

## WHAT IS ART THERAPY?

**Y.S. Peligah, MA, PhD**

Department of Art Education, College of Art  
University of Science and Technology, Kumasi

### ABSTRACT

*This paper seeks to introduce as briefly as possible to the Ghanaian academic world, a most interesting subject that has so far escaped our notice, despite its existence for more than half a century in Europe and America. It is the subject of Art Therapy, which draws its roots from such fields as Art, Art Education, Psychology and Psychotherapy.*

*Art therapy is used mainly in psychiatric health units, day centres or places of rehabilitation for people recovering from mental illness and also in schools, and private practice. Some of its theoretical roots have very interesting implications for further research in the Ghanaian and African contexts.*

**Keywords:** Art brut, art therapy, archetype, psyche, psychotherapy, image, conscious, unconscious.

### ART THERAPY: AN INTRODUCTION

To many in Ghana the very term Art Therapy may sound a little strange, to put it mildly, let alone the idea of Art as a practical tool for healing some kind of human ailment, and not simply a hobby. Yet the phenomenon has been around in Europe and the Americas for the best part of our century. Indeed it appears to be gaining more popularity and appeal as shown in its adoption and adaptation from its first traditional bases in Sanatoria for invalids of the World War II veterans, to Modern Mental Health and Psychiatric Units, Day Centres, Community-Based Rehabilitation Centres, Schools for the disabled or persons with special needs, prisons and crime probation centres and also as psychotherapy for the otherwise normal person with an occasional upsetting hitch in life.

The uses and benefits of Art Therapy are numerous, and many among its pioneers and practitioners like Adamson [1], and Liebman

## ART

[2] enumerate more than twenty different ways each in which it can be used or be beneficial to the individual and society.

### PERSONAL INTEREST

My own interest in the subject was sparked off in 1987 when a Kumasi-based Rehabilitation Centre, the Kumasi Cheshire Home for persons recovering from psychiatric problems, approached the Department of Art Education in the University of Science and Technology (UST), Kumasi for help with Art Therapy. They may have had this suggestion from their British connection, but we unfortunately then had no trained art therapist to handle their request. A colleague, now Dr. Kodwo Edusei did offer to give them hobby art classes, after the Department held a staff meeting to discuss the issue. However, it was some three years later in England that I got the real chance to encounter the phenomenon of art therapy, which is quite distinct from occupational therapy, art as a hobby, a pastime and similar uses of the arts.

### ORIGINS AND DEFINITIONS

The recognition in one way or other that art could be of some practical effect in the healing process appears to have occurred to different people at different times in many countries. For instance as early as 1921, Prinzhorn is noted to have already gathered a collection of apparently spontaneous artworks, scribbles and carvings of prisoners and published a book out of it, "Artistry of Prison Inmates" [3]. The Austrian, Dr. Leo Navrati also collected artistic expressions of mental patients showing their attempts to find meaning in life, come to terms with existence and find a new basis for their own stability [3].



Dr. Y.S. Peligah

Similarly Florence Nightingale believed in the positive effects of beautiful objects, variety of forms and brilliant colours on the body and mind, and as a means of recovery [4]. In Switzerland Jung recognised it in the 1920s, Cizek did in Vienna in the late 19<sup>th</sup> Century and Naumberge and others in the U.S.A. during the 1930s [5].

In Britain, Adrian Hill is credited with its discovery from a first hand experience, while recovering from tuberculosis, and with having coined the term 'Art Therapy' to describe his work [5].

However, the actual definition of what art therapy was, what it did, and who an art therapist is, had to wait a bit longer. This is perhaps because, those whose names may be associated with its origins, did not then realise they had discovered a new 'science' or 'art' as it were. They were conscious only of its practical utility and value for their patients or clients and not with academic terminologies and verbosity. The question of definitions was faced by those who later took it into the realm of profession, with its own training programmes, entry requirements, conditions of service and work ethics. Among these is the British Association of Art Therapists, (BAAT for short) formed in 1963. Since my PhD research was on Art Therapy in Britain compared to traditional Ghanaian healing within the paradigm of Carl Jung's concept of Archetypal psychology, most of my materials will be derived from those settings.

One significant effect of the diversity of backgrounds from which the art therapists themselves came to practice, is that the term "art therapist" remained undefined for a long time. The first description that appears to have been agreed upon was published by the Department of Health and Social Services (DHSS) as:-

"A person who is responsible for organising appropriate programmes of art activities of a therapeutic application, with patients, individually or in groups, and possesses a degree or equivalent for entry to an accepted post graduate training course and

also a qualification in art therapy following the completion of an accepted course at a recognised institution of further or higher education" [6].

From the descriptions of most early pioneers of the subject, art therapy should have the following qualities:-

- (i) It should be a means of communicating innermost feelings
- (ii) It should provide access to a wide range of mark-making
- (iii) It should take place in a special environment such as a studio in a hospital
- (iv) It should consist of patient, therapist and artwork.
- (v) The approach of art therapists might vary, in that they may or may not regard the product of the session as 'art'. They would tend not to offer instructions or technical assistance except in the interests of the patient trying to realise an image or form necessary to their communication [5].

In its document entitled 'Artists and Art Therapists: a brief discussion of their roles within hospitals, clinics, special schools and in the community', the British Association of Art Therapists (BAAT) offered a definition of art therapy, and gave it wide circulation in the health and social services departments and special education units:

"The focus of Art Therapy is the image, and the process involves a transaction between the creator (patient), the artefact and the therapist. As in all therapy, bringing unconscious feelings to a conscious level and thereafter exploring them holds true for art therapy, but here the richness of the artistic symbol and metaphor illuminates the process" [7].

Art therapists have a considerable understanding of art processes, are proficient in the area of non-verbal and symbolic communication, and aid to provide an environment in which patients feel safe enough to express strong emotions.

Aesthetic standards are of little importance in the context of art therapy – the expression and condensation of unconscious feelings that art making engenders are at the heart of the therapeutic transaction”.

Whilst this definition represented a shift away from the DHSS's concept of art therapy as an adjunct to occupational therapy, and reflected the inclination towards psychotherapeutic ideas and practices, largely from the view of administrators and other professionals; BAAT also submitted a definition of art therapy by art therapists, in their application for State Registration for Art Therapists under the Council for Professions Supplementary to Medicine:-

“Art Therapy is a form of therapy in which the making of visual images (paintings, drawings, models etc.) in the presence of a qualified art therapist contributes towards externalisation of thoughts and feelings which may otherwise remain unexpressed. The images may have a diagnostic as well as a therapeutic function, in that they provide the patient and the therapist with a visible record of the session, and give indicators for further treatment. Art therapists may work with the transference – that is, the feelings from the past which are projected onto the therapist in the session. Such feelings are usually contained by the artwork and this enables resolution to take place indirectly if necessary” [7]. In a sense this represents a very generous attempt to account for the rather eclectic approach to art therapy, which I think British Art Therapy may now appropriately be characterised with. The will to accommodate diversity of views and approaches along with an ongoing debate about the implications of adopting one or other psychotherapeutic theories, also shows signs of a healthy development and dynamism in a profession that is gradually gaining respectability among its colleagues in the health and other services, as well as acceptance in the community at large. The early art therapists, or pioneers, worked alongside psychiatrists in therapeutic communities in psychiatric hospitals, whose patients were often the traditional long-term psychiatric patients for whom art therapy was perhaps a last resort or a general therapeutic occupation. After World War II group therapy

was introduced to cater for large numbers of soldiers with temporary psychological problems. Art therapy was used by many of these pioneers, such as Adrian Hill and Edward Adamson. Contemporary art therapists have also tried to identify and clarify the various senses in which the “therapy” in art has been understood and applied. These include:-

1. The Diagnostic approach which sees the image as a mirror of neurotic symptoms, used for the clinician's own understanding. Historically patients were thought to engage more in artistic works with intensely bright colours, when their conditions were critical or severe, but tended to lose interest or stop painting as they got better.
2. A Hobbyist approach where art serves as an activity to divert the patient's attention away from the “frightful and dangerous” images of the dark unconscious.
3. A Directive (controlling) healing approach where imagery from the patient's unconscious are censored according to the therapist's presumed criteria of what is good and appropriate or bad and inappropriate. It focuses on the patient's perceived problems here and now and how to solve them, rather than seek after any deeper unconscious processes beneath surface appearances.
4. A Psychoanalytical interpretative approach where images are more like jig-saw puzzles from the patient's past life (especially those linked with traumatic events and psychosexual issues) that need to be deciphered. Also termed the causal perspective approach it sees a formative link between repressed childhood experiences, fantasies and feelings, and current behaviour, the most crucial complex being the Oedipal stage. Working with unconscious mental processes, it aims at preventing the extremes of neurosis from interfering with the patient's functional capacity for work and love, rather than seek to eliminate neurosis altogether. Images made by the patient are considered as having real unconscious or hidden symbolic meanings quite different from their apparent meanings. This approach is more closely

linked with the Freudian approach to dream imagery in psychotherapy.

5. A Curative Expressive approach which credits the patient's engagement in the artistic expression of the imaginal and experience of the image with curative value. Stress is laid on the spontaneous expression of the unconscious without concern for right or wrong or correct and incorrect drawing, colours, or proportions.
6. The Analytical Psychology or Archetypal Psychology approach which sees therapy as the individual's quest for a deeper meaning to his existence and life. The image produced by the patient is seen to be the best possible expression of feelings, emotions and meanings not yet fully grasped. The image is valued not so much for its artistic worth as for its impact on the patient which makes his life meaningful. Of particular significance are imagery thought to be of universal symbolic significance, the common human psychic experience of which are called "archetypes". They appear to have a purpose of directing the patient's attention to splits in his personality which need to be attended to in particular ways.

The imagery are similar to mythologems, religious symbolisms and other seminal imagery in human societies, sometimes even unknown to the patient.

Art therapy is an important factor here, since it provides the avenues for the expression of the otherwise inexpressible numinous symbols, while the therapist plays the role of a guide, a mentor, or facilitator of the therapeutic process.

7. A Developmental (growth - oriented) approach which, concentrates on helping the patient to develop the capacity for a fuller more satisfying life by digging into his own resources.
8. The Experiential workshop - This is an approach in art therapy which introduces the concepts of working with the imaginal, psycho-aesthetic features of artistic expression and experience as a mediator

between the conscious and unconscious in man. It does not aim at any clinical or other goal beyond sampling the experience of the imaginal in art therapy although it is possible to get some images of deeper significance coming up. The workshop is done for groups, for short periods of time of from a couple of hours to a weekend or two, and is paid for by participants [8,9].

While these various approaches may each be sufficient for the needs of particular patients, or clients, in practice, the therapist may have to be eclectic in combining them as and when necessary. This necessity may be occasioned by the very uniqueness of each individual coming into therapy as also the developmental or changing conditions of each patient over the period of therapy or within the therapeutic process.

Again while these definitions give us a bird's eye view of the scope of art therapy in theory and practice, for a more intimate acquaintance, it will be helpful to look, at some of the other areas of specialisation which have come to influence art therapy in its present form.

#### THE VARIOUS INFLUENCES ON ART THERAPY

The development of art therapy was influenced by many areas of specialisation including art, art education, psychology and psychotherapy. Perhaps the most far-reaching influence was the "Child Art" movement and the recognition of the uniqueness of child art, through the study of psychology, the growing interest in so-called primitive art, and the appreciation of modern art.

#### ART EDUCATION AND CHILD DEVELOPMENT

Rousseau's ideas on the uniqueness of childhood influenced those who wished to preserve and nurture the natural endowment and dispositions of the child in Art, such as Cizek, Viola, Herbert Spencer and others, [10]. The move away from the rigidity of adult art, and the liberation of spontaneity and free expression anticipated features of art therapy dealing with the validity of subjective expression and fantasy imagery. A good example of this is illustrated in

Lyddiatt's "Spontaneous Painting and Modelling" [11].

For the advocates of Child Art in art education, child art far from being defective or inadequate was rather a wonderful art in its own right, and a positive source of artistic creativity the blossoming time of which occurred only once, and never again, if missed.

Following the downfall of high academic art at the end of the 19<sup>th</sup> century, child art, along with so-called primitive art, tribal art, and the arts of Western Asia were raised to the status of sensitive and expressive art forms. This change of attitude towards what were previously considered crude in art, is seen reflected in the primacy given in art therapy to the patient's or client's views and freedom to paint, draw or model what and as they like, as also in the priority their interpretations of images in art enjoy [12].

In other words, the images made by the client or patient within therapy are considered valid in and of themselves without applying any pre-established standards and criteria of judgement. By the same token, the meanings of the symbolic imagery must follow lines of thought, no matter how disjointed they may appear to be at first, given or hinted at by the client or patient.

#### **OUTSIDER ARTS (ART BRUT)**

The phenomenon termed as outsider arts were the so-called arts of the 'savage' and the 'insane'. These were considered outside of, or inferior to the accepted canons of real academic and aesthetically mature art forms. (A very contentious notion indeed). However some artists saw beyond the apparent chaos in these art forms and devoted their time and effort into protecting and nurturing them. Jean Debuffet collected them and coined the term Art Brut to describe them. He was interested in those art forms that had largely escaped the conditioning and indoctrination of generally accepted culture, whose selectivity and elimination process of arbitrary or pre-determined qualities only succeeded in sterilising all germinations (Cardinal, 1972 p. 26).

For him, the absolute standard or criterion for the authenticity of this pure art was "insanity", characterised by the refusal to conform. The exhibitions of these arts influenced many trends in art and art education. Andre Breton, the originator of Surrealism in a text written at the founding of the Compagnie de l'Art Brut in 1948, stated:-

"I am not afraid to put forward this idea – paradoxical only at first sight – that the art of those who are nowadays classified as the mentally ill constitutes a reservoir of moral health. Indeed it eludes all that tends to falsify its message and which is of the order of external influences, calculations, success or disappointment in social sphere, etc. Here the mechanisms of artistic creation are freed of all impediments. By way of an overwhelming dialectical reaction, the fact of internment and the renunciation of all profits as of all vanities, despite the individual suffering these may entail, emerge here as guarantees of that total authenticity which is lacking in all other quarters and for which we thirst more and more each day" [13].

#### **PSYCHIATRY AND PSYCHOTHERAPY**

The findings of some medical doctors specialising in mental health in the early part of the 20<sup>th</sup> century appeared to give weight to the notion that there was a link between insanity and art. Some doctors notably Cunningham Dax and Reitman at the Netherne Hospital had observed that the colours in the art works of patients diagnosed as schizophrenic whether previously artists or not became very bright with increasing intensity of illness or loss of colour [5]. They set up experiments to investigate this phenomenon, sometimes employing artists to serve as technical assistants. One artist and pioneer art therapist who worked alongside some of these doctors, Adrian Hill observed that patients became very creative when very ill, but lost interest in the creative activity or stopped art work when they were better [4].

Eventually, the marriage between Art and Psychotherapy and psychiatry was perhaps inevitable owing to the very complex nature of the human condition and personality.

Apart from the observations made by psychiatrists about the links between neurotic conditions and the tendency to engage in creative expressions, it had a significance and a meaning that placed it outside the scope of ordinary art. As Jung observed:

“It is not a question of art at all or rather it should not be a question of art but of something more and other than mere art, namely the living effect upon the patient himself. The meaning of individual life, whose importance from the social standpoint is negligible, stands here at its highest, and, for its sake, the patient struggles to give form, however crude and childish to the inexpressible” [14].

What Professor Jung had in effect discovered was that, at moments in the treatment of psychiatric patients when both analyst/doctor and patient were at their wits end, the patient's turning to these apparently nonsensical doodles, drawings and so on gave a sense of direction as if something from the unconscious which knew the whole situation was guiding them to the solution [14]. Jung discovered archetypal mythologems in these ‘arts’ and that they always appeared to bear on the patient's condition and means of release.

The images came up from the deepest layers of man's unconscious and were universal in nature, ageless and beyond race, creed, language or culture. What was unique was that in each patient a path was being shown, and the same image or symbol was capable of varied meanings under different sets of circumstances. The task of the analyst was to help his client resituate his personal conscious world within this wider universal psyche to find meaning in his or her life.

Other psychoanalytic theorists whose works have influenced art therapy include, Sigmund Freud (whose name in fact is almost synonymous with the field of psychoanalysis), Melanie Klein, Donald Winnicott, and their disciples. Freud placed the root cause of much of human behaviour on repressed (and unconscious) motives, impulses, desires and wishes from earlier in life. He developed psychoanalysis as a method of trying to bring these hidden causes into consciousness through the technique of “free associations”, of seemingly unrelated ideas and thoughts. This provided clues to the underlying problems, as did dream work. When the hidden contexts were thus brought into consciousness, they would be recognised and rationally dealt with, with the help of the trained analyst, who was expected to remain neutral and not try to prejudice the patient's responses in any way [15].

Freud conceived of the human personality as based on a three-tiered structure of ID, EGO and SUPEREGO. Each had a specific set of characteristics so that the analyst could perceive on what level his client operated as a person.

ID – (pleasure seeking, regardless of logic, and moral values).

EGO – or I, guided by the reality principle, of taking a controlling stance over the indiscriminate or unreasonable demands of the ID.

SUPEREGO – An internalised moral principle and guardian representing the various social forces of control of what is “acceptable” or “not” for one to do or say.

Again the conscious level of mind and the unconscious were mediated by a middle zone called the preconscious. This middle zone is the level of images which expressive art therapists use in their work. It operates as irrationality and communicates through symbolic imagery which in classical Freudian analysis comes in the form of dreams which reveal internal processes, highlighting unconscious demands [15].

Applied to Art therapy, there is an encouragement of spontaneous expression of art work as an analogue of "free associations" as an authentic expression of the unconscious. As in Freudian analysis, the images are seen as a disguise or misrepresentation of underlying unconscious motives, which need to be carefully investigated to unravel.

Briefly, art therapy adopted the basic concepts of psychoanalysis and its derivative theories and adapted them to a non-verbal mode rather than a verbal mode of interaction and intervention in the therapeutic process.

### **ART THERAPY IN PRACTICE**

What art therapists did was to make the obvious deduction and put to practice, the fact that, instead of waiting for a patient or client to get to the point where words fail in order to resort to this guidance from the unconscious, why not tap it right from the beginning by opening up one's consciousness to the streams of the unconscious which know more about us than we care to admit.

Art therapy offers the patient/client the means of entering into the unconscious world by the simple act of engaging in any spontaneous 'creative' expression, drawing, painting, carving, modelling, or any medium preferred and available.

### **APPROACHES**

Although several techniques are adopted, there are two main approaches in practice. These are the Directive and the Non-Directive approaches which I prefer to term the Active and the Passive approaches respectively.

In the directive (Active) approach, the art therapist plays a more active role in giving the client a theme or subject to work on, and offering suggestions for lines of thought within what he sees as the most promising context in the particular individual's development suggested by his or her case. In the non-directive (Passive) approach, the therapist plays a passive role. He only provides the material and the space and his presence but leaves each individual to themselves to do as they like

within given bounds. This tends to take a very long time to produce results and also leads to what is known as the transference and counter-transference phenomena. It is a projection of feelings from the patient/client onto the therapist who is seen as being similar to some previously encountered 'bad' or 'good' fellow. The reactions of the art therapist to these are the counter-transference effects.

What is common to all art therapy is the understanding and acceptance that, the engagement with the art expression in the context of art therapy opens up a link between the conscious and the unconscious realms in man with great potentials for personal discovery, understanding and re-orientation of personality. That the realm of the archetypal psyche (in Jungian terms) is the source of religiosity, spiritualism, gnosticism, aesthetic and artistic genius, discoveries and the most original ideas. What the images mean when they do emerge depends entirely on the individual concerned, his age, experience, inclination, attitude to life and so on. The art therapist is available as a guiding friend or travel companion into this dark and sometimes frightful world of one's own unconscious and its secret tunnels, dungeons, as well as beautiful gardens and citadels of light, villains and heroes as well as devils and gods. The goal of all therapy is the discovery of the self in man and acceptance of oneself as one is, here and now.

### **CONCLUSIONS**

Art therapy has a potential for adaptation and application everywhere, especially from the view of archetypal manifestations in human life.

The Ghanaian culture is particularly rich in these. From the worlds of traditional indigenous healing through the various Christian Charismatic healings to the varieties of Islamic healing forms, there are hordes of archetypal imagery and symbolisms that can throw light on the neurotic conditions of the Ghanaian and the African at large. What needs to be done is considered research into all these local healing forms and their psychological implications. This is based on the recognition that between the realms of physical scientific medicine and the purely spiritual healing forms, there is a middle

world of fantasy and symbolism, that touches both and is yet unique in its manifestations. This is the realm of art therapy and other psychotherapies.

Initial results of supervised research by my post-graduate students working with prison inmates, refugee children, the insane, orphans among others are already yielding very interesting results of great academic and practical implications for art therapy practice in Ghana [16,17,18,19].

**REFERENCES**

1. Adamson, E. and Timlin, J. *Art as Healing*, Conventure Ltd., London, 1984.
2. Liebman, M. (Ed). *Art Therapy in Practice*, Jessica Kingsley Publishers, London, 1990.
3. Thomson, M. *On Art and Therapy: An Exploration*, Virago Press Ltd., London, p23-24, 1989.
4. Hill, A. *Art versus Illness*, George Allen and Unwin Ltd, 2<sup>nd</sup> ed. London, p vii, 1948.
5. Waller, D. *On becoming a profession: The History of Art Therapy in Britain 1940-1982*, Routledge, London, pp. 35-36, 1991.
6. DHSS Personnel, Memorandum, 6<sup>th</sup> March 1981.
7. Waller, D. and Gilroy A. *Art Therapy: A Handbook*, Open University Press, Buckingham, pp 4-5, 1992.
8. Watkins, M. *Six Approaches to the image in Art Therapy*, Cambridge Mass, 1980.
9. Maclagan, D. *What is meant by therapy?* Unpublished Lecture Notes, Birmingham, 1993.
10. Macdonald, S. *The History and Philosophy of Art Education*, University of London Press Ltd., London, pp. 320, 1970.
11. Lyddiatt, E.M. *Spontaneous Painting and Modelling: A Practical Approach in Therapy*, Constable, London, 1970.
12. Jung, C.G. Von Franz, M.; Henderson, Joseph, L. Jacobi J.; Jaffe, A. *Man and his Symbols*, Arkana Publications, London, 1990.
13. Dubuffet, Exhibition catalogue quoted in Cardinal R. *Outsider Art*, Studio Vista, London, 1972, p. 26.
14. Jung C.G. *Collected works Vol. 16 par 104*. 2<sup>nd</sup> ed., Renledge and Kegan Paul, London, pp. 82-111, 1970.
15. Freud, Sigmund. *Introductory lectures in Psychoanalysis*, Penguin. Hermondsworth ed., Strachey James & Angela Richards, pp. 138-141, 1973.
16. Boateng, C. *Creative activities of inmates in the Kumasi Central Prisons – P/G Dip. Thesis*, U.S.T., Kumasi, 1996.
17. Christiana Boateng. *Drawing and painting as a mediator of the inner and outer worlds of mentally-retarded children. A case study: Garden City Special School, Kumasi – MA Thesis*, U.S.T., Kumasi, 1997.
18. Gombilla, A. *Art of the Insane, Special Study*, Tamale, MA Thesis, 1997, U.S.T., Kumasi.
19. Tiase, S. *Art for rehabilitation of refugee children: A case study of the Liberian Refugee Camp at Gomoa Buduburam–MA Thesis*, 1997 U.S.T., Kumasi.