) seems to be based on the same kind of faith.

Religion however sometimes seems to betray spirituality to institutionalism. As MacLagan (1995¹⁴), writes;

‘...for all its secular bias (in the case of psychoanalysis at least), therapy is like a religion: it has its sacred texts (the canonical writings of Freud, and their almost Talmudic exegeses), its ritual observances (the fifty-minute hour), and its rule of abstinence (the substitution of transference for literal erotic relation). In therapy, as in religion, the boundary between personal and private salvation and membership of an invisible congregation is impossible to draw firmly.’ (p.212)

This is a somewhat sardonic characterisation of unreconstructed psychotherapy, and can be paired with Comfort’s (1969¹⁵) observation that, e.g.;

‘...The confusion between the emotional function of the Aborigine’s religion and ‘religious’ statements about cosmology, astronomy, or evolution, which deprives modern religious of much of their older human function, is far less evident in art, which remains one of the few contexts where we can safely let ourselves acquire insight from emotional experience without having to make reservations about reality’ (1969, p.177)

Despite these reservations about religion - in favour of art’s spirituality, Aldridge’s *Spirituality, Healing and Medicine* (2000), attests to the continuing significance of the spiritual dimensions of therapy. His is the latest in a growing number of publications recognising the importance in client’s lives of their faith and the part it plays in their well-being and in their quest for healing (making whole) when they are ‘ill’.¹⁶

When brought together, the spiritual in art and in healing overlap in a number of interesting ways. For example, therapeutic work (can be seen to) takes place in a *temenos*, a sacred space (Jung). This space is constructed by the art therapist, and is also experienced as time, a time outside historical time - *in illo tempore* (Eliade), a space/time recognisable in the artist’s studio, the writer’s study, the dramatist’s stage, all to be taken unto account as sacred spaces. They allow for rumination, contemplation, confrontation - for example, within Levinas’ face-to-face ontology model: in the therapeutic space, time is created - time to be. If the illness labelled depression for example, turns out, after superficial psychological wounds have been tended to, to be caused by a lack of meaning in life, the outcome of therapy may be thought of in terms of achieving the possibility of experiencing ecstasy or stoical resignation, rather than of being cured of an illness. Pathology here is consequent on wilful or enforced neglect of deep dimensions of experience in lives filled with, or emptied by, distractions, where time is always mortgaged - always already spoken-for. Clients seek therapy because their lives are meaningless. The spiritual/therapeutic power of their art-making lies in its potential to create meaning, in time. This relates also to Bion’s requirement that therapy be conducted in the absence of memory and desire, the former projects time

backward, the latter, forward; so the be-ing of time is compromised. Further, this relates to the different ceremonial approaches to image-making within the process of art therapy, for example, those where, in an atmosphere of what Richardson (1948), called 'rapt attention', the clients' images emerge as if by their own volition. Silverstone (1997¹⁷), describes such processes thus:

'Often, as I sit and watch the students produce their unique images, I have a feeling of awe, present as the images are made visible, are being born - none of us knowing what is coming, what is about to be disclosed. To such creations we need to offer much delicate respect, we, the midwives, helping the image from darkness to light, from the unconscious to the conscious. As I watch sometimes I experience something akin to the spiritual.' (p.193).

Leaving aside the controversy regarding the unconscious and its place in discussions of the spiritual (c.f. James, 1902) the images themselves also frequently carry spiritual connotations. There are numerous examples illustrated in the literature, from Petrie (1946) to Baynes (1940), through to Milner (1969). Here as noted, the spiritual links with the sublime, as well as with the religious. The sublime originally belonged to reception theory, to the consumers' appreciation of art. From its maker's perspectives, representing the spiritual, haloes for example, or gold-leaf backgrounds signifying the holy space of Heaven, evolved into what Kuspit (1986), calls 'silent abstract painting'. In art therapy healing/redemption is a matter of the therapist acting as intermediary between the mundane and the transcendental, the silent application of paint to surface, and the slow healing of the spirit. When the author of the artwork produces his/her own 'shock' (Gadamer) in the world of art therapy - held by the psychotherapeutic ritual - insight, or alternatively a corrective emotional experience, has been seen to create conditions for beneficial change over and over again. Only a fragment of this experience has ever made its way into the literature, although the growing number of publications dealing with art therapies and terminal illness (not a symptom of anything) will make such concerns more visible as time goes on.

Psychotherapy, still linked in the public mind to occultism, despite its claim to scientific probity, via the caricature of 'the head-shrinker', straddles shifting boundaries between the spiritual and the secular, and as well, there are art therapists who work at an interface between the spiritual and the magical (to be discussed next) paradigms. One of these is McNiff (1995¹⁸) whose reference to Rudolph Steiner's ideas about the healing power of art/spirituality is relevant here, Steiner's spirituality veering towards the occult. Though he is critical, he appreciates many of Steiner's ideas despite:

'...highly controlled and manipulative methods (that) have no place in depth psychology or any therapy that opens the soul's pains, pathologies and transformative disturbances...In art, we need the nasty spirits as well as the nice ones...'; nevertheless Steiner stands for: '...the imagination of the complete spectrum of artistic activity, the healing power of expressive forms and colours, the essentially spiritual dimension of healing through the arts and the need to treat the soul as well as the body. (p.300)

MacLagan (2000¹⁹) too is interested in the Spiritualist cusp between the spiritual and the magical, but from a more sceptical viewpoint. In discussing an exhibition of mediumistic art, he identifies two contending explanatory camps, one denying any extra-mundane source for extraordinary images:

‘According to [one] argument, spiritualism is an ‘alibi’ for the sources that live within the individual, the instinctual or unconscious or merely some other kind of latent creative ability’. The other camp has: ‘...in its strongest form, an absolute conviction in the reality of psychic phenomena and a faith in their supernatural origin.’ (p.52)

MacLagan is fair to both camps but extends the context of mediumistic creativity to include the feedback from art making itself.²⁰ However, it is Jung’s work that is central to this paradigm - as it has been to the development of Art Therapy in Britain, despite his controversial views on art. As Phillipson (1963) notes: ‘...Jung is trying to keep his focus on the work of art from the point of view of the audience.’ (p. 171, author’s italics.) And later he observes:

‘There is a lack in Jung’s presentation of his ideas concerning the creative process in art, despite the fact that he sees it as analogous with the process of symbol formation in individual psychology. This is because a ‘vision’ as experienced by a patient in analysis, exists apart from its expression, whereas no ‘work’ of art can.’ (*Ibid.*, p.189)

Despite this lack, for Jung, art, that is, visionary art, is grounded in the spiritual; indeed, Hillman (1974) criticises him for having collapsed soul into spirit - of turning the tripartite articulation of human life derived from ancient Greek theology, of *psyche; soma; anima*, (the last corresponding to ‘soul’) - into a binary one of body and spirit. There is no space here to present a resume of Jungian art therapy’s rationales and achievements, which are well recognised in Britain (as well as abroad) and well documented by writers such as Schaverien, Samuels, Phillipson.²¹ Although Jung is a psychologist, whatever his contribution to psychology may have been, it is perhaps more useful now to place his ideas in the spiritual rather than in the contemporary psychological paradigm. His a-psychological stance is recognised by e.g. Eliade, (1960²²) who, in a section of his *Myths, Dreams and Mysteries* studies relationships between various kinds of archaic therapy, practised by the ‘elect’ (Buddha, the Yogis and the Shamans.) Discussing these in terms of time, history and memory (p.48-54), he refers to Jung’s ‘...discovery of the collective unconscious, of the series of psychic structures prior to those of the individual psyche...’ The world of Jung’s archetypes ‘...is like the Platonic world of Ideas, in that the archetypes are impersonal and do not participate in the historical Time of the individual life, but in the Time of the species...’ (p.54). In his psychotherapy, Jung;

‘... declares that it is on account of the a-temporal character of the collective unconscious that, at the least touch of its contents, one has ‘an experience of the eternal’, and that it is precisely the re-activation of these contents which is felt as a complete regeneration of the psychic life’ (p.120).

It is not just the obvious spirituality of Jung’s psychology, as recognised by Eliade, but its links to the a-psychological, magical, occult elements in his work, that alienate mainstream psychologists; it is also the

case that these alienated Freud, as well. Here, Jung's views about his own spiritual position *vis-à-vis* that of Freud is highly relevant. In his brief paper, 'In Memory of Sigmund Freud.' (1939²³), he says:

'Whenever he (Freud) could, he dethroned the 'spirit' as the possessing and repressing agent by reducing it to a 'psychological formula.' Spirit, for him, was just a 'nothing but.' In a crucial talk with him I once tried to get him to understand the admonition: 'Try the spirits whether they are of God' (1 John 4 : 1). In vain. Thus fate had to take its course. For one can fall victim to possession if one does not understand why one is possessed...Freud's 'psychological formula' is only an apparent substitute for the daemionically vital thing that causes a neurosis. In reality only the spirit can cast out the 'spirits' - not the intellect, which at its best is a mere assistant...and scarcely fitted to play the role of an exorcist.' (CW, 1966)

It is not surprising that in mainstream psychology, this sort of account of psychopathology, and of psychotherapy as exorcism, is often misunderstood, if not completely ignored. His teleological frame of reference with its assumption that there is one grand system, the collective unconscious, connected with the archetypes, that can give a complete account of human behaviour, runs counter to current thinking in psychology (see below, the psychological paradigm.), but this is not so in theology and religious studies. The influence of Oriental outlooks in his work²⁴ and his interest in the Cabbala and in Alchemy, place it beyond the pale of, for example, the psychobiology of Richard Dawkins or the 'hard Darwinism' of Daniel Dennett. Eventually, though, Jung's ideas could come to dominate this spiritual paradigm, but that will be a matter for those who work within it, and who devise research methodologies appropriate for its rich material, to decide.

Art, Therapy and the Magical

This paradigm is closely related to the previous one, the main difference being in where the spirit resides. Here one is dealing with earth spirits, the *animus mundi* - the soul of the world.²⁵ It appears that, since time immemorial, people have believed that rocks, trees, rivers, plants and animals are endowed with souls, or spirits. This belief persists still in spite of the dominant - in the West - scientific explanation of the earth's constitution and processes in terms of scientific materialism. But not only is the non-human earth peopled with spirits; humans too, alive and dead, possess and are possessed by spirits. Some of these spirits are malign, capable of causing harm or even death. Others are benign and potentially helpful. These entities may be influenced through communication with specially trained agents; witch-doctors, priestesses, wizards and shamans²⁶. Alchemists and magicians also have certain powers over this hidden world, though of a more limited kind, pertaining to the material rather than the people of the world. In some cultures artists are closely related to these agents in that they too can create - by manipulating earthy materials - a magical world - of images and rituals. It is the role of art therapist as artist/shaman, as a 'technician of the sacred' in dealings with distress, illness and madness that connects the elements of this paradigm. The perception of artists as magicians - capable of conjuring up images; or as alchemists -

transmuting base pigments into splendid illusions, is ancient. These were tricks for which Plato²⁸ banished artists from his Republic:

'If any such man will come to us and show us his art, we shall kneel down before him as a rare and holy and delectable being: we shall anoint him with myrrh and set a garland of wool upon his head, and send him away to another city'

This paradigm thus catalyses the role of artist as sacred monster or holy fool (Blake, Artaud, Dali, Ernst, Picasso, Duchamp, Beuys) endowed with unusual perceptions and dangerous creative powers. Here the magical and visionary qualities are embodied in the person of the artist. It is arguable that the contemporary focus on the role or the persona of the therapist as artist, as opposed to the artist as therapist, derived some of its justification, as well as some of its repertoire of techniques, from the extension of art-making beyond the studio and into the public space of theatre. From the 19th century onwards, generally speaking, visual artists had been relatively isolated persons working either in small groups or individually and independently. By the beginning of the 20th, some of them were taking their art directly to the public. The culmination of this move was accomplished in the activities of the 1960's 'happenings' artists. The creation of 'happenings' was adumbrated in Dada, where the activities of artists as performers made occasional links between art and political theatre (c.f. Tzara, Ball). By the 1950's, these experiments had developed into substantial areas of collaboration, for example between the artist Rauchenberg and the choreographer Merce Cunningham, in producing 'events'. Eventually this led to the contemporary performance art of Laurie Anderson and perhaps even Tracy Emin, who performs fragments of her private life in the art gallery.

Another variant of the artist as performer phenomenon was the development of the excited expressive facture, of for example, Van Gogh or Munch, into gestural art. Rosenberg (1961²⁹) writes:

'...At a certain moment the canvas began to appear to one American painter after another as an arena in which to act. What was to go on the canvas was not a picture but an event...The painter was no longer concerned with producing a certain kind of object, the work of art, but with living on the canvas.'(pp. 22/23)

This was an exaggeration, but many artists did decide to live on their canvasses, and then just to act-out liberated lifestyles. It was not long before some of them, e.g. Arnulf Rainer, began to notice affinities between such acting-out and the lifestyles of patients in asylums. He proposed the concept of an Autistic Theatre, which duly emerged in the activities of artists such as Reindeer Werk, Stuart Brisley, Rainer himself. This successor of the Expressionist art of the 1920's, linked with derivatives of Artaud's (1930s) Theatre of Cruelty, to the 1960's Theatre of the Absurd, stemming from Stanislavsky, Artaud, Brook, Grotowski, produced challenging political art/theatre. Its demonic facet was exemplified respectively in the activities of the French Situationists (c.f. Guy Debord: *The Society of the Spectacle*, 1983) and the Vienna Action Group, latterly represented by Hermann Nitsch. His work is deliberately offensive,

involving for example orgies where bulls, pigs and sheep are sacrificed and ‘...the artist’s disciples will then writhe naked in the bloody entrails...’ performing as a ‘scream choir.’ Nitsch (1998), says:

‘Mass intoxication is imperative...Unrestrained drinking must take place, day and night, or it will not work. This is the pinnacle of my life’s work. I have been planning this orgy for years, so it must be taken seriously.’(p. 11)²⁹

The group, including Nitsch, Otto Muehl, Rudolph Swartzkogker and others, had honourable intentions; to shock people out of lazy habits and into a reality different from T.V, consumerism and ‘coffee-spoon’ living. It was anti-Fascist, recognising before the Herder phenomenon the ultra-conservative nature of Austrian politics. Nitsch’s work is an extreme version of the artist as performer, relevant to art therapy, in its relationship to psychodrama.³⁰

Among other artists who can be located in this paradigm, first of all is Artaud who made visual ‘spells’ directed against his enemies. In his asylum art, he tried to magically restore - through his images - a self, devastated by exposure to hundreds of experiences of early ECT. When he was released from the asylum system after the war, he created extraordinary portraits of his friends in a ritualistic, demonic manner. (Barber 1999). Beuys, Kiefer and perhaps also Picasso played similar roles. The theme of the artist as exorcist is taken up in Mary Mathews Gedo’s (1980a) exploration of his *Demoiselles d’Avignon*. The critic Suzy Gablick identifies the shamanistic role of contemporary artists as being a reaction against ‘...a new psychological type of artist, the bureaucratic organisational personality who lives in a condition of submission to a cultural or economic power system because of rewards of money and prestige.’ (Gablick, 1984³¹) The Shamanistic artist is a kind of social therapist.

‘...After more than a century of alienation and a negative attitude toward society, art is showing signs of wanting to be a therapeutic force again...which artists are seeking...to influence...and transform the spiritual vacuum at the centre of our society...’ p.123)

She refers to Kiefer and Beuys³² (p.126) whose investment in the magical; in contrast to Nitsch’s demonic position noted above, is ecological. This leads to the huge area of New Age psychology embracing *chakras*, ‘subtle’ bodies, reflexology, and other practices and outlooks that influence some art therapists, whose work might fit within this paradigm.

To turn now from art to therapy, in the field of health and illness, the casting out of bad spirits is the task of the tribal priest or shaman. Various rituals must be performed, akin to psychodrama, without disturbing them. ‘The excluded middle’ is a name given to the area of experience that accommodates such superstitious practices, by Hiebert (1982). In his article, from the perspective of a Christian believer, he discusses the failure of missionaries to recognise that in many non-western cultures, supernatural powers exist in this world. Regarding relationships between the secular and the sacred, he argues that Western believers have accepted a blind dualism: God and Truth occupy the sphere of the supernatural, humans

with their empirical sciences, the world. As a consequence, he thinks, a mystification of religion operates alongside a secularised science. In Shamshabad in India, Hiebert discovered the limitations of this worldview, one that could not handle the calamities traditionally dealt with by the *mantrakar* or magician, someone who was neither a *Sadhu* (a saint), nor a *viahnynda* (a doctor). The western worldview can handle the organic, moral, impersonal world, one subject to mechanical forces. But what are left out, in 'the flaw of the excluded middle', are the supernatural beings and forces of *this* world, previously articulated via animistic spiritualism and handled by the *mantrakar*. His general argument, is that despite continuous attempts to eradicate such superstitious beliefs, they still persist. Moreover they form a highly significant ontological function in many cultures - and this must be taken into account of in multi-cultural healthcare.

It is possible to also place the psychotherapists Bandler and Grinder, (e.g. 1981) self-appointed 'magicians', in this paradigm.³³ Medlick (1982³⁴), discussing their neurolinguistic programming (NLP) work - and also that of the hypnotherapist Milton Erickson - notes their claim that:

'NLP is completely client-centred; its object is behavioural change and its main tools language, perception and the unconscious. Its philosophical base could be described as philosophical alternativism; the assumption that there is no absolute reality, only that perceived by the client' (p.19)

From a different viewpoint, certain areas of anthropology can be illuminating for this paradigm. Anthropologists are used to aligning themselves with other's world-views, of taking multiculturalism into account. Govindame (1998)³⁵ in drawing attention to the many different ways mental disorders are interpreted remarks that differing cultures categorise these as loss of contact with reality, revealing those societies' empirical knowledge of mental illness. She describes rituals performed in Southern India and Reunion Island, and in Senegal and Central Africa. She says, of the first two:

'What is involved...is experiencing death and a symbolic rebirth in order to redeem oneself in the eyes of the divinity. The two myths of these rituals, as myths about the origins of the Hindu world, confront the individual with the question of life and death and with the question of his/her origins as a subject. As far as the therapeutic effects are concerned, we noticed good results in the case of believers, and failure of the therapy in the case of people who had lost the meaning of the rituals'. (p.3-4)

And of the second two:

'Concerning the efficiency of the ritual ...the healer has very good knowledge of mental illnesses. But...she does not heal mad people, thieves or drug addicts which are considered as Western illnesses and thus alien to her. The rite is effective in the case of patients who still believe in ...spirits.' (p.5)

Creating visual images ritualistically can help. In relating this to art therapy. Schaverien (1991) e.g. refers to the work produced in some sessions as functioning either as talisman or scapegoat, the latter carrying

the sins, or bad projections of the client. Another prominent art therapist using the magical is McNiff, (1995³⁶). He writes:

‘Twenty-five years of experience in using the arts in therapy have convinced me that creative expressions generate rays, energies, vibrations, forces and spirits that influence people who contemplate them. All of these qualities, of expression, what I call ‘medicines’, are thoroughly practical entities that constitute the therapeutic impact of the arts on a person or a group of people. When we look at the creative arts therapies as a way of healing through the expressive spirit, it seems that we are a discipline based on the curative effect of auras.’ (p. 297)

He brings into his theme the image, the process and the environment:

‘I am constantly exploring how we can best access the expressions generated by images, the process of making art, and the more general studio environment, all of which convey direct-felt and more delicate spirits that people experience as psychic remedies. My use of the term medicine is aligned with traditions of healing that treat the soul as well as the body.’ (*Ibid.*)

He thus aligned his work with Hillman’s approach to psychotherapy. Hillman’s rethinking of Jungian psychology postulates a tripartite world of *psyche/soma/anima* (Whitmont, 1992), derived from Greek mythology. His understanding of the imagination and the image would seem to place his ideas in this paradigm - although this could be a subject of debate.

Finally, though again not strictly magical, within this paradigm scientific studies of the paranormal, such as those undertaken in the University of Edinburgh,³⁷ seek to bridge the domains of science and apparently inexplicable or unexplained phenomena. There are therapy clients whose beliefs encompass the paranormal; these have to be treated with respect even when the therapist does not share them. But many art therapists do share such outlooks, or at least keep an open mind on the matter, and one would expect research strategies in respect of EBP to develop from their interests. The same applies to the miraculous, another topic within this paradigm. Miracles seem to occur in a space between the spiritual and the magical. Irrespective of whether or not they actually do occur, the fact that people believe in their possibility can be a factor in therapy and therefore, also in research.

Art, Therapy, and the Moral

This paradigm assembles various moral themes scattered through the art therapy literature, embracing concepts such as personal responsibility, working on oneself, healthy mind/body - and various aesthetic concepts such as truth to form, truth to materials, praxis, art as craft, etc. It should be emphasised that the term moral as used in this context refers to only a few of the topics encountered for example, in moral philosophy. It holds to the idea of therapy as moral support however, and as well, to that sense of the word signifying distinctions between good and bad, right and wrong. For example, at the beginning of the 19th century, the asylum reformers, Pinel and Tuke, replaced confinement, which they saw as wrong, with

what was once hailed as the moral treatment of madness. Initially this was seen as right, but later as misguided. The ambiguous character of the treatment will be discussed briefly below, via Foucault's (1960) critique.³⁸ The idea was that the inmates would come to realise their fallen state - not into sin, but from their potentially 'whole' human condition - and would then do something about it. They would work on themselves. Holding together the variety of ideas in question, the notion of work in this paradigm is centripetal. From various deconstructed theories and symptom-based styles, two strands of this theme are drawn out of the original fabric of art therapy and here woven together. These are: sublime work in art, and the work of self-discipline and self-understanding in therapy.

The focus on work is justified by tradition; terms such as 'artwork', 'work of art', and more recently, 'the working of the work of art' (Heidegger), are commonly employed throughout art criticism and history. As well, in the psychotherapeutic literature, the notion that one must 'work through' (Freud) one's problems, perhaps in group-work sessions, has gained unquestioning acceptance not only within psychodynamic practice but also in humanistic, person-centred, existential and behaviour-modification models of therapy. Thus in this discussion, the notion of work (play will be explored below, p.212ff.) as a value in therapeutic contexts, will be examined via its moral, as opposed to e.g. socio/political, connotations. Obviously the latter do have had a part to play too. One is aware for example of Parsons' (1977) observation that as social actors people construct significant aspects of their identity through their work, indicating the depth of meaning attached to what might seem to be mere employment. However here the focus is more on what Whyte (1997³⁹) describes as 'the joy of work', in commenting on how, at the beginning of the modern period, this is compromised by consumption. He notes:

'...a telling distinction between the artisanal romanticism of Ruskin, Morris and the British Arts and Crafts movement and the consumerist position of the (German) Werkbund. Whereas, for Morris, the joy in work lay in the relation of the workers to the object that they themselves produced, the theoreticians of the Werkbund shifted this joy towards that of consumption.'
(p.18)

Familiar enough constructs in, e.g. sociology, or occupational therapy - work, consumption, and occupation comprise an area of tacit knowledge within art therapy that requires further explication.

Some of the ideas to be explored have their origins in ancient philosophy and theology. One can gather from the writings of the Stoics - Seneca, Chrysisipus - and from the spiritual exercises devised by leaders of the early Christian Church - St. Anthony, St. Augustine - that working on oneself, i.e., controlling the passions, has always been driven by a moral as well as a spiritual imperative. The aim of the ascetic regimes they initiated was to liberate the soul from the distractions of desire. This was because the body was seen in Christian theology as the prison of the soul, its mortality the living symbol of earthly corruption, diseases of the flesh being symbolic of moral failure there being no boundary between sin and disease in early Christianity.⁴⁰ Thus the flesh had to be controlled by asceticism, i.e. by the moral

disciplines of restricted diet and sexual abstinence, alongside the spiritual disciplines of worship and prayer. Freud's emphasis on working-through can be understood as a secular application of similar disciplines. Other echoes of the desert fathers' expertise in the psychology of temptation and its management, might be heard today in some areas of contemporary art therapy theory and practice. Although Western medicine has made continuous attempts to separate health from the moral in psychotherapy the two are still linked. For example, Johnson, (1998) in discussing Winnicott's transitional space - refers to what he calls the 'arts/playspace' as a moral space: its morality derives from the 'constraint against harm', one of its defining conditions. This constraint against harm is not there to censor whatever may appear in the mind (or on the paper) e.g., an evil intention. It is not linked with the suppression of the evil intention; rather, the moral constraint exists simultaneously with the representation of evil/pain. The canvas, the dance, the song, the drama and the poem, reveal the evil that could be chosen, but is not - like the assent that could be given, as a 'second movement', to the tempting images assailing St. Anthony in the desert, but is not. As its essence, for Johnson, the constraint against harm is the transitional space; and the client's work/play can be defined as the intermission of a moral constraint (p.94).

The other set of ideas in this paradigm connects the moral with aesthetics⁴¹. The connection can be made at every scale, from architecture to abstract art. Latour (1979) looks at how technical artefacts can be moral agents⁴². He analyses the role of these *actants* (his term) as 'lieutenants' for moral authority. However, as moral artefacts they resemble in some respects the powerful visual images prominently displayed in churches, made to de-monstrate and confirm God's omniscience and omnipotence⁴³. These sermons in stone, or lieutenants, be they bridges or religious statues, are, in this paradigm, examples of morality imbued within made objects. In therapy the made object may be giving a moral message to its maker. Despite Schaverien's helpful notion of 'embodied' images, and Dubovsky's discussion of tools⁴⁴, and more peripherally, occasional references to Stokes' writings on 'Form' in art, this is an underdeveloped theme in the art therapy literature, including the North American literature. McNiff, discussing the influence of 'auras' within art therapy, almost in passing notes the lack of technical skills possessed by many art therapists. Explaining art therapy's lack of attention to craft he offers a solution: '...The importance of craft in art therapy can be addressed simply by acknowledging its place and how it determines expression' (1995, p.303), but does not explain how this is to be done. It was another American art therapist, Allen (1992⁴⁵), who instigated an important, and acrimonious, debate in calling for resistance to what she described as the increasing the 'clinification' of the profession:

'...a process where art therapists gradually cease making art as clinical skills become the primary career focus' (p.22).

She proposed an 'artist-in-residence' model for the art therapist working within the clinic, whose art skills, as well as inspiration, would be a conspicuous feature of the practice.

One difficulty with moral approaches to healing is that whereas the notions of moral lieutenants or constraint against harm (as mentioned above) and working-through - are benign with respect to the client's position, from the therapist's position, there are often issues around 'power' to be taken into account. Even when well intentioned, certain approaches to treatment harbour hidden agendas, Foucault's celebrated critique of asylum reform providing a mini case study of this phenomenon. It is relevant here because proto-art therapy emerged at about the same period as the reforms, and was affected by them⁴⁶. When in the early 19th century Pinel in France and Tuke in Britain instituted their asylum reforms, creating a 'rupture' in the understanding of what Foucault (1961) calls: '...that dread disease which seems created to humiliate human reason.' (*Ibid.*, p. 141) - by replacing confinement with moral treatment of the mad, the inmates' personal identity, of a sort, was restored. It would seem that in moving against the blatant stereotyping of inmates, the providers of moral treatment did recognise and respect the existence of individuality, despite its not being constructed around work of any sort. But issues of power were obscured in the celebration of this reform, according to Foucault's critique. He is suspicious of Tuke's philanthropy. He sees the Retreat as serving as an instrument of segregation - moral as well as religious segregation - from the dangerous amoral and irreligious community outside its walls, which could corrupt the vulnerable patrons within. In the protestant religion's tradition of the moral, individual salvation is the responsibility not of any institution (the Church) or agent (the priest) but of the soul's owner. Similarly, individual (mental) health was the responsibility neither of the asylum, nor of its superintendent, but of the patient - whose treatment would be effected: '...as much in Work as in Observation.' (Tuke, in Foucault, *Ibid.*, p.146). Their doctors and keepers imposed on asylum inmates moral responsibility for their own mental health.

There are faint echoes in Quaker philanthropy of the earlier Catholic notion of the madman's condition being attributable to demonic possession, and thus susceptible to the rites of exorcism. Here reason, a natural state of mind - is 'possessed' by irrationality⁴⁷. Reason, as the natural state of human existence, must be restored. Religion could play the moral role of nature: 'the ...concrete form of what cannot go mad. Nature is not mad. On the contrary, it indicates the presence of reason in madmen' (p.143). In Foucault's reconstruction, mere violence against the incarcerated, including prisoners, was replaced by power founded on detailed knowledge, routine investigation, and regulation. Experts are recruited - psychologists, neurologists, social workers, as well as criminologists, judges, jurors and gaolers - technicians of the *psyche* as well as of *physis*, (the physical body). According to Foucault, Tuke substituted for: '...the free terror of madness the stifling anguish of responsibility; fear no longer reigned on the other side of the prison gates, it now raged under the seals of conscience.' (p.145) As a result, the replacing of cruel confinement with restraint through fear annuls the moral intent of the reforms.

It was within this compromised scenario that the early moral treatment of madness became linked to art, via physical work, as well as via the artistic activities in occupational therapy departments, which, at the time, were primarily concerned with various aspects of patients' working lives. The idea that work can be virtuous, informs strands of thinking in art and aesthetics (c.f. Harrison, 1978). This virtue can be betrayed: c.f. early Stokes (1961) for whom 'modelling' is inferior to 'carving' in painting as well as sculpture. (Later however, he moulded his Kleinian psychoanalytic and his aesthetic theories together to find an equal place for each.⁴⁸) Work can create freedom: rehabilitating the Nazi slogan: *Arbeit Macht Frei*, in his fictional study of 'sublime' work, Primo Levi's (1999⁴⁹) hero, Faussore is an exemplary homo *faber*. His listener reflects at one point: '...freedom' notoriously has many meanings, but perhaps the most accessible form of freedom, the most subjectively enjoyed, and the most useful to human society consists of being good at your job and therefore taking pleasure in doing it.' (p.139) Rehabilitation through moral craftwork - as opposed to sublime artwork - that gave pleasure to its makers, was an aim of early asylum occupational therapy⁵⁰, This was practised alongside rehearsed reengagement with real work, in the Industrial Therapy Units in many hospitals, throughout the first half of the 20th century. It is worth noting that although relationships between work and healing emphasise making as the therapeutic agent, such making tended to be separated from domestic tasks. Helping patients to manage housework, the productions of meals, clean clothes, payment of bills, etc - all required to maintain the balanced household - were, within the occupational therapist's remit, separate from industrial work, craftwork and artwork.

However, in this art therapy paradigm, moral approaches to healing through art are principally related to art as the sublime work that has always been part and parcel of the artist's repertoire. The moral and art are linked via sublime work in a number of different ways, ranging from the artist's attitude to subject matter (c.f. Podro, 1999) e.g., art as form, art as praxis; to the artist's 'truth to materials', or to dedication to his/her *techné* (c.f. Heidegger, 1971), and to the medium. This conjunction of the aesthetic and the moral is often epitomised in discussion of craft, e.g., of Shaker artefacts. As Hill, (1998⁵¹) observes:

'...At its best...Shaker craftsmanship represented an unrivalled - if unconscious - achievement, the successful resolution of the great 19th century preoccupation with the moral aspects of design. The Gothic Revival and the Arts and Crafts movements on both sides of the Atlantic tried to find principles that would imbue architecture and the artefacts of everyday life with universal value...The Shakers found the elusive quality their contemporaries admired in medieval art: humanity without individualism. They could not forget style, but they were truly forgetful of self.' (p.18)

Or the making of artworks may involve the artists' dedication to its own processing; as in e.g. Albers' approach as described by Gage (1993⁵²):

'...One of the hallmarks of Albert's art was its meticulous attention to technique...he made a practice of recording the precise identity of the pigments employed, as well as the principles of formal construction, on the back of each support. He came to regard any mixtures as destructive

of colour and light, using pigments direct from the tube, and sometimes, as in his last *Homage* of 1976 waiting until he could find the right colour not just from the same manufacturer but even from the same batch of paint.' (p.276)

The elevation of this trope within art to its *raison d'être* challenged art's traditional representational/expressive functions. These had become dominant through the traditional bias towards representation and symbolism in Western art, at the expense of medium, of process, of play. (Compared with Chinese ceramics and Japanese printmaking and even packaging).⁵³ In art history/theory it was not until Stokes, referred to above, began to write his criticism from the standpoint of the artist, with its necessary emphasis on the medium, and Baxendall examined the material aspects of art's production, that this particular moral dimension of art came into prominence in the 1970's. Baxendall's books, on 15th Century artists' knowledge-base (1972), and on the materials and processes of sculpture offer valuable insights into art-making that can be read with benefit by art therapists. One example is his paying attention to the difference between the front and the back of a limewood *St George* - the front a florid filigree of pattern and design and the back like a hacked Kiefer piece,⁵⁴ (in Barker, 1998).⁵⁵

Notwithstanding Foucault's critique above, 'the moral' remains one of four generic models (Brickman *et al.*, 1983) identified in current psychotherapy practice.⁵⁶ In the contemporary moral model the patient is still held accountable for cure, though now in a secular framework. It is up to him/her to take action. Examples of this approach are Albert Ellis' Rational Emotional Therapy (RET) groups. More recently, there has been a growing interest in Csikszentmihalyi's notion of 'flow' which also embraces a moral attitude - but it is more appropriate to discuss it in the psychological paradigm (see p.206). Summing up, the moral paradigm provides scope for research into neglected areas in art therapy. It cuts across a number of different theories and styles - because all art has to be made - irrespective of the psychological theory that engenders it, or the style, the context, in which it is practised. The making always involves work - sometimes this turns out to be sublime work. The therapeutic potential of making as something encompassing both creativity and compulsive doodling is yet to be fully explored; the above discussion merely maps the terrain opened up by friend's observation that the aim of psycho-therapy is to enable people to love and to work.

Art, Therapy and the Educational.

In this, a satellite of the moral paradigm, therapy is seen as nuanced education in living. It is a two-way process - the therapists learns as much from the client as the client from the therapeutic situation. Casement (1985⁵⁷) illustrates:

'...how patients lead the therapists back to what he already knows - or further on to what he still has to find and understand.' (p.217)

For the client, therapeutic healing here is directed as much towards making-whole, as it is towards curing illness; that is, it is as concerned with making relatively well people better as about making ill people well.⁵⁸ Healing as learning is related to art as communication, as self-reflection, as rehearsed, as play. Nuanced learning functions in differing epistemological and ontological spaces. It ranges for example, from person-centred understanding of, and modifying of, a client's unwanted behaviour - to engagement in solemn explorations of existential aspects of the approach of death in palliative care - to confronting painful aspects of early childhood, in psychoanalytic art psychotherapy. It is practised at individual, family and group levels and even at institutional levels in certain organisational dynamics models - c.f. Lord Alderdice's engagement in the Northern Ireland Good Friday Agreement⁵⁹. Once again the paradigm will be introduced via a brief developmental narrative, since it has a complex set of histories.

From the profession's beginning, alongside helping clients to learn to live, through psychological processing of problems, those art therapists who were also teachers began to use, in therapy, their pedagogic skills and attitudes: care, patience, a degree of selflessness, etc. They had to learn not to instruct the clients, and to listen rather than to speak; to facilitate rather than criticise. More importantly, in engaging with clients via art-making, they learn to draw on a resource not available in every society, the client's own education in art. Art education is taken for granted, but its place in the mainstream curriculum is precarious. Drawing, and reading drawings, is a socially constructed facility, as discussed in Chapter 9 above. What is socially constructed can be deconstructed, for example by hostile or ignorant government policies. Art therapists' expectation that their clients will be able to draw naturally is dependent on the continued provision of committed child-centred art education. Stimulated by Dewey (1934) and later Read (1943), for example, during the 1960's and 1970's, art became just a normal part of the school curriculum, like English language or physics. Now its provision is changing; although children still learn to make art from parents, siblings, TV, and of course, teachers, there is no guarantee that adequate provision will continue in their schools. Will art once more become an elitist pursuit? A dissertation on art therapy in South Africa demonstrates dramatically that drawing and painting skills taken for granted in the West have to be acquired; in the absence of art education, adults in their twenties still attending schools in the bush, found representational drawing extremely difficult and frustrating.⁶⁰

The history of art education overlaps the history of art therapy in a number of significant ways, as Waller has pointed out (1991, 1998) Significantly, almost all British Art Therapists are products of the child-centred art education system that developed out of modern artists' quests for the 'roots' of artistic creativity in the 1930s and 1940s. This they found in children's art, as well as in naïve, primitive and untutored art-making, including visionary and psychotic art - or as it was then called, the art of the insane. This they imported into their own art-making (e.g. Klee, Dubuffet). The formalised teaching of art in schools, instigated in the 19th century by inspired teachers such as Thomas Ablett⁶¹, Catterton Smith⁶² and

Corrado Ricci⁶³, who with their followers, carried educational reform forward into the 20th century, had constantly to fight prejudice and inertia.⁶⁴ Against their ideas, differing kinds of objection were put forward. As just one example, Durkheim (1974⁶⁵) assigned the teaching of art and literature only a secondary and accessory role in what he called 'moral education'. He recognises the healing power of art in its role in consoling and turning people away from themselves and agrees that when we are under the influence of a strong aesthetic impression, we give ourselves completely to the work that evokes it. We cannot tear ourselves away from it, we forget ourselves, but:

'The domain of art is not that of reality... (p.269) The artist's world is the world of images, and the world of images is the world of dreams, of untrammelled mental play...From this point of view, there is genuine opposition between art and ethics'. (*Ibid.* 271)

He therefore concludes that

'Art is a noble form of play: it is morality extending its actions into our hours of leisure and marking it with its own character' (p.273) But: 'In itself, leisure is always dangerous. (*Ibid.*) Thus: 'Art does not contribute to the formation of moral character.' (p.274)

Despite such reservations, the revolution progressed and by 1930 had interesting champions, one being Barclay-Russell.⁶⁶ He argued that education through art is a natural means of learning at all periods of the development of the individual. It fosters values and disciplines essential for full intellectual, emotional and social development of human beings within a community.⁶⁷ In a lecture of 1936 he refers to both Freud and Jung in this context, providing an appendix containing a long quote from Jung's essay on 'Contemporary Events':

[The truth that] '...a synthesis and explanation of the visual beauty of nature through art is an absolute need of human experience. It is achieved in the realm of the unconscious mind by intuition processes. Reactions and absorptions from the environment which go on continually can only be resolved through some form of expression. In doing this, man finds a completion of one kind or another and fulfilment of personality which stabilises the emotions and enriches them and releases the imagination for further experience'. (In Barclay-Russell, 1983. p. xii)

Another early art educator who championed the therapeutic power of art was Florence Cane, the sister of the pioneer American art therapist Margaret Naumberg. She entitled the last part of her book, (1951, p.305-358) aimed at art educators, 'The Healing Quality of Art'. In earlier chapters, a technique parallel to Jung's 'active imagination' is described. She brought spiritual as well as moral ideas into her teaching, often reading passages from the Bible to stimulate her students' creativity. As these examples may indicate, during the first half of the 20th century, slow but steady progress in recognising the psychological benefits of fostering children's artistic creativity took place, providing by chance, a foundation for art therapy. However, the emphasis in mainstream art education on representation and design - as opposed to what might come under the heading of expression and emotion - signalled an imbalance that manifested itself in both of these contexts, this despite the work of Richardson (1948) and Robertson (1963), among those writers on art education who did take emotion seriously.

Between the 1960's and the 1980's, practitioners trained in both art education and art therapy made links between art,⁶⁸ art education, and art therapy. In 1970 at the INSEA Conference, Margaret Naumberg presented a paper, basically a case-study, titled: 'The need for a Deeper Psychological Awareness for Art Teachers'. She made a comment that exemplified the then current position:

'I am fully aware of the continuing hesitancy and even anxiety, of most educators...concerning the procedures of what many still find threatening in the psychology of the unconscious [they have not been] helped to understand their own unconscious responses to life, nor been trained to recognise how the unconscious is the fundamental source of their student's creative art expression'. (unpublished conference handout)

This neglect was identified not just in education in schools, but in other educational sites too, e.g. within the caring profession, as noted by Ernest Harms - the first editor-in-chief of *Art Psychotherapy*. The Journal reprinted a posthumous paper⁶⁹ that traces relationships between emergent art therapy and occupational therapy:

'...Our one-sided intellectual conception of development and learning overlooks much of what goes on in the growing human mind in the first two decades of life. [Various authors] have contributed considerable insight into the stages of cognitive development, the pathological, to the field of art psychotherapy. Occupational therapy in its conventional form has badly failed these tasks because it has taken mainly the aspects of technical learning in its frame and not the curative impact on the psychopathic learner' (p.192).

There were other champions of the educational and emotional value of art, e.g., Petrie (1946), who recognised the importance of the unconscious as indicated by her references to Freud, Jung and Adler; (who also refers to Piaget, 1929 and Read's seminal *Education Through Art*, 1943). She felt that: 'There should be a visiting psychologist attached to every school as well as a school doctor.' (p. 56), but asks (p.57): How can art serve psychology? She refers to Helga Eng (1931) and looks at art as diagnosis (p.81). She sees art as a 'wholesome purging of the system' But she also recognises the potential of rehabilitation through direct contact in art, in particular: '...with the cosmic principles of light, colour, rhythm, balance, form and the rest, in their greatest possible isolation, which has the healing, calming and restoring effect'. (p.84) She believes that: 'Nature...supplies the means of healing the soul through the media of art...' through as well '...the soul as well as the body has links with the animal and vegetable kingdom' via art's media. (*Ibid.*) Her book was one of a number that influenced art therapy's pioneers, appearing at same time as Adrian Hill's *Art Versus Illness* (1945) and her 'regeneration' thesis makes a vivid contrast to Comfort's (1948) 'disintegration' thesis in their differing responses to the horrors of World War Two.

In Britain, several of the first course leaders came into the field of art therapy via art education departments in various institutions, for example Edwards (1976), and Waller (in Dalley, 1984⁷⁰), who refers to art therapy as a 'specialist form of psychotherapy'. She argued that because both art education

and art therapy not only develop capacities for effective artistic expression, but also may contribute to personal well-being, it is important to distinguish how their approaches differ from each other. She notes that a leading art educator, Lowenfeld (1987) had pointed the way toward a form of therapeutic process, specific to art education that neither interprets symbols, nor involves a diagnosis. He believed that the motivation used in art education therapy differs from any other art motivation, only in degree and intensity and not in kind.

She draws attention also to the 1982 Gulbenkian Report's recognition of the need for art therapy in schools, comparing 'non-directive' art therapy and 'child-centred' art education, and as well, person-centred art therapy. As she observes;

'...at one end is that aspect of art therapy which is really a specialist alternative form of psychotherapy...at the other end...is that aspect of art education...which does not pay attention to the psychological development of the child or adult and especially not to his unconscious mind. There seems to be a point around the middle where art therapy and art education overlap.' (p.9)

(Her chapter in Dalley *et al.*, 1987, looks at the other side of the picture; the training of art therapists.) Debates about the education of feelings in schools have been taking place ever since the beginning of the 20th century. Following Dewey (1934), its place in education gained strong philosophical support with the appearance of one of the texts that influenced many pioneer art therapists, Susanne Langer's *Feeling and Form* (1953) where the author holds that art's function is to give 'form' to feelings. The work of Howard Gardner and other researchers from Project Zero at Harvard University constitutes another area of overlap, for example through his exploration of multiple intelligences, including spatial intelligence. Although the ideas of the educators, noted above, would fit into a number of different paradigms, in terms of their psychological basis - they belong together here, because of their position *vis à vis* 'art' - their valuing of art-making as an agent of beneficial change.

As well as their espousing mainstream education through art, they also bring up a parallel with how university level art students are taught and learn. The art educator has the task not only of inculcating knowledge and understanding via a curriculum, but also of helping to foster and shape the unique creative personality of the individual student. This means starting with what each brings in terms of motivation and experience, as well as talent. The students produce images, designed to enter into the (semiotic) dialogues of current art-world pre-occupations, but they are also expected to develop their personal style. Although the postmodern art student may be encouraged to appropriate a variety of styles for the purposes of pastiche, quotation, etc., each must do this in their own way. The point where education and therapy overlap here, may be that identified by one of art therapy's pioneers in Britain, Arthur Segal - a painter with associations to the Blue Rider group. He thought that the laws of psychological functioning and of art are linked - a valid art experience is highly integrative, thus therapeutic (but see Wollheim

above, p.145).⁷² By 'a valid art experience', Segal may have had in mind the spiritual dimension Klee had brought to German Expressionism via the Blue Rider group. Half a century later, the emphasis has shifted, Klee hangs alongside Damien Hurst, whose work seems to demand as much a cognitive as an emotional response.

The other educational effect in art therapy takes place in processing the image once it is made. Here, the emphasis is not on interpretation, so much as on the co-creation of meaning through rumination and discussion. Because the talking-cure, whose strategies were adopted by art therapists, was really the listening-cure, listeners have had to make sense of endless stories, Spence (1982) being one of the contributors to the analysis of the structure of such therapeutic discourses, in terms of their 'historical truth' versus their 'narrative truth'. According to critics of classical psychoanalysis, the original freedoms offered by clients' story-telling was undermined by the auditor's (the psychoanalyst's) alleged propensity towards foreclosure and reductionism. As in this education paradigm, the therapist does not necessarily interpret stories, or to teach the client what is right/wrong - but reflects back, as well as the story, the narrator's tones of voice, points of view, patterns, habits and other structural features of narrative, so that the client hears/sees him/herself telling it. Such story 'enactments' (Parry, in Wachel, 1982) developed out of the 1960's social experiments in group sensitivity training (T groups). Initially, idealistically motivated groups set themselves up; members were attracted by radical decisions to meet without an agenda or a leader. In theory, a set of norms would emerge. Here the emphasis was on verbal, sometimes brutal, if honest, discourse. Anti-insight, as contrasted with psychoanalytic hermeneutic forms of therapy were practised, sometimes within corrective emotional experience frameworks, as in EST groups, where incidentally, mockery and insults were commonplace. As theoretical perspectives were modified, the later models proposed 'enactments' rather than critical/aggressive talking. Different schools emerged: Perls (1972) held that one changes one's thinking by acting differently. In contrast, Bateson (1972) held to a theory of knowledge, rather than a theory of action. Actions change as a system's epistemology is changed: e.g. in a family, if the members thought differently about one another, they would act differently. This is not just an intellectual repositioning; change comes about by challenging the truth claims of stories purporting to be how things are. Therapeutic approaches on the moral/educational paradigm cusp include those derived from Stoic philosophy, for example Ellis' Rational Emotional Therapy and of course Behaviourism (Skinner), as 'forced' education. This however involves the placing of cognition over and above emotion. Its current manifestation is Beck's cognitive behavioural therapy (CBT). As Crichton (2001⁷³), puts it:

'...Before Beck, negative thinking was regarded as a symptom of an emotional disorder, such as depression. Beck suggested...it is cognition that causes depression, anxiety and personality disorder. The job of the therapist...is to get the patient to have positive and healthy thoughts...'
(p.14)

Although successful in practice, Crichton enumerates flaws in the linear cognition-causes-emotion hypothesis, seeing them as interdependent, the position held here, as in Chapter 5, and Chapter 21 below.

In psychotherapy, learning may occur at more embodied levels of experience than cognitive understanding. Stories are told with feeling. In these therapeutic approaches, emotions and their expression are rendered visible as acts of persuasion. Normally, to comment on expressive behaviour is discourteous, except with intimate friends, family, etc. - and with therapists. So therapists seek to unmask tyrannies held in place by polite, subservient acquiescence. The victim in the family for example, learns to perform his/her own emotional acts of persuasion, as well as to verbally contest the pathogenic *status quo*. This combination of cognitive and enacted performances including image-making, is a powerful educational tool responsible in some measure for the shift from modern to postmodern structures of who we are. This is because demeaning in-built metanarratives were first challenged in the therapeutic arena, for example, in gay, lesbian and feminist's repudiation of the paternal features of early psychoanalysis. The above is a sketch of a paradigm where, by adapting the therapeutic contract to acknowledge that familiar therapeutic processes - clarification, linking, reflecting, interpreting - aids to understanding that can lead to beneficial change, are means whereby clients can learn to live differently.

Art, Therapy and the Social

This 'social' paradigm is comprised of interwoven relationships between the metanarratives of art, therapy and the social institutions concerned with health and illness⁷⁴ at one level, and the personal experience of the therapist's/client's communication and expression, at another. The social construction of health and illness is seen as related to art as discourse⁷⁵. However, the topic of the social construction of the visual - along with the vicissitudes of art's reception, has been explored above, so this discussion will make only a few extra points about the art in art therapy. It will focus rather on how the social impinges on therapist and client - at personal and institutional levels.

To start with illness, and particularly the kinds of illness encountered by art therapists, usually treated by medication⁷⁶, it was Berger and Luckmann (1966) who first brought to public attention concerns within sociology about the validity of accepted views of illness and health. From their background in Frankfurt School philosophy of social sciences debates about the task of sociology, they were able to apply phenomenological strategies of interrogation to everyday life. These included their questioning current assumptions about mortality and illness, showing - against the grain of biological explanation - that these varied by social class. This social constructionist approach to illness and health took the position that powerful 'strong-selves', such as members of the medical profession, impose on powerless 'weak-we's',

that is, the lay population, value-laden judgements about their conditions of health/illness.⁷⁷ In his *Sociology of Health and Illness* (1994), Jones, posits three such models of health and illness:

- The biological model, (e.g. oppositional medicine, ambush medicine)
- The Magico-Religious model, (supernatural healing)
- The harmony or balance model, (homeopathic medicine, immunistic medicine)

In the social paradigm, art therapy does not reject those per se; rather it brings new notions of agency, of the client's own creativity into the picture as well - and the client's responsibility for his/her own health.

Therapists working within the paradigm take their reference points from the performance of individuals, including themselves and their clients, acting in what have been called conventional, self-referring and self-validating roles. The discussion aims to place art and therapy within the *logos* of the social; however all of art therapy is social in the sense of its being produced within language, customs, rules; and within social institutions. As Bourdieu (1993⁷⁸), states:

'...all knowledge of the social world, is an act of construction implementing schemes of thought and expression, and ...between conditions of existence and practices or representations, there intervenes the structuring activity of the agents, who, ...respond to the invitation or threats of a world whose meaning they have helped to produce.' (p.467)

These relationships between the actors, their conditions of existence, and their practices and representations - structured by the actions of these agents - are produced in the real world. Bourdieu points out that this world is not an idealist system of universal forms and categories:

'...but a system of internalised embodied schemes, which having been constituted in the course of collective history, are acquired in the course of individual history and function in their practical state, for practice.' (and not for the sake of pure knowledge) (*Ibid.*)

Bourdieu was researching French bourgeois taste, undertaking a huge survey of the topic between 1967-1968. He found that different aesthetic choices are based, not on universal standards, e.g. beauty, taste; objects of suspicion for art therapy from its beginnings, but on distinctions and oppositions. The advantage of considering art therapy as socially constructed in this practical way, is that the structuring activity, at its microcosmic scale, where client and therapist respond to a world they have helped to produce, gives it its unique lineaments. For example, this paradigm questions the supposition that it is the non-directive features of art therapy and its non-verbal aspects that define it, by acknowledging that its structures are both 'directive' and 'verbal' in practice, in ways that can hardly be conveyed for example, in writing up case studies. Thus although individuals engage in practising and constructing art therapy, their acts are made sense of within a discipline whose parameters (*habitus*) are determined also, in part, by the policies of social institutions.

What then are social institutions? Rather than thinking about them as solid entities, it may pay to think of them as performed, as interconnected, and as collective goods. Social institutions are conventional - that is, they are different, in different societies. To illustrate with an example familiar to art therapists, Kutsch (1998) describes the 'group' as a social institution; what makes a person a member of a group is the treating that person as a member, and that person believing that he/she is a member. The groups are self-referring - held together by mutual beliefs - and are thus self-validating. Within them, health, illness, gender, race, wealth, poverty etc., are all 'performed' by group members. Performances can be interchangeable: illness performs health and vice-versa, masculine performs feminine and vice-versa, poverty, if it can, performs wealth and vice-versa; white performs black and vice-versa. However, performance meets resistance in certain charged situations, for example, to stay within the field of health/illness, in the activity of a gynaecological examination, studied by Emerson (1970). As she observes of the peculiarity of the roles taken up by participants 'The gynaecological examination...merely exaggerates the internally contradictory nature of definitions of reality found in most situations...where the dominant definition is occupational or technical...' (p.91) Although they are indeed technical, gynaecological examinations, have a secondary theme, of a sociality that must be implicitly acknowledged. So in the performance of the examination, certain roles regarding looking, touching, speaking, are tacitly prescribed.

Billig *et al.*'s (1988) notion of 'repertoires' may be useful to illustrate how contrasting discourses alter mutually co-existent as well as competing accounts of such a reality - that exist by virtue of their relation to each other. One can visualise the difference between the doctor/patient discussing 'flu', versus their discussing the mechanics of the gynaecological examination. This, as well as their internal construction, helps to theorise repertoires, as they are played out within the social practices that give rise to them. Here, emotion, feelings and displays of embodied judgements, on matters of 'morality, aesthetics and prudence', occupy their place in unfolding episodes, to be analysed as something like conversations. Here, emphasis has shifted from the interiority of the individual, as articulated by modernist psychology, to his/her repertoires, to be studied via the social sciences, rather than psychology. Rule-following, fitting-in with cognitive ontology, appears in different guises: as scripts, grammars, repertoires. Individual repertoires can include for example, the nauseous client's sick role (Parsons, 1949), the pregnant client-in-therapy role, the manager role, the parent role, the artist role, the gynaecologist's patient role, and so on. (As was the case with one of my clients, a pregnant artist/art therapist, the mother of a young child, who managed a therapeutic unit.) There is a contrast to be made between those interlocking roles for women and similar repertoires for men. Media speculation that men are so unused to any equivalent to the gynaecological examination, that they become vulnerable to diseases such as prostate cancer, through embarrassment, will probably be backed up by research. There is no particular repertoire for the male governing the detached intimacy of those procedures, nor is there a repertoire,

other than 'dirty' talk equivalent to that managing menstruation in a girls' development, for understanding the mechanics of male reproductive processes. For girls, roles and repertoires exist in a gamut ranging from examinations in the doctor's surgery, to displays in the chemists' shop, to notices in public lavatories and as well, discreet TV advertising of 'sanitary' products - arenas where all the performers have learnt their cues and know their roles.

These roles and repertoires interact with one another as forces acting at different points in a web of institutional and personal relationships. Several different roles can be at play simultaneously. This means that what goes on in therapy for example must be understood in synchronic (harmonic) as well as diachronic (melodic) terms.⁷⁹ Here the interfaces between psychology (our emotions) and sociology (language as a social construction) are constantly contested.⁸⁰ Philosophers such as Rom Harré (1994)⁸¹ argue that the emotions (of the kind dealt with by art therapists) are socially constructed too. They are only meaningful in specific contexts, i.e., they need contexts and even props. Performing a cold requires tissues and Lemsip as well an apologetic hoarse voice on the phone, eliciting pity and excusing absence. Furthermore some emotions have dropped out of use, others have become gendered, and there have been historical changes in the referents of emotion words, for example, the word 'emotion' itself:

'From a word for the agitated behaviour of a crowd as one might see it from an elevated position - that is, people running around - it came to mean extravagant individual behaviour of an emotional kind. By the end of the eighteenth century, it had started to take over some of the work of the old concept of sentiment in that it began to be used to refer to bodily feelings. By the mid-19th century, bodily feelings were becoming dominant in the meaning not only of the word emotion itself but also in many of the words in the common emotion lexicon.' (p.153)

In other words, emotions have a history - like perspective above. According to the older ways of thinking, there are only a few basic emotional states of the individual, e.g. love, hate, fear. But within this revised model, emotions as felt physiological reactions to environmental stimuli, bring an ineliminable cognitive element into play also. Not endemic 'anger' or 'chagrin', but moments in which one is 'feeling annoyed' or 'displaying joy' in particular circumstances in a definite cultural setting. Which emotion persons take themselves to be experiencing, depends on what they think the situation is, in which the emotion is being experienced. In this model the art therapist must enquire into the functions of specific 'emotion feelings and displays.' Harré & Gillett (1994), in their critique of the notion of 'roles', hold that in discourse psychology, these feelings and displays are psychologically equivalent to statements. They are seen as embodied expressions of judgements seeking to accomplish social acts. So in art therapy, although emotional feelings are private or *sotto voce* judgements, the made images *are* emotional displays, judgements, acts, rather than representations or expressions of them. The emotions are thus rule-following, rather than psychologically driven, so instead of 'role' in this model, one would use 'position as a speaker', rules becoming 'narrative conventions'. The authors prefer the term 'psychological symbiosis' to the more forceful 'interjection' to account for how the repertoires are installed. They prefer,

that is, Vygotsky's notion of appropriation: of taking what is needed for the job at hand, from the public conversation.

Some of these ideas can be illustrated obliquely, via a mini case study, of the 19th century discourse on madness referred to above. The pertinence of this model derives from the fact that the social institution of the 19th century asylum was one of the sites of the development of proto-art therapy. Roles and repertoires were played out in the power relationships that characterised asylum life. These constituted a significant evolutionary force in the history of the art of insanity, but the power relationships that were at work are problematic. Normally, they would be understood as existing between two groups of social actors playing their roles; the individualistic, self-actualising, 'strong-self' roles, typified by the psychiatrists and their medical establishment colleagues - set against 'weak-we' identities of the marginalised and oppressed, typified by the patients. For the latter, local, 'tribal' identities, sustained by solidarity, were deemed to be sufficient for survival (Benhabib, 1952). The criticism is made that the concrete particularity of the latter's particular identity, projected via their roles, is lost when enquiry is organised under strong-self categories. The art that emerged from these sites has been categorised via various definitions, such as outsider art, art extraordinary, raw art. These definitions self-evidently originate from the power base of the social institution, not from the weak-we side of the patient/artist/actor who presumably thinks of the work as just art or recreation. However the potential for these weak-we actors of defining themselves as strong-self agents, through their survival strategies, based on their capacity to create meaningful images and objects, is an example of performance reversibility that was to inspire art therapists as well as artists. But the art-making was contingent, located in specific times and places, and such contingency led to unclassifiable diversity. Classification within the art world only became possible with arts' own diversification at the beginning of the 20th century. Its new modernist *habitus* could accommodate 'outsider' art, though not all of it; surviving collections betray highly selective judgements on the part of their creators.

Of course the strong-self individuals who wrote about, collated and curated the works were sympathetic to the weak-we individuals who produced it, their imaginative identification with the artists and their works make this discussion possible. There is however a danger in such identifications being based merely on unreliable empathy, related to the dangers inherent in 'word-picture' definitions of lesbian, black, poor, (see p.158). Individual identification with the other, cannot be counted on to underpin fully social, (or political) relationships between strong-selves and weak we-s. These require that discursive relationships be based on the recognition of a concrete other, as well as on reciprocal relationships with the generalised other denoted by the word-pictured patient, client, and outsider. In other words, discursive relationships should be based on genuine reversibility, within limits, as is the case in professional interactions with patients. In therapy, where even when the balance of power tilts to the side of the

therapist, the institutional safeguards, ranging from regular supervision to the public protection provided by State Registration etc., help to restore the balance. Paradoxically, the artworks made by weak-we's, are for the most part, strong - and ironically, the question now becomes: are they strong enough to survive the potentially disintegrative processes of publicising, cataloguing, marketing and collecting. Here identifications may exist, but at what has been called a 'substitutionist' rather than at an interactionist level of dialogue? Merely putting oneself in the place of the other does not necessarily entail interchanges with concrete others. (Benhabib, 1952, in Hutchings, 1996). Also, could not the notion of concrete others include in this case works of art standing-in for the concrete 'other' of their makers? A further complication is that in the medical hierarchies of the time and indeed now to some extent, fellow medical practitioners, i.e. surgeons and physicians, looked down on psychiatrists. Psychiatrists too were a (relatively) weak-we group, their interest in such art probably confirming their colleagues' estimation of their lowly worth.

This description of the social construction of a genre in art therapy shows the layers of interference of one discourse with another, sometimes productively, sometimes not. Social enquiry is the study of such large-scale dynamic activity. In this paradigm, exploring practices based on independence - the client as unique author of the images; respecting the unique psychological make-up of the individual - are complemented by exploring also practices based on interdependence - the co-authored self as a product of interconnecting discourses/inter-textual practices. In practice the client's social concerns often dominate the sessions - e.g. when dealing with family groups, and a substantial literature covering these topics is currently emerging. Emphasising the differences between this paradigm and its neighbours will allow its practitioners and researchers to concentrate on the important semiotic levels of discourse that are brought into therapy and that inform art and its audiences.

Art, Therapy and the Psychological

In this study, 'the psychological' could be a context for art therapy, like the visual, rather than a paradigm, like the moral. But bearing in mind the tripartite engagement with the image-making process described above - the heuristic/phenomenological, the hermeneutic/psychological, the semiotic/social - it will be useful to explore its particular paradigmatic potential. The psychological here corresponds to the second, i.e., the hermeneutic, level of processing images and discourses - rather than to the first and third (heuristic and semiotic). In working with both the image and with the client's comments, a mixture of perceptions, feelings and emotions attends this hermeneutic process; this is psychology's *metier*. The paradigm is comprised of sets of ideas that have been formulated separately in gestalt, person-centred and phenomenological, as well as psychodynamic practice. The literature is vast, so the ideas to be outlined here are necessarily restricted. Since various approaches within psychology, at least within the context of

art therapy and psychotherapy have been discussed already (especially in chapter 15), or will be in the next chapter, this section of the study will be limited to outlining briefly areas of psychology not often encountered in the art therapy literature. Rather it presents certain psychologists' attempts to move the scientific foundations of contemporary psychology towards a relational rather than a mechanistic (c.f. Beck, above, p.200) basis, by concentrating on the study of networks of dynamic relationships..⁸² Attention is drawn to a number of works by Czikszenmihalyi (1975), Bruner (1976), Gross (1972), and Good and Still (1998)

This work can be said to have begun with those psychodynamic psychological approaches, to creativity for example, works that incorporated postmodern critiques of modernist psychoanalysis. This turn from a biological to a hermeneutic Freud, comes out of alternative readings of his works, wherein accounts of relationships between the unconscious and creativity have been construed in differing ways, some of those stemming from the work of Lacan. McDougall (1986⁸³) presents the Freudian unconscious as a theatrical scene/production:

'...Each secret theatre self is engaged in respectfully replaying roles from the past, using techniques discovered in childhood and reproducing, with uncanny precision, the same tragedies and comedies, with the same outcomes and an identical quota of pain and pleasure...' (p.7)

She goes on to say that what were once attempts at self-cure are now symptoms:

'...The resulting psychic scenarios may be called neuroses or narcissistic disorders, addictions or perversion, psychoses or psychomatoses, but they originate from our childlike I's need to protect itself from psychic suffering...' (*Ibid.*)

Another writer, Bruner (1976⁸⁴) provides a similar theatrical metaphor, one that may also be contrasted with Gross' (1971) factory metaphor, to highlight variations in these readings. First Bruner, who writes:

'...Beneath the ordinary is a drama. Each of us is a cast of characters acting out a script. Looked at carefully, our reactions to the world could be seen as the enactment of a script. It is in terms of these scripts that the surface of the experience has systematic meaning or significance.' (p1591)

He says that even if Freud's scripts were culture-bound projections of *fin-de-siecle* Vienna, for him they served as the cognitive systems, in terms of which the symbolic significance of certain events could be understood. One of the scripts or codes is the epic struggle of the ego, the superego, and the id: the ego as a free agent trying to strike compromises between '... the priggish, societal demands of the superego on the one hand and the hedonistic, lusting, pleasure principled id on the other.'*(Ibid.)* Gross (1971⁸⁵), shifts the image of the unconscious away from a sort of theatre and towards a sort of factory, placing Freud's topology within a social/industrial context in arguments derived from his close readings of Hegel, Lacan, and Deleuze and Guattari;

'...the division of labour of the psyche between the id, ego and super ego, resembles features of later state-dominated, bureaucratic, technocratic industrial society, the id as the unskilled

labourer of the psyche, the superego its overseer, and the ego its trade union representative negotiating with the bosses of the reality principle.' (p.57)

This approach to psychoanalysis is not concerned with 'the perennial re-enactment of the Oedipus story.' in Gross's view, the unconscious is the locus and agent of a production, not of an enactment, it is composed of many 'machines' each generating its own 'flow' or flux and each connected to some other machine with which it interacts. In the case of eating disorders, for example, 'whereas in infantile experience the breast is a machine which produces milk, and the mouth, a machine coupled onto it...the mouth of the anorexic hesitates between being a machine for eating, an anal machine, a machine for speaking, a machine for breathing'.

Despite these revisions of psychoanalytic thinking, its critics - Still and Good (1992) for example, hold that Freud and the Post-Freudians are radically mistaken in adhering the unnecessary notion of 'the unconscious', or more fairly, 'unconsciousness,' a shadow consciousness reliant on a dualistic view of ontology. Foucault (1967) had described the shaping of individuals by a concept of interiorised constraint, in his critiques of institutions' propensities to categorise/reduce people via labelling. His work, which can be seen as a series of histories of freezing of those labelled, for example, mad, delinquent, homosexual, has drawn criticism because of the inflexibility of his own systems, for his not acknowledging that they too are susceptible to change. In a trajectory of arguments, encompassing Schliemacher's hermeneutics, through James's stream of consciousness, thence to Husserl's *epoché* and Heidegger's *Dasein*, Still and Good propose an alternative view, empirically grounded in Gibson's 'ecological perception', allied to his 'affordances'. Its central therapeutic tool is the post-Rogerian therapeutic alliance, as opposed to psychodynamic transference⁸⁶ (although Still and Good propose Jung, Hillman and Watkins as exemplary providers of affordance).⁸⁷ Their theory recognises the senses rather than just the mind as active exploratory systems, attuned to meanings already there in the environment - so the therapist becomes attuned to the client's own meaning systems, own 'lifeworlds', (cats and people are in the same physical environment but inhabit different lifeworlds). Alongside affordances, therapy seeks to enable flow or 'unfreezing' first in the therapeutic relationship, and then in the client's social world. There is feeling of stasis at the centre of these clients' lives, a paralysis; however,

'Freezing proceeds through the imposition of categories, but these are never quite final. For resistance is possible, leading to a process of liquefaction, in which categories and the relationships between categories are loosened and the hard-won objects begin to lose clarity as they melt away. The processes of freezing and liquidfaction thus move in unison, tumbling over one another as the object is grasped, then escapes'. (Michael and Still 1992, p. 873⁸⁸)

For psychologists, such tools of resistance to constraint, as 'playfulness', to be discussed presently - and 'flow', remain vague descriptions of human propensities until they can be organised into patterns of observable behaviour. Michael and Still propose Gibson, (1979), as a possible provider of empirical grounds for such resistance and critique. Gibson's 'affordances' were derived from his insight that

consciousness is not frozen; it is a flow phenomenon. He observed that optical information from the world is not conveyed through static projections upon the retina (c.f. Descartes' perspectives, above, p.101), but from moving ones. He argued that light reflecting from an object or surface is perceived as a series of optical affordances, from the environment to the observer (Gibson 1950). Michael and Still reinforce the value of Gibsonian fluidity, in emphasising the dynamics of Circle Dance hermeneutic processes within psychotherapeutic practice - as opposed to linear Private Eye searches for a single truth.⁸⁹ They focus on relationships between the individual, the domain, and the field.⁹⁰ For example, youths equipped with skateboards inhabit a completely different domain, as they traverse the city, from that experienced by, say, a bus driver and a pedestrian. All are seeking different flow affordances as their respective fields open out before them.

In a historical context, James (1890) introduced flow into psychology (as did Bergson into philosophy) in his discussion of the 'stream of consciousness'⁹¹. He challenged the prevailing idea that consciousness starts with simple sensations and is built up, like bricks in a wall, to reach higher states of consciousness. He saw consciousness as fluid, like a stream. As Gruber and Davis (1988⁹²) say:

'James was able to capture concepts of continuity, constant change, direction, connectedness, pace, rhythm, and flow. The stream metaphor allowed James to describe the phenomenology of thought, especially its sense of its fluidity. Complex thoughts could not be built by chaining simple thoughts together. James wanted to show that connections in mind are multilinear; the stream, with its branching and complex flow, could express this idea'. (1988, p.257)

He likened contemporary psychologists to observers attempting to understand how a river functions: removing a container of water would certainly enable its water to become still enough to study, but the object of study would no longer be part of the flowing river. It would be better to find ways to pay attention to how the flowing river behaves in action. Csikszentmihalyi calls this 'attention' (*Ibid.* 1975, p.30), the process whereby information about one's experience enters consciousness, is identified and then evaluated. Attention determines what will or will not appear in consciousness; it is the filter responsible for many mental events - such as remembering, feeling, and making decisions. This is more like James' 'filter' model of attention, than the more conventional 'spotlight' model - an heir of perspectivism, where attention is directed towards or withheld from its 'objects'.⁹³

This concept of flow is central in the work of Csikszentmihalyi (1975⁹⁴), who based his research on how people felt when they most enjoyed themselves. He interviewed people who seem to spend their time on the activities they prefer - i.e. artists, athletes, musicians, chess players, and surgeons. They seem to be seeking 'optimal' experience, a state in which they are so involved in their activity that nothing else seems to matter. Such people have autotelic personalities, *auto* meaning self, and *telos* meaning goal. The autotelic self is the entity that directs consciousness and promotes flow.⁹⁵ The traits of an autotelic personality are most clearly revealed by people who seem to enjoy situations that ordinary people would

find unbearable, also, they seem able to extend flow experiences to other areas of life. In controlling psychic energy, ordering consciousness, they turn even the most ordinary experience into a flow experience. Autotelic self-contained activities are those in which the activity is the reward; that is, activity is an end in itself and is not undertaken in expectation of any future benefit.

Engendering flow as an autotelic experience, could be one of the goals of art therapy:

‘The autotelic experience, or flow, lifts the course of life to a different level. Alienation gives way to involvement, enjoyment replaces boredom, helplessness turns into a feeling of control, and psychic energy works to reinforce the sense of self, instead of being lost in the service of external goals. When experience is intrinsically rewarding life is justified in the present, instead of being held hostage to a hypothetical future gain’. (Csikszentmihalyi, 1992⁹⁶, p.69)

When information received via certain kinds of attention is in line with goals, psychic energy flows effortlessly; positive feedback strengthens the self, and more attention is freed to concentrate on the performed activity. This kind of experience, of flow and unfreezing, is present in making art; described best perhaps by Ehrenzweig (1967⁹⁷). Discussing the stream of experience, which requires unfocussed attention, he writes:

‘All artistic structure is essentially ‘polymophonic’; it evolves not in a single line of thought, but in several superimposed strands at once. Hence creativity requires a diffuse, scattered kind of attention that contradicts our normal logical habits of thinking’. (1967, p.xii)

Of course, technique is essential to art; artists have to equip themselves with the relevant vocabulary, which they control to an extent, to convey specific concerns. However, Ehrenzweig emphasises the value of those elements of attention that evade conscious control that may even set up conflicts between conscious control and unconscious impulse. The creative artist has to be capable of alternating between these two modes, and at times be adept at harnessing them together, for example, to give him/her opportunities for solving very definite tasks, or for creating new ‘potential spaces.’ Ehrenzweig says:

‘Up to a point any truly creative work involves casting aside sharply crystallised modes of rational thought and image-making. To this extent creativity involves self-destruction’. (*Ibid.*, p.xiii)

He understands that letting go of rationality allows what he calls ‘unconscious form templates’ to emerge, to work in conjunction with conscious design, recognising the advantages of this in the creative processes of art - while Csikszentmihalyi recognises that similar letting go of self-consciousness has advantages for creative living. Artists may find themselves in a state of flow in the process of working (although one can only speculate about this if the artist is not living). Jackson Pollock, for example - still working when Ehrenzweig published his book - may have been searching for this kind of experience in his fluid application of paint to his floor canvases. In parallel, artists have recognised and employed flow in nature. Land Art appears to demand absorption with the environment, where the artist works in total sympathy

with nature. Goldsworthy goes as far as using the flow of natural forces to assemble his work. Then again, some artists work with flow directly from their unconscious; it would be easy to imagine the artist in some kind of trance whilst at work. Chagall and Klee, amongst others, seem to have elements of this in their paintings. Also, flow may be recognised in compulsive art. Outsider art is executed by those who, even when they have no desire to communicate, feel driven to create for their own need. Although they often speak of knowing exactly what they want to do, and of knowing precisely when the work is finished, their process of creating appears to involve similar states of total absorption also.⁹⁸

To look now at the concept of freezing/flow in art therapy, it seems to exist, albeit unidentified as precisely as in Csikszentmihalyi.⁹⁹ Helping clients attain flow experiences could be a therapeutic aim, since it seems that everyone has got the potential to be an autotelic personality. Most people have the ability to cultivate the skills involved through training and discipline, although biological inheritance and early upbringing, or parents who promote an unselfconscious individuality, are important factors too. Csikszentmihalyi notes that early emotional security may well be one of the conditions that helps develop an autotelic personality; without this, it may be difficult to let go of self-consciousness long enough to experience flow. Here his ideas may link with those of Winnicott, who believed that a person must have experienced a sense of 'being' as an infant, to live creatively and to feel that life is worth living. The individual's 'true self' comes into being in the potential space provided by the mother, or alternatively, (according to Bowlby, 1988), in the 'secure base' that the parent provides, from which the child can venture to live creatively.¹⁰⁰

It could be argued that these areas are where the flow experience begins to occur, and that here Csikszentmihalyi, Bowlby and Winnicott are connected. As noted, in this model, the task confronting the infant must seem manageable, and have immediate feedback. Csikszentmihalyi stipulates the autotelic personality's need to concentrate with a 'deep and effortless involvement'; and with a sense of control over actions; with no self-consciousness; and a lack of awareness of passing time. An infant would not be consciously aware of these components, but they seem to be (in effect), a description of what occurs naturally in Winnicottian good-enough mothering. If this is the case, then Csikszentmihalyi has reconstructed the components of the transitional space. The activity taking place may simply be the infant's absorption in the mother's gaze, the mother acting as a mirror for the infant.¹⁰¹ If the mirror is not present, or is not able, to provide the potential space for absorbed concentration to take place, there is no flow experience and no emergence of a true self. The infant then has to strive to achieve this elsewhere. Engendering flow experiences in the transitional space of art therapy may well assist this recovery process, through image-making and processing that has nothing to do with either interpretation or corrective emotional experiences.

Awareness of flow highlights therapists' own sense of the true self in dealing with transferences and counter-transferences. That is, although flow may be engendered while making the artwork; it is relevant also in relation to the therapists/client relationship. The therapeutic relationship, having the appropriate interpersonal criteria and a defined set of boundaries, can provide for the client a safe potential space to facilitate a flow experience through dialogue. Other features include total attention for a set length of time on the part of the therapist, and a contract of complete confidentiality. In the 'ultimate experience' type of flow, Csikszentmihalyi refers to the need for an element of risk; this enhances the activity beyond the average, to an extreme experience. Examples of rock-climbing or surfing provide one kind of analogy, but this element of risk may be encountered by the client in daring, with the therapist, to open, for example, new potentially painful ground; this can catalyse a break-through in therapy, leading to unfreezing, to flow in the relationship. Many art therapists seem to use this notion without realising it, or have used different terminology to describe it. However, given the non-directive nature of much practice, the forward, upward-looking trajectory of flow experiences would probably not have been encouraged in the training courses. For example, Milner (1987) amongst others, attempted to explore the unconscious through her own particular free association techniques. According to her commentary, the resulting works seem to have engendered flow experiences, but in order for them to continue, her levels of artistic skill would have had to increase. In Milner's case, that would have jeopardised her search for spontaneity: so some, but not all of the elements were present in her approach.

This freedom, to pursue the enjoyment of optimal experience, is closely connected to the ability to play, children at play providing a readily accessible environment for the observation of flow. So a brief discussion will link flow with to the grown-up reason/rhyme dialogue of work and play intrinsic to the practice of the arts. The word play is more than implicit when one goes to see a play in the theatre, or to hear a musician play at a concert; but surprisingly, it has not attached itself to any feature of the visual arts. Nevertheless, frequent reference to play in the literature attest to its importance in art therapy, although the psychology of play deserves more attention than it seems to have received. Huzinga, in *Homo Ludens* (1949), among the numerous investigators of this realm of experience - (Schiller, 1972; Vygotsky, 1978; Piaget, 1951; Ericson, 1977; Stokes, 1978 and of course Freud, S.E.8; and Winnicott, 1971), - recognised the value of rehearsal, rule-following, boundary-making, sublimating aggression, and so on as central features of play, Axeline's *Dibs* (1947), being students' perennial favourite. Many of the above studies are familiar from the literature of the closely related profession of Play Therapy. Regarding approaches within art therapy itself, in the transitional space of the studio a unique play of signifiers is regularly constructed, between client, image and therapist. Still and Good (1998¹⁰²) note, from a position within existential philosophy,¹⁰³ that play is:

'...a re/source that is in nature but one that flows outside the bounds of the Cartesian metaphor, unheeded among the frozen lines of power-knowledge' (p.875)¹⁰⁴

So play can be liberating, not just in an escapist sense; it can suggest new possibilities to people whose lives are paralysed, who are trapped in personal and/or social constructions that prevent authentic living. Michael and Still (1992¹⁰⁵), return to its subversive potential, offering as it does resistance to prevailing (Foucauldian) disciplines of power/knowledge:

‘...the processes of disciplinary freezing...are undermined by an ecological variability that is directly in opposition to the straight and narrow path laid down by discipline...play is a process in which ordered sequences of behaviour are disrupted, repeated, exaggerated and reassembled... it is also the exploration of affordances as they emerge from the environment, constrained only by the logic of play itself’ (p. 882).

The images emerging from the logic of therapeutic constraints holding the triologue between client, medium and art therapist are often the embodied sought-after change. The subjective/objective images are not just records of what is going on inside the client, whether consciously or unconsciously. They are explored not only to find out what is behind them - what they really mean, but are treated as embodiments of movement.

One important element in art therapy is the overlap between subjectivity and objectivity, as in play. The image making creates meaning in an oblique way, akin to Freud’s deciphering unconscious ‘hieroglyphics’ - that is, like writing not based on sound¹⁰⁶, straddling the border between the non-phonetic space of writing and the space of the stage (scene) of dreams. Derrida (1978¹⁰⁷) says:

‘We should not be surprised...if Freud, in order to stress the strangeness of the logico-temporal relations in dreams, constantly adduces writing, and the spatial synopses of pictograms, rebuses, hieroglyphics and non-phonetic writing in general. Synopsis and not stasis: scene and not tableau. The laconic, lapidary quality of dreams is not the impassive presence of petrified signs.’ (p.217)

In art therapy the client’s images are not petrified signs either. Depending on which paradigm hosts them, they offer different dynamic ‘affordances’. This is art therapy’s field - the dynamic sequences of images produced by patients in a context of serious play, images that hover between writing and drawing.¹⁰⁸

The above comments indicate only a few of the many possible lines of enquiry and exploration to be found within the psychological paradigm - although, as mentioned, its scale tempts one to subdivide it in turn into a number of paradigms, but that would entail another study.

Art, Therapy and the Philosophical

The philosophical is not so much a paradigm like the spiritual or the moral, as an overview of paradigms. However, through its various branches of philosophical enquiry, one can discern the horizons of art therapy - the terms 'art' and 'therapy' each carrying meanings derived from philosophy, for example from aesthetics and from ethics. With regard to art within art therapy, aesthetics has provided a number of frameworks of discourse that have been (sometimes only potentially) useful for the new discipline. Initially aesthetics entered the field via Langer (1953; 1957), who was a source of inspiration through her exploring relationships between 'form' and 'feeling' outwith psychoanalysis. First American, and later British art therapists, picked up her ideas. They wished to explore a broader range of aesthetic ideas than those brought to the fore by critics of Freudian/psychoanalytic aesthetics, for example, Fry (1924), or supporters, for example, Kris (1953). Langer's ideas remained influential throughout the 1960s and 1970s.¹⁰⁹ Then, a generation later, Harrison (1978) linked 'making' and 'thinking' in ways that complemented Stokes (e.g.1961) and Wollheim's (e.g.1973) influential (object-relations) psychoanalytic aesthetics. Ideas linking creativity and aesthetics from writers who influenced art education, Eisner (1972), L.A. Reid (1969) and Best (1985), and as well, philosophers such as Cassirer (1957) found their way into the literature. Recently the artist and art therapist David MacLagan, (2001) has produced a work in this category; his *Psychological Aesthetics*. The discussion below will be restricted to considering only the 'image,' here related to imagination, a central construct in art therapy, particularly for those practitioners working with Jungian or post-Jungian (e.g. Hillman 1979), psychological models.

Similarly with regard to art therapy theory's consideration of ethics,¹¹⁰ in their training, students are introduced to a number of issues that will confront them in practice, for example, understanding the principles of fiduciary relationships (i.e. those based on trust), or exploring the ethical consequences of the fact that long-held distinctions between mad, bad, and sad, are being elided.¹¹¹ These overlapping concerns will be considered briefly, via a couple of examples, to outline the form of the paradigm. However, it must be said, as in all characterisations of the paradigm topics, it is anticipated that dedicated practitioners will instigate - in due course - deeper investigations than those sketched here, into what these philosophers were seeking to elucidate - and will clarify how this can inform contemporary art therapy.

Admitting personal interests, the intriguing ideas of the continental phenomenological philosophers - Husserl, Heidegger, Merleau-Ponty, Derrida, and Levinas - seem to form the basis of this paradigm that fits alongside, but separate from, the psychological. Illness here is not disease, but a feature of the human condition. People who come into therapy may have symbolised aspects of their condition via psychosomatic, mental or behavioural symptoms - however, against biology, underlying causes might be

conceived of as dread, *angst*, *ennui* and other (existential) states. Psychotherapists ranging from Jaspers and Binswanger, to Laing and Yalom have recognised this. Where Freud proposed psychological and Jung spiritual approaches to diagnosis and treatment, the others entered into versions of Socratic dialogue with their patients. Merleau-Ponty (1986¹¹²) appraises the crucial differences between psychology and philosophy that underlie some of these dialogues.¹¹³ In explaining the ‘ordinariness’ of Husserl’s ‘eidetic intuition’ he says:

‘It is essential that our life should not be reduced exclusively to psychological events and that in and through these events there should be revealed a meaning which is irreducible to these particularities...To psychology is allotted the investigation of facts, and the relations of these facts. But the ultimate meaning of these facts and relations will be worked out only by an eidetic phenomenology which focuses the essence of perception, of image, and of consciousness itself’(p.59)

Only by bracketing out our psychological concerns, will we be able to engage with these essences; at the level of meaning. Merleau Ponty¹¹⁴ explores Husserl’s phenomenological treatment¹¹⁵ of the imagination. To perceive oneself as imagining is to set up a certain kind of relation with the absent thing. Merleau Ponty asks:

‘What does an act of imagining mean in the life of man?...As long as we regard the image as a little frozen picture in consciousness, it is impossible for us to understand how this image-thing can enter into any real relation with active thought...in principle the image is not something observable, though it pretends to be...it is, in short, essentially deceptive.’ (*Ibid.* p.59/60)

And he notes that: ‘...the image is not a content in my consciousness but rather an operation of my whole consciousness.’ Complementing Sartre’s account of imagination¹¹⁶, his presents an embodied rather than a purely cognitive scenario, that seems to lend itself more to thinking about actual image-making in therapy, than to verbal discourse about other kinds of images, e.g., in dreams, or visualisations:

‘When the object is totally absent without a representative, I make use of certain elements in my present perceptions that are analogous. To imagine is always to make something absent appear in the present, to give a magical quasi presence to an object that is not there. On this basis one may then investigate how the subject achieves this incantation of an absent visage in the present data of his perceptions. One will see that he must impress them with a physiognomy or a structure of some kind that he then projects actively by his motor-affective attitude.’¹¹⁷ (*Ibid.*)

His discussion of the presence of motor-affective correlates to mental events, can be related to the fact that the art therapy client’s imagination is embodied also, in the motor-affective procedures of image-making. These images are simultaneously self and other directed - showing-forth to an audience of at least one, the client, in the making process. The implications of his insights into embodied imagination and perception still need to be explored, a research topic, within art therapy.

Merleau Ponty’s was one exploration of embodied image-making, in response to Husserl’s attempt to ‘return to the things themselves.’¹¹⁸ However, according to Heidegger, Husserl’s critique of cognitivism

did not go for enough, - his views still embraced the perspectivist subject/object schema discussed above (Chapter 10). For Heidegger, being-in-the-world is primary to any such distinctions.¹¹⁹ 'Being-there' is the successor term to 'Subject', introducing a concept that permits the development of a new language, not tied to Cartesian dualistic subject/object assumptions. Heidegger's hermeneutic circular/holistic approach to how humans relate to the world is instead relativistic and contingent. The social being - compared with Husserl's transcendental ego - is basic. So, for example, being-alone is derivative of being-with-others, not the reverse. If being with others is the natural state of human being, being alone, at the mercy of individual imaginative processes, as some clients will confirm, can be threatening. One can become a self-consuming *uroboris*.¹²⁰ Here one finds links with the dangerous as well as the creative imagination as invoked by both ancient and modern philosophers. These include Plato - who 'rated (its)...strength... so high that he thought a man could be transformed, for the worse as well as the better, by the things he imagined' - (Wind, 1963, p.3), hence, his call for regulation and censorship (Republic, 392D-396E). On the other hand, Hegel (1835) rejoiced in the imagination's freedom to roam as it was released from the mundane tasks of envisioning enlightenment. (see above, p.113). Plato's position is echoed in the questions raised by the desert fathers about the nature of temptation inherent in the introspective faculty of the imagination. These evils could be countered by Stoical self-mastery or by 'blocking' though prayer. More recent psychological discourses on the imagination (e.g. Hillman) are not so condemning, are more Hegelian, but for philosophers such as Sartre, and Warnock, deception - distortion of the real, the true, is never far away; this leads to the next point in the discussion; therapy and truth.

Prominent amongst the meanings sought for in therapy, is the emergence of truth in and through the psychological events of the therapeutic encounter. To return to the two philosophers whose work is central to postmodern discussion of truth, (Husserl and Heidegger), the latter refers to Plato's idea of:

'...truth as a kind of unveiling (*aletheia*), an inward revelation vouchsafed to the soul in a state of intellectual grace, as opposed to that other less reputable kind that relied on mimesis, phenomenal cognition, or a certain correspondence between real-world objects and representations thereof...' (p.51¹²¹).

Truth is not a resting place, but a struggle. It is what Husserl (in Merleau Pointy 1986¹²²) called *Wesenschau*, the intuition of essences:

'...For anyone who considers them from the outside, the experiences we live through...can certainly be socially and physically determined. Nevertheless, there is a way of taking them through which they acquire a meaning that is universal, intersubjective and absolute...but... I must not limit myself to living through the experience; I must grasp its sense.' (p. 53)

To explain this, he gives the examples of listening to differing versions of Beethoven's Ninth Symphony (p.53/4); the sense of which is arrived at via the differing experiences. This would seem to relate to the weekly therapeutic hour, with its repeated but always different experiences. Here relationships between

image-making and grasping the sense of their truth for the client, need to be explored briefly. How do these relate to one another? Plato is sceptical about the image ever representing the truth. In *The Sophist* (235d-236c¹²³) he drew a distinction between likeness making and semblance making. Semblances are a sort of deceit since, for example, sculptors or painters whose works are of a colossal size distort the proportions of the original:

‘...if they were to reproduce the propositions of a well-made figure...the upper parts would look too small and the lower too large, because we see one at a distance, the other close at hand...so artists, leaving the truth to take care of itself, do in fact put into the images they make, not the real proportions, but those that will appear beautiful.’ (p.79)

So for Plato truth and beauty are rivals. For Heidegger however, Art is Truth; beauty, linked to pleasure can stop it from working.¹²⁴ He emphasises the *work* of art, asking: What happens when a work of art does its work? He insists that art does not merely exist - art ‘speaks’; like a flash of lightning, it illuminates the real in a strange way, involving its readers’ co-operation in its making. They have to let truth happen, for truth is disclosure (*alathaea*), not correspondence. He describes a Greek temple, how it discloses itself in a way that causes the world to appear around it. He avoided the question. What is art? Instead, he ‘assembles reminders’ that the ordinary is extraordinary (c.f. Edward Hopper, as against Surrealism). In positing art as truth, rather than art as pleasure, he also opens up space to discuss art vs. Science - or rather technology - the latter takes over the world, the former finds it as it is. Technology is the other side of the coin of poetry. The poet cannot will to write a poem: it comes.¹²⁵

Heidegger’s ideas also have relevance in relation to art’s media, its tools, as purveyors of experience¹²⁶. In contrast to Plato, Heidegger’s purpose is to grasp the subjectivity of the knowing person, in time, not in eternity. Working with ‘undivided attention’, makes time that is neither mortgaged to the future nor lost in the past - the creation of time, and therefore of ‘being’ through using tools,¹²⁷ and media, returns the discussion to those aspects of art therapy that have little to do with the analysis of the content of images, and much to do with the creation of meaning - first be-ing and then meaning. These ideas can be applied in dealing with the pathologies of memory, when working with those clients who for example, have been so traumatised by events in their lives that their sense of ‘being’ has disintegrated. Borch-Jacobsen (2001¹²⁸) writes:

‘If they don’t recall the trauma, it is because the traumatic incident, when it occurred quite literally, reduced them to nothing. So how would such a non-subject ever be able to remember something that never happened to him?’ (p.16)

He points out that it is necessary to:

‘...distinguish ‘normal memory’, which consists in the action of telling a story, and in representation, from ‘traumatic memory’, which interrupts (dissociates) the continuity of the subjective narrative and persists in the form of an unassimilable, amnesiac ‘fixed idea’’. (*Ibid.*)

The task of the therapist is to turn such presentations into representations. It is '...not to unearth a repressed memory [but] to repeat the non-memory in order to give it a context and gradually to change it into a memory - that is to say, into representation, history and narrative.' (*Ibid.*) Hacking (1995) has provided an illuminating philosophical account of the vicissitudes of this kind of work, particularly in the field of Recovered Memory Therapy. His study of the sciences of memory emphasises the consequences of 'contagion by words' (p.254), of memories, for example, when recounting child abuse. He is cited here, without proper rehearsal of his arguments, as an example of how philosophical analysis of what are generally seen as psychological issues can, and should alter therapeutic practice by providing insights and logical justifications for them.

Although some of the topics discussed above may seem to be absurdly remote from the day-to-day practice of art therapy, it is incumbent on anyone who intervenes - or some might charge, interferes in other people's lives, to seek guidance wherever it is available. This is particularly the case when working within a controversial philosophical - ethical, aesthetic - framework. The philosophical is not necessarily the referee of the other paradigms, however it may be able to offer patterns of understanding to practitioners within these - assisting in their dealing with ethical issues, for example, those arising from accepting or rejecting the 'excluded middle' hypothesis of Hiebert (see above, p.164) - in the context of ethical relativism debates.¹²⁹

With this remark, indicating the interdependence of the paradigms, the study now turns to re-weave the Documenta 1977 rope (see p.34 above) into something resembling its former state, out of the separated paradigmatic strands. The socio-political context of this current rethinking of the structures supporting art therapy is very different from the one that stimulated the slow unpicking of its principles, begun over twenty years ago. Then one sought to understand the angry/ironic deconstruction of art's prevailing symbolic structures of knowledge/meaning, by artists such as Andy Warhol and Alan Kaprow; De Kooning's *facture*, John's irony, Rothko's suicide, Mary Kelly's *Post Partum Document*, Mary Barnes' 'shit' paintings. Those features of late modern art created enough of a cognitive as well as an emotional dissonance to provoke my starting a rethink about the place of art in art therapy. This was not however in terms of modernism/postmodernism, the latter a movement then barely understood. A similar anarchic situation prevails now, although contributors to contemporary publications such as: *Computers and Post-biological Art*¹³¹ afford a glimpse of the high-tech web-linked difference, as well as similarity, between then and now. The title of just one paper by Roy Ascott may suffice to predict a new, less therapeutically orientated, world. It bears the title 'Consciousness Re-framed: Art and Consciousness in the Post-Biological Era', where the term 'post-biological' is employed to 'cover all aspects' of life that are 'mediated, extended or transformed by technology, including the mind and consciousness'. (p.5). Post-post-postmodernism beckons, (c.f. Finlay, 1989), perhaps rendering this study redundant. Nevertheless, it

will now return to art therapy's history to propose a temporary holding *modus operandi* while the decks are cleared for further developments in the new millennium.

Notes and References

1. Waller, D. (1998) *Towards a European Art Therapy*. Open University Press.
2. In a multi-cultural healthcare environment, where belief takes many forms, art therapists have to sensitise themselves to diverse spiritual manifestations, 'hierophanies', (see below). How research can produce reliable evidence of (at least) change for the better in this context is a major challenge to the profession, but the separation out of these concerns from others may be a first step.
3. A prominent contributor to the seminal Los Angeles 'The Spiritual in Abstract Painting, 1890-1985', exhibition, and latterly to a Symposium 'Painting and the Spiritual Unconscious', at Kingston University, England, 1998.
4. Elkins, J. (1999) *What Painting Is*. New York & London: Routledge.
5. Eliade, M. (1960) *Myths Dreams and Mysteries*. London: Collins.
6. The distinction between spiritual and religious is to be understood in terms of the major religions having institutionalised in their varying ways the spiritual dimension of human life. Religions themselves may be seen as examples of human creativity. Their ontological status is in parallel with other areas of creativity, i.e. artistic creativity, where truth-values are not held to apply, and (non-falsifiable) belief is tolerated.
7. Medieval Christianity offered healing (making-whole) in the resolution of suffering and the eventual spiritual transcendence of worldly ills; c.f. (Gurevich, 1985: *The Sociology of the Body* p.70).
8. For an example of the effects of this, Shaw's (1932) 'The Adventures of the Black Girl in Her Search for God' is a succinct portrayal of issues facing thinkers caught up in comprehending the secularising effect of the horrors of WW1 and the Russian revolution, the paradoxes of colonial missionary activity and the waning of Christian values.
9. Tuchman, M. (1986) *The Spiritual In Abstract Painting 1890-1985*. LA County Museum of Art Catalogue. New York. Abbeville Press.
10. Campbell, J. (1983) *The Way of the Animal Powers: Vol. 1. Historical Atlas of World Mythology*. Alfred Vander Marck Editions. San Francisco: Harper & Row.
11. At least that was one of the justifications for prohibitions against the depiction of God in some religions, and in others an excuse for iconoclasm.
12. Szasz, T. (1990) *The Theology of Therapy: The Breach of the First Amendment Through the Medicalising of Morals*, *Changes*, Vol.1, No. 1, March, p.2-14.
13. Eigen, M. (1981) *The Area of Faith in Winnicott, Lacan & Bion*. *International Journal of Psychoanalysis*, Vol. 62, p.413-432.
14. MacLagan, D. (1995b) *The Biter Bit: Subjective Feature of Research in Art Therapy*, in *Art and Music Therapy and Research*. In A. Gilroy and C. Lee (Eds.), Routledge: London.
15. Comfort, A. (1969) *Nature and Human Nature*, London: Pelican.

16. A national conference on spiritual care in the NHS took place in May 2001.
17. Silverstone, L. (1997) *Art Therapy The Person-Centred Way*, (2nd ed.) Jessica Kingsley Publishers Ltd: London.
18. McNiff, S. (1995) Auras and their Medicines. *The Arts and Psychotherapy*, Vol.22. No.4.
19. MacLagan, D. (2000) Whose Hand is at Work: Mediumistic Art. *Raw Vision*, No.30, Spring, p.52-55.
20. Incidentally, Jungian and pre-Freudian accounts of psychopathology and psychotherapy supplement this area of discourse. Jung, he says, points to the likelihood that the: ‘...manifold sub-structures of the work itself and the experience of its elaboration contribute to a rebound effect, first on the artist themselves and subsequently on the spectator (a process that.. has been explored in most detail by Ehrenzweig)’ (p.55). Appealing to creativity rather than to the supernatural, this hermeneutic model links Jung’s approach more with the ‘sublime work’ aspect of the moral paradigm than with the spiritual or the magical.
21. He was very influential in art therapy’s early development, his books e.g. *The Aim of Psychotherapy*, inspiring such works as Baynes, H.G. *The Mythology of the Soul*, Ryder, London, 1940. Recently there have been fierce critiques of Jung’s ideas, and of his conduct, in Skaife (1995), (to which Schaverien replied in *Inscape* Vol. 2:28). Also referred to in Samuels 1997, Platania, p.40; Frosh, in *The Politics of Psychoanalysis* (1987); Case, in *Inscape*, Summer (1990) p.2-9, and Case (1990) p.7.
22. Eliade, M. (1960) *Myths Dreams and Mysteries*. London: Collins.
23. Jung, C. (1939) In Memory of Freud. In *The Spirit of Man, Art and Literature*. C.W. Vol.15 p.41-49.
24. E.g. Clarke (1994), *Jung and Eastern Thought*, London: Routledge and also Ellenberger (1970), p.727ff for sources of Jung’s ideas.
25. See for example, Blodgett, J. (1993) *Grasp Tight The Old Ways*. Toronton, Canada: Art Gallery of Ontario.
26. C.f. Burland, C., 1973, discusses Shamans and Soul Traps.
27. Plato (1963) The Sophist. In A.E. Taylor, *Plato - The Man and his Work*. London: Methuen.
28. Rosenberg, H. (1961) *The Tradition of the New*. New York: Grove.
29. The Guardian, 1.8.1998, p11.
30. Psychodrama emerged in the late 1960’s and some of its elements were incorporated into ‘gestalt art experiences’ by a number of art therapists following Carl Rogers and various EST practitioners. However regarding its magical qualities, the rationale of Gestalt art therapy seems to be essentially a pragmatic use of phenomenological ideas concerned with the here-and-now, involved with explication, where the art therapist presides over a combination of drawing/movement/ sound exercises. Although its origins lie in the ‘shamanistic’ artworld and traditional art criteria are abandoned, the essentially cognitive impetus of the movement places it in the ‘educational’ paradigm.
31. Gablick, S. (1984) *Has Modernism Failed?* New York: Thames & Hudson.

32. Sacks, an art teacher involved in 'developing a new pedagogy' (1997) sees Beuys as a healer, providing a good account of her working with him over a number of years.
33. Their techniques, explained in '*Practical Magic*' by Lankton (1980), could be of relevance to art therapists working in the magical paradigm. However their work seems to be more cognitive than strictly magical, as opposed to, for example, Jack Angelos' *Spiritual healing, Energy Medicine for Today*, Element Books, 1991.
34. Medlick, L. (1982) *Magical Therapy. Changes*, Vol.1, No.1, November, p.19-21.
35. Govindame, Y. (1998) Centre de Formation Continue, UFR Institute de Psychologie, Universitaire Rene Descartes, Paris, V. Course handout.
36. McNiff, S. (1995) Auras and their Medicines. *The Arts and Psychotherapy*, Vol.22. No.4.
37. By R.L. Morris and his team. See: Parapsychology of the University of Edinburgh: *University of Edinburgh Graduate Journal*. June 1987, 45-49. Professor Morris holds the Koestler Chair of Parapsychology.
38. Foucault (1960) is important in reminding therapists of the danger, in moral paradigms of healing, of unwittingly inserting their tacit cultural - not necessarily 'personal' - values into even the best-intentioned practice.
39. Whyte, I.B. (1997) Review of Schwartz F.J. 'The Werkbund'. *Times Literary Supplement*, 19th December, p.18.
40. It seems that similar imperatives still determine attitudes towards the body now. This was apparent, for example, in the early media treatment of Aids, where the victim's morals were held to account for the disease. It appears also in current debates on the topic of 'risk', discussed by. Lupton (1995) who comments on what she refers to as the 'pathologising' of life and the parallel obsession with making every part of one's life healthy. She quotes Greco: '...Disease has become linked to the state of one's moral qualities rather than the individual's constitution.' (1993, p359-60)
41. D.H. Lawrence, in Phillipson, 1963, p.174.
42. He looks for example at low bridges, built to keep the poor out of Long Island beaches - buses can't get under them; at how door-closers prescribe behaviour - 'close the door' - strangers have to learn how to use them; they discriminate against small children, the old, wheelchairs, etc.
43. And indeed as do holy pictures in the homes and the schools of the faithful.
44. Dubovsky, J. 1982, in Dally, T. *Art as Therapy*. He discusses the use of tools, with reference to maker/owners/users.
45. Allen, P.B. (1992) The Artist in Residence: An Alternative to 'Clinification' for Art Therapists. *Art Therapy: Journal of the American Art Therapy Association*, 9(1), p.22-29.
46. In his analysis of 'the moral treatment of madness' he argues that power, (not constraint), is at its heart. He observes that this moral imperative had collective as well as individual dimensions. During the early modern period there had emerged the collective categories of the labouring class, the mass, the

depersonalised, alienated creature produced by the industrial revolution, whose main value (for managers) was his/her labour. Various churches and later, trade associations, unions, and sympathetic charities handled the moral issues of individuals in those communities. But what of those who could not, or would not, work? Hitherto the village idiot or 'Mad Meg' fitted as an individual (permitted a degree of moral latitude) into the local social context - such misfits were now herded into the big 'loony bins' that sprang up at the edges of proliferating industrial towns and cities (c.f. Scull (ed.) 1981). They were simply 'confined' there as a collective of 'idiots' or 'lunatics'.

47. Foucault contrasts the Quaker religion of Tuke with a Catholic heritage of: '...strong emotions and terrifying images which it arouses through fears of the 'Beyond'. (*Ibid.* p.146) Tuke places the insane individual within a moral element where he will be in debate with himself and his surroundings. His religion, his better nature, his reason, will dialogue with his madness '...to constitute for him a milieu where, far from being protected, he will be kept in perpetual anxiety, ceaselessly threatened by Law and transgression.' (*Ibid.* , p.144).

48. See Wollheim, R., *On Art and the Mind, Essays and Lectures*, Allen Lane, 1973, pp. 315-335 for an outstanding paper on this change.

49. Levi, P. (1999) *The Wrench*. M. Joseph. London: Abacus.

50. Remnants of such ideals are to be found in the 'art and craft' approach of some Occupational and Diversional therapies, and in the Arts in Hospital movement.

51. Hill, A. (1998) *Perfect for Intelligent Purpose*, Times Literary Supplement, 13.12.98.

52. Gage, J. (1993) *Colour and Culture*. London: Thames and Hudson.

53. The Moral Attitude in Japanese Packaging. *Journal of Aesthetics and Art Criticism*. Vol. 57, No.2, Spring, 1999, p.261.

54. His writing on sculpture is discussed by Barker, 1998, Chiromancy (Paracelcus): the art of reading the inner character of a person or thing from its outer character.

55. Of course 'creativity', as well as sublime craftsmanship also has a place in the moral paradigm, although as Winnicott in '*Morals and Education*' (1965), writes: '...instead of moral education, introduce to the child the opportunity for being creative that the practice of the arts...offers to all those who do not copy and comply but who genuinely grow to a way of personal self expression.' (p.3.) This particular topic will be addressed in chapter 20.

56. The other three are: a 'compensatory model' - how can I help?; a 'medical model' - do what I suggest; and an 'enlightenment model' - helping a group of practitioners is the locus of responsibility.

57. Casement, P. (1985) *On Learning From the Patient*. London: Routledge.

58. Those words are italicised to signal dissonance between 'medical' and this kind of 'social' application of therapy.

59. As a political party leader (Alliance) John Alderdice - now Lord Alderdice - participated in these negotiations as kinds of intensive seminars, in Northern Ireland, where his psychotherapeutic knowledge

and experience were made good use of, as he reported in a talk presented to the 1995 Pitlochry Conference.

60. Hurst, S. (2001) *Art therapy in South Africa*. Unpublished M.Sc. Dissertation. Queen Margaret University College, Edinburgh.

61. Author of *Drawing for Delight*, who founded the Royal Drawing Society in 1888.

62. Of Birmingham School of Art - he was the teacher of the pioneer art educator Marion Richardson.

63. In *Children's Art* 1887, he had urged artists, psychologists and educators to turn their attention to the drawings and paintings of children. (L'Arte del bambini. Rome. Armando Armando 1959.)

64. A Select Committee of 1836 decided that consumers of art works, i.e. the general public, ought to undertake education in art-making. In the event, it took over forty years after Cooke's proposal, for 'imagination work' to be introduced to the syllabus, and even then, only as a class of 'memory drawing'.

65. Durkheim, E, (1979) *Moral Education*. In *Teaching Aesthetics & History*. London: Routledge & Keegan Paul.

66. From a catalogue article for the exhibition, The '*Child Art Revolution 1930 - 1960*', (showing a collection including work from children, amateurs, psychiatric clinics and the handicapped).

67. Alexander Barelay Russell, UNESCO Symposium, 1951 Exhibition. Festival Hall, London, 1983.

68. For example, its Sept/Oct 1985 issue, *Art and Artists* presented an article entitled 'Art Therapy: A Profession for Artists'. By Laurie Wilson - Director of NYU Art Therapy Programme.

69. *Art Psychotherapy*. Vol. 2, p.189-193, 1975.

70. Dalley, T. (ed.) (1984) *Art as Therapy: An Introduction to the Use of Art as a Therapeutic Technique*. London: Tavistock. (p.1-14).

71. e.g., Kramer, 1980, p.10.

72. The Viennese perspective of Hansi Bohm, an occupational therapist who had studied with the art educator, Cizek, enhanced the European dimension in British art therapy also.

73. Crichton, P. (2001) Mind over Mood. The Paradoxical Triumph of Beck's Cognitive Therapy, *Times Literary Supplement*, 27th April, 2001.

74. These states vary within and between cultures and are shaped by varied social values. Sociologists are interested in how cultural ideas have changed people's perceptions of health (lay theories of health), how they have effected their decisions to seek medical treatment, (illness behaviour), and their experiences of sickness and disability.

75. Of course, the privileging of discourses is questioned, e.g. in Burman (1991): *Discourse Analysis*. She criticises the 'relativity' of discourse theory via focusing on the abnegation of power that it entails. As Finlay (1980) says, because such social discourse studies that underpin these approaches have arisen as a backlash, (following the repudiation of the individualistic tenets of liberal discourses privileging the individual subject, defined by his/her emotional life) questions concerning the relation of individual subject to social discourse have been 'suspended' by simply killing off the former - the post-modern

murder of the subject. Finlay's espousal of quasi-direct discourse (Bakhtin, e.g. 1981) recognises that any wholly open and equal dialogue - the ideal speech-situation, recommended by Habermas in his theory of 'communicative action', is unlikely to be useful in psychotherapy. It also recognises that 'narrative', as an approach in therapy, as advocated by e.g. Perry (1994) must be 'dialogic' and interactive. Parry, (1982) too, recognises the power of emotions and expressions as acts of persuasion.

76. Some critics of modern medical ideology, e.g. Healey (1998) whilst applauding on the one hand the positive impact of psychiatric pharmacotherapy on current understanding and treatment of biological aspects of 'mental illness' are disturbed also, on the other hand, by the construction of 'new' mental illnesses. Healy points out that the major drug companies stand to make large profits by persuading doctors and potential patients that certain conditions, for example 'social phobia', 'panic disorder' - are discrete neuroses responsive to specific chemical treatments.

77. The recent case of the 'strong-self' mass-murderer Dr. Shipman would seem to endorse this point. Foucault (1974) and Illich (1975) had already presented a more generalised critique of the positivistic scientific world-view of human health and illness.

78. Bourdieu, P. (1993) *The Field of Cultural Production*. New York: Columbia University Press.

79. Kelly (1955) had analysed reality as experience constructed from rules. How far these roles are socially constructed and how far they are given is a debatable issue. Learning how to add a new role to the repertoire, for example, the role of being in a position to experience *schadenfreude* - enjoyment of another's discomfort or downfall - involves the creation of a new state of mind (for a non German speaking Briton). That emotion, that level of cynicism, did not exist before - now it does.

80. Biopsychosocial approaches developed in other healthcare fields (e.g. occupational therapy) can help art therapists to integrate biological aspects of health with studies in the 'biological features' of art-making. For example, Aiken, Nancy, E. (1998), has studied the way art affects the emotions, considered from an evolutionary, rather than philosophical viewpoint arguing that how and why emotions are aroused is a biological issue. According to the work of neuroscientists, consciousness as a biological process can be explained as an internal integrating system. (Sommerhoff, 1996); here art is merely a tool for manipulation. The biology of creativity is a familiar topic, its theorists ranging from Morris (1962) to Disseneyaka (1958). Different biological 'states' of the organism produce 'printouts' of themselves in the form of art, as can be observed by experiments with various drugs, or by the 'natural' experiments of artists such as Coleridge, Soutine, Michaux and Bacon. The organism referred to can include animals as well as humans. Congo, the London Zoo ape, was a cultural icon of the early 1960's.

81. Harré, R. & Gillett, G. (1994) *The Discursive Mind*. London: Sage.

82. C.f. Mercia Chiesa, Beyond Mechanism & Dualism, *British Journal of Psychology* 1998, 89:353-370. Also Capra (1975, p.107) whose stance against Cartesian Dualism is referred to in his discussion of Buddhist doctrine, in which there is no psychological 'self', no ego which is the persistent subject of our varying experiences. See also Harré, (2000)

83. McDougall, J. (1991) *Theatres of the Mind: Illusion and Truth on the Psychoanalytic Stage*. New York: Bruner/Mazel.
84. Bruner, J. (1976) Psychology and the Image of Man. *TLS*, 17th December, pp.1589-1591.
85. Gross, G. (1972) The Political Economy of the Unconscious. *Cambridge Review*. No. 17, pp.53-61.
86. Rogers own approach is held to be too 'optimistic' in its claims to effect therapy through free and open discourse, akin to Habermas' 'ideal speech situation'. (c.f. Richards, 1989)
87. Although the presence of a certain degree of essentialism in Jungian and post Jungian theory places those practitioners in the spiritual paradigm, as discussed above.
88. Michael, M. & Still, A. (1992) A Resource for Resistance: Power-knowledge and Affordance. *Theory and Society*, Vol.21, p.869-888.
89. Re 'circle-dance' hermeneutics, see Still, A, *Changes*, Sept.1999, p.9.
90. 'An individual draws upon information in a domain and transforms or extends it via cognitive processes, personality traits, and motivation. The field, consisting of people who control or influence a domain (e.g. art critics and gallery owners), evaluates and selects new ideas.' Sternberg, R.J., and Lubart, T.I., (1996, p. 10)
91. '...from Dewey and James, we get the application of a pair of related ideas...flow and dialectics - and together they constitute interdependence of terms.' (Still and Good, 1890, p.111).
92. Gruber, H. & Davis, S. (1988) Evolving systems approach. In R. Steinberg (Ed.), *The Nature of Creativity*. London: Cambridge University Press.
93. It resembles also Freud's negative filter, the dream 'censor' - responsible for editing the contents of the unconscious prior to their appearance in consciousness.
94. I am indebted to two of my students, Linda Davis and Sarah Warren, for respectively introducing and exploring with me, this topic. Some of the material here is being jointly prepared for publication c.f. Warren, S. (2000).
95. If spending time in flow can reinforce or rebuild the self, then creating an awareness of flow in the therapeutic context could be extremely beneficial and has already been found useful by psychologists, sociologists, anthropologists and theologians. It has been used to generate ideas and practices in psychotherapy, the rehabilitation of juvenile delinquents, and the organisation of old people's homes, and the occupational therapy of those with learning difficulties, is mentioned in the context of art therapy by Allen (1992).
96. Csikszentmihalyi, M. (1992) *Flow: The Psychology of Happiness*. Harper & Row, USA.
97. Ehrenzweig, A. (1967) *The Hidden Order of Art. A Study in the Psychology of Artistic Imagination*. London: Weidenfeld and Nicolson.
98. However there are other psychological factors at work here too.
99. Although it is true that Marion Milner's investigation of her own resistances and breakthroughs in image-making are akin to experiences of freezing turning into flow, in e.g. *On Not Being Able to Paint*

(1987, Orig. 1950) and for her client in *The Hands of the Living God* (1969). At a more general level, Freud's 'free association' was devised to generate, and as well, Deleuze and Guattari's 'schizo-analysis' was devised to decode, Freudian articulations of flow (Gross, 1972, p.52-61).

100. From a sustaining psychological relationship with the mother, the 'True Self' emerges in a space intermediate to subjectivity and objectivity; '...a 'transitional zone' where difference and identity are paradoxically allowed to coexist. In this zone and through this experience the subject comes-to-be out of the mixture of...self-image and the look of the other'. (Finlay 1989, p.66) Failing this, the 'False Self' emerges instead, its powerful (and positive) function being to hide the True Self. Living is achieved by compliance with the demands of the (m)other, rather than through the infant's creativity (Winnicott 1986, p.65).

101. This is different from Lacan's mirror-stage. Winnicott's therapeutic approach involving interactive relationships with clients is modelled in part on interactive mother/baby 'mirroring'. In contrast, Lacan's 'mirroring' his theory of 'mis-recognition', is based on a theory of 'reflection' distorted via his essentialism. That the infant sees a deceptive image of wholeness in a mirror is true. But even mirrors have a social history, and this dynamic is not perceived by Lacan; on the contrary, for his critics (e.g. Bryson), his mirror-phase reflects the stasis of Saussurian semiotics. Winnicott's mirror-phase however, proposes 'relation' not with an image seen in a glass, but a relationship seen and felt as a mother's response.

102. Still, A. & Good, J.M.M. (1998) The Ontology of Mutualism. *Ecological Psychology*, Vol. 10, p.39-63.

103. The model is also posited in Michael and Still (1992), in their critique of the Cartesian metaphor of the static observer/observed world described (in Chapter 11, p.99) above. As they allow; '... static observation occurs, but is no paradigm for everyday experience. Instead it is a limiting case, which is of special interest to the scientific attitude but not to the constitution of the life-world.' (p.871)

104. They add] 'It is through James Gibson's Ecological psychology and his concepts of visual kinethesis and affordance that we grasp the characters of this resource' (p.875). It is of interest that although Gibson's model was investigated in the 1970's by Kim James in his teaching art therapy students at St. Alban's School of Art, it did not 'catch on' at the time. Winnicott's 'play' links with Gibsonian 'affordances'.

105. Michael, M. & Still, A. (1992) A Resource for Resistance: Power-knowledge and Affordance. *Theory and Society*, Vol.21, p.869-888.

106. Derrida (1978) says that we do not know what Egyptian hieroglyphics could have sounded like although we can decipher their meaning (p.29).

107. Derrida, J. (1978). In Freud and the Scene of Writing. (pp. 196-231), in *Writing and Difference*. Trans. Al. Bass. Chicago: University of Chicago Press.

108. Derrida lists some of the form[s] of signs ‘...within phonetic writing, the cathexis of gesture, and of movements, of letters, lines, points, the elements of the writing apparatus (instrument, surface, substance, etc.)’ (*Ibid.*), that could be components of research into the visual.
109. Her ‘*Philosophy in a New Key*’, 1963, is cited in Case & Dalley, 1992, p.98.
110. C.f. Wittgenstein’s ‘Ethics and aesthetics are one.’ This is because: ‘Ethics does not treat of the world. Ethics must be a condition of the world, like logic. (1971, p 77e.).
111. These have become matters of concern for all health care workers, including art therapists: ‘...increasingly moral failings are being put down to an ever-expanding realm of illnesses. Instead of castigating someone for extravagance, a diagnosis of ‘shopping-addiction’ is entered and treatment, no doubt by a specialist, is advised.’ (Harré, 2000, p.328), c.f. Koehn (1994). Conversely, it seems that a disproportionately high number of prisoners are dyslexic and /or autistic.
112. Merleau-Ponty, M. (1986) *The Phenomenology of Perception*. New York: Routledge and Keegan Paul.
113. In Barnes, (1977). Merleau-Ponty (Chapter 3) *Phenomenology and the Sciences of Man* (These are psychology, sociology, history and philosophy), c.f. Chapter.1 The Problem of Knowledge, Section 1, Conceptions of Knowledge, where he contrasts ‘contemplative’ and ‘sociological’ accounts of knowledge.
114. In the ‘*Primacy of Perception*’, 1986, p.59/60.
115. Within his concept ‘lifeworld’ as against the ‘natural attitude’. His ‘naïve realism’ proposed a richer, and more sophisticated, account of intersubjectivity than that prevailing at the time.
116. Sartre, J.P., *L’imaginaire* (1948), in Warnock, 1976, p.162/3, p.24. c.f. also Sartre, on abstract painting (in Wind, 1963, p.131).
117. He predicts that such an eidetic analysis of the image will make possible experimental approaches: ‘...which are no longer blind, because they will know something of what they are talking about and will understand the connection of the image with our motor-affective life.’ (*Ibid.*)
118. C.f. Priest, 1998, Chapter XIII, pp.204-207.
119. There is a direct parallel here with Gestalt criticisms of early psychology.
120. A serpent devouring itself by swallowing its own tail.
121. Heidegger, M. (1971) *Poetry, Language, Thought* (Trans. A. Hofstadter). Harper Caliphon.
122. Merleau-Ponty, M. (1986) *The Phenomenology of Perception*. New York: Routledge and Keegan Paul.
123. Plato (1963) The Sophist. In A.E. Taylor, *Plato - The Man and his Work*. London: Methuen.
124. From Martin Heidegger and Ontology: Exposition of Heidegger, in: Julian Young, *Journal of Aesthetics and Art Criticism*, Vol. 57. No.2 Spring 1999 p267-277.
125. These ideas should be seen in the context of Heidegger’s position that we find ourselves ‘thrown into the world’. His project is to ‘describe’ this world, not to explain it. He is concerned with what it is to

be, not what it is to *know*. Like Wittgenstein, who saw his task as unravelling the snarls of everyday language - 'showing the fly the way out of the fly-bottle' - so that we should all be on the same level playing field of efficient communication with the world, Heidegger describes the ordinary world, but then: '...suddenly, extraordinary gaps, abrupt kinds of experiences.' (Barrett. *The Listener*. 16 Feb 1968)

126. Carlyle, T. *Sartor Resartus*, c.f. man, the tool using animal.

127. Borch-Jacobson, M. (2001) Little Brothers, Little Sister. Review of Juliet Mitchell's 'Mad Men and Medusas'. *LRB*, 24th May.

128. See Harré, 2000 p.321-323 - the postmodern attack on the possibility of moral universals.

129. Ascott, R., 1998. *Digital Creativity* Vol. 9 No. 1. Pubs. Swets & Zeitlinger, pp. 5-6.

Section F

Chapter 20: Postmodernism and Art Therapy

First, a reminder that one of the aims of this study is to facilitate evidence based practice. Researchers' attempts to obtain evidence of successful practice in art therapy bypass conventional medical science methodologies. On the one hand their approaches are not usually based on the researcher taking up a positivist stance in a position uncontaminated by interest or prejudice, because such a detached observer's location, 'a view from nowhere', cannot be found in the intimacies of psychotherapy, or the engagement of the artist with the medium. On the other hand, the more common strategies of locating research projects within a particular theory or a particular practice have the drawback that the chosen standpoint is vulnerable to reciprocal critique from competing theories or rival positions, where it is often difficult to choose between them. The study has addressed the teaching/research issues raised by this, in substituting the subdivided territory of the *cultural paradigms*, each embedded in *visuality* (for want of a better term), for *theories* and *styles* as the basis of therapy. Possible benefits for practitioners, educators and researchers can now be indicated. However, it is not the purpose of this study to consider in detail these outcomes from the standpoint of any one of the paradigms; nor will it provide concrete examples of evidence-finding using the new taxonomy. Rather, this chapter will first draw attention to a number of existing maps and itineraries that could provide directions for a re-view art of therapy in the context of postmodernism, so that continuity between past and future practice can be maintained. Next, it will portray a few typical 'new' postmodern pathologies, suggesting that approaches to understanding these as distorted social discourses, may be more fruitful than relying on current psychoanalytic or psychiatric explanations in terms of drives or faulty genetic architecture. Then a reading by Finlay (1989b) of some of Winnicott's ideas will be presented, showing how a view of a familiar theory from an unfamiliar angle could offer a point of departure for further explorations.

One map/itinerary for an exploratory journey has been referred to above, in the discussion of the appraisal of early postmodern culture by Gross. (1972) His socio-political pathway sets off from Marx and psychoanalysis, through Heidegger and Lacan, to Deleuze and Guattari, exploring the politics of desire. These ideas could furnish a suite of research projects in the future. As noted above, a second route is that plotted by Still and Good (1998) whose 'mutualism', setting off from James' *flow* and Gibson's *affordances*, via Heidegger, explores the promising - again for future researchers - phenomenological/existential ideas of thinkers such as Costoridis and Levinas virtually unknown in the field of art therapy. Finlay, (1989b) has drawn in detail a third map setting off from roughly the same start point. She selects the postmodern Winnicott and Bakhtine (1981) as guides to indicate an alternative

philosophical/psychological route to future theory. Since some of her ideas and references are part of the art therapy canon, they are presented here as an example of what such an exploration of unfamiliar pathways might entail for the discipline.

Finlay argues that Winnicott's is already a postmodern therapeutics, one that accepts postmodern critiques of the notion of the subject in history, that applies discursive strategies in therapy, and that eschews the notion of language (or art) as *mediator* between inner/outer. His ideas about play and object usage provide tools to accompany his more familiar therapeutic approaches based on transitional space and transitional phenomena. Also his interactive mirror phase brings the social dimension of the mother into the play of signifiers, as the *Other*. So (after looking at two brief descriptions of postmodern pathologies and related approaches to therapy), this section will focus on the serious playfulness of the *postmodern* Winnicott - an art therapy guru previously positioned in the progressive modernist theoretical trajectory of Freud → Klein → Winnicott. The proposed re-arrangement of art therapy's theoretical base offers the possibility of placing Winnicott's contribution to its epistemology in the paradigmatic context of existential and phenomenological psychotherapy, instead of mainstream psychoanalysis. The study will look at what it would mean to contemplate a 'return to Winnicott' from this position, without insisting on his permanent habitation there.

In post World War Two Britain, Winnicott identified new pathologies, formulating new therapeutic strategies and concepts - transitional space, transitional objects - to deal with them. However contemporary art therapy has to deal with even newer postmodern pathologies. Postmodernism's principal apologists - Jameson, Baudrillard, Derrida, Kroker - portray what Finlay, (1989), discussing the postmodern de-centring, disintegrating and death of the modern subject, and 'the end of history' - refers to as a therapeutics of catastrophe theory, of 'fatal strategies.' If, (inverting Kris, 1952) regression is now in the service of the *id*, not the *ego*, and if, for example, in a culture of gross consumption, the signifier is bulimia, the fatal strategy is 'eat until you burst,' become: 'fatter than fat, and this to the death.' (p.52) As well as eating or rather consumption disorders, other new pathologies have appeared on the postmodern scene - narcissistic personality disorders, borderline disorders, etc. As Baudrillard (1983¹), remarks:

'If hysteria was the pathology of the exacerbated staging of the subject, a pathology of expression, of the body's theatrical and operatic conversion; and if paranoia was the pathology of organisation, of the structuration of a rigid and jealous world, then with communication and information, with the immanent promiscuity of all these networks, with their continual connections, we are now in a new form of schizophrenia. No more hysteria, no more projective paranoia, properly speaking, but this state of terror proper to the schizophrenic: too great a proximity of everything, the unclean promiscuity of everything which touches, invests and penetrates without resistance, with no halo of private protection, not even his own body, to protect him ... any more.' (pp. 132-3)

Those working with, or in the case of training groups, supervising others concerned with, the floating population of prematurely discharged intermittently psychotic or sociopathic ex-patients will recognise this kind of 'speedy' syndrome that co-exists with the more familiar depressive illnesses. Baudrillard's rhetoric identifies the difficulties to be faced in the task of creating therapeutic distance, of framing, of holding such clients long enough for them to inhabit a reality different from the one in which they are trapped. In trying to create space for an approach to therapeutics separate from the pervasive world of consumption, one can be disadvantaged in operating from a modernist's rationalist platform. This is because, (as Baudrillard continues):

'The schizo (sic) is bereft of every scene, open to everything, in spite of himself...what characterises him is less the loss of the real...but, very much to the contrary, the absolute proximity, the total instantaneity of things, the feeling of no defence, no retreat. It is the end of interiority and intimacy. He can no longer produce the limits of his own being, can no longer play nor stage himself, can no longer produce himself as mirror. He is now only a pure screen, a switching centre for all the networks of influence. (*ibid.*)

From those negatives one can infer the shadow modernist 'individual' constructed via Romanticism, now dispersed, fragmented. Baudrillard extrapolates from his portrayal of the pathological postmodern 'schizo' to (urban) society in general - and here one thinks of, not fairly compact British cities and towns, but mega-cities of 10 to 15 million inhabitants. Postmodern pathologies attend their inhabitants' survival strategies and also their constructions of paranoid/narcissistic meaning at that dense level of human proximity. A model life is no longer built like a modern painting, by e.g. Bonnard, for example, made of carefully accumulated brush strokes rendering a harmonious composition possessing its own coherence; is more like a luminous screen of flowing pixels, hopelessly responsive to clicks of the mouse. One is reminded of Duchamp's prescient 'delay' in glass, the image of the subject - his artwork - as a temporary placeholder of perspective projections, robbed, by the work's transparency, of their intensity. For Baudrillard's postmodern subjects, there are no such things as Freudian defences, at either personal or institutional levels. Paradoxically, in this new scenario, regression, splitting, seen as pathological within modernism, are now potentially creative, healthy, are what makes a person best adapted to live in a de-centred yet claustrophobic society. As Levin (1984²) comments critically: '...it is a world with no spaces.' Even its items of consumption are pre-fetishized. For example, at one time 'boy racers' would buy and attach to their cars extra lamps, flashers, flanges and so on; now those are built in, part of the finished product.

According to Levin, it is not that we have reified such a world, projected power onto things; rather, the world of objects is gradually being closed off from human interaction. Objects relate to each other in their systematic self-referential plans, like the mannequins in shop windows, a window-dresser's closed/coded

system. However, he, amongst other critics who are aware of the need for a radical rethink of current cultural assumptions, is not convinced by this particular extreme analysis:

'Critical theory...expects so much from the subject that it can only explain away the damage caused by the objects of commodity fetishism - designer jeans, plastic flamingos, in a world of starving children, by attributing fantastic, demonic powers to the object. It leaves nothing human in between. There is no possible resolution but the destruction of the one or the other: the death of the subject or the annihilating absorption of the object.' (p.44)

This is because there is no space available for the development of alternative fields of discourse in such an extreme scenario. This dilemma was foreshadowed in Foucault, who introduced the concept of institutional freezing in his study *Madness and Civilisation* (1961) where he re-framed much of what takes place in institutional psychiatry, hitherto regarded as exemplifying a natural dialogue between doctor and patient, as a discourse of institutionalised prejudice - funnelled through micro-capillaries as well as visible arteries of power. He argued that the subject/patient is constituted of a host of discourses mixed in with each other - emanating from home, church, school, advertising, political propaganda, etc. Thrust into this fast-talking world, some do not flourish; those who become patients bring pathological discourses of subject/self to therapy. That is, their pathology can be understood as distorted discourse - distorted by repression, censorship, ex-communication; the splitting-off of aspects of the self, according to psychodynamic theories - or distorted by biological imbalances or defects, according to the bio-medical accounts of psychopathology Foucault was criticising. Regarding these, institutional psychiatry has had to work hard, and is still doing so, to justify its designating certain behaviour in terms of health/illness. It has had to revise many of its former assumptions and practices, with the result that masturbation or homosexual preferences, for example, are not now seen as denoting pathology. Nevertheless, for better or worse, its account of psychopathology still dominates clinical practice as well as research agendas.

More broadly based than these approaches, the socially constructed paradigm account embraces postmodern critiques of modernism's grand narratives defining health/illness, whether psychoanalytic or biomedical. It allows for a relativist approach to practice and research in art therapy - based on the acceptance of the multi-cultural constitution of all forms of knowledge, including those forms of knowledge pertaining to the 'life-world' of therapist and client. For example, one stimulus for adopting this kind of relativism is the unceasing concern with issues of race. As Coleman and Farris-Dufrene (1996³), point out;

'...Most research conducted in art therapy and psychotherapy has been investigated (sic) by researchers of the dominant culture. Much of this research is debatable with respect to the methodology and its generalisability across cultures....' (p.128).

This applies to practice as well. Postmodern art therapy would accommodate all kinds of discourse, via the variety of paradigms above. The presupposition of the presence of repressed material, and of its being

responsible for pathology may be appropriate in some client's case, but not in all. Similarly Jungian accounts of pathology in terms of the failure of archetypal processes cannot be shown to apply universally. The range and varying depth of pathology, the cultural construction of health/illness,⁴ the diversity of clients - act against such modernist proposals. An approach to therapeutics in terms of the paradigms discussed above can remove, for some of these more familiar theoretical models, the pressure to account for all symptoms in all contexts. Each model would have its uses, but would not have to be universally applicable. Levinas' 'face-to-face' ontology model could fit alongside Good and Still 'mutualism.' Both could fit alongside insight models of therapy based on exploring unconscious motivations. Different features of the interactions between therapists and client could be studied in terms of their underlying philosophies as well as their psychologies. Therapeutic orientations could be individualistic, (e.g. psychoanalytic); dyadic, (e.g. object-relations) or social, (e.g. groupwork). Understanding these in familiar terms; transference/countertransference; transitional space/object; freezing/flow etc; mentioned above, could be supplemented by exploring notions such as those of Heidegger (*Dasein*) and Levinas (face-to-face ontology), albeit initially through their processed presentations by, for example, Good & Still, and other exegisists.

Employing art therapy's inheritance of Winnicott's notion of interactive play (to be discussed below) in the context of ideas about postmodern artists' play of signifiers, (for example, Warhol, above), should generate new ways of thinking, enriching, rather than seeking to displace, current ideas. In this model, art therapists would look at both the patients' symptoms and their artworks as being products of discourse, including discourse with the media of art, rather than, for example, as being the products of drives, or the manifestations of archetypal processes. Regarding diagnosis, this approach acknowledges that there could be many causes for any one visual effect. One would not seek to pinpoint *the* origin of a particular example of pathology. As has often been said, following Freud, patients' images are overdetermined - so one would look for causes as operating not solely inside the patient, but as emanating also from his/her circle-dance interactions with the world of signs - encountered via both the medium and the therapist - the therapist entering the clients' discursive field in offering a further range of potential meanings.

To be more specific, the discourses of which the images are the product are constituted of phenomenological, hermeneutic and semiotic elements. In the therapeutic process, art therapists create spaces and conditions to, for example, re-ontologise a client, by first of all finding out what discourses are at work in his/her life - diagnosis is too medicalised a term for this stage. If there had been a trauma, what effect did this have on the existing discourses? What new discourses flowed from it? In semiotic terms, what metaphoric condensations and metonymic displacements of cultural 'language-games' are to be seen in the images, in the image-making process, the symptom, the transferences? Or if one is working with clients for whom cure or insight is not an option - as for example, in working in certain areas of

learning difficulties or disability, what occurs is the co-creation of meaning, or even of just 'be-ing.' Here existential or phenomenological models of ontology are more useful than psychoanalytic, archetypal or person-centred descriptions of the therapeutic relationship. Similarly, because art therapists are artists who have fully understood that their client's images emerge from the intertwined 'making' and 'understanding' narratives created in the session by client and therapist; 'convergent emotional narrative' - to borrow once again Trevarthen's (1993) term - models of relationship are recognised as operating alongside or sometimes instead of transference/counter/transference, or person-centred ones. Insight and understanding may accompany or follow on from the corrective emotional experience, or the creation of be-ing, engendered by the image-making process itself, or it may not. Over time, the art therapist learns how to *use* the session, rather than just facilitate it. As discussed above, *pace* Wittgenstein, the pragmatics of language, as distinct from its syntactic rules and semantic meanings, concerns how language is actually used - the meaning of a word or a phrase resides in its *use*. Winnicott's *object-use*, transposed from personal relationships to image-making, is pragmatic in this sense. Bryson (1983⁵), discussing art history, and challenging syntactic formalism, argues for this form of interactive co-construction of meaning, indebted to Wittgenstein's pragmatics, when approaching the work of art:

'...painting is embedded in social discourse which formalism is hardly able to see, let alone to explain in its own terms. The 'meaning' of a painting will not be discovered by the construction of Saussurian⁶ equivalencies for the discourse of the bodily hexis: gesture, posture, dress, address. Nor can it be discovered in the painting, as a pre-formed and circumscribed feature. It is in the interaction of painting with social formation that the semantics of painting be found, as a variable term fluctuating according to the fluctuations of discourse. If the image is inherently polysemic, this is not by excess of a meaning already possessed by the image, but by default, as a consequence of the image's dependence on interaction with discourse for its production of meaning, for its recognition.' (p. 85.)

Although Heidegger, for example, goes further, in arguing for the creation of be-ing rather than meaning as art's goal, Bryson's comment is important. The art therapy literature (given a few exceptions) still demonstrates more of a tendency to describe what goes on in sessions via analysis of underlying causes, than to describe dialogic interaction between client, medium and therapist, of the kind he indicates. So Winnicott, normally seen as epitomising the British Object Relations school of psychotherapy, is evoked at this point not so much as a model articulator of art therapy theory, but more as a practitioner of dialogic interaction, one who encountered and recognised - but did not theorise - postmodern ontological dilemmas facing patients, *avant la lettre*. Though it will not be possible to demonstrate here, the ideas of his colleagues, Klein, Bion, Fairbairn, Milner, and their followers, may also be approached from this unfamiliar direction - from the perspective of postmodernism, rather than that of modernism, as exemplified in Fuller's (1980) portrayal of Winnicott's ideas. Finlay (1988, p.43ff) presents his model of *holding*, and *object-use* (c.f. Eigen 1981) rather than interpretation, as being crucial for postmodern

psychotherapy (more strictly, psychoanalysis). To paraphrase her argument, she suggests that there are certain elements in Winnicott's therapeutic practice and metapsychological writing that, whether self-consciously or not, surpass the modernist paradigm. They dovetail with certain postmodern tenets of the 'subject in discourse'. These are (1) acknowledgement of the *a priori* disintegration of the subject, (2) the importance of the meeting of surface membranes to constitute ontology and (3) a theory of interaction. The discussion above (p.34) of critiques of the modernist conception of the self is founded on the first tenet. Her reference to (2) 'the meeting of surface membranes' brings yet another discourse forward for consideration, outlined in Chapter 11; the discourse of the physicality of bodies, particularly the infant/mother construction of meaning through touching and looking - with its intriguing possibilities for exploration in art therapy, itself based on touch and look. Similarly (3) the discourse with media and the playful paradoxical elements in art - and its cultural positioning in our society between the hard world of manufacture/commerce and the soft world of leisure/entertainment - have strong resonances with Winnicott's use of play, and his concept of the transitional space. Finlay (1986⁷) observes that his *Play Element of Regression in the Psychoanalytic Process* provides a sheltered situation for regression to this transitional zone:

'where paradox can be allowed time and again in a playful exchange and mirroring between patient and analyst'⁸

Winnicott does not give self-reflective rationalising interpretations, rather he enters into a kind of mirroring play with his patients. His procedure of child analysis, the 'squiggle' game, is precisely this mutual mirroring, playfulness and above all 'holding' that must be allowed to spoil children, and the child in adults, 'time and again' (*Ibid.* p.31). To quote Finlay at length:

'The genius of Winnicott's practice and theory of psychoanalytical discourse lies in the fact that it did not refuse the observations of Postmodernism concerning the nature of the subject and discourse. It began with the Postmodern crisis, the 'unreality' of the subject, and with the material as opposed to 'semantic' nature of discourse. He then used this materiality of discourse, discourse as holding, as etching its way to feelings, as union and separation of membranes / surfaces, rather than discourse as interpretation, to allow the person a playfulness, a merging with the therapist, while recognising simultaneously the joining and separation entailed. Out of this experience, the patient could come to have a sense of substance as self-relatedness - to (not merely cut off from) the other. In contact and deferral of contact, be it verbal, sonorous, chromatic, olfactory, or physical, the individuals adapt to each other, an indication that each has a being but that being is dependant on or joined to that of the other, not just referred to by it.' (p. 40-41).

The therapist and client, like the mother and baby, etch on each other 'identity yet separation,' in a discourse of convergent emotional narratives. The mother/baby language-game produces narrative cohesion without semantics, relying on rhyme, on the corporeal, musical, poetic, tactile aspects of language, those very aspects that subsequently translate into semiotic narrative as their client's images are

discussed (c.f. Kristeva). These aspects of language, as theorised in psychoanalysis, could be applicable also to art therapy. Psychoanalysts such as Lowenstein (1987) emphasise that the mutative agent in treatment is not the process of self-reflection by the patient - but the interaction between patient and therapist. This is nothing new, and Winnicott too had been saying as much since the 1960s and earlier, but the problem had been that such an approach could seem suspiciously like mere indoctrination, because of a lack of equality between patient and therapist. Finlay (1988) agrees that the power relationship is asymmetrical and it certainly does not conform to Habermas' (1971) ideal speech situation of free and open dialogue. Ideally, the patient is 'emancipated' through a dialogue of truth, truthfulness and sincerity but the therapeutic *scenario*, the time and length of sessions and the financial arrangements create its own asymmetries. Chapter three of her thesis (1988) is a comprehensive discussion of these. In countering that power imbalance critique, she demonstrates the application of a more specific linguistic tool, Bakhtine's concept of *quasi-direct discourse*. This is a highly interactive mode of communication between therapist and client, where the therapist may employ not only the client's own words, but his/her personal pronouns - 'I'm feeling pretty angry' said by the therapist on behalf of the clients' repressed rage. There is here a dyadic interplay of language without the pretence of equality between the two participants, such as is claimed by Rogers, Perls and Maslow within person-centred psychotherapy (cf. Richards, 1988 p. 117). Winnicott understood and used quasi-direct discourse in his work with children when he identified a transitional zone where the paradox of who is who in such an exchange is allowed to remain. In this zone the subject comes-to-be out of the mixture of fantasy and external reality, of self-image, and even the look of the other, in art therapy, the therapist's gaze.

So working with the set of ideas about art, language and the postmodern subject outlined above, one senses that challenges to current theory and practice in art therapy may stimulate productive new debates. In relation to art, the clients' pictures do not belong to the world of commodity fetishism. If there is fantastic demonic power in them, it has been elicited in order to show anxiety, hate, or aggressive urges, which can be displayed symbolically, in a known environment, without the return of hate and violence from that environment. Deepest fears of non-being can be explored relatively safely; psychosomatic embodiments of traumas can be re-inscribed on the page. All this without the anxiety engendered by postmodernism's hinting that the world of objects is all-powerful - that we are at its mercy or by the modernist assumption that there is something wrong with the subject. There is no such thing as an *a-priori* subject, just as there is no such thing as a 'baby' for Winnicott. The subject is continuously re-created through discourse.

The postmodernist art therapist observes and re-orchestrates the play of signifiers in other therapeutic traditions too, as well as in Winnicottian influenced therapeutics and aesthetics. Freud, Klein, Jung, Rogers, Stokes, Milner, Yalom, Ellis, Beck, Synason *et al.* could be creatively repositioned in a 'heads

and tails' game of interchangeable configurations - that is, in differing paradigmatic relationships with each other, within the discourses of art and therapeutics. Postmodern pluralism is anticipated, for instance, in Jungian transcendent archetypes, and is present in the ceremonies and antics of Hillman's many gods. In fact it is Hillman who reminds us that the pre-Socratic Greeks had no need for monotheism/modernism. Some gods lived on high, some on earth, and some in the underworld. Their cyclic myths chart the infinite possibilities of the intercourse between personified aspects of a self that must know itself and an environment where there must be nothing in excess. If those two rules are not observed, pathology ensues; remorselessly, the machinery of *anäke* (necessity) will restore equilibrium without pity. But the story will be told in a theatre, a Winnicottian transitional space, where one feels the terror and the pity and so learns how to live. Moving beyond postmodern Winnicott and Hillman, to postmodern phenomenology, certain affinities may be sensed between the familiar (misnamed) person-centred approaches to therapy - and the hermeneutic circle-dance models, again analogous with play, discussed above. A rethink of how contemporary art therapists can make use of this range of psychotherapeutic theory could be very useful.

Finally, to return to the visual, art therapy's ground, there seems to be plenty of research to be done right on the surface of the picture plane, as well as in the depths of the clients' unconscious, or in their face-to-face interactions with their therapists. There, vital aesthetic considerations need to be pursued, based on a literature full of its own vitality, but admittedly difficult to assimilate. In the mid-1970s, Derrida presented writing (non-phonetic) as a model investigative trope, Metz presented cinema, Bryson presented art history. A generation later, art therapists, faced with the need to explain their work, grasping the nettle of EBP, now searched for models in adjacent sciences. The present study is contextualised in that enterprise, but it attempts to turn art therapy back to the visual, to the aesthetic components of the work. Art therapists have unique access to a strange mixture of picture-making, talking, listening and looking. Their sessions have a form, embody a process, described in terms of dynamic relationships between socially contextualised heuristic, hermeneutic and semiotic holding frameworks. And although the ideas of Derrida, Metz, Bryson *et al.* are still unexplored in the domain of art therapy, the success of their application in other fields augers well for their potential usefulness here. By unpicking and analysing the numerous overlapping discourses that have made and are making art therapy practice, this study, in a spirit of intellectual humility, hopes to indicate that its 'narrative' is a story of its creating increasingly useful metaphors, rather than a story of an increasing understanding of how things really are. (Rorty, 1989).

Notes and References

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2. Levin, C. (1984) Baudrillard, Critical Theory and Psychoanalysis A.44 *Canadian Journal of Critical and Social Theory/Revue Canadienne de Theorie Politigue et Socials*, Vol. 8, No. 1-2, Hiver/printemp.
3. Coleman, V.D. & Farris-Dufrene, P.M. (1996) *Art Therapy and Psychotherapy: Blending Two Therapeutic Approaches*. Washington D.C. & London: Accelerated Development.
4. Waller (1998), makes the point that even within Europe, the meanings of 'art' and 'therapy' differ so widely that the project of synchronising training courses will prove to be extremely difficult.
5. Bryson, N. (1983) *Semiology and Visual Interpretation*. In *Vision and Painting: The Logic of the Gaze*. New Haven & London: Yale University Press.
6. C.f. Saussure's recognition that for the signifier, the signified is not an object in the world, but its mental counterpart.
7. Finlay, M. (1989b) Post-modernizing Psychoanalysis/Psychoanalysing Post-modernity. In *Free Association Books*, 16:43-80
8. Winnicott 1981, pp. 7-27.

Chapter 21: Conclusion

This study has consisted of five sections. Section A described the field of British art therapy, sketching its evolution, showing its current composition and outlining the problems it faces as a newly recognised profession allied to medicine (PAM) required to undertake evidence-based practice (EBP). First, its tangled knowledge-base was described, and a preliminary critique of current taxonomies, created to articulate this, based on either 'theories' or 'styles' (contexts) was presented. The basis of the critique was that the discipline is too variegated to sustain any one melting-pot or unified field approach to defining itself. To demonstrate this, it was necessary to unpick the various strands of its evolution and it soon became evident that the seemingly homogenous discipline is in reality a web of interwoven paradigms. The point was made that it is the breadth of the diverse inter-paradigmatic - as opposed to interdisciplinary - characteristics of the discipline that makes for difficulties in teaching and research in art therapy. Over the years, within the educational context at least, the diversity and the difficulties seemed to have mushroomed. Theories begat theories; the Freudian, Jungian, Behaviourist, Humanist adversarial conflicts of the 1950's and 1960's fragmented into the bewildering variety of accounts of psychopathology and of their mirrored psychotherapeutic remedies. Now to be found listed under a variety of headings, these range from psychobiological, psychoanalytic and depth psychology accounts, to trait and cognitive-behavioural accounts, to humanistic, phenomenological, gestalt and existential accounts, to social constructionist and even 'body, mind, spirit' accounts. In addition, styles multiplied as new client populations emerged - victims of HIV/Aids, child-abuse, narcissistic disorders, Post Traumatic Stress Disorder, refugees - leading to increasing requests for specialist training for those practising in each area. This was to be provided alongside the more traditional areas of practice, i.e., neurosis, psychosis, deprivation, learning difficulties, family problems, etc. The burgeoning range of theories and of applications strained art therapy's original epistemological foundations. As the study progressed it became clear that certain foundational ideas and values that had sustained the emergent profession would now have to be reviewed. To understand art therapy's present structure it was necessary to investigate how the discipline came to be built - and to facilitate this task the periodic categories of pre-modernism, modernism and postmodernism were introduced. As handy cultural constructs they provided a quasi-historical framework to support an initial dismantling process. However, before undertaking it, to indicate the potential value of such an exercise, specific issues in relation to education and research in the profession were identified and explored.

In art therapy education, relating intellectualised theory to raw practice undertaken within bureaucratic institutional styles had often proved to be frustratingly difficult. In numerous case-studies and dissertations, the theories of Freud and the post Freudians, Jung and the post-Jungians, Klein and the post Kleinians, Rogers and the post Rogerians, including Perls and perhaps Ellis, along with those of Yalom

and Synason, had been proposed as explanatory frameworks for practice, with varying degrees of aptness. Students and their tutors have struggled to position (transparent) theory maps derived from those sources, over style maps derived from their placement contexts, to match contours. Sometimes the pattern matched, but then there was also the artwork to account for, and last but certainly not least the unique client. How could all four (theory, context, artwork, client) mutually interlock to provide a coherent picture of therapy - for each and every case-study/dissertation in the student cohort? More often than not one of the transparencies would have to be left out, or be sketchily presented, in order that the others could be matched up. Often enough, the missing layer was an in-depth discussion of the image-making process and its value within therapy. From one direction, the institutional shake-ups in the students' placements - and from the other, the reconfiguration of the postmodern art-world brought the realisation that a radical re-think about the 'shape' of the discipline was needed.

The problem emerging at this point was that as there was no comparable art-centred theory of art therapy available to substitute for the theories still supporting the discipline; one would have to be devised to fill the gap caused by any repositioning. So my particular approach to art therapy education was described to indicate a way of approaching this kind of problem. It emphasises the value of the transferable skills artists bring to their therapy training, and locates the learning process in the domain of the constructed visual world that will be their workplace; that is in the mosaic-like domain of contemporary art as well as visual media in general. A technique of matching phenomenological, psychological and social aspects of image-making and reception, to heuristic, hermeneutic and semiotic models of understanding was presented as a method for sensitising students to the often overlooked complexities of visual culture. Its state of flux, about which the changing profiles of the applicant candidates' portfolios have sent a clear message, needed to be accommodated in art therapy's own theory. Following on from this, the tactic of substituting a taxonomy of socially-constructed paradigms, each centred on art, for the familiar scientifically constructed theories or institutionally-constructed contexts/styles, currently shaping the field, was outlined. This was presented not as a critique of any one theoretical or stylistic approach but rather as a way of re-organising the range of approaches forming the present complex knowledge base. However, the related project of securely embedding the paradigms in the domain of the visual included thinking about how *art* works in therapy, the topic of section B.

Section B is a fulcrum for the rest of a thesis that deals less with the visual and more with historical, psychological and sociological aspects of art. In their complexities, as indicated by the diagram on p.48, the latter can push aside the more easily taken for granted visibility of images. It emphasised the paradoxical but real fact that art therapists caught in the coils of EBP have to articulate in words what they are doing in working with images. MacLagan (p. 72 above) recommends the use of fantasy-language to 'talk-about' the work. This strategy resonates with circle-dance hermeneutic approaches to the image

within art therapy education, previously discussed. The section continued to focus on the unique feature of art therapy's epistemology - its location within art and the aesthetic. It investigated art therapy's legacy of pre-modern ideas about the visual via, first, a general discussion of perspective and then of perspectivism and perspectivist models of epistemology. Following this problems arising from its naturalisation, in particular the concept of the detached observer and its ramifications, were related to art therapy with regard to differences between the 'object' and the 'agent' within images. With the privileging of the eye and sight, as MacLagan (1989) points out, there is feedback from perspectivism into how the imagination and imaging are conceived of and also, for art therapy practice, a privileging of representations (and symbols) at the expense of other features of image-making such as process and *facture*. Exploring this led to a consideration of various other visual legacies or 'ways of seeing' (Berger, 1974), inherited from the aesthetic preoccupations of earlier centuries that the pioneers of art therapy were able to employ in linking art, psychopathology and healing. The feel of the artworks produced in therapy, their construction in the field of the gaze of both client and therapist, and their relationship with mental imagery, define the singularity of the profession in the common denominator domain of visual art. It was pointed out that this differentiates it sharply from other creative therapies. Concentration on art therapists' ways of seeing helps to provide a firm basis for art therapy research, as opposed, for example, to general psychotherapy research, or other arts therapies research, to provide evidence of successful practice.

Keeping the visual in mind, section C examined art therapy's legacy of modernist ideas in art, via a survey of features of its psychological and aesthetic substructure. This is composed in part of ideas and approaches derived from a variety of classical, enlightenment and romantic writers and thinkers and in part from radically new scientific and political ways of thinking. For example, within early modernism, the democratisation of art-making, the growing interest in child-centred art, the encouragement of personal creativity, etc. were developed in the context of emerging notions of individuality, alongside reductionist - to the level of the gene - evolutionary understandings of what humans are. In the event, art therapy's pioneers benefited from a century's exploration of one area of debate around these topics, notably the 19th century discussion of relationships between art and insanity, as the study pointed out. Works produced by alienists, psychiatrists and collectors, along with various theories of the imagination, creativity, and other products of the Romantic Movements' interest in interiority (later the unconscious), and contemporary ideas about heredity and genius attempting to explain them, provided one basic literature for the emerging profession. Exploring this led to a discussion of psychoanalytic aesthetics which, influenced by biological and evolutionary theory, provided another basic literature. Freud's adoption of a private-eye hermeneutic approach to therapy and to art was explored both to acknowledge its importance for art therapy's pioneers and also to point to differences between his, and first Jung's and then, James' different conceptions of psychology. A trajectory of neglected ideas stemming from James,

Husserl, Heidegger, Merleau-Pointy and Gibson was discussed as offering possible new directions for art therapists. Leaving consideration of this possibility aside until Chapter 19, critiques of modernism (via Lyotard, Baudrillard, and Jameson) were presented, indicating what the forthcoming exploration of postmodernism would be dealing with. Before embarking on this, a concluding chapter - on the politics of the gaze - linked this section back to the discussion of the visual in section B, as a reminder of the profession's basic epistemological focus. The example of a prefiguring of postmodern visual culture by Duchamp and by related commentaries was used to point to the fact that contemporary art therapy theory is embedded in a new visual culture not yet fully articulated by the profession. Art therapists tend to justify their accounts of art/creativity via psychotherapeutic rather than aesthetic theorising, as noted above. Most, if not all, of these accounts were constructed in the optimistic *episteme* of progressive modernism. A presentation of the consequences for the profession of coming to terms with the very different contemporary postmodern culture, then became a necessary component of the argument for re-taxonomising art therapy's basic structure. (Described in section D.) Section C provided a descriptive and analytical review of aesthetic ideas (listed on pp. 127/8 above). In parallel, the psychological and some of the political ideas that form the foundation of the discipline and that are brought into question in the postmodern *episteme*, were outlined.

In the light of the above, Section D explored postmodernism as it affects art and psychology. Two of its prime topics, identified as the 'crisis of representation' and the 'death of the subject' respectively, were discussed in relation to mid-20th century debates linking art and politics. Both of these topics are of direct relevance for art therapists. If art no longer represents or even expresses its makers' worlds - inner or outer - what *does* it do? The answer, discussed in Chapter 20, is that it signifies and it ontologises. It also becomes a commodity. The position of art therapy in the consumerist 'society of the spectacle' (Debord, 1966, 1983) both implicated in and critical of various social constructions of art, (and of illness and health), was mapped out. Because the postmodern critique of modernism in art is also a critique of some of the founding principles of art therapy, a case study was presented to show how this might affect its prevailing values. It contrasted modernist hermeneutic readings of the work of two artists (Van Gogh, Munch), with alternative readings of their work (and Warhol's) in terms of postmodern aesthetics. The question was posed: Art as therapy relies to a great extent on hermeneutic processes: if the possibility of using these is resisted by clients/artists, how can the procedure be justified? A revised hermeneutic model that accommodates postmodernism has to be developed if sciences of the subject, such as art therapy, are to survive. Art therapists cannot afford to ignore this cultural turn, so the consequences of their embracing paradoxical therapeutic outlooks, for example by taking on board aesthetic principles informing Jameson's analysis of the postmodern scene, was briefly discussed. (Re-viewed in Section F.) The upshot of the discussion in this section was that art therapists will have to bring their theorising about *art* up to date if they wish to move beyond the narrow confines of psychoanalytic or humanist aesthetics presently

forming a tacit basis for their work. Signification, the dialogues between the sign and its users, the *play* of signs with signs on surfaces, and other dialogic strategies (Finlay, 1985), whilst not replacing symbolism - the science of hidden meanings - has to be worked on. The components of the existing structures that legitimise art therapy's practice can continue to flourish while this work is carried out.

In order to provide an appropriate context for postmodern theorising about art therapy, its *scientia* was radically re-organised in the next section of the study, Section E. The components remained but their relationships to each other were changed. Descriptions of seven cultural paradigms, with a brief comment on what might be the issues to be researched in each of them were offered. The first four - the spiritual, the magical, the moral, the educational - were built on material that is familiar to art therapists. This is because it is drawn from the premodern and modern epistemologies from which art therapy emerged. But it was reconfigured according to a logic based on socio-cultural, rather than scientific or opportunistic principles, i.e., the theories and the styles investigated in the study. In discussing the last three paradigms, the sociological, the psychological and the philosophical, account was taken of the relationships between those disciplines and parallel semiotic, hermeneutic and heuristic concerns in art and in therapy. The descriptions of the individual paradigms carry explanations of why they are proposed, so this re-view will just 'assemble reminders of ' (Wittgenstein) where they fit historically. The *spiritual* and the *marginal* originated in the pre-modern period before art therapy had defined itself. However they survived modernism and are manifest in both contemporary art and art therapy. The *moral*, the *educational*, and the *psychological* can be identified in most of the standard literature, constituting as they do the backbone of modernist art therapy. The *sociological* and the *philosophical* paradigms are defined as such to indicate that in the postmodern *episteme*, issues raised within these discursive fields have become more pressing as art therapists perform in a multicultural, diverse, global informational world - very different culturally in many respects from the early twentieth century world of the discipline's inception. Here one can envisage a new paradigm, 'Art, Therapy and the Political' developing in the near future.

Moving towards the conclusion of the study, Section F dealt with ways forward for art therapy research along several novel paths. It highlighted postmodern psychopathologies and explored a number of aspects of therapeutics congruent with postmodernism's influence. In particular, the postmodern strategies of Winnicott (1971), as presented by Finlay (1989) were reviewed. His acceptance of the decentred subject and his interactive circle-dance hermeneutic, as opposed to private-eye analytic engagement with the client - provides an existing model for postmodern art therapy. Also, the postmodern phenomenological understanding of psychopathology and psychotherapy, (see Still and Good, 1992) offers a promising approach not reliant on assumptions about the 'individual' or any other undivided cultural artefact. Linking the two sets of ideas, a model of the process of art therapy as dialogic rather than analytic with the therapist providing or facilitating a discursive strand of experience to fit alongside the client's existing

realms of discourse, the whole being articulated via the cultural paradigm enclosing the work in progress, was outlined. As this ends the review of the study up to this point, it is now time to return to issues raised at its beginning and as well to look to the future. The central theme has been that the unique visual cultural ground of the discipline and the profession has to be fully recognised, that the visual artistic culture that informs art therapy has to be placed at the centre of its theory if it is not to be chronically dependent on borrowed psychological theories, or on proliferating inventions of syndromes to each of which art therapists must attach a 'me-too' sticker. During the years that it took to complete, from an educator's point of view, a gradual appreciation of the extent and not just the complexity of the cultural base of the discipline, broadening as the study proceeded, brought about the realisation that the professional education curriculum will need to be re-thought if the model is adopted. Art therapy training will have to be undertaken in stages. In the first year of the current two-year full-time (or part-time equivalent) courses, given the range of paradigmatic avenues to be explored, it seems that the most useful strategy for educators is to provide students with a map of the territory, an itinerary, a way of locating landmarks, planning expeditions, dealing with practicalities. As individuals gain knowledge and experience in their second year, they will learn to find their own ways forward based on the paradigm(s) with which they are most familiar.

Before discussing this further, it is worth remembering that education is just one of the armatures holding the profession in a steady state in this uncertain period of socio-cultural restructuring. The study has also been undertaken to find new directions in practice and research, based on accommodating the complexity and diversity of postmodern art therapy. In accepting the mosaic-like pattern, the real-life plurality of the profession, with its many different traditions, how this new inter-paradigmatic way of thinking might help the development of practice in the profession will have to vary. For example, it offers the possibility of reinforcing existing cross-cultural work, linking, via the *educational* paradigm, the work of Vygotsky, Illych, Friere and others, with studies in child art (Golomb, 1992), making available a model for art therapy that could be used in cultural environments that do not recognise 'the unconscious' or 'the family' as possible sites of psychopathology. These are cultures that would find it easier to accept versions of therapeutic 'education' through art, where more than practical skills were being taught and learnt, than 'therapy' through art. Or, for instance, case-studies could be re-visited to gain new insights by re-processing them through the paradigmatic model. As the presentation below will show (see Appendix) pathological symptoms can sometimes confusingly straddle two or more paradigms. In this particular client's case, social adaptation improved over the time of her treatment; also, her pictures 'improved'; they became more and more normal. This indicator amongst others led to the decision that she could safely be discharged. The healthy self co-authored by the client and the institution was indeed able to cope with her life - on one level. That is, within the *social* paradigm her sick-role had become redundant. But within another paradigmatic framework, the *spiritual*, little had changed. Using the same data, her

pictures, one can see with hindsight that the impasse created by a conflict between her spiritual aspirations and her sexual desire had not been resolved during treatment. Her return to hospital as a consequence of this might have been predicted had the treatment not been symptom-based.

As a further example of the potential usefulness of the model, the therapeutic alliance changes its character when the therapists be-passes symptoms in favour of working within one of the paradigms. The client is not necessarily perceived by either party as being ill - rather there are problems to be dealt with and tasks to be undertaken. Meanings rather than causes become the focus of the work. A victim of early childhood sexual, physical and emotional abuse, whose symptoms included a facial tic and hallucinatory dreams, tells one story about the emerging images. Within the *moral* paradigm, the therapist tells another story, not an interpretation but a narrative of reaction to the images and the client's story. They are both aiming at the same goal - not of understanding why all this had happened, or of deciding whose story is the more plausible - rather, through the weekly work of processing of both (hi)stories; the client is learning now to live in the here-and-now. Neither story is the historical truth, but both create a narrative truth (Spence, 1982). The client learns to live with a scar that can remain invisible to outsiders, so the tic disappears and the dreams abate, though their presence has played little part in the therapeutic discourse as they usually would in symptom-based techniques.

Regarding research, a number of projects led by a variety of dedicated practitioners equipped with the knowledge and experience required to understand, in order to analyse, the particularity of a paradigm, can be anticipated. As a separate container of theory and practice, taking account of its unique contribution to healthcare, research strategies will be tailored to each. However there are problems to be resolved. Currently, in working contexts, art therapists are seldom in positions to gain access to major funding of the kind needed to underpin serious EBP. Energetic individuals have managed to acquire substantial grants for specific projects, but institutionally, securing funded research is not usually part of an art therapist's job remit. Even the institutions that provide the accredited .art therapy courses, where research would be expected to underpin teaching, are not always able to provide also the right conditions to deliver authoritative proofs of efficacy. The courses are not always located in the environment of a lively research culture within the university structure. There are institutions where not only cutting-edge physics or genetic engineering manage to gain funding, but also for example, social inclusion and ethnic group healthcare projects. In the latter cases the research proposals have to be very focussed to command interest. Art therapy is disadvantaged in that from the outside the discipline appears to be confused about its identity. For example, the accredited courses are hosted by different departments/faculties within the national university system; they are located in different geographical points in their respective academies. Not only grant awarding bodies, but students and potential students are confused by this anomaly. One is in a Faculty of Art and Design, one in a Faculty of Social Science and Healthcare, one in a Faculty of

Professional and Community Education and one precariously in a School of Health and Related Research.¹ Thus although the temporal evolution of the discipline has been tracked in this study, the effect on its theory and practice of its spatial location in the geography of the clinic or the academy is a topic that still needs to be investigated. Its placing within the educational research milieu may turn out to be highly significant for its future development. At present none of the host faculties or departments promote serious research into both the structure of visual activity - an undertaking of which is seen here as one of the key attributes to be addressed in training and needing to be researched in practice - and at the same time into areas such as psychopathology and psychotherapy. Twinned (art/therapy) subjects perceived as multidisciplinary tend to have less *gravitas* than their unidisciplinary fellows. One of the anticipated strategic benefits of this study is that, by offering them the opportunity to define themselves as *interparadigmatic* instead of as *interdisciplinary*, the professional training courses could seek to first locate themselves in the strongest arena of visual exploration in the academy (possibly faculties of art and design, but an alternative may be communication studies, for example). Researchers based there would then enter into collaboration with differing faculties/departments, the selection of which would be based on the particular paradigm encompassing the project - religious studies perhaps in the case of those working on the *spiritual* paradigm, anthropology for those working in the *magical* paradigm, or social science in the case of those researching in the *social* paradigm, and so on.

The acceptance of art therapy's diversity along such lines would seem to make more sense in the context of university politics, than portraying this diversity in terms an amalgam of dozens of symptoms or dozens of rival psychological theories as being the principal signifiers of differences. One can imagine a divinity research team being very interested in including an art therapist's contribution to a study of, for example, the spiritual aspects of palliative care. Set this possibility against on the one hand, the perception of art therapy as being but a watered-down version of the *real* Freudian, Jungian, Kleinian, Winnicottian, etc. practice - all of which theoretical orientations are themselves the objects of suspicion in mainstream psychology circles. On the other hand, few academic departments are interested in handling the responsibilities entailed in supporting a multi-symptom based discipline. Packaged in these ways, art therapy seems to be an unattractive product in the academic market-place. On top of this there is always the accusation that art therapists (along with other 'alternative' therapists) are just playing at being doctors. The art therapist is accepted on sufferance, as being beneficial as an auxiliary rather than as a prominent player. To counter this, the paradigmatic model offers clearer lines of communication to other disciplines than those the current theory/style models provide; it is more hospitable to other disciplines than are its predecessors, art therapy having always been embedded in social discourses of one kind or another. Countering the objection that for this model to work, art therapists would have to be extraordinary polymaths - apart from the consideration that anyone who presumes to 'interfere' in another's life needs to be aware of the huge cultural diversity of their potential clients' worlds - it is

anticipated that there would emerge over time 'good enough' practice supported by supervision and research. Research too would be collaborative as described above and it would not even be necessary for the art therapist to be familiar with all the languages in use at the collaborating department. For example in art history departments those who research Chinese art do not also need to read Arabic and medievalists do not need to understand postmodern jargon.² It is recognised that departments such as these, though engaged in a common purpose are of necessity culturally diverse. Also, seeking to migrate from one faculty to another does not indicate intellectual promiscuity; it characterises the development of other disciplines too. Anthropology having started its life at Edinburgh University as an adjunct of the fine art department is now located in the faculty of social sciences.

Regarding the centrality of the visual, future researchers may be stimulated to recognise and analyse other manifold elements comprising the visual dynamics of client's images than those explored above in the study. They reveal themselves in differing registers, differing modalities, ranging from how clients go about organising their image-making, - e.g. the sequence of steps taken to create an image; how they progressively make use of their materials and their tools; (their equipment - Heidegger) - to the more optical elements in their work. These latter would include how they create space; how they deploy colour, how line, volume, mass are managed. Borrowing Wollheim's (1960) terms, the client's schemata, rules and disposition constitute their 'idiom' (MacLagan, 2000), their chosen or inherited visual language. Such explorations could be based on key works in art history or art theory. For example, they will undoubtedly gain encouragement from David Hockney's (2001) film and book about the historical significance of artists' *nous* or 'know-how', that is, from his observations about the techniques of image-making initiated by artists' passionate, perhaps obsessive dedication to the visual. This will finally endorse the points made in Section B about what he calls 'the tyranny of the lens' (p.198, p.184ff)³ and will help to promote the preferred alternative that Gibson (1979) termed 'ecological perception'.

Wollheim who had anticipated some aspects of Hockney's thesis in his deconstruction of Ingres' compositions (1987), in his psychoanalytic approach to the visual in painting, his recognition of the psychological function of the spectator in the picture (1987) and his extremely useful accounts of 'seeing-as' and 'seeing-in' provides another toolkit for research. Conceptual tools, such as the differentiated kinds of seeing devised within the discipline of aesthetics have been applied in art therapy practice. Referring back to chapter 5, the slowing-down of student's responses to images through encouraging them to first, say what they *see*, next say what they see a particular part of the image as (*seeing-as*), then what they *feel* and finally what they *think*, has been based to some extent on Wollheim's ideas about psychological aspects of seeing. Other obvious areas for detailed study of the visual in art therapy include colour; here Gage, (1993) could provide a toolkit with his study of relationships between colour and culture, of how societies have shaped and developed their experience of colour. He challenges naturalised accounts of the

meanings ascribed to certain colours, e.g. blue=cold and red=hot by pointing to the fact that in a hot flame the blue tip is the hottest part; and to the fact that black can have a positive psychological effect and is not always perceived as the absence of light. (p.268) Another site for research is *facture*, a study of the implications of the actuality of materials in the making of images, with Elkins' (1999) work: *What Painting Is* providing the toolkit. The fluidity of watercolour paint, the viscosity of glue, the dryness of pastel - all of these, irrespective of the image's content, of what it is a picture of - carry potential meaning. Drawing attention to art's media, Hepburn⁴ (1990), says:

'...in coming to understand a work of art...the more justice one does to the contribution made by the medium to the overall effect, as it intersects with, and even re-works representational elements, and by the formal factors, the less obvious it may become that the distinctive emotional qualities of the work or its sequences of feeling are rediscoverable in the world outside the work...' (p.188)

This observation applies to clients' works as well as to 'works of art'. The intersection of their 'lifeworld' with the media and forms of image-making, the sequences of feelings brought into play in their making, not always commented on but left to be felt-through, rather than worked-through, often invest the therapy session with an emotional quality seldom experienced elsewhere. Sculpture has hardly been mentioned in this study - despite its being based on the 'deconstructed rope' metaphoric form. One hopes that in time someone immersed in the culture of 3 dimensional forms and/or time-based images will bring their knowledge and sensibility to exploring in depth the significance of their role, both historically and in practice, in art therapy.

Clients bring their own covert projects into their treatment; that is, they often use the therapeutic discourses provided for them in subtle and sometimes very witty ways. As well as having communicative potential, the surviving images can carry some of this emotional investment, providing concrete evidence of perhaps beneficial change, but often enough of stasis, or even of regression. To illustrate this, in the appendix a tiny fragment of a case study serves to represent some of the complexity in image-making and image-reading, of the dynamic interchanges that comprise the vast field of art therapy, interrogated above. Pointing to the client's use of symbol, colour, *facture* - as signifiers in her communicating - the few images presented,⁵ also serve to show something else. They demonstrate that (my) stereotypical response to her images in terms of theory and the institution's (a big psychiatric hospital) response in terms of symptom alleviations, failed to do justice to the unfolding story told by her pictures. Case studies have to be used with care and the fragment cannot completely exemplify the comments arising from Hepburn's observation above. Nevertheless, it can supply a conclusion to the thesis by demonstrating that, with hindsight, the images provide evidence that all three outcomes can be present at the same time, but each belonging to a separate paradigm. In fact the case is apt in another sense too in that the purpose of this study had its origins in the puzzling features of this particular client's work, which did not make sense until a deconstruction of the sort carried out here was first attempted.⁶

Barbara, a 17/18 year-old woman of Afro-Caribbean descent was a client near the beginning of her treatment who seemed to be enthusiastic about art therapy, though she was reluctant to explore her images' possible meanings verbally - as the jargon has it. However, given the motivation and activity on her part, after a short time it was considered appropriate for her to progress from one image to the next without her having to discuss them. As they began to accumulate both the therapist and myself as a researcher began to look for a framework for understanding what was going on in the sessions and in the images. In time my confusion about how to account for the variety of visual vocabularies that were emerging became frustrating, because I had access to a wonderful collection of images that fulfilled my research objectives, but could not make sense of them because of their diversity. I presented them to students as exemplifying various theories with Freudian, Jungian, Kleinian, Hillmanesque modes of explanation all tried at one time or another, or as being the products of the client's symptom (style) - neurotic/psychotic disorder. It was the inadequacy of these accounts that became a stimulus for the revised approach to therapy proposed in this study.

As the illustrations show⁷, early on the client used improvised picture-making, probably of the kind she would have made at school, to represent herself as a healer, signified by her abundant red hair and red fingertips, her work taking place in a heavenly temple (fig.9 and appendix iii, ix), as well as on earth (appendix ii). After some weeks of this she began to produce a new visual vocabulary including images of windmills, bridges, cars, landscapes. These in turn incorporated fences, gates, rivers and magnificent trees. It transpired that many of them were transcriptions, not copies, of photographs, postcards and comics. In effect, she was using the visual languages circulating in her social world, and her therapist was wise enough not to forbid this. The works may well have carried unconscious, perhaps archetypal, meaning. They certainly dealt with a real-world conflict between her spirituality, her race and colour, and her late-developing sexuality, but at a remove. For example, in fig.9 (over) she symbolised the contradictions in her life via an assemblage of elements of the visual vocabulary she had established in her earlier images. These included herself as healer (next to the throne), the throne, lamppost, bridges, dead trees (often contrasted with vividly alive ones), the car, etc. She found a surprising way to deal with her sexual issues through imagery borrowed from Noddy comics (appendix xi), and later from more age-appropriate teen comics (appendix xiii). But then with her dawning awareness of her plight as an attractive young woman in an environment contaminated by racism and sexism, through imagery borrowed from a record sleeve (see fig.10 and appendix fig. xvi), holiday brochures and African masks (appendix xvii). Regarding the medium, as she 'graduated' from felt-tip pens to the more demanding medium of gouache, it was obvious that she enjoyed its combination of sensuousness and precision, becoming a sensitive artist during her year of treatment. Even during a brief psychotic episode, her visual language remained clear, capable even of carrying layers of irony (see fig.11; appendix xi). Whereas the

variety and complexity of the imagery could not be accommodated in any theoretical account of her illness to be found in the art therapy literature, in thinking about the case in terms of what I was then learning about Wittgenstein's 'language-games', and Foucault's 'discourses', what she was doing began to make more sense. One had to separate out the social from the spiritual and from the psychological/sexual language-games or discourses, to clarify those differing aspects of what her subtle work was dealing with. Her symptoms also made sense considered in those terms. However, because my work was still framed in the familiar theory/style paradigms, it was to take many years for the implications of this case to be fully understood. One can now see that Barbara did make progress in terms of social paradigm criteria. She moved from an idealised view of self and family to a harshly realistic appraisal of her situation in her difficult social environment. (See fig.10 and appendix xii) Her spirituality seemed to stay at the same level throughout, according to the evidence of the pictures. (See appendix ii and xix) However, her psychological/sexual dilemmas appeared to worsen, and she produced some remarkable images of her plight and of her responses to it (appendix. xx). One of the final pictures depicts a scenario that includes the splitting of each parental figure into two (note the paws on one of the males), in order for her to remain the innocent little girl she was so reluctant to leave behind in her life (fig. 11 and appendix xi). Other pictures show her escape into a strong tower, under a magical rainbow (appendix xx), or as transformed into a radiant being (appendix xix). Unfortunately, there is not space here to do justice to the creativity and inventiveness of this client - the examples show only some of her range of idioms derived from her social world, her different approaches to media, and the spiritual, sexual/social content that would lend itself to further exploration in terms of the cultural paradigms described above.



Figure 8: Barbara

Barbara had made a number of images of herself as a healer (long red hair, red fingertips) wearing a long yellow dress or robe (see appendix figs. ii, iii). This image seems to be a composite of her healer persona, standing, but leaning back at the left of the sofa; and a seductive persona reclining in a sensual pose.



Figure 9: Impasse

Halfway through her therapy this image orchestrates elements from her earlier 'temple' (see appendix fig. iii) and 'bridges' compositions (appendix vii) in a dramatic evocation of the impasse she had reached in her life. On the left the lamp⁸ (c.f. fig.9 and appendix vii, xi, ix) illuminates her healing throne - a world away from the wintry trees and the car (mobility) on the right. The roads and bridges cannot connect the two paradigmatic domains of the spiritual and the social.



Figure 10: Prostitutes

Having used Noddy and teen comics to explore sexuality, another discourse around race and sex was popular and jazz music. Here (fig.10 and appendix fig. xvi) a record sleeve provided the

inspiration for her image of what social world awaited her outside the safety of the hospital. Her protagonists from figure xvi (see appendix) are transformed into a pimp and two prostitutes.



Figure 11: Little Girl

Mixed idioms (ideas) in fig.11 and in appendix xxi, include the sun from her earlier repertoire, alongside, but not integrated into her teen comic vocabulary in the rest of the image. Like figure 8 above, it is a complex work, seeming to show her strategy of refusing to grow up, achieved by 'splitting' the parental figures, the scenario watched by a nurse. The latter can personify in popular culture, women combining both sex-appeal (c.f. 'Carry On' comedies) and healing/spiritual attributes.

Relating the subtle qualities of image-making as presented above, and more fully in the appendix - to the emotional lives of clients in such ways as can be understood and evaluated by colleagues, and even critics, is a continuing task facing art therapists. So arising out of this proposed re-organisation of the field, set in train by Barbara, when researchers get to work on each of the paradigms, they will have to further develop the language of art peculiar to it. Or rather languages, since clients can use several at once; for example Barbara used colour in a symbolic, non-descriptive way in her spiritual themes, more descriptively when depicting the 'happy families' and randomly in other instances. It has different kinds of meaning in each application. So colour could be classified in terms of how it is employed by the client rather than in the more usual blue=cold, red=warm, etc. way noted above. Working with art's structural components is not easy - at least in my experience. At one stage in planning the study, an attempt was made to taxonomise the field in terms of the stylistic languages of contemporary art. The idea was abandoned on account of their Babel-like cacophony. The postmodern art-world comprised of body art, performance art, conceptual art, outsider art, virtual art and a non-stop flow of more conventional

paintings, sculptures, prints, photographs, videos and films forming one part of the cultural base of art therapy, resists straightforward classification. It became evident that any attempted organising of such a field would bring with it well known perils of taxonomising: overinclusion, arbitrary dividing, underinclusion. As museum curators know, endless re-classifying is possible, collections such as those in the Pitt-Rivers museum in Oxford, or the Soame museum in London - presenting marvellously idiosyncratic gatherings of materials seeming to defy systemisation. In my case, the system abandoned resembled that of the Chinese encyclopaedist in Borges' famous example of eccentric categorising.⁹ The story makes the point that any non-mathematical system bears the shape of its maker's interests; in the case of this study, an art therapy educator.⁶ Regarding under-inclusion within the paradigmatic model, other potential makers have interests not represented in the system described here. For example, an art therapist interested in the effects of drugs on client's work might have included, or may define a paradigm - 'art, therapy and the biological' - where relationships between the body and art could be explored (c.f. Morris, 1962; Disseneyaka, 1998, Dassey, 1999).

Despite all these drawbacks, what is proposed here should help in the task of teaching and learning about art therapy. As mentioned above, students have to learn in stages - by first learning to read a map of the terrain. Then what seems to happen is a marrying of their own interests, brought from their life experiences, to what is new to them. Here the different areas of paradigmatic thinking start to develop, based on the student's beliefs. This is to acknowledge the truth behind the ironic comment that Freudian patients have Freudian dreams and Jungian patients, Jungian dreams. It is a fact that art therapists' outlooks and beliefs do affect the clients - no matter how discretely they are revealed, or how carefully concealed. However one could explain to a client that the work is taking place in say, the spiritual paradigm - not even using that term and not specifying particular beliefs, without compromising the appropriate level of neutrality on the therapist's side. This would affect the relationship only to the same extent that an analysand knows that he/she is in (for example) Freudian or Kleinian analysis. The paradigms also provide the opportunity for flexibility: one can imagine working with different paradigms on the same case - the sociological one to deal with the fact that the client has to overcome a negative 'word-picture' identity forced by an abusive home environment - then the spiritual to deal with emerging imagery that carries those connotations. Of course, one could (and undoubtedly would) work within different paradigms with different clients - although only rarely would a newly qualified art therapist be knowledgeable enough or eclectic enough to work with all of them. Hence the need for supervision and the requirement by BAAT that five years of practice must precede self-employed art therapist status. As students develop a base for practice in one or another of the paradigms (rather than one of the theories or styles that can be dauntingly unfamiliar to them) through contact with tutors, supervisors, other students, they will learn how to widen that base.

In their training the types of placements they choose can be indicative of the paradigm they will be most comfortable with. The literature applicable to their client population will reinforce their knowledge - spirituality orientated literature when working in palliative care; socially orientated when dealing with substance abuse; learning theory orientated when working with autistic and severe learning difficulties where *curing* the problem is out of the question. By the end of their training, graduates will be very familiar with perhaps two of the paradigms and will have encountered the others, in supervision groups, for example. Ideally, as they continue their professional development, by working in differing settings, undertaking supervision, taking courses and attending conferences, they will accumulate knowledge of other paradigms, so that by the time they hold senior positions, they should be able to work within each of them appropriately. So instead of descriptions of say a 'Jungian art therapist', where the emphasis is on the psychological theory and not on the art, one would find art therapists who specialise in, say, the spiritual and/or the magical paradigmatic field. They would also be able to operate in the other fields and would know how to consult with other 'specialists' when limits of their understanding created a barrier to treatment.

Finally, it will be interesting to find out over time, the scope of this model when applied to different traditions in art/arts therapy. As the model is based on British Art Therapy, it may not travel well, into Europe for example, where the development of the profession is accelerating. The fact that 'art' is placed at the centre of the discipline may prove to be problematic. This is because, as Waller (1998) points out, the terms 'art' (and 'therapy') have a variety of connotations in the different European languages in which its discoursed are emerging. However, even though the meaning of 'art' changes as one crosses the continent, relationships between its two fields might be easier to construct through the paradigm model than through symptom/theory models. North America, where art therapy has a different developmental history from that presented here, one in which, despite 'art' being central to practitioners ranging from Kramer in the 1970s and earlier to McNiff in the 1990", "clinification"(Allen, 1992) seems to be embraced by most professionals. This may be because when insurance companies pay for treatment, they are more likely to be impressed by clinical as opposed to cultural accounts of health and illness. Nevertheless, the study is submitted as a contribution to all of the current debates both at home and abroad, about art therapy's future, one that promises to be as interesting as its past.

Notes and References

1. Another course survived for three years in a Further Educational Environment that was unable to sustain it.
2. Both are areas of research in the Fine Art Department in the University of Edinburgh.
3. Although this is an area of continuing controversy, David Hockney demonstrates how artists could have used concave mirrors, from about 1420, to project illuminated images of their subjects onto their working surfaces. They then drew round the images to obtain their extremely realistic representations. In the south of Europe, following Alberti, artists developed this practice into accurate fixed-point perspective. In the north, they developed instead collage-like techniques to build up their compositions. In the former case the beholder is placed 'outside' the world depicted, in the latter the beholder is 'included'. It would be interesting to find out whether the Enlightenment of Spinoza, Erasmus and other north-European thinkers owed anything to this difference.
4. Hepburn, R. (1990) Art, Truth and the Education of Subjectivity. *Journal of Philosophy of Education*. Vol. 24. No. 2.
5. Only 20 of these are presented out of a sequence of over 200 images giving merely a glimpse of the therapeutic process.
6. It should be added that in relation to this case, my interest in the work was from an oblique angle, that of a researcher investigating the notion that, because clients' engagement in art-making has its own satisfactions, their increasing accomplishment as artists adds to the therapeutic efficacy of the work.
7. These are to be found in the Appendix, p.i-xi
8. The two-worlds discursive strand woven into this image is reminiscent of the two worlds linked by the lamp-post illuminating the entrance to Narnia in C.S. Lewis' *The Lion the Witch and the Wardrobe* (1950). I owe this suggestion to Sasha Bain.
9. His/her animals were classified as: (a) those that belong to the Emperor, (b) embalmed ones, (c) those that are trained, (d) suckling pigs, (e) mermaids, (f) fabulous ones, (g) stray dogs, (h) those that are included in this classification, (i) those that tremble as if they were mad, (j) innumerable ones, (k) those drawn with a very fine camel's-hair brush, (l) others, (m) those that have just broken a flower vase, (n) those that resemble flies from a distance. In Junger, P. (1990) Internet: Humanist Discussion Group. (EDITORS@BROWNV.M.BITNET)

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Appendix: A Fragment of a Case Study

This is a selection of twenty-one images from an output of more than two hundred produced over a year during which the artist/client, Barbara, was a psychiatric in-patient for about nine months, was then discharged and subsequently re-admitted for about three months. Discharged again, she gave her pictures to her art therapist the late Theresa Lissin, with permission for them to be published with her name 'Barbara' remaining visible. Undertaking a research project, I had worked closely with Theresa on Barbara's case. She presented me with Barbara's pictures when she became seriously ill, giving me permission to reproduce them. The commentary accompanying this presentation is an amalgam of what Barbara had said to her therapist, as reported to me; discussions between Theresa and myself during Barbara's therapy and discussions with Theresa many years after Barbara was discharged, when I was given 86 sheets, some having pictures on both sides. Theresa had arranged them chronologically; however many of the works were given away or lost, so the sequence is not complete. Nevertheless, the images presented here are in chronological order.

The majority of the pictures are 39 cm by 28 cm. The medium is either felt-tip pens or cheap gouache paints.



Appendix Figure i

Doll-like self portraits with proliferating hair present a smiling face to the spectator. Contrast these again with the smiling faces in appendix fig. xvii, xix.



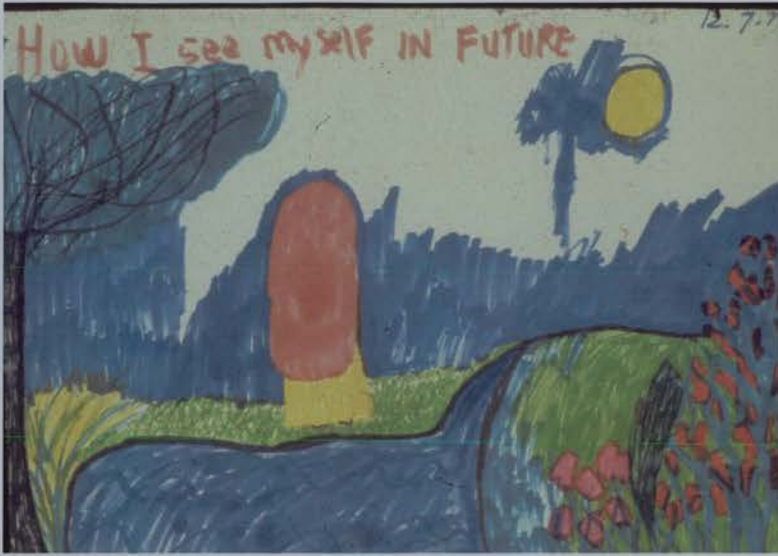
Appendix Figure ii

The therapist asked her to make an image of her future self. Barbara's self-image portrays a golden-robed healer identified by long red hair and red (warm) fingertips. A number of her protagonists, for example the small girl in this picture, reappear throughout her entire oeuvre (appendix fig. xi).



Appendix Figure iii

She expands the theme by indicating that her healing work takes place in an elevated temple where she is enthroned. The temple reappears in appendix fig.ix and several other images.



Appendix Figure iv

Barbara's response to a request by her therapist for a drawing on the theme: 'How I see myself in future'. She turns her back and also indicates her annoyance at having her own self-appointed project interrupted via an unusually (for her) vigorous use of the medium. A new item in her visual vocabulary appears - the stream and pool of water - an element that plays a significant role in her work (appendix vi, viii).



Appendix Figure v

Following this up in a number of images, she here shows her anxious ambivalence about the future, depicting herself as an amalgam of healer and attractive young woman. This is more apparent in the original especially in the context of her other 'sexy' self-images.



Appendix Figure vi

In this image she is trying to catch fish at night. This allows her to paint herself as black, something she had unsuccessfully attempted on a number of occasions.



Appendix Figure vii

The water-mill, bridge, and lamp are items 'collaged' from books and magazines and then re-mixed to create a powerful nocturnal scene.



Appendix Figure viii

A huge windmill protrudes into the night sky; a fragile fence opens for the approach road. Two large trees frame the scene.



Appendix Figure ix

Halfway through her therapy, this image orchestrates elements from her earlier 'temple' (fig.ii) and 'bridges' compositions (fig.vii) in a dramatic evocation of the impasse she had reached in her life. On the left the lamp illuminates her healing throne (c.f. figs 16 & 19) – a world away from the wintry trees and the car (mobility) on the right. The roads and bridges cannot connect the two paradigmatic domains of the spiritual and the social.



Appendix Figure x

Enid Blyton's Noddy is outside a (phallic) mushroom house, beside his car. Here is a new idiom enabling Barbara to deal with sexual themes indirectly and wittily in a lively series of images.



Appendix Figure xi

In a fleshy looking vehicle, Noddy drives dangerously downhill passing the lamppost from previous images. The rabbit looks alarmed. Several images later the journey ends with an encounter with the police.



Appendix Figure xii

This more ordinary scene signals the end of the Noddy idiom. Reality is more banal than the visions of the healer looking out from behind her fence. For Barbara the social and the spiritual do not combine.



Appendix Figure xiii

A young man with a shy girl, stand under a tree by a lake. Using a new idiom, that of teen comics, Barbara found a visual vocabulary for her next attempt to deal with issues surrounding romantic love and sex.



Appendix Figure xiv

Two couples picnic, one of a series of images depicting an ideal world where, for example, her temple (figure ix) is transposed into a holiday villa - contemporary heaven on earth. Love and harmony prevail in this (all white) world.



Appendix Figure xv

A 'happy family' image, part of this over optimistic series, one that Barbara's realism would bring to an end. But not before such images were taken as indicating that she was well enough to leave the hospital.



Appendix Figure xvi

Having used Noddy and teen comics to explore sexuality, another discourse around race and sex was popular and jazz music. Here a record sleeve provided the inspiration for her image of what social world awaited her outside the safety of the hospital. Her protagonists from figure xiv are transformed into a pimp and two prostitutes.



Appendix Figure xvii

Images based on African masks were used to handle her anger at being discharged. Her art therapist had not been informed at the time, and was not surprised to see her client turn up as usual the next week. She was disturbed by these images however; taking them to supervision, she learnt what had happened.



Appendix Figure xviii

This was Barbara's last picture after being told that she must leave the hospital. Like an actress walking offstage she offers an insincere farewell smile. She uses the thick paint to carry some of the weight of her anger and disappointment.



Appendix Figure xix

Readmitted some months later in a psychotic state, she began to produce ironic as well as ecstatic versions of her earlier themes. Here she depicts herself as a radiant 'sun', an apotheosis of her spiritual self, where hair had been the signifier of her healing powers, here it is rays of colour.



Appendix Figure xx

Retreating from the frightening world into her rainbow-protected castle, Barbara can remain a little girl. In this case the hostile environment on the left of the image was probably inspired by an image made by the 'outsider' artist August Natterer. His whose work was reproduced in a series of advertising folders issued by the drug manufacturers Bader, and distributed to psychiatric hospitals; in this case it ended up in the art therapy studio. (See Douglas, 1996, pp. 152-3 for a recent edition of the image.)



Appendix Figure xxi

Mixed idioms in this picture include the sun from her earlier repertoire, alongside, but not integrated into her teen comic vocabulary in the rest of the image. Like figure ix, it is a complex work, seeming to show her strategy of refusing to grow up, achieved by 'splitting' the parental figures, into what seems to be a realistic mother/father and the healer (rainbow top, red fingerends), the scenario watched by a nurse. In popular culture, the latter can personify women combining both sex-appeal (c.f. 'Carry On' comedies) and healing/spiritual attributes.