Chapter One

Aim and Objectives of the Study

1.1 Introduction

Psychologists, like many other mental health professionals, rely on the current knowledge base of the profession to construct their preferred theory, and from this they design their therapeutic approach. As knowledge is never static, it continuously grows and expands to absorb paradigms and perspectives that were previously non-existent or undiscovered. Thomas Kuhn (1970) describes a paradigm as an achievement in the scientific community that shares two characteristics: Firstly, the success of the new model should be sufficiently remarkable to draw the attention of a group of followers away from other categories of scientific enterprises; Secondly, it should introduce multiple challenges in order to harness the efforts of the newly formed group of acolytes.

Kuhn's view of scientific research was that it consists of long periods of peaceful activity punctuated by violent revolutions of intellectual dissent. He uses the example of physics in which Isaac Newton's *Principia* replaced a variety of different opinions on how the natural world functioned, and so went on to serve as the foundation of all investigations in the area of physics for the following two hundred years. This model was challenged by the publication of Einstein's theories of relativity, which questioned some of Newton's basic assumptions about matter and energy. Kuhn describes this crisis as a paradigm shift. He proposed that a paradigm shift occurs, when an approach becomes established, accrues a body of research, and has already claimed several scientific successes in its name.

This kind of shift has occurred in the last few years as psychologists have turned away from the twentieth century emphasis on psychopathology and dysfunction, towards two of the original subjects of psychology: The study of improving the quality of peoples' lives, and the nurturing of talent and optimal functioning.

Art in therapy has not only been one of the manifestations of this shift but could be considered as a paradigm shift in itself, with a growing group of acolytes. Art therapy is an organised discipline of thought which, rooted in psychological theory, makes use of visual images and art-making for self-expression, insight and healing (Bien, 2005).

Art therapy personifies the nurturing of talent and optimal functioning, through the process of image making (Körlin, Nybäck & Goldberg, 2000). The fundamental validation of art therapy, is that the client brings forth the image, after which insight and eventual therapeutic change is sought. Therapy is therefore unable to take place unless the image and its consequences are presented. The potential for healing is therefore within the client and therapeutic change cannot take place without the realisation of the potential within the client. The image is thus not an external hand that guides the individual, but rather an internal, integrated part of the individual, which utilises the client's strengths and builds on them. Although this process is and should be guided by a trained therapist, the focus remains on the individual's production of the image.

Art therapy is a method that has a long history as a treatment alternative when conventional verbal psychotherapy and even pharmacotherapy have failed to facilitate improvement. It helps access, give form to, and integrate experiences, memories, and emotions that cannot be directly verbalised (Körlin et al., 2000), so promoting the strengths of the client.

The use of art in therapy is extensive in many countries across the world. In South Africa, however, art therapy is not offered in formalised programmes. Davis (2004) predicts that training will be available in the very near future, and a postgraduate Art Therapy Training, which is in the pipeline, will hopefully commence in the next 2-3 years. Currently foreign trained art therapists need to undergo a registration process under the Health Professions Council of South Africa (HPCSA), which includes an examination, which then entitles them to practice in South Africa. Still, very few art therapists practise in South Africa.

The Centre for Art Therapy in Johannesburg, South Africa has been running a foundation course in art therapy since 1997. The course offers an introduction to

basic experiential and theoretical components of art therapy, and is offered to psychologists, professionals, health care workers, teachers, trainers, etc. However, the enrichment programme is not an accredited training, nor does it qualify participants to practice as art therapists (Davis, 2004).

Art therapy as a profession does not have a distinct category of its own under the HPCSA (Davis, 2004), yet some South African psychologists do use it within their psychological therapy. The use of art in therapy is also currently being implemented in some of the educational psychology courses currently available in South Africa. While as yet still relatively limited, an example would be the University of Johannesburg's Educational Psychology Programme. However, this creates the misconception that this field is limited to educational psychology and therefore only a viable therapeutic option for children and not for adults.

Educational psychologists and other healthcare workers are not the only professionals utilising art in their therapy. There are some other psychologists, although few in number, who have seen the potential of art therapy, especially within the South African context. The variety of perspectives of these South African psychologists who use art within their therapy have as yet not been explored. This study should be able to provide important information regarding the possible uses of art in therapy from a unique South African perspective. According to Körlin et al. (2000), art therapy is probably under-utilised in psychological and psychiatric practice. However, according to Naumburg (2001), growing numbers of psychotherapists have come to recognise that art therapy techniques are useful as an adjunct to psychotherapeutic procedures.

This mini dissertation aims to contribute to the growing body of knowledge specifically related to the use of art in therapy and may provide a starting point for other psychologists towards the utilisation of art in their therapeutic practises. This work should in no way be considered an attempt to convert the reader to art therapy as a preferred treatment. It is intended rather as an attempt to persuade the psychotherapist, whatever the structure and style of his/her therapy may be, to consider art therapy as another door-opening or bridge-building technique, that he/she

may add to his/her therapeutic repertoire, to employ only as he/she finds it contributes to his/her usefulness to any particular client.

The main aim of this study is therefore to explore and describe the uses and perceived usefulness of art therapy within psychological practice specifically pertaining to South Africa, and in particular to the psychologists who contributed to this study.

Chapter Two

Literature study

2.1 History of Art Therapy

2.1.1 The First Roots of Art Therapy

The roots of art therapy reach into prehistory, "*to a time when people fist began to make images and objects intended to influence, make sense of, or express their experiences. Throughout time and across the globe, countless examples can be found of the use of visual arts in healing rituals*" (Edwards, 2004: 19). Archaeology is littered with examples of artistic objects used in rituals for healing, religious practices, the desire to be immortalised and many other such examples, from ancient Egypt, Greek and Roman Mythology to the Golden Calf mentioned in the Christian Bible.

It is not difficult to grasp that the significance of art has never been merely aesthetic pleasure, even when considering more recent works of art. Paintings by Salvador Dali, for example, by themselves, appear to reflect facets of the subconscious mind, as the elements in his paintings do not exist naturally in the proportions, combinations or scenes displayed.

Even though art has for aeons been used in rituals, religions and many other practises, hints of its first uses in the area of psychiatry emerged in the first half of the nineteenth century. One of the most influential figures during this period was the German psychiatrist Johan Reil, who outlined an elaborate programme for the treatment of mental illness, which included the use of art therapy (Ellenberger, 1994). Also, during the late nineteenth and early twentieth centuries, some psychiatrists became fascinated by the spontaneous art of the mentally ill. Around the turn of the century a few psychiatrists began collecting the spontaneous artwork of their patients, although "…*most regarded them as mere curiosities*" (Plokker, 1965: 83). There were notable exceptions though, and from 1876 to 1888 Paul-Max Simon, a French

psychiatrist, published the first serious studies of drawings of the mentally ill, with several other psychiatrists following suit (Ruben, 1999).

"*However as psychiatry moved closer to medicine, the view that mental illness was a result of brain abnormality gradually came to assert itself. Henceforth, the structure and workings of the brain became the focus of psychiatric investigation and treatment. Among the many consequences of this were the increasing emphasis placed on physical, rather than psychological forms of treatment and the isolation of the mentally ill in vast asylums*" (Edwards, 2004: 25). During this period the therapeutic use of art therapy was largely reduced in importance to a supplementary role, often in the form of diversional, recreational or educational activities. Nevertheless, it was against this backdrop and within these psychiatric institutions that art therapy began to emerge as a distinct paradigm from the 1940's (Edwards, 2004).

The triumph of medical psychiatry did little to foster greater understanding of the symbolic and therapeutic value of art produced by the mentally ill. The belief that brain abnormality might be revealed through drawing and painting did, however, result in a renewed interest in the diagnostic potential of art. An early pioneer in this area was the German psychiatrist Fritz Mohr, who devised an experimental procedure for the study of drawings of mentally ill patients, with the intention of relating these to specific types of neurological dysfunction. The patient had to copy certain drawings, complete others and draw anything that occurred to them (Edwards, 2004). In this way Mohr anticipated many of the visual and projective based psychological tests that are still in use today, such as the Draw-A-Person-Test. Though questions remain regarding the validity of many of these tests (Trowbridge, 1995), they still played a significant role in the development of art therapy. Another individual who contributed to this area is Ruth Shaw, who invented the use of finger-painting, which was thought to be both diagnostic and therapeutic (Ruben, 1999).

From the late 1930's a group of psychiatrists, "…*known as the émigré psychiatrists, collaborated on a series of research projects in London, concerned with visual and self-perception in depersonalisation and manic depressive psychosis…*" (Waller, 1991: 28). As with so many other inquiries of this kind, the meaning attached to

these images by the individuals who had created them were of lesser concern. "*The visual image was essentially regarded as a depiction of psychopathology…*" (Waller, 1991: 29).

In 1945, Reitman, one of the émigré psychiatrists moved to the Netherne Hospital in Surrey, where he worked with another psychiatrist, Eric Cunningham Dax. Dax shared Reitman's interest in the art of psychiatric patients, but there was one major difference. "*He appreciated the art for its therapeutic potential, particularly as a way of providing emotional release…*" (Waller, 1991: 49). In 1946, Cunningham Dax, appointed the artist Edward Adamson to the role of 'art master' at Netherne (Hogan, 2001). However Adamson was limited to helping the medical team obtain images for their research. "*The images produced were obtained under experimental conditions and remained uncontaminated by any discussion of its symbolic content*" (Waller, 1991: 54). However despite the restrictions placed on him it is evident that Adamson believed creativity to be inherently healing (Adamson, 1990).

2.1.2 Psychoanalytic Roots of Art Therapy

Another important influence of art therapy is that which has been exerted by psychoanalysis. Since Freud founded the profession, psychoanalysis has had much to say about the creative process, aesthetics and the interpretation of art. Indeed, all the major psychoanalytic schools have, from time to time drawn from the arts to support or substantiate their theories. For many leading psychoanalysts, including Carl Jung (1969), Melanie Klein (1975) and Donald Winnicott (1971), painting and drawing often played an important role in their clinical work.

2.1.2.1 Freudian Roots

Even Freud himself was interested in art to some extent. His interest in art arose from his belief that neurotic symptoms developed as a consequence of the conflict between the pleasure and reality principles. For Freud the unconscious mental processes operative in neuroses, dreams, and the creation of works of art, functioned in similar ways (Edwards, 2004). According to Freud what distinguishes the artist from the neurotic is that the artist "*…understands how to work over his daydreams in*

such a way as to make them lose what is too personal about them, and to make it possible for others to share in the enjoyment of them. The artist also understands how to tone them down so they do not easily betray their origin from proscribed sources" (Freud, 1975, vol. XVI: 376).

One important consequence of Freud's approach to art has been "*…to view it like a dream or symptom, and as the symbolic expression of the neurotic and conflicted inner world of the artist*" (Edwards, 2004: 29). Furthermore, although Freud acknowledged that the experience of dreaming was predominantly visual, he was primarily concerned with translating dream imagery into words. He did however acknowledge the difficulty of this. "*Part of the difficulty of giving an account of dreams is due to having to translate these images into words. '**I could draw it'**, a dreamer often says to us, '**but I don't know how to say it'**..."* (Freud, 1979: 118). This was probably what encouraged Freud to ask some of his patients to paint, particularly dreams that had no form or shape to describe (Robbins & Sibley, 1976).

According to Bowie (1993: 56), "*Freud's overall message is encouraging: art is an enhancement of our lives, a partial taming of our savagery, and although artists are propelled by passions that retain something of their primitive power and disruptiveness, the work they do on behalf of society is of an integrative and reparative kind*".

It is clear that even though Freud didn't use art therapy as we see it today, he had a substantial influence in the development of art therapy. Just Freud's dream interpretation alone, a technique to explore the unconscious, eventually contributed substantially to the evolution of art therapy techniques (Robbins & Sibley, 1976).

2.1.2.2 Jungian Roots of Art Therapy

Eisdell (2005) regards Carl Jung as the forerunner of art therapy. While Jung broke away from the psychoanalytic movement and founded 'Analytical Psychology', his approaches had much in common with Freud's. Both approaches are grounded in the belief that our inner (subjective) life is determined by feelings, thoughts and impulses beyond conscious awareness, but which may find expression in symbolic form.

However, in a number of marked respects Jung's approach to art and the imagination stand in marked contrast to that traditionally found in psychoanalysis. Unlike Freud for whom psychoanalysis was a talking culture, Jung arrived at the view that it was through images that the most fundamental human experiences and psychological life found expression. As a consequence, Jung frequently encouraged his clients to paint or draw as part of their analysis (Eisdell, 2005; Jung, 1969; Naumburg, 1966).

These pictures were seen as "*of therapeutic value by Jung because of two reasons: Firstly, Jung believed they played a mediation role between the patient and his or her problem; Secondly, image making provided the patient with the opportunity to externalise their problem, and thus establish some psychological distance from their difficulties*" (Edwards, 2004: 30). Therefore thoughts and feelings experienced as unmanageable could through painting or drawing be given form and expression.

"*Jung's way of working with images was primarily aimed at encouraging an active relationship between the artist/patient and his or her imagery, rather than the production of further unconscious material for interpretation*" (Edwards, 2004: 30).

For Jung, symbolism has what he termed a 'transcendent function'. It is by means of symbolic forms that the transition from one psychological attitude or condition to another is effected (Edwards, 2004). Through drawing on the archetypal patterns that Jung believed structured the human mind, each individual is regarded as having access to images and narratives through which expression to conflicting aspects of the psyche can be given. In Jungian theory archetypes are, like the instincts, an inherited part of the psyche and belong to the collective unconscious (Fordam, 1973). Archetypes were said by Jung to cluster around the most fundamental and universal life experiences – birth, parenthood, death and separation – and to reflect the psyche itself; revealing themselves by way of such inner figures such as the 'anima', 'shadow' and 'persona'. As such, our dreams, fantasies and images all derive in part from a collective reservoir of symbols and myths that repeat themselves universally. (Jung, 1978). An example of one such symbolic form frequently cited in Jungian literature is the mandala (see Figures 1 & 2). Mandala is an ancient Sanskrit word

meaning magic circle. Mandalas assume many forms but a basic mandala is a geometric figure in which a circle is squared or a square is encircled.

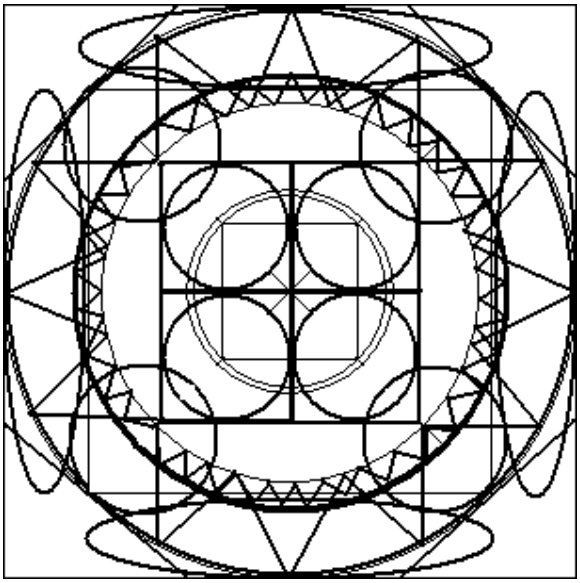

Figure 1: An example of a Mandala

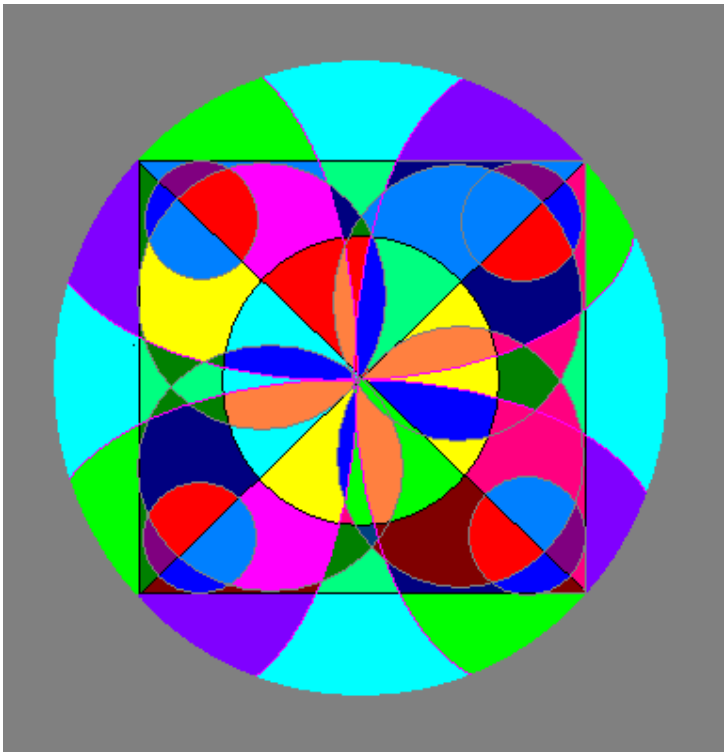

Figure 2: An example of a coloured Mandala

Mandalas are found in the art of many religious traditions where they are employed in the service of personal growth and spiritual transformation. Jung considered the mandala to be an expression of the self and an archetypal symbol of wholeness (Samuels, Shorter & Plaut, 1986). Jung used the mandala as a therapeutic tool and believed creating Mandalas helped patients make the unconscious, conscious (Edwards, 2004 & Slegelis, 1987).

The importance Jung attached to images in psychological healing has had a marked influence on the development of art therapy. Maclagan (2001: 85) states "*what made Jung a reference for later development of art therapy was not just his insistence on the primacy of the image, and the phantasy (fantasy?) thinking depending on it, nor the enormous importance he attached to archetypal symbolism, but his pioneering promotion of art making as an important path to psychological awareness*".

2.1.3 The Birth of Art Therapy

In the United Kingdom the artist Adrian Hill is generally recognised as the first person to have used the term 'art therapy' to describe the therapeutic application of image making. For Hill the value of art therapy lay in completely engrossing the mind and releasing the creative energy of the frequently inhibited patient. This, Hill suggested enabled the patient "*…to build up a strong defence against his misfortunes"* (Hill, 1948: 101-103).

At approximately the same time, Margaret Naumburg, an American Psychologist, also started using the term 'art therapy' to describe her work (Edwards, 2004). According to Naumburg, her model of art therapy based its methods on "*…releasing the unconscious by means of spontaneous art expression. It has its roots in the transference relation between patient and therapist and on the encouragement of free association, and is closely allied to psychoanalytic theory. Treatment depends on the development of the transference relation and on a continuous effort to obtain the patient's own interpretation of his symbolic designs. The images produced are a form of communication between patient and therapist, constituting symbolic speech*" (Naumburg in Edwards, 2004: 1).

Although the approaches to art therapy adopted by Hill and Naumburg were very different, and have subsequently progressed to other approaches and definitions, their pioneering work has exerted a significant influence (Edwards, 2004).

2.1.4 Growing Pains

2.1.4.1 The United Kingdom

Art therapy in the UK can be divided into three separate parts. According to Wood (1997: 172) "*During the first period art therapists focused on the powerful means of expression they might offer to people with serious disorders and also on the provision of respectful containment. During the second period, art therapists tried to counter some of the alienating effects of some psychiatric institutions by providing an asylum within an asylum. In the third, contemporary stage, the work of art therapists has become more influenced by psychotherapeutic practise*".

The first period identified by Wood (1997) was between the 1940's and the late 1950's. During this time ideas about using art as therapy in hospital settings emerged in a distinct and clearly recognisable form. This was also the time that the term art therapy was being used more frequently (Edwards, 1994). However as Hogan (2001: 186) observes at this time "…*rather than being a distinct discipline, with clearly identifiable features, art therapy represented a variety of practices developing in specific contexts*".

It was largely through the work of pioneering therapists at this time, such as Adrian Hill, Edward Adamson, Lyddiat, Jan Glass, Arthur Segal, Joyce Laing, and Rita Simon, that the foundations of the profession was laid (Edwards, 2004). The promotional activities of many of these pioneers of art therapy went a long way towards attracting later generations of art therapists to the profession in the UK.

Another important factor in the emergence of art therapy as a modality was the work of the Withymead Centre in Devon. This therapeutic community pioneered the

combined use of psychotherapy and art in the treatment of mental health problems. The therapeutic work of the Withymead Centre was Jungian in orientation and placed the use of art in therapy at its heart (Edwards, 2004; Stevens, 1986).

Throughout the 1960's and 1970's art therapists, often working in isolation from one another, developed different ways of working and varying viewpoints regarding the therapeutic potential of art. At this time it appears that art therapists relied more on intuition, respect for the image and empathy for the client, as opposed to relying on theory (Edwards, 2004).

In 1964 the British Association of Art Therapists was established and art therapists began asserting their unique identity (Edwards, 2004).

Until many of the large psychiatric institutions, which employed many art therapists, began closing in the 1980's and 1990's, many art therapists saw it as their role to improve the conditions and quality of life for the individuals who populated these asylums (Edwards, 2004). Art therapy was seen as a way to foster self-esteem, promote social interaction and self-expression, as well as address the sense of inner emptiness many patients experienced (Charlton, 1984; Molloy, 1997; Skailes, 1997 & Wood, 1992).

The last and current phase of development identified by Wood (1997) begins in the 1980s, when psychiatric institutions started closing and new opportunities and challenges arose. An important consequence was the move towards community-based services, which forced art therapists to rethink the ways in which they had traditionally worked (Edwards, 2004). According to Wood (1997: 145) "…*during this period art therapists have lived through many changes and have more strongly linked their profession to psychoanalysis, psychotherapy and group processes*".

As the United Kingdom art therapists began to draw more obviously from psychoanalytic theory and practise, added importance came to be attached to the setting in which art therapy was practised and to the relationship established between the art therapist and the client. Nowadays "*art therapy is seen as a form of*

psychotherapy, and its training should be strongly rooted in psychotherapeutic concepts" (Edwards, 2004: 42).

2.1.4.2 The United States

The key figure in advancing the development of art therapy in the USA was Margaret Naumburg. While other individuals had been employed as art therapists previously, Naumburg was the first to define art therapy as a separate profession and a distinct form of psychotherapy (Edwards, 2004). Her work was principally based on Freudian theory, and strongly recognised the relationship between the therapist and the client, however it differed from traditional psychoanalytic technique in considerable ways. Her patients were encouraged to take up a more active role within the therapeutic relationship, and offer their own interpretations regarding the images they produced (Edwards, 2004). Naumburg's focus on integrating art and psychotherapy helped establish one pole of the continuum along which art therapy subsequently developed, both in the USA and the UK.

A decade later the opposite pole of this continuum began to emerge through the work of Edith Kramer, who's approach to art therapy was first and foremost influenced by ideas relating to psychoanalytic informed education and child analysis. However, her approach emphasised the healing potential of the art process itself. This, however, does not mean that Kramer did not draw strongly from psychoanalytic theory. While her approach was very different to that of Naumburg, she nevertheless drew extensively from it (Edwards, 2004). Kramer's interest did not focus on using the art or therapeutic relationship as a means of transforming unconscious materials into conscious awarenesses, but rather on drawing on the creative process itself as a means of integrating conflicting material. Kramer saw the art therapist's main task as one of supporting the client's ego and utilising the intrinsic power of art in the service of psychological development. Kramer emphasised the aesthetic quality of an artwork as primarily important as opposed to Naumburg's emphasis on content over form,(Edwards, 2004; Kramer, 2000).

During the 1960s and 1970s art therapy in the USA developed rapidly, firstly due to the efforts of Kramer and Naumburg but also due to the changing attitudes to mental

illness and through the patronage of influential psychiatrists and psychoanalysts (Edwards, 2004). An important milestone in this era was the founding of the *Bulletin of Art Therapy*, later named the *American Journal of Art Therapy* , by Elinor Ulman (Edwards, 2004; Ruben 1999). This journal was the first of its kind and served as an essential tool in the advancement of art therapy. It allowed role-players to circulate and discuss ideas, as well as providing an independent voice and focus, not merely within America but also worldwide (Edwards, 2004). This tendency of publishing articles and books on art therapy has had a telling influence on the international community of art therapists. Most of the literature generated well into the 1980's originated from the USA. This effort contributed enormously to the development of art therapy (Edwards, 2004).

As art therapy evolved in the USA, the need to establish a distinct professional identity, develop opportunities for training and set standards for clinical practise became more pronounced. In June 1969 the American Art Therapy Association (AATA) was founded. Today the AATA continues to set educational, professional, and ethical standards for its members and strives to educate and distribute information about art therapy to the public (Edwards, 2004).

2.2 Art Therapy Today

The expansion of the theoretical base of art therapy has been accompanied by a marked rise in the range and scope of environments in which it is applied. Today art therapy is available in psychiatric hospitals and clinics, in private practice, in vocational and educational milieus as well as in a host of other areas within communities. The practice of art therapy reaches across all ages and extends its applicability to include both the able of mind and/or body as well as those with compromised abilities.

Many psychiatric patients, individuals with mental and/or physical disabilities, and people with terminal illnesses have been successfully treated in various art therapy programmes. Duly documented evidence of this claim is discussed in the section entitled 'Who Benefits from Art in Therapy?' See section 2.22, page 33 of this study.

Art therapy remains nevertheless a relatively small part of the health services community (Garner, 1996), and currently has a very small number of acolytes within South Africa.

2.3 Towards a Definition of Art Therapy

Numerous and often conflicting definitions of art therapy have been advanced since the term first emerged in the late 1940's (Edwards, 2004). With the subsequent global growth and recognition of the discipline, definitions have become more established.

The British Association of Art Therapists (BAAT)(2005) defines art therapy as: "*The use of art materials for self-expression and reflection in the presence of a trained therapist. Clients who are referred for art therapy need not have previous experience or skill in art, as the art therapist is not primarily concerned with making an aesthetic or diagnostic assessment of the client's image. The overall aim of its practitioners is to enable a client to effect change and growth on a personal level through the use of art materials in a safe and facilitating environment*".

The American Art Therapy Association (AATA)(2005) defines art therapy as: "*The therapeutic use of art making, within a professional relationship, by people who experience illness, trauma or challenges in living, and by people who seek personal development. Through creating art and reflecting on the art products and processes, people can create awareness of self and others, cope with symptoms, stress, and traumatic experiences, enhance cognitive abilities, and enjoy the life-affirming pleasures of making art*".

The Australian Art Therapy Association (ANATA)(2005) sees art therapy as: "*A form of psychotherapy that is interdisciplinary across health and medicine, using various visual art forms such as drawing, painting, sculpture and collage. Generally it is based on psychoanalytic or psychodynamic principles, but all therapies are free to utilise whatever theoretical base they feel comfortable with*".

Offering an alternative slant, the Canadian Art Therapy Association (CATA)(2005) defines art therapy as: "*A form of therapy that allows for emotional expression and healing through nonverbal means. Children, unlike most adults, often cannot easily express themselves verbally. Adults, on the other hand may use words to intellectualise and distance themselves from their emotions. Art therapy enables the client to break through these cumbersome barriers to self-expression using simple art materials*".

It is important to note that none of these definitions include the use of music, drama and other creative therapies. They focus specifically on the visual arts which include painting, drawing, collage and sculpting along with any other forms of visual art creation where a tangible art object is produced.

Art therapy, as defined by these international associations (see Figure3), is thus therapy enabled by the encouragement of self expression through art and reflection on the image produced, in a professional, safe and facilitating environment that is not dependent on language, but does in general utilise it, all of which is directed towards effecting positive, personal and psychological growth within the client.

Figure 3:

Comparison of Prominent Art Therapy Associations

Art Therapy Association	*Aim 1*	*Aim 2*	*Environment*	*Aesthetic Value*	*Through the use of*
BAAT *1	• Self-expression • Reflection	• Enable client to effect personal change and growth	• Safe and facilitating • In the presence of a trained professional	• Not important	• Art Materials
AATA *2	• Creating art • Reflection on art product and process of art making	• Create awareness of self and others • Enable clients to cope with symptoms, stress and trauma • Enhance cognitive abilities • Enjoy life affirming pleasures of making art	• Professional	• Not important	• Art making
CATA *3	• Emotional self-expression and healing through nonverbal means	• Break through barriers like intellectualisation • Facilitate communication • To overcome the inability of verbal expression • Healing	• Professional	• Not important	• Simple art materials

**1 British Association of Art Therapists*
**2 American Association of Art Therapists*
**3 Canadian Art Therapy Association*

2.4 Art Therapy versus Expressive Therapies

Art therapy and its close relatives like music, movement, and drama therapy are often confused. It is important to note that art therapy is a modality on its own. Considerable confusion can occur with the use of multiple modalities. Multimodal approaches are usually called by names such as "expressive arts therapy" or "creative arts therapy" (Ruben, 1999). For the purpose of this research, art therapy will be focused on as an isolated modality exclusive of any of the other creative therapies.

It is foreseeable that therapists who utilise art within their therapy may include other creative therapies as well. Information on alternative creative therapies will be mentioned later but they will be afforded no focal diversion.

2.5 Close Relatives

There are many superficial similarities between art therapy and other ancillary treatments that utilise art activities, such as occupational therapy. These fields use art as one of many possible activities, forms of recreation, or ways of being constructively occupied. They also tend to provide art as an activity for some prescribed purpose (Ruben, 1999). Although the social and emotional well-being of the client is of interest to these activity-based therapies, there remain important distinctions. Art therapists focus on the psychological aspect of the work, working mainly on an unconscious level (Ruben, 1999). Occupational therapy is concerned with working on a conscious level, with the aim of developing technique through the creation of products (Dalley, 1984).

Art therapy is more closely related and allied to psychoanalytic therapy procedures, this as a result of its utilisation of methods based on the encouragement of free association and spontaneous expression.

2.6 Art as Fun

Although art is seen as an activity that brings many individuals joy, a clear distinction should be made between art activities and even art classes, as opposed to art psychotherapy. While most art activities can be relaxing, satisfying and even frustrating, art activity undertaken in therapy has a totally different purpose. In therapy, the person and process become the most important and art is used as a means of non-verbal communication (Dalley, 1984; Moon, 1994). The art activity provides a concrete rather than verbal medium through which a person can achieve both conscious and unconscious expression and, as such, can be used as a valuable agent for therapeutic change.

2.7 Speeding up the Therapeutic Process

Criticism against many traditional verbal therapies is that they take too long. Although change cannot occur overnight with art therapy, Maat (1997) found that art therapy tends to speed up the therapeutic process. This is probably due to unconscious material coming to the surface more easily, but other factors may also play a role.

2.8 Art as Form of Communication

Imagery taps into a person's earliest way of knowing and reacting to the world (Riley, 2001). At approximately eighteen months of age the human child starts to draw. Mark-making activity at this age seems spontaneous. If paper and crayons are made available the child will produce drawings. If not, some dust on the floor or earth outside becomes the object of use. This ability and eagerness to make marks, scribble or draw seems to be innate (Dubowski, 1984). This is a valued form of self-communication before the child has the words to frame thoughts, and before the scribbles mean anything to anyone else (Simon, 1992). Therefore art serves as form of communication even before the child has acquired any other means of communication. Though this does not suggest that art therapy can be used at this

stage of development, it does suggest that communication is not dependent on the acquisition of language, but that images precede language.

Psychological research has demonstrated that developmentally, children have certain language and cognitive limitations that can impede their ability to communicate about experiences and associated feelings. Children are often more comfortable with using visual cues, finding visual signals easier to process (Doherty-Sneddon & Kent, 1996). According to Guttman (as cited in Manicom & Boronska, 2003), image making can assist in more openly considering and acknowledging children's feelings. It can be especially helpful with adolescents with special learning needs because it bypasses the requisite use of verbal skills that may be part of the student's learning deficit (Shostak, 1985). Art can thus serve as an important avenue of communication, especially when words fail (Davis, 1989; Ireland & Brekke, 1980; Liebman, 1986; Mills, 1991; McNiff, 1981; Oppawski, 1991; Ruben, 1999; Ruben, 1978; Schaefer & Cangelosi, 1993).

Researchers have discovered that sexual trauma itself can interfere with synthesis and processing of new experiences and can impede traumatic memory integration (Van der Kolk & Van der Hart, 1989). Research suggests that traumatic memories are stored non-declaratively, rather than through declarative or semantic processes. Failure in linguistic organization capacities occurring at the time of the trauma therefore forces memory to become stored as visual images and sensations (Van der Kolk & Van der Hart, 1989). As a result individuals who have experienced traumatic events, are much more likely to benefit from therapeutic interventions that include non-verbal memory retrieval and expressive communication methods, which can be integrated with verbal methods. Gaining access to traumatic memories through the use of art in therapy, and integrating such experiences into declarative or semantic memory, can allow the client to reconstruct and/or change existing meanings associated with the trauma (Matto, 1998).

Current advances in neuroscience suggest further advantages of art therapy in the direct treatment of trauma. Bien (2005: 284) states that "*Art making assists in integrating traumatic effects through the bilateral stimulation of brain hemispheres*

and synthesising visual and verbal narratives into coherent traumatic autobiographical memory".

The use of art in therapy with individuals who have experienced trauma and have trouble with recollection could therefore greatly enhance the therapeutic process, by creating a new way of communication.

Art in therapy is also used when language barriers exist (Ledesma, 2004). Art psychotherapy is seen as a wonderful and insightful tool of communication, especially when dealing with patients who cannot speak the same language as the therapist (Ledesma, 2004). It is however important to note that these instances of art psychotherapy were conducted because no other means of communication was accessible. This strengthens the case for art therapy, especially in a multicultural context.

Art as language is a user-friendly format. It is non-threatening and allows the individual to access troublesome thoughts and feelings in a non-obtrusive way. Although language expands and facilitates thought, high-level thinking is possible in the absence thereof. Drawing and other forms of art are useful for patients who are unable or unwilling to express themselves through the conventional use of language (Rawley, 2000). Art is used for communication, as a way of expressing personal feelings and thoughts which are discussed afterwards with the therapist in order for the client to gain both intellectual and emotional insight, by connecting the meaning of the picture to his or her own life situation (Dalley, 1984 & Dalley, et al., 1993).

While working in family art therapy Manicom and Boronska (2003: 217-218) found that: "*It is through the use of non-verbal symbolic communication that thoughts and feelings can surface, offering an alternative route for stories to be told… .The creative act helps to minimise conflict, whereby powerful feelings that might be unconscious can emerge and be transformed into pictures, working at a metaphoric level…*".

Verbal therapies rely heavily upon language and it's meaning as a method for gaining access to client circumstances and style, whereas communication in art therapy has a

strong unspoken element. Communication takes place in the process of the image and it's symbolic expression. Art as language of therapy, combined with verbal dialogue, uses all of our capacities to find a more successful resolution to our difficulties (Riley, 2001). Therefore art can be used as alternative, and at the very least, complimentary language in therapy, as suggested by Anderson, Gerber and Appleton (1994).

2.9 A Less Threatening Environment

Art therapy can be perceived as less threatening than many traditional therapeutic interventions (Riley, 2001; Kelley, 1984; Williams, 1976). "*Art therapists aim to provide an environment in which patients feel safe enough to express strong emotions*" (Gilroy & Waller, 2000: 4).

The client, while working in the field of the art therapy modality, is held in a non-judgemental therapeutic frame, with dear boundaries and appropriate limit setting, and is provided a safe place for dialogue. By utilising art in therapy intense issues can be explored, initially without the spoken word, which could be perceived as more threatening (Riley, 1999).

The use of art can address areas which the referrer might want the therapist to work with but where the client cannot yet engage, as is evidenced in cases of denial. This allows for an interim stage of therapy to operate and " …*may be used as a first step before words are spoken"* (Manicom & Boronska, 2003: 230). Where the child or adult have concerns about expressing their thoughts, the artwork becomes more easily accessible and safer. This in turn may later facilitate verbal communication.

2.10 A Bridge between Therapist and Client

When the therapist and client are finding it hard to relate directly to one another, artwork may provide a bridge between them and give a safe middle ground where they can be together (McNiff, 1981). Eisdell (2005) also suggests that with some patients, working interactively with visual imagery may facilitate the development of

a therapeutic relationship. Therefore it seems that art can serve as a bridge to overcome problems that could otherwise inhibit the therapeutic process.

2.11 Traumatic Memory Recollection

In working with sexually abused children, Kelley (1984) as well as Sadowski & Loesch (1993) and Malchiodi (1998), found that drawing pictures related to the traumatic event enabled the children to put their thoughts down on paper before verbalising them. Children who were previously reluctant to discuss or could not recall the assaults, were able to share the experience, as well as more willing to share their thoughts and feelings surrounding the abuse. Van der Kolk & Van der Hart (1989) also found that traumatic memory recollection is facilitated by means of non-threatening art images.

2.12 The Image

Naumburg (as cited in Manicom et al., 2003: 219) states that: "*The process of art therapy is based on the recognition, that man's most fundamental thoughts and feelings, derived from the unconscious, reach expression in images rather than words*".

Images made in art therapy embody thoughts and feelings. It is the capacity of art to be a bridge between the inner world and the outer reality, which gives the image the role as mediator. The image mediates between the unconscious and conscious, holding and symbolising past, present and future aspects of a client. In a picture ambivalence and conflict can be stated and contained. In art therapy the client tries to give form to what seems to be inexpressible or unspeakable through the image (Case & Dalley, 1992).

Also important is the inner experience of seeing outwardly, which is also described as the aesthetic experience. "*It is essentially through the aesthetic experience that the art therapist can enter and share the client's world, and that the clients can make*

themselves known and found" (Case & Dalley, 1992: 97). In this way the client can assist the therapist in the therapeutic process to facilitate change through the image.

According to Langer (1963: 250) "*In art, maker and beholder share the comprehension of an unspoken idea*". The image is therefore of vital importance to the therapeutic process. The image and art process can serve as a bridge to all layers of the psyche. These visual symbols can serve as compensatory messages of repressed material that originate from the deepest layers of the psyche. Visual symbols can reveal and transport this latent unconscious material into a manifest state. Even though the symbols can be seen in the image, they still exist in a disguised form, as in dreams. Herein lies the grace of the image. It is manifest, but its meaning is not yet understood. Existing in the realm of a veiled metaphor, the image is trusted to lead the way to a healing narrative, rather than towards the ego's wish to cover, explain, and analyse (Franklin, 2000).

According to Manicom et al. (2003: 218), "*The image may be used in many ways; it can stay at a metaphoric level even when discussed, the image might be disposed of acting like a metaphor for what might want to be left behind, or might be used as goal-oriented approach, where future objectives can be visualised*".

Donnely (as cited in Manicom et al., 2003: 220), sees the benefits of imagery as " *being a means of identifying themes that come up in the image produced… as common themes emerge the client can be supported to identify the area they want to change*".

2.13 The Importance of Aesthetic Standards

Many therapists could shy away from the use of art in therapy, if they perceive aesthetic standards to be an important factor when using art in therapy. All individuals have different artistic abilities and it seems logical that a talented individual will find this medium easier to use. Aesthetic standards are however of little importance in the context of art in therapy (Gilroy & Waller, 2000). Art therapists are not interested in the aesthetic quality of the work, but are primarily

concerned with the therapeutic value therein (Dalley, 1984). The art therapist is concerned with the individual's inner experience rather than the product. Process, form, content and associations become important, for what each of these reflects about the personality, personality traits and the unconscious of the client (Levick, 1983). The image therefore doesn't need to be pleasing to the eye, it merely has to originate from within the client.

In many cases the majority of people treated successfully in art therapy have no or little previous experience in art (Dalley, 1984). According to Naumburg it is actually more difficult to work in art therapy with an artist, as apposed to a neophyte: "*It is especially difficult to free an artist from the tyranny of his technical knowledge. When archaic forms start to break through his unconscious, during treatment, the artist becomes eager to capitalise immediately on this new content for his professional work. He must then be persuaded to postpone the application of such unconscious imagery to conscious work until the therapy is completed*" (Naumburg, 1958: 514).

2.14 The Use of Colour in Art Therapy

Researchers from a variety of disciplines agree that colour, not only have a psychological impact on human thought processes and behaviour, but may also have a psychological impact beyond people's conscious awareness (Lev-Wiesel & Daphna-Tekoha, 2000).

Rorschach, in 1942, was one of the first clinicians to emphasise the relationship between colour and emotion. Through the responses to his inkblots, he hypothesised how a person's attention to colour is central to a person's emotional life. For instance, he demonstrated how an absence in responses to the inkblots was associated with emotional constriction, whereas many perceptions based on colour implied a person who tended to be volatile (Lev-Wiesel et al., 2000). Robbins (1994: 47) also states "…*colours can capture the essence of affect states*".

According to Perkins (as cited in Malchiodi, 1998), the use of the colour black represents negative affect. This is confirmed by Furth (as cited in Lev-Wiesel et al., 2000). Whereas Jung (1968) states that colour may be attributed to the four functions of perception and judgement: green for sensation, yellow for intuition, red for feeling, and blue for thinking. According to Malchiodi (1998) there might be certain developmental norms related to colour.

However, an individual's colour experience remains equivocal (Betensky, 1973). There are also many cultural aspects included in colour (Malchiodi, 1998). Colour can be highly subjective in meaning, therefore it is especially important for the therapist to pay particular attention to the client's distinctive responses to colour (Malchiodi, 1998).

However the client's individual colour experience manifests, there are several potential benefits to focussing on colour during art therapy. Through the use of colour the client can release a variety of moods and emotions he may not be able to express verbally. The client can track and monitor progress in therapy, noting the prevalence of certain characteristics or moods and the absence of others, as specifically related to his own personal colour experience (Withrow, 2004). All moods and emotions, as represented by colour, are seen as acceptable. However, Withrow (2004) suggests that colour can be utilised in therapy by manipulating it towards healing ends. Therefore the use of colour can facilitate change.

2.15 Resistance

Sometimes it is possible that individuals may not be comfortable with art as medium in therapy. When this occurs it is termed resistance. Resistance therefore refers to an active or passive opposition experienced during therapy (Robbins, 1994). It usually occurs when the client is in therapy voluntarily, but doesn't spontaneously take part in the therapeutic process in its totality.

Initial resistance to the creative process can be attributed to a variety of factors (Withrow, 2004). Some individuals may see art interventions as extraneous, or even

childish and thus insulting (Eisdell, 2005). It may even cause the recollection of incidents from school as well as past failures coupled with this. Individuals are also often very aware of the aesthetic qualities of the art product and may fear rejection, should their image be of a lesser quality. The individual may even just feel that the content of their images will be of a 'too personal nature' (Birtchell, 1984; & Dalley, 1984).

According to Manicom et al. (2003) some individuals may feel intimidated by art therapy, and Malchiodi (1998) also suggests that the art supplies provided may inadvertently create resistance.

2.16 Materials Used in Art Therapy

Different materials provoke different kinds of messages. Some address themselves to the ego organising capacity of the patient, whereas others tap very deep libidinal levels, while other materials may have an exploratory capacity. Some materials challenge a sense of mastery, while others provide a sense of fun (Robbins, 1994).

Although clients have a choice of available materials, the therapeutic process, including the medium, is ultimately the responsibility of the therapist (Robbins, 1994). Therefore it is important that the therapist makes certain materials available to achieve specific therapeutic goals. However Gutmann and Regev (2004) argue that it is of particular importance that the client be able to choose from a large variety of materials. They state that the client should be allowed the choice of the materials they want to work with, just as they should have the opportunity of making their own choices in life. On the other hand it can be argued that if a client keeps on repeating the same choices and possible misbehaviour in the therapeutic process as in the world, even though it may be in a symbolic form, effective change will not come about. Therefore it is perceivable that the therapist may have to lead the client towards the use of certain materials, if therapeutic goals and growth can be obtained in this way.

Materials can emphasise the various polarities of a client's intrapsychic life. A client who is drawn to hard aggressive materials, for instance, may need an introduction to soft and round experiences. "*Clients need to experience 'material-help' to help them to let go, contain, to be able to push in and assert, as well as receive*" (Robbins, 1994: 206).

The therapist must assess the stimulus potential of a medium as well as the ability of his client to cope with and integrate excitation. For example, finger paints makes a high demand on a client's ability to control and manipulate. This can be too much of a challenge for an acting-out client. On the other hand a tightly restricted or depressed client might find some release with his material (Robbins, 1994).

Touch and texture are also important dimensions to consider in assessing a particular medium, some materials have a soft quality, and others feel harsh or sticky. The therapist who is truly in touch with his client may be able to introduce material that corresponds appropriately with the client's individual needs in therapy (Robbins, 1994).

2.17 Race and Culture

Race and culture are relevant to all people-focussed work, be it therapy, care or education, especially in a multicultural society like South Africa. There has been an increase in writing in the fields of counselling, social work, and therapy, which attest to the importance of multi-racial/cultural considerations and how they impact on theory and practice (Campbell, Liebman, Brooks, Jones & Ward, 1999; Jones, 2000). However, there has been little research in the field of 'artintherapy' on the relevance of race and culture, when compared with other fields (Campbell et al., 1999).

The visual arts have been relied on throughout history to communicate across languages and cultures, across distance and time. In the same way art therapy aids the therapist and patient to transcend differences of age, social class, and cultural heritage (Bonheim, 1973; Burt, 1993; Canino & Spurlock, 1994; & Silver, 1978). Although much more research is needed regarding this topic, art therapy has been found to be a

successful mode of communication with minority group children in Los Angeles (Cole, 1966), with American Indian Youth (Burt, 1993), and with Hispanic and African American children, including members of gangs.

Art therapy and 'arti-therapy' can provide useful non-verbal avenues for aspects of culture, not accessible through verbal communication and this study could provide important information in this regard.

One of the most important aspects of images is that they can hold many meanings at different levels, reflecting the culture in which they were made and by which they are viewed. In a therapy situation the client brings his own meaning to the image from his own culture into the culture of the therapy room, with the necessary impact and resonance in both client and therapist (Case & Dalley, 2000).

2.18 Art Therapy for All Ages

There is a widespread notion that art therapy must be used mostly with children, since older clients have more verbal facility and can discuss what is bothering them (Ruben, 1999).

However Hansen-Adamidis (2003) states that art therapy lends itself to different problems of people of all ages, and Ruben (1999) iterates that it is beneficial to children, adolescents, adults and the elderly. Children unlike most adults often cannot easily express themselves verbally. Adults, on the other hand may use words to intellectualise and distance themselves from their emotions. Art therapy enables the client to break through these cumbersome barriers (Hansen-Adamidis, 2003).

For children art therapy can be helpful at all stages of development and adolescents can utilise it to assist in the developmental task of identity formation as well as other problems (Ruben, 1999). Although most adults are reluctant to use art materials at first, many can be helped to when the activity is explained as yet another way to work on their problems, and one which may speed up the process (Ruben, 1999).

People are living longer lives, but ageing carries with it the inevitable and painful losses of people, position, roles, resources and faculties. Depression is common, and "*…art therapy is a powerful modality for the rushing of the years*" (Ruben, 1999: 244) .

2.19 A Mirror for the Moment

Art is extremely helpful in identifying strengths in the midst of extreme pain, even pathology (Malchiodi, 1998). Many clients reach their highest level of functioning while busy with the process of image making. "*Because of the solitary nature of the art process, the flexible qualities of the materials, and the support of a trained therapist, opportunities for sublimation, self-esteem, and transformation abound…*" within the art therapy context (Franklin, 2000: 19). Transforming destructive inner impulses, containing them and organising them yet while acknowledging their presence, can create positive effects. New samples of productive behaviour can be learned, rehearsed, and practised while painting or sculpting. According to Franklin (2000), these behaviours include making decisions (what subject to draw), tolerating frustrations (this paint brush is hard to control), delaying gratification (I want this to look perfect now!), and confronting a conflict (this hard clay reminds me of how stubborn I am). The art materials and process serve as a mirror for the moment. First a neutral stimulus or blank canvas, they quickly take on the image of their maker and his/her inner struggles.

2.20 Art as Container

Art is the container in which both the inner and outer worlds can meet and be held (Franklin, 2000). "*Serving as an external witness, the art, which lives within its container, reflects back to its creator a wide range of themes imbedded in the present moment*" (Franklin, 2000). In essence, art is a rich sample of behaviour. Cognitive, affective, and kinaesthetic elements coordinate with each other in varying degrees during the creative process. It is a distinct way to engage in the present moment by combining and observing multiple inner and outer sensations that live in visual form.

As a holding environment, art can also serve as reparative space for early psychological injury that manifests later in life (Hamilton, 1998). Early object relations for example can be metaphorically addressed with healing through the art process (Robins, 1994). The art space can and will hold whatever it is asked to (Ruben as cited in Franklin, 2000). For example, clay that is gouged, poked, and torn will not run away. "*The opportunity to express feelings of ambiguity can be tolerated within the supportive silence of art. In essence simultaneous themes of love and hate, anger and calm, attachment and separation combine with visual elements, such as light and dark or warm and cool colours, to become the skin capable of holding intense affect*" (Franklin, 2000: 18).

2.21 Art as Diagnostic Tool and Art as Therapy

Art has long been used as a diagnostic tool in psychotherapy. The role of art as diagnostic tool however tends to obscure its usefulness in therapy. Halifax (1997: 53) states that "*there can be great pressure from clients and colleagues for the interpretation of art… however this can be seen as disempowerment to the client*." According to some psychologists (Dewdneyet al., 2001; Halifax, 1997), art therapy's diagnostic use has been so seriously abused as to create strong reservations in the minds of many about whether art should be given any role, diagnostic or therapeutic. Interpreting art through an objective, distanced and dualistic perspective needs to be resisted (Halifax, 1997).

It is however important to note that if the therapist is sensitive to the temptations of misuse, there is no reason why art cannot be useful and beneficial in both diagnoses and psychotherapy. Dewdney et al. (2001: 77) states that " *in art therapy we learn to be continually alert against the emergence of our own projections. Again and again we have found it wise to base no conclusions solely on our own reactions to the patients work*". It is therefore of the utmost importance that the image bee seen from the client's eyes, rather than from the subjective view of the psychologist.

2.22 Who Benefits from Art in Therapy?

"*Art therapy offers the opportunity to work with many different client groups*" (Case & Dalley, 1992: 5). This is one of its main advantages as a treatment process, as it can be made available to a wide variety of people with a multitude of different problems, needs and expectations. All people are at least able to make a mark and therefore can use art therapy in some way (Case & Dalley, 1992).

Art in therapy has been used within many areas of therapy and in numerous settings, including:

- *HIV/AIDS* (Bien, 2005; Estes, 1990; Fenster, 1989; Howie, 1989; Jansen, 1995; Probus, 1989; Rosner, 1982; Rosner-David & Sageman, 1987; Tate, 1989; Weiser, 1996a; Weiser, 1996b);
- *Trauma* (Anderson, 1995; Appleton, 1993; Appleton, 1992; Arrington, Appleton, Arrington, Chapman, & Mendelhall, 1992; Bien, 2005; Brooke, 1997; Chapman, Appleton, Gussman, & Anderson, 1997; Cohen, Barnes, & Rankin, 1995; Cohen & Cox, 1995; Johnson, 1987; Long, Appleton, Abrams, Palmer, & Chapman, 1989**;** Klingman, Koenigsteld & Markman, 1987; Malchiodi, 1997; Malchiodi, 1998; Powel & Faherty, 1990; Prager, 1991; Ruben, 1999; Sanderson, 1995; Spring, 1993; Taylor, 1990; Van der Kolk & Van der Hart, 1989;);
- *Sexual Abuse* (Landgarten, 1987; Malchiodi, 1998);
- *Separation and Loss* (Doyle & Jones, 1993; Fehlner, 1994; Gonick & Gold, 1992; Lyons, 1993; Shostak, 1985);
- *Divorce* (Landgarten, 1987);
- *Marital or Couple problems* (Ruben, 1999);
- *Bereavement* (Councill, 1993; Crowl, 1980; McIntyre, 1988; Miller, 1989; Irwin, 1991; Orton, 1994; Pacholski, 1988; Prager, 1993; Ruben, 1999; Segal, 1984; Simon, 1981; Shore, 1989; Shostack, 1985; Tate, 1989; Zambelli, Johns Clark, Barile & Jong, 1988; Zambelli, Johns Clark & Jong Hodgson, 1994);

- *Psychopathology* **(**Cohen, Barnes & Rankin, 1995; Cohen & Cox, 1995; Dalley, 1984; Dick, 2001; Killkick & Schaverien, 1997; Robbins, 1994; Ruben, 1999; Sikes & Kuhnley, 1984; Shostak, 1985);
- *Neurological Disorders* (Robbins, 1994);
- *Depression* (Edwards, 2004, Landgarten, 1987; Robins, 1994);
- *Eating Disorders* (Dalley, 1984; Edwards, 2004; Robbins, 1994; Schaverien, 1989);
- *Self Mutilation* (Milia, 1996);
- *The Mentally Handicapped, Autism and other related problems* (Dalley, 1984; Edwards, 2004; Evans & Dubowski, 2001; Robins, 1994; Ruben, 1999; Toburen & Atkins, 1882);
- *Disabled* (Lewis & Langer, 1994);
- *The Elderly and Terminally Ill* (Dalley, 1984; Landgarten, 1987; Ferguson & Goosman, 1991; Ruben, 1999);
- *Alzheimer's Disease* (Toshimitsu, Shin, Ken-Ichi, Kiyoko & Kazuo, 2000);
- *Physical Illness* (Edwards, 2004; Knight, 1997; Ruben, 1999; Skaife, 1993; Sundaram,1995);
- *Prison Inmates* (Baillie, 1994; Bradford, 2005; Dalley, 1984; McCourt, 1994; Ruben, 1999);
- *Addiction* (Edwards, 2004; Ruben, 1999; Shostak, 1985);
- *Abuse* **(**Brooke, 1997; Powel & Faherty, 1990; Shostak, 1985; Van der Kolk & Van der Hart, 1989); and
- *Self Image Problems* (Cameron, Juszczak & Wallace, 1984; Cochran, 1996; De Chiara, 1982).

While not an overly extensive listing, it is clear that art therapy can and has been used in the treatment of a broad myriad of problems (Shostak, 1985), as well as within a variety of settings and circumstances.

As a country suffering from many problems, the potential use of art in therapy within the HIV/AIDS field alone should be an indicator of the potential this medium could have for use in the South African context.

2.23 Benefits to the Community

According to Fliegel (2000: 88), "*art therapy can be implemented in a variety of clinical and community-based settings… and by paving the road for patients to be creative in age appropriate activities, art therapists affirm the positive role of patients in society, providing both mental health and youth development communities with an essential service*".

2.24 Multiple Approaches

Anthony Storr (1999: 157) states that "*as a psychotherapist I found it particularly heartening that the use of art in therapy seems to have the effect of reducing the differences between Freudians, Jungians, Kleinians, and adherents of other schools… Art not only bridges the gap between the inner and outer worlds but also seems to span the gulf between different theoretical positions*"

Art in therapy is an ideal medium that can be used across different theoretical frameworks (Hansen-Adamidis, 2003). Just like practitioners of verbal therapy, art therapists have grounded their work in a variety of theoretical frameworks. These multiple perspectives define the discipline as much as its common underpinnings (Ruben, 1999).

Here follows a brief description of many of the dominant theoretical approaches currently in use with art therapy:

2.24.1 Psychodynamic Approaches

Among the most famous are *Freudian Psychoanalysis* and Jungian *Analytic Therapy*. Both these frameworks are based on an understanding of the dynamics of the client's inner world. There are a variety of approaches to analysis and analytic psychotherapy. Many emphasise developmental and interpersonal phenomena, in addition to dealing with intrapsychic conflict. All assume that unresolved issues exert power, and that they are often unconscious. Contrary to

popular misconceptions, psychoanalytic therapy deals with the present as well as the past, has educational as well as cognitive components, relies heavily on empathy, and builds on strengths (Ruben, 1999).

2.24.2 Humanistic Approaches to Art Therapy

Humanistic approaches emphasise the acceptance and development of individuals in the present. Humanistic approaches offered a wellness modal of change, as opposed to a medical modal of illness. Rogers' *Client-Centred* approach, based on the therapists unconditional positive regard for the patient and the powerful effect of empathy is only one of these approaches. Other approaches within this area include *Adlerian, Gestalt, Ericksonian, Phenomenological*, and *Existentialism* (Ruben, 1999).

2.24.3 Behavioural and Cognitive Approaches

Behaviour Therapy and/or *Behaviour Modification* are approaches in which a systematic description of appropriate and inappropriate behaviour provides the basis for therapeutic intervention. Reinforcement is largely the most prominent instrument for therapeutic change. *Cognitive Therapies* focus on habitually distorted thought processes, which are thought to underlie maladaptive feelings and behaviour. The therapeutic approach is largely an educational one, in which the task is to identify the patterns of misperception or thought causing the persistence of symptoms. Clients are then taught new and more adaptive ways to think and behave, using cognitive strategies (Ruben, 1999).

2.24.4 Developmental and Adaptive Approaches

Developmental approaches are based on an understanding of growth itself and what is deemed normal development, whereas the *Adaptive* approach works towards normalisation and focuses mainly on achieving specific goals leading to better and more adaptive functioning (Ruben, 1999).

2.24.5 Art or Image-Based Approaches

These approaches usually stress either the creative process, the visual imageries that result from it, or both. According to Ruben (1999) this approach is highly compatible with many psychological theories.

2.24.6 Criticism of these Approaches

As a psychotherapeutic school of recent development, art therapy faces many fundamental issues. According to Guttmann and Regev (2004), one such issue is that to date the theoretical approaches to its therapeutic techniques have been based on those that underline verbal therapeutic techniques. However, for the various art therapy techniques to be coherent and distinct, these theories need to be operationally translated, and specific operating principles need to be extracted.

2.25 Art Therapy in Practice

Art therapy sessions are generally divided into two stages. The first involves a period of creative activity, during which there is a sense of isolation or alienation as the participants begins to think, self-reflect, and draw back into themselves. This creative phase serves as a trigger for dialogue with the self. The end result of this dialogue is embodied in the artwork produced. The internal dialogue is therefore changed into a concrete and visual statement (Dalley, 1984; & Birtchnell, 1984).

This is followed by a period of discussion which tends to focus on the actual production of the art form, how it makes the clients feel, how it reflects their feelings, and generally how the process of creating an image relates to the individual's situation (Dalley, 1984; & Birtchnell, 1984). This phase is characterised by the dialogue between the client and the therapist, as well as other possible members in the group when working in a group setting (Birtchnell, 1984).

Using this kind of format the therapist must decide if the therapy will be directive or non-directive (Dalley, 1984).

Some therapists work totally non-directively. The choice of subject is left to the patient, who is left to express him or herself freely, however and with whatever he/she chooses. This is a type of free association through art (Dalley, 1984).

The session can also be directed by concentrating on a specific theme, which may be useful in resolving particular conflict areas. The themes can range from the deeply personal to the relatively light-hearted and superficial, but must be chosen according to therapeutic objectives (Dalley, 1984).

Whether the session is directive or non-directive, the therapist usually explains, at the outset, the aim of the session and how this might be achieved using the materials available (Dalley, 1984).

2.26 Group Art Therapy

The philosophy underlying all group work is that man is a social being. As humans we live in social settings and interact with other individuals on a daily basis. It is therefore important to include group therapy in specific cases, as certain problems can only be addressed within the setting in which they occur.

Group art therapy can be used with a wide range of clients for whom individual work may not be appropriate or for whom being in a group offers significant benefits (Greenwood and Layton, 1987; Strand, 1990; Waller, 1993; Skaife & Huet, 1998). Group art therapy may, for example, be more suitable for clients who are unable to cope with the intimacy of a one-to-one relationship, or whose difficulties are most apparent in social situations (Edwards, 2004).

Although group art therapy relates strongly to verbal group therapy, there are certain significant differences. The basic difference between verbal group therapy and group art therapy is that at some point in group art therapy each member becomes separated

from the group to work individually on his/her own process through the medium of art (Case & Dalley, 1992).

"*All groups express a tension between dependence, the desire to merge into a group identity, and separation, a wish to express individual differences. Art therapy uniquely differs from verbal groups in that it has a structure which can give time and space for each side of this tension to be explored*" (Case & Dalley, 1992: 196). This makes group art therapy a viable and attractive therapeutic alternative to pure verbal group therapy.

According to Kleynhans (2002), group art therapy goes through the same stages as individual art therapy, namely the creative phase and the discussion phase.

However several different formats of group art therapy have become established in art therapy practice (Case & Dalley, 1992). The first format can be described as the *studio-based group*, where the art making process is seen as the curative factor. The therapist has a non-directive role and group processes are not worked with directly (Case & Dalley, 1992; Skaife & Huet, 1998). According to Skaife and Huet (1998), in this model the verbal interaction is mainly between the individual and therapist.

The second form of group is called an *analytic group*. The analytic group has a similar respect and trust in the art making process, and will be non-directive about the content of images produced, working with the unconscious themes that arise in each session (Case & Dalley, 1992). "*Group analytic or interactive art therapy understands image making as part of the group dynamics, and interaction is between all members of the group, including the therapist*" (Skaife & Huet, 1998: 10).

The third group is the *theme-centred* group, where either the therapist chooses an experience to explore in image making, or the group may collectively come up with a group theme that emerges from free-flowing discussion, which they will then agree to produce. This way of working generally slices across and blurs the development of group dynamics. Therefore working with group dynamics is seldom applicable (Case & Dalley, 1992). According to Skaife and Huet (1998: 10), the focus of this type of group "*is on the image produced, but mainly in the contribution to the understanding*

of the individual client's problems". Since it is generally the therapist's role to introduce the themes, he has a leader-like role. The verbal interaction tends to be primarily between the individual clients in the group and the therapist, rather than amongst the whole group (Skaife & Huet, 1998).

All these different models are used within contemporary art therapy group practice, and in a way this variety means that art therapists are able to adapt to the needs of different client groups and offer a therapeutic resource to people who would otherwise be unable to benefit from traditional verbal therapy (Skaife & Huet, 1998).

However, it is important to note that many of these models were developed when institutionalisation was at the forefront of psychology. Today many of these big institutions have disappeared and the consequences of this may be the development of new models of use in art therapy (Skaife & Huet, 1998).

Chapter Three

Research Design and Methodology

3.1 Introduction

> "*The term methodology in a broad sense refers to the process, principles, and procedures by which we approach problems and seek answers. In the social sciences the term applies to how we conduct research. As in everything we do, our assumptions, interests, and goals greatly influence which methodological procedures we choose. When stripped to their essentials, most debates over methods, are debates over assumptions and goals, over theory and perspective*" (Bogdan & Taylor, 1975: 1).

The methodology of this study is qualitative, using semi-structured interviews that are loosely based on international literature, in which the researcher conducts in-depth interviews with a limited number of subjects, analyses their responses, and discusses the findings. The subjects consist of registered psychologists who currently utilise art in their therapeutic repertoire.

3.2 Qualitative Research

The qualitative researcher aims to induce hypotheses from his/her data and own observations. His/her research procedures produce descriptive data. Typically the study starts with a general question in response to which an extensive amount of verbal data is collected from a limited number of participants. Such a study does not end with hypothesis confirmation or disconfirmation, but rather concludes with tentative propositions or hypotheses about what was observed. These tentative hypotheses may form the basis of future quantitative research designed to test the hypotheses. The purpose of qualitative research, in general, is therefore to describe and explain, to explore and interpret and, ultimately, to build theory, rather than to predict, test and confirm with statistical data (Leedy, 1997).

The qualitative approach aims to be holistic, to understand the individual and experience within the context of its setting. The utilisation of art therapy within the South African context has not yet been fully explored and this study may provide interesting and useful descriptions of this complex phenomenon.

3.3 Research Question

Most qualitative research projects are guided by one or more research questions. Research questions are different from hypotheses. A hypothesis is a claim derived from existing theory, which can be tested against empirical evidence. It can be either rejected or retained. A research question, by contrast, is open-ended. It cannot be answered with a simple yes or no. A research question calls for an answer that provides detailed descriptions, and where possible, also explanations of a phenomenon.

Qualitative research questions identify the process, object or entity that the researcher seeks to investigate. It points us in a direction without predicting what we may find. Good qualitative research questions tend to be process oriented. They ask how something happens rather than what happens. Qualitative research questions are always provisional because the researcher may find that the very concepts and terminology used in the research question are, in fact, not appropriate or relevant to the participants' experience.

In this specific study the research question aimed to explore and describe the complex phenomena of the use of art in therapy within a South African Context. The study is mainly descriptive and exploratory, and will build a foundation for future research within this field of expertise.

The research question therefore has a broad base and focuses on the views and perspectives of South African psychologists who utilise art within therapy. The research question and subsequent subsidiary questions are:

Main Research Question

What are the perspectives of South African psychologists, who utilise art within their therapy?

Subsidiary Questions

- *How is art therapy practised in South Africa?*
- *How does the South African context differ from the international arena?*
- *What are the perspective interviewees views regarding the potential of art therapy within South Africa?*

3.4 General Principals of Qualitative Research

Qualitative data collection methods are designed to minimise data reduction. In qualitative research, the objective of data collection is to create a comprehensive record of participants' words and actions. This means making sure that as little as possible is lost 'in translation'. As a result, qualitative data tends to be voluminous and difficult to manage. Qualitative researchers need to wait for the data analysis phase before they can begin to 'reduce' the data, and even then they need to be very careful about what they leave out (Willig, 2001).

Such considerations give rise to issues of validity. To what extent can we ensure that our data collection really addresses the question we have set out to answer? That is, how can we be sure that we are, in fact, researching what we think we are researching.

Validity can be defined in terms of the extent to which our research describes, measures or explains what it aims to describe, measure or explain. According to Willig (2001: 16), "*…as a result of its flexibility and open-endedness, qualitative research methods provide the space for validity issues to be addressed*". Unlike quantitative research which relies on pre-coded data collection such as multiple-choice questionnaires or structured interviews, qualitative data collection allows participants to challenge the researcher's assumptions about the meaning and relevance of concepts and categories.

Despite the fact that validity can be a problematic concept for qualitative researchers, qualitative methodologies enable engagement with concerns about validity in a number of ways. Firstly, qualitative data collection techniques aim to ensure that participants are free to challenge and, if necessary, correct the researcher's assumptions regarding the meanings investigated by the research. This became clear in this specific study, as the participants did challenge claims made in international literature, and provided their own perspectives. Secondly, much qualitative data collection takes place in real-life settings such as workplaces resulting in the absence of a need to extrapolate from an artificial setting, such as a laboratory, to the real world. This affords these studies a relatively higher ecological validity. Thirdly, reflexivity ensures that the research process as a whole is scrutinised throughout so ensuring the researcher's ability to continuously review his or her role in the research process. This was done throughout the course of this particular study. This reflexivity discourages impositions of meaning by the researcher and so promotes validity (Willig, 2001).

An important aspect of qualitative data collection is reliability. A measurement is reliable if it yields the same answer on different occasions. Qualitative researchers are less concerned with reliability. This is because qualitative researchers explore a particular, possibly unique, phenomenon or experience in detail. Their aim is not to measure a particular attribute in large numbers of people. There are, however, researchers (Silverman, 1993) who emphasise that qualitative research methods, if applied appropriately and rigorously, ought to generate reliable results. That is, the same data, when collected and analysed by different researchers using the same method, ought to generate the same findings, irrespective of who carried out the research. It has to be acknowledged that there is a disagreement among qualitative researchers about the extent to which reliability should be a concern for qualitative research (Willig, 2001).

Finally, data collection needs to confront the issue of representativeness. Quantitative research relies on representative samples, to be able to generalise their findings to the general population. Quantitative researchers need to ensure the participants in their study are representative of this population. Qualitative research

tends to work rather with relatively small numbers of participants. For example a sample of three participants, as is the case in this particular study. This is as a result of the time-consuming and labour intensive nature of qualitative data collection and analysis. As a result, qualitative studies do not work with representative samples. However the question arises as to whether or not this constitutes a problem. According to Willig (2001: 17), "…*this depends at least in part upon the research question the study is designed to answer. If the study is a case study of an individual, or group, or an organization, representativeness is not an issue, as the aim of the study is to understand the internal dynamics of the case. However, if the study aims to explore a phenomenon that is relevant to more people than are actually involved in the study, representativeness can be an issue. This is because, in such circumstances, we are likely to be able to generalise from the study*".

This problem was identified early on in the study and individuals from the three paradigms within South African psychology were approached, namely clinical, educational and counselling psychology. However, even if the three paradigms within the South African field of psychology were to be included, this in itself would not constitute a representative sample, as many perspectives and paradigms exist within these areas of expertise, as do theoretical backgrounds. These theoretical backgrounds are however all part of the umbrella paradigm of psychology and thus inclusiveness within the psychological field is possible to some extent.

Even though strictly speaking we cannot generalise from small-scale qualitative research of this type, according to Haug (1987: 44) it could be argued that, "…*if a given experience is possible, it is also subject to universalisation". Thus even though we do not know who, or how many people share an experience, once we have identified it through qualitative research, we do know that it is available within a culture or society".* If we assume that our participants' experiences are at least partially socially constituted, we can agree with Kippax, Crawford, Benton, Gault and Noesjirwan (1988: 25), who claim, "…*each individual mode of appropriation of the social …is potentially generalisable*". As all of the participants within this study are psychologists, sharing thus similar training in theory, it could be argued that this study is potentially generalisable to the specific field of psychological art therapy and psychology within South Africa.

3.5 The Stance of the Qualitative Researcher

The qualitative researcher does not aim to be an objective researcher, rather he is a participant observer in the study. He questions, observes, talks, tries to understand the participants' perspectives, scans data for themes or patterns of responses, writes an in-depth description and interpretation of the data he has observed or elicited.

The qualitative researcher himself, as in this study, collects and analyses the data and is thus in the unique position of being the human-as-instrument - a concept coined by Lincoln and Guba (1985). Lincoln and Guba (1985: 193) argue that a human instrument is responsive, adaptable and holistic and note a person, that is, "…*a human as instrument, is the only instrument that is flexible enough to capture the complexity, subtlety, and constantly changing situation which is the human experience, and it is human experiences and situations that are subjects of qualitative research*".

The qualitative researcher as the primary research instrument, thus brings all of his skills, experience, background, and knowledge as well as biases to bear on the research process. Since the human researcher has knowledge-based experience, and possesses an immediacy of the situation, he has the opportunity for clarification and summary on the spot. A further advantage of the human-as-instrument is that the researcher can explore the atypical or idiosyncratic responses immediately and in ways that are not possible for any other instrument, which is constructed in advance of the beginning of the study (Lincoln and Guba, 1985). The researcher in this study utilised all his skills, experience, background, and knowledge to facilitate the research process, as well as assessing his biases continuously in order for it not to pollute the data. It was also possible for the researcher to participate as the human instrument, which placed him in an advantaged position for on the spot clarification that in turn facilitated the expedience, clarity and accuracy of the data collection.

Most criticism around qualitative methods centre around "subjectivity" by which is meant the researchers' effects on the data they collect. It is argued, by critics, that the qualitative researcher, as the sole instrument, acts like a sieve, which selectively collects and analyses nonrepresentative data. In fact, researchers act as selective filters in all forms of research by, for example choosing and designing methods of

data collection and analysis that correspond with their ideas of what is relevant and consequently forcing reality into a preconceived structure. The researcher can aim at objectivity and can profess to have obtained it, but he is never truly divorced from his own guiding epistemology, since he can never be truly separated from himself.

In this specific study the qualitative researcher acknowledges that he will influence the behaviour of subjects by virtue of his presence, but aims to minimise this by means of various techniques. Within this study, the interviewer was attuned to his influence on the subject and determined to view himself as he would any other participant in a situation, weighing and evaluating his relative contribution when analysing the data, as suggested by Bogdan and Taylor (1975).

Providing detailed descriptions of the methodology also permits readers to similarly weigh this influence (Bogdan & Taylor, 1975) so facilitating an added safeguard.

Patton (1990) suggests, a process called *Epoche* as an initial step in data analysis to minimise the influence the researcher may have on the data collection.

Katz (1987) describes *Epoche* as a process employed by the researcher to remove, or at least develop a heightened awareness of his prejudices, viewpoints or assumptions regarding the phenomena under investigation. "*This process allows the researcher to maintain an openness which, hopefully, prevents him from prejudging or imposing meaning too soon. This suspension in judgement is critical and requires the setting aside of the researcher's personal viewpoint in order to see the experience for itself*" (Katz, 1987: 37).

The stance of the qualitative researcher is thus somewhat paradoxical – he must, on the one hand, be acutely attuned to the experiences and meaning-systems of his subjects while remaining aware of how his own biases and misconceptions may be influencing that which he is trying to understand. The qualitative researcher's stance aims at a perspective which is not so far removed from his subjects' experiences that he is unable to understand them or the meanings which they attribute to their experiences, but yet not so immersed in his subjects that that he becomes oblivious to the fact that themes and patterns exist at all. This is a difficult and paradoxical route

to navigate but with the necessary safeguards in place, it is believed that this specific research was conducted with an adequate balance in place.

3.6 Sampling and Selection of Subjects

Quantitative researchers aim for a 'randomly selected' sample, which supposedly increases the likelihood that the sample accurately represents the population from which it was selected, and thus allows the results of the study to be generalised to the larger population. However, as Maykut and Morehouse (1994: 56) note, even traditional quantitative researchers find, when investigating complex human phenomena, they rarely have the opportunity to select a truly random sample and often "*settle for approximations of randomness*".

Qualitative researchers do not aim for random selection. Aiming to gain a deep understanding of a particular phenomenon, they carefully select a sample of people who have experienced this phenomenon. This purposeful approach to sample building within this study, acknowledges the complexity that characterises human and social phenomena. (Maykut and Morehouse, 1994).

3.6.1 Sampling Method

Because the targeted population group that was identified for this study was difficult to identify and access, purposive snowball sampling was utilised.

Purposive sampling is an accepted form of sampling for special situations. It uses the judgement of an expert in selected cases, or it selects cases with a specific purpose in mind. It is generally used in exploratory research (Neuman, 1997). According to Neuman (1997) purposive sampling is appropriate in three cases: First, a researcher uses it to select cases that are especially informative; Secondly, a researcher may use purposive sampling to select members of a difficult-to-reach population; Thirdly, purposive sampling is a feasible option when a researcher wants to identify particular types of cases for an in-depth investigation. Purposive sampling was the ideal and

only sampling method for this particular study. However, the sampling method used in this study cannot merely be seen as purposive, but is identified as snowball sampling. Snowball sampling is a form of purposive sampling in which specific people are chosen because they are likely to provide the most useful information about the research topic (Patton, 1987). Snowball sampling, also called network, chain referral, or reputational sampling, is a method for identifying and sampling cases in a network. It is based on the analogy of a snowball, which begins small but becomes larger as it is rolled on wet snow and picks up additional snow. It is a multistage technique, beginning with one or few people or cases, and spreads out on the basis of links to the initial case (Neuman, 1997). Neuman (1997: 207) states, "*At the conclusion of each interview I asked each woman to suggest another woman of her social group, with a background like hers, who might be willing to talk to me. This practical way of gaining access to respondents has theoretical as well as methodological advantages…I was referred to women who were considered by their class peers to be representative of the class; thus I did not speak with women who deviated significantly from the norms of upper class life*…" Thus this method of sampling could ensure that individuals are identified who adhere to certain requirements.

In the case of this study individual psychologists who currently include art in therapy as part of their repertoire of intervention strategies, were identified. This was a difficult task as there are no registers within South Africa pertaining to this specific field. The Art Therapy Centre in Johannesburg was approached, however, although they offer training in art therapy, they couldn't provide a list of appropriate candidates for the study. The individuals they could identify unfortunately had to be excluded, as they did not qualify in regards to all the inclusion particulars. Therefore snowball sampling was utilised. One individual was identified through a psychologist, who in turn identified other individuals. In this way the snowball effect was established, and the participants were identified. The final sample consists of three registered and practicing psychologists, within South Africa, who currently utilise art as intervention strategy within their therapeutic intervention. Although four psychologists were interviewed, the fourth audio recording was damaged, and could not be included. Originally eight subjects were identified and contacted, however, due to schedule

restraints only four interviews could be arranged, and of these four interviews one interview was discarded, due to damage on the recording which made it indecipherable.

3.6.1.1 Inclusion Criteria

Because art therapy is in its infancy in South Africa and therefore there is no registration under the Health Professions Counsel of South Africa, it is important to have included subjects in the study that fall within a registration category. Psychologists were identified for this study, as art therapy is utilised within this field.

Therefore the inclusion criteria for the sample were:

- Psychologists from any category (Clinical, Counselling or Educational);
- The psychologists had to utilise some form of art making within their current psychological therapy; and
- The psychologists had to include adults to some extent within their therapeutic scope.

3.7 Data Collection

Banisteret al. (1994), suggest that the interview process often best serves the investigation of complex phenomena, as it provides access to subjective meaning (Banister et al., 1994).

As the aim of this study was to explore views of psychologists, it was believed that the use of a semi-structured interview would be advantageous. Semi-structured interviewing was the most widely used method of data collection in qualitative research in psychology. This is partly because interview data can be analysed in a variety of ways, which means semi-structured interviewing is a method of data collection that is compatible with several methods of data analysis. Another reason for the popularity of semi-structured interviews is that they are somewhat easier to arrange than other forms of qualitative data collection. This is not to say that the actual process of semi-structured interviewing is 'easy', rather, that there may be fewer logistical difficulties in arranging a series of semi-structured interview with a small number of volunteers (Willig, 2001).

The exploratory nature of the study dictated that a semi-structured interview schedule would be used, with mostly open-ended questions (Appendix A), drawn up by the researcher, rather than using a standardised questionnaire. However, questions were grounded on literature, as suggested by Henwood (1996).

The semi-structured interview provided an opportunity for the researcher to hear the participants talk about a particular aspect. The questions asked by the researcher functioned as triggers that encouraged the participant to talk. This style of interviewing is sometimes described as non-directive, however, it is important to acknowledge that it is the researcher's research question that drives the interview. Through his or her questions and comments, the interviewer steers the interview to obtain the kind of data that will answer the research question. The interviewer needs to find the right balance between maintaining control of the interview and where it is going, and allowing the interviewee the space to re-define the topic under investigation, and thus generate novel insights for the researcher (Willig, 2001).

To encourage the participant to speak freely and openly, and to maximise their own understanding of what is being communicated in the interview, researchers are advised to consider the possible effects of their own social identities (for example social class, gender, ethnicity, nationality, age, etc.), on the interviewee (Willig, 2001).

The researcher personally conducted semi-structured interviews with each subject. Each interview lasted between forty-five minutes to an hour. As the information obtained was not of a personal or traumatic nature information was obtained easily and little prompting was necessary.

As the interview format was largely semi-structured, it ensured that relatively similar questions were used to obtain data from each subject, which in turn ensured that similar areas were covered with each subject participating in the study.

To ensure that no information was lost, since this face –to-face interview was the only source of data in this study, the interviews were recorded on audiotape. There is divided opinion on the use of tape-recorders in qualitative research; Patton (1990: 348) views a tape recorder as "*part of the indispensable equipment*" of the qualitative researcher, but others, such as Lincoln and Guba (1985) disagree. According to the researcher, audiotaping helped to obtain the best possible recording of the interviewee's own words, and for this reason, was be used in this study. It is also important to mention that all the subjects included in the study had at some stage themselves conducted research at Masters level and were therefore more comfortable in the research setting, not being intimidated or influenced by a tape recorder.

3.7.1 Procedure

When initial contact was made telephonically , psychologists who were identified were asked if they were willing to participate . At this stage an appointment for an interview was set up.

Before the interview date an information sheet was faxed to the subjects. This information sheet explained the aim, exact nature and process of the study (see Appendix B).

Before the interview was conducted an informed consent form was given to the participants that was signed before the interview could continue (see Appendix C). The interview was conducted face-to-face by the interviewer, who is also the researcher. The interview was recorded on a dicta-phone. Notes were taken during the interview process. The interactional component of this type of interview allows for direct observation of the interviewee and greater intimacy in the interview context. However, the method is acknowledged as potentially influencing the process of data collection, in terms of honesty and quality of answers (Banister et al., 1994).

The researcher then transcribed the interviews. After transcription was completed thematic content analysis was employed as method of analysis.

3.8 Data Analysis

The process of qualitative data analysis takes on many forms, but it is fundamentally a "*nonmathematical analytical procedure that involves examining the meaning of people's words and actions*" (Maykut and Morehouse, 1994: 121). Bogdan and Taylor (1975: 79) define data analysis in the qualitative context as a process, which entails an effort to "*formally identify themes and construct hypothesis (ideas) as they are suggested by the data, and an attempt to demonstrate support for those themes and hypothesis. By hypothesis we mean nothing more than prepositional statements*".

In this section the data analysis process followed in this study is described. A detailed description of various aspects of the analysis, including transcription, contextualisation, categorisation and the method for constant comparison is forthcoming.

3.8.1 Transcription

As soon as possible after an interview had been conducted, the audio recordings of the interview were me transcribed, and the notes of the sessions were recorded. While the tapes were being transcribed, the researcher initiated the analytic process by identifying key words within the subjects' remarks, and then identifying preliminary meanings with these. Bogdan and Taylor (1975) advise the interviewer to record his or her own remarks and actions, as well as the behaviour of subjects, and to examine their influence on the subjects. This permits an understanding of the subject's remarks and actions in the context in which they occurred. Due consideration to this was given during the process.

At the beginning of the transcript the subject's pseudonym together with his/her italicised initial, which refers to him/her, was noted, along with the date and time of the interview, and the interviewer's name. The transcript of each interview started with a brief description of the physical setting and the interviewee. A word or phrase that could not be deciphered from the tape was indicated by the symbol /?/, while observations (of facial expressions, tone of voice, posture, etc.) were indicated in italics, within parentheses. (Bogdan & Taylor (1975: 71) suggest it is important to note, as observations, the subject's '*dialogue accessories'*, such as gestures, nonverbal communications, facial expressions, tone of voice, speed and volume of speech and general speech patterns. The researcher utelised all these aspects within the study.

3.8.2 Method of Analysis

The data was analysed using thematic content analysis, which has become a widely used and accepted qualitative technique within the field of psychology (Henwood, 1996; Holsti, 1969; Krippendorf, 1980).

Content analysis was originally used to reduce and categorise large volumes of data into more meaningful and manageable units from which interpretations were more

easily made. All analysis was done manually, as the scope of the study doesn't warrant the use of a statistical package.

The analysis was directed by a number of commonly accepted procedural steps, which were applied to the manifest content of the text. The data analysis is based on the full interview texts (Krippendorf, 1980).

- The analysis was based upon the identification of thematic units, comprising a sentence, statement or group of statements about a particular topic. Thematic units were defined in terms of their logical coherence around a specific topic based on literature (Krippendorf, 1980).

- The categories of analysis, as identified, were also based on literature (Krippendorf, 1980).

- In addition, the elucidation of categories also involved a close reading of the transcripts in order to identify aspects of the texts that had not been encompassed by the literature. It was accepted that analytic categories can be both theory and data derived. New insights, previously not part of literature, could be deduced in this manner (Banister et al., 1994).

- Certain interviews were therefore rendered in their entirety, identifying any thematic recording units, which had relevance for the subject matter of the study.

- A sample of text was then codified to assess the utility and accuracy of the units and categories specified. Modifications were then made where necessary (Krippendorf, 1980).

- Each interview text was then systematically coded according to this framework.

3.9 Ethical Considerations

The following ethical considerations apply:

- *Informed Consent*

  The researcher ensured that the participants were fully informed of the research procedure and had given their consent to participate in the research before data collection took place.

- *No Deception*

  Deception of participants was avoided altogether.

- *Right to Withdraw*

  The researcher ensured that the participants feel free to withdraw from participation in the study without fear of being penalised in any way.

- *Debriefing*

  The researcher ensured that, after data collection, participants are informed about the full aim of the study. They also have access to all publications derived from the study.

- *Confidentiality*

  The researcher maintained complete confidentiality regarding information about participants acquired during the research process.

In general, the researcher also protected the participants from any harm or loss, and aimed to preserve the well-being and dignity of their participants at all times.

In this specific study, the following precautions were taken:

Potential participants were first contacted telephonically. This enabled the potential participants to refuse participation without being confronted with the researcher face-to-face.

Participants were made aware that they could withdraw from the process at any time during the process. They were also informed of their right to refuse to answer any questions with which they felt uncomfortable.

All participants were further given an information sheet (see Appendix B), outlining the scope of the study. A form indicating consent to be interviewed, as well as consent for the interview to be recorded was then offered and secured. At both these stages participants were ensured of their right to withdraw from the study at any time without any consequences.

Both the transcripts and the recordings of interviews were treated with the utmost discretion and respect and are guaranteed with destruction upon the completion of the research.

As data was collected by way of face-to-face interviews, anonymity could not and cannot be guaranteed. Confidentiality is, however, guaranteed – a consideration which was made clear to each individual. Only the interviewer and research supervisor will have access to the recordings, transcripts and consent forms.

The participants are part of the community of psychologists within South Africa and can benefit professionally from the conclusions of the study. The results are destined to be made available to any participants or other members of the psychological and art therapy community. This commitment was communicated to all participants.

3.10 A Brief Personal Statement

Since the qualitative researcher is the human instrument collecting and analysing the data. It is appropriate to report information about this person, so that this may be overt.

The researcher is a white South African male. He is currently completing his studies in psychology and was therefore familiar with the language of his particular subjects, who were all practising psychologists within the South African context.

Chapter Four

Presentation and Discussion of the Data

4.1 Introduction

The study proved that each one of the interviewees found art therapy valuable. The interpretations, definitions and applications of art therapy by each of these therapists are admittedly in no way as profound as those evidenced in the international literature examined in the course of this study, yet a vast resource of innovative perspectives, informative considerations along with fresh indicators towards areas for potential future research have come to the fore.

The contributing psychologists all indicate a sincere passion for the practice of art therapy – a therapeutic medium which to date remains relatively underdeveloped and under-utilised in South Africa. This viewpoint is unreservedly reiterated by each in his/her own words: [1].

- *Interviewee A: "I don't know why people aren't using it"*
- *Interviewee B: " It's actually so natural"*
- *Interviewee C : "I believe its got great potential")*

[1] In the interest of clarity and discretion each interviewee has a colour dedicated to his/her recorded responses. This is applied throughout the document:
Interviewee A – Red
Interviewee B – Blue
Interviewee C – Brown

4.2 Interviewee Profiles

All of the interviewees in this study have been practicing psychologists for a number of years. They derive from a variety of backgrounds and adhere each to one of the different major disciplines of psychology. These individuals have varied theoretical leanings and are schooled in numerous psychological theories. Theoretical frameworks identified comprise Ericksonian and Gestalt type therapies, but extend to embrace various therapeutic interventions that may be used in a client centred approach.

While not a deliberate aim of the study, all of the subjects coincidentally utilised Ericksonian therapy and hypnosis within their therapeutic intervention, as well as a client centred approach.

In the words of Interviewee C: *"...you use what they bring and adapt accordingly"*.

Interviewee A regards him/herself to be an eclectic or integrated therapist, utilising different theories and techniques to facilitate progress within her/his clients. Though rare, he/she has in the past performed group work. Interviewee B works regularly with couples as well as with families, while Interviewee C does group work on a regular basis.

All of the interviewees found the utilisation of art within their therapeutic and theoretical frameworks highly beneficial, though all employ the medium as an intervention tool used in conjunction with other techniques.

Interviewee A and C were introduced to art therapy when attending courses, while Interviewee B was introduced to the use of collage within his/her original Ericksonian training.

Interviewee A, B and C each have varied practices with diverse client bases ranging from traditional African culture (Zulu etc.) to German, Swiss and Jewish clients, so offering a rich cultural therapeutic milieu from which to draw.

4.3 Defining Art Therapy

No universal or specific definition for South African art therapy was identified in the course of this study. Each interviewee was found to have a unique regard for and approach to the practice of art therapy:

"It is an opportunity for a client to share of themselves, in a different manner. It's an opportunity to access parts of a person's mind without them having to tell you. They can show you, and often they don't know that they do. Only once they put it on paper is it a representation, a projection of their own story".

"Art therapy refers to the response readiness of the therapist to respond strategically to all and any aspects of the patient's collage or art, including colour, texture, background, dimensionality and all those other important things in art. But also the patient's history, style of art, the way they present it, experience it, the way they appreciate it".

"...It's creativity, expressing yourself creatively, some people can do it with words. They're artistic with words so they can use for the lack of a better word, flowery words but they're talking metaphors and for me that's an art form. Someone that's not really verbal, but boy they can build stuff, they can create by building, by doing things. That's their form of artistic expression and by utilising that form of creative expression, particularly for that client, you're allowing them to make contact with the emotional side and not just speaking to the cognitive side (the conscious side) but actually speaking to the subconscious".

Blending these personal and professional points of view on the practice of psychological therapy through art, the researcher offers the following South African 'distillation' of the medium as it exists in its contemporary application:

- Art therapy is an opportunity for the client to share of him/herself by creatively expressing him/herself.

- Art therapy is an opportunity for the therapist to access parts of the client's mind that might otherwise have been hidden.

- Art therapy is the therapist's strategic and therapeutic use of the client's creative expression (artefact).

4.4 Who Qualifies for Art Therapy?

The idea of art and creative expression within therapy can be misconstrued as being synonymous with children and play therapy. This is not the case. According to the research conducted, all of the participant psychologists incorporated art not only into their therapeutic repertoire when working with children, but also into their therapy with adults. The study's interviewees concur each in his/her own words:

"I use it across the broad spectrum, irrespective of the age or presenting problem".

"Iit is useful across all age groups… across the range of problems".

"I don't think art as activity is limited to a specific age group".

Interviewee B confides that he/she applies art therapy to sixty percent of his/her cases.

Interviewee C uses it as: *"an integral part in every session. I listen very carefully for what kind of creative expressions come forwardSo maybe later on in the therapeutic process I might use it to my advantage"*

In the words of Interviewee A: *"…I would certainly introduce it or initiate it with every client…if the client allows me to go there".*

Thus considered, it appears that art offers itself as a useful medium of therapy to both an adult and child client population regardless of the age group and/or the presenting problem.

An important revelation is that each interviewee indicates a tendency towards using art therapy more with individuals who seem to be creative, but not necessarily artistic. This is a significant consideration as the misconception that the client needs to be artistic or good at art, is a serious inhibitor, to the growth of art therapy. It is also important to note that the interviewees do not necessarily exclude people who do not seem to be creative, they merely introduce the option more readily to creative clients.

In the words of Interviewee A: *I would definitely use it with clients that seem to be a little bit more creative, but it's not a prerequisite".*

4.5 The Artefact Serves as History

When a tangible artefact is produced in art therapy, this artefact is a physical object and a representation of a specific problem, state of mind, or other subjects covered in therapy. The artefact becomes a piece of history related to the specific point in therapy.

"...It allows you to go back and refresh your memory, and also to see how much growth has occurred. Often they'll tell you that: I'm not there anymore the picture has changed! So it's also important to know that that is not a static picture, this is not how your client is going to be always. So you also have to ask your client 'Is this still how it is', 'what has changed?'. Thereby seeing the growth that has occurred".

This allows both the client and the therapist to return to this point by utilising the physical artefact in later therapy and can become an extremely useful tool, especially for the purposes of reflection.

4.6 Art Therapy Hastens the Therapeutic Process

One major criticism of many types of psychological therapy is that it is too time consuming and subsequently the costs are high. In a country such as South Africa

where the majority of the population cannot afford traditional psychological therapy, it is necessary to facilitate therapies that are more time efficient.

Art therapy hastens the therapeutic process according to Interviewee C: "*...you get to the problem quicker, because it allows you story telling. So you're not going to sit there for session after session with this person repeating the same thing over and over again, but by actually creating the scene, you see the gaps you might have been missing, so yes I believe it allows for a far briefer kind of therapy, than merely talking"*

Neither Interviewee A nor Interviewee B commented on the properties of art therapy as an accalerated process. Further study is required in order to arrive at a more definite conclusion. Nonetheless art therapy has the potential to be a viable and more cost effective therapeutic intervention, especially when utilising natural materials as suggested by Interviewee B: *"...you can work with sticks, you can work with stones, with leaves, reeds. We can utilise what we have around us"* .

4.7 Art Therapy Makes Therapy More Engaging

Many a client has revealed that therapy was not engaging - even just tedious and monotonous with a previous therapist. It could be argued that this is a form of resistance and that there may not have been a good therapist-client relationship in these sessions. Therapy is hard work and never a comfortable space to be in. Yet if traditional therapy is enhanced with creativity, monotony could be removed and therapy positively influenced. Art therapy seems to be a feasible option, as creative thinking and new forms of therapeutic engagement are introduced.

Interviewees A and C reinforce this stance:

"It definitely makes it less boring, both for the therapist and client".

"If you use art and creativity in the session it ensures the session doesn't become boring".

4.8 Art as Form of Communication

International literature promotes the idea that art can be used as a form of communication in addition to, or separated from verbal therapy (Davis, 1989; Ireland & Brekke, 1980; Liebmann, 1986; Mills, 1991; McNiff, 1981; Oppawsky, 1991; Ruben, 1999; Ruben, 1978; Schaefer & Cangelosi, 1993).

Art facilitates communication in many ways, and one of the participants in the study on occasion only uses art in his/her intake interviews, as he/she finds it reveals sufficient information on the client's life. *"Sometimes words are not so important, sometimes I do not do a first clinical interview, I let the patient make me the collage of their life*" because it *"stimulates the patient to start talking indirectly…they tell me their whole history through pictures".*

Many times verbal therapy is not adequate, as individuals may intellectualise and hide behind words, often without even realising it. *"…You can hide behind words. It inhibits the process… you get stuck in words, whereas the moment you create that picture, you're immediately opening up a world for yourself, and you're creating insight for yourself".* In this way art facilitates communication on a more accessible level, creating a non-threatening and non-intellectualised communication channel.

Furthermore: *"A lot of them (clients) come to you feeling overwhelmed, not really knowing why they are there or where to start, and they cant get the story out. So you need to provide them with a way of telling the story".*

This is where art seems to be able to play a pivotal role. Where individuals in therapy find it difficult for some reason to verbalise their emotions, or story, art therapy can be utilised to assist in this process of self-revelation and exposure for the client. Art helps in the way that: *"…people seem to be much more free or open to talk while they're drawing, or while they're working with clay, or while they are busy pasting things on a collage. They talk more freely".*

Art therapy is less intimidating and helps the client divulge information that may otherwise have taken numerous sessions to reveal.

It also seems to: *"...give the person another angle to discuss their problems"* and *"the focus is outside"* of the client. *"Whereas when it's inside sometimes its very difficult to articulate, sometimes its too scary. Sometimes it's too confusing and they don't know where to start. They initially don't know what they are doing and why they are doing it, but the minute they start talking about it the ideas start flowing, and associations can be made and metaphors come to the fore, so you've got a richness with which you can work. And because the process continues so much after the session, you are achieving a lot more than had you merely addressed the cognition and the linguistics".* It gives the client the opportunity to access and discuss threatening material by making another discussion angle available to the client, and also projects the problem to a safe distance outside of the client. Art appears thus to aid individuals who may find verbal therapy and the intense focus on the self threatening, and so offers itself as an effective communication alternative.

As found in international literature, art can also be used as a therapeutic tool where language barriers exist (Ledesma, 2004)."*You can do a lot without really speaking a language".* With eleven official languages and numerous cultural persuasions, South Africa is a nation that would do well to afford this consideration some serious deliberation. Where therapists involved in community work do not speak the language of the target population, art therapy offers a practical alternative to verbal therapy, or could, at the very least be used to enhance traditional therapy through the use of an interpreter.

For Interviewee B art therapy: *"facilitates communication and also facilitates self-communication"* because the clients *"...start thinking about themselves*". Art facilitates the process of communication between the therapist and the client, as well as communication with the self. Due to the nature of art therapy, where the client has to focus on his/her very personal inner experience in order to produce a realistic and relative artefact, the client not only communicates with the therapist in a creative way, but also forces him/herself to communicate with their inner being and experience, as distractions are reduced.

Art therapy's communicative efforts is not limited to individual therapy though and has a relevant communicative purpose where 'couples' therapy is concerned. *"In couples therapy, it (art therapy) definitely facilitates communication within a relationship".* Couples inevitably observe one another's artefacts within therapy. Utilised to insightful effect, art therapy may facilitate the therapist's ability to encourage healthier communication, as many issues and interpretations, previously hidden or misunderstood by a particular partner are now revealed and adequately explained.

Art therapy is thus a communicative tool that is able to bridge many a chasm.

4.9 Creative Therapies and Art Therapy

Art therapy is a creative modality within psychological therapy. It is reasonable to assume that psychologists drawn to this modality may be attracted to other creative therapies – this thanks to the influence exerted by their own creative inclinations. While not the focus of this study it is useful to consider other creative therapies utilised by this study's interviewees.

Interviewee C revealed the fact that she/he employs different creative therapies in accordance with each client's preferences or abilities. "*When it's someone who is extremely auditory you are going to involve music. If someone can write poems or lyrics, you are going to allow them to create the solution to their problem by using that kind of medium. So it means you listen very carefully where they're coming from. Listen to the metaphors they use and addressing it in turn in your solution*".

Interviewee B implements *"poetry and the performing arts, including psychodrama"* in his/her therapy, so facilitating the most effective therapeutic application for the client's frame of reference.

4.10 Colour in Art Therapy

Many theories of colour are represented in literature (Lev-Wiesel & Daphna-Tekoha, 2000; Robbins, 1994; Jung, 1968), especially the meaning of colours used within drawings or paintings. There are however as many cautionary indicators within literature (Malchiodi, 1998). It should be noted that most colour theories are derived from research undertaken in western countries and so may not be relevant for South African application.

Within this study the use of colour was of particular interest as the participants work within a wide variety of settings and with a multicultural client base specifically pertaining to South Africa.

All the participants indicated that the use of colour should be approached carefully, especially when the therapist wants to interpret the client's use of colour: *"We have to be very careful of interpreting colour for our client, especially in the South African context"*.

The statement *"Colour is important if the person finds it important"* seems to be the basic assumption in this area. The utilisation of colour appears to be based on asking the client for his/her own interpretation of colour usage, *"I prefer to ask my clients: 'What does this mean for you, how do you interpret this colour?'. People are individuals and people differ. I might interpret black as depressed…one of my Zulu clients said black is powerful, it's strong"*.

It is therefore clear that colour can play an important part within art therapy, but should be viewed from the interpretation of the client and not the preconceived ideas of the therapist: *"because it (the colour) means something to them, and you have to tap into their associations regarding the colour, and not your associations and what you believe is the objective truth, there is no such thing"*.

Therefore the meaning of colour is not fixed and most certainly will differ from individual to individual, from culture to culture, especially within a multicultural society such as South Africa.

4.11 Inhibiting Factors to Art Therapy

Because art therapy could be easily perceived as a form of play therapy, many adults regard it as a type of therapy specifically suited for children. However, within this study it is clear that if art therapy is introduced in the correct way and with sensitivity, this initial resistance could be avoided. Interviewee C describes the process: "*You first have to get to know the client, and especially if you know…"* the introduction of art in therapy *"…will probably not go off very well, you tell them that you wonder if they would allow you to do a bit of an experiment… and it might initially feel strange, but lets see where it takes us. If the relationship is trusting and they know you they'll go with you, and if it doesn't work they'll tell you*". Art therapy should be introduced with sensitivity. If they do tell you that they do not find art therapy effective, alternative therapeutic methods should be considered.

This is, however not the only reason for resistance. This study's participants identified various others including: Firstly, resistance may occur when the client is particularly critical and has *"the misconception that they must make the perfect artefact…this can inhibit them"*. This misconception could have a detrimental effect on the therapy, as the individual does not concentrate on the process but in a way sees the aesthetic value of the artefact as the ultimate goal. This in itself can become a departure point in therapy, as they may approach other tasks in life in the same critical and perfectionistic way, yet it is also important to make the client aware that the aesthetics are not the goal.

Another inhibiting factor closely related to the perfect artefact is that the client could: *"…get stuck in the detail of drawing every specific instance",* this however could be overcome by not only using art in the sessions, the artefact's completion could be given as a task to complete after the session. This should, however, not always be considered an obstacle as the therapist identifies this process as: *"in itself significant and therapeutic…"* because *"…it opened up an incredible part of his personality…and opened up different effects that this* (getting stuck in detail) *may have on his life".*

Secondly, it is also important that the client-media fit be considered. If someone who is especially critical works with a difficult to control medium such as clay, this may set them up for failure. *"I asked her to make me clay figures of these different parts of her, that bombed… because she didn't like working with clay… because she couldn't get the image in her mind onto the clay…and I had underestimated the role of the critical self …because she looked at these figures and immediately didn't like them because they didn't stand up to her expectation…".* It seems to be more important to ensure that the client starts off with more approachable and friendly mediums and later graduates to more difficult to handle mediums, when development has taken place and better coping mechanisms have been put in place. *"The next session I asked her to build me a scene in the sand. At this stage she had indicated to me that she felt very different from the last time she saw me. She hadn't heard from this critical self for a while but what did emerge was the more integrated self and in the integrative self she could identify the different aspects of her, the different parts of her, but they were now working together. The critical part didn't feature in the sand, so through that she presented a metaphor of being different and that is where the insecurities came from and had I not allowed her to build that scene I would never have realised that there has been greater integration and how it can benefit her".*

Another area to consider with the medium the therapist works with is: *"the client's interests, and their likes".* This seems to be extremely important as the free flow of emotions could be jeopardised if the client does not feel comfortable with the medium. It is possible that the medium may inhibit the client's free expression and therefore create a blockage between the conscious and subconscious.

A third area of possible resistance was identified as: *"the ones that like to please, if they want to create for you what they think you want, that tells you, you first have to address the insecurities, and the relationship perhaps needs to be addressed more, before you can go further".* Art should be considered a tool and not a magic potion that heals all wounds. Obstacles will be present and protection or coping mechanisms should be put in place to facilitate the most effective utilisation of art therapy.

Group work should also be approached with caution: *"It's as if they're a little bit hesitant when they do it in groups, even in families I find they're a little bit more*

resistant to do it. Sometimes they're scared, what might this one say about my collage, or I'll give them away with the content of the picture". It therefore seems prudent to approach group work with caution, especially if the individuals in the group form part of a family, as this may have consequences for the family's interconnected lives.

There are many possible obstacles that may inhibit the effective therapeutic uses of art therapy. If such obstacles are handled with caution and sensitivity, art therapy does prove an effective tool.

4.12 No Artistry in Art Therapy

The source of most resistance to many individuals in the general population is that people tend to believe they need to be artists to do art therapy, this is however not true. In the words of Interviewee B *"...they think they have to be artists to do it, we can all do it".* Interviewee A reiterates this point by stating that being artistic or creative is "not a prerequisite" to art therapy.

Art therapy is not limited to artistic individuals, although it may be easier to utilise it with individuals who are creative. Interviewee B concludes that "…they would not necessarily have to be artistic".

4.13 Art Creates Movement (Getting Unstuck)

In therapy the phenomena occurs where the individual or the therapy seems to get stuck in a repetitive cycle and the therapy does not progress to facilitate positive change. This may be because the client is repeating a rigid way of thinking that may have caused the problem originally. A prerequisite of therapy is that movement takes place in a positive direction, facilitating growth. Art seems to be a valuable tool for assisting in this process. All three interviewees described this experience:

"Introducing art in therapy means to allow your client to also think out of the box…because otherwise you fall into their paradigm of rigid thinking and that's often what happens when they have a problem they are stuck in it. They cannot see other solutions…so when you start introducing the creative thinking, you introduce ways of expressing it,that will be your artistic expression. I think you allow them avenues for alternative thinking, for getting unstuck";

"I often use it when a client is stuck…when a client is stuck and keeps giving the same kind of themes then to explore it a little deeper with the client I would introduce art";and

"The art is facilitating and stimulating movement…when someone has a problem they're stuck. Through art, you stimulate momentum and movement".

If movement towards a better self does not take place, therapy is not taking place and the client continues his/her repetitive cycle of cause-effect, impeding development and the ability to come up with solutions, not being able to break from rigid paradigms. Art therapy creates a viable alternative to facilitate positive growth.

4.14 Art Facilitates Client Involvement and Responsibility

Many clients are in therapy for the long term. The observation of change is not always present from the beginning of therapy, as change occurs slowly, especially in the initial phases of therapy. This factor in many cases is due to the client's lack of involvement within the process of therapy. The client tells his/her story, the therapist listens, facilitating solutions. Although the process is not quite this simple, in many cases it seems that way to the client who does not necessarily have insight into the intricate balance and progression of therapy.

When the client is included in the therapeutic process through active involvement, the responsibility for growth is immediately shared between the therapist and the client.

He/she now feels personally responsible and will invest more in the process. If change is not observed, the client shares the burden with the psychologist.

Art therapy includes the client actively, as the client has to actively make an artefact representative of some aspect in therapy.

As the interviewees state:

"We learn when we are involved"

"Therapy is about doing and not saying. So art immediately makes them do something"

"It shifts the responsibility to the patient, they are actively involved, and they create their own solutions".

Thus art therapy can enhance the therapeutic process through active envolvement of the client who now shares in the burden of change.

4.15 The Media Used

Art therapy is not necessarily limited to the use of one medium. Most literature suggests that a variety of mediums be made available to the client during therapy with the client deciding ultimately which medium suits him/her best. Two of the interviewees within this study agree with this - they believe in a client-media fit. However, one of the interviewees is more directive in his/her approach and mainly works with collages, yet he/she has broadened their usage of creative media including working with prose, psychodrama, painting and drawing. The other interviewees tend towards the belief that certain media fit better than others with particular clients. *"...Some people will come to you and you'll know... I cannot introduce the sand tray to them, they are going to think this is foolish. The adolescents will often say...oh um... are we gonna play... as if they're above play. Yet I've had a matric pupil who said to me...ooh I like doing this, this reminds me of when I was a child...and by*

actually reminding her of that part of the inner self she could access inner strength…". It is important to check with the client and to *"…fine tune to what* (medium) *your client is comfortable with".*

Media that have been particularly useful for the interviewees with particular clients include potters-clay, play dough, collages, cartoon drawings, paint, finger painting, drawing in the sand tray and sketches.

One of the interviewees reports that adults seem to prefer media such as pencil or pen drawings, as the individuals are able to "*draw detail*", whereas children are inclined towards a preference for mediums like play dough and paint, as they seldom try to incorporate a lot of detail in their drawings.

An aspect coverer in international literature is that you need to give your clients options regarding the medium of art therapy. This is confirmed by Interviewee C:*"…give options…".* This view is not necessarily true for all the participants as Interviewee B mainly uses collage within therapy, and is more directive. Although he/she has worked with other media, including creative therapies, his/her area of expertise is mainly collage. The medium can therefore also be prescribed.
An area closely related to culture also comes to the foreground when considering the medium used. When art therapy is used within a culture that is not necessarily closely familiar with painting other things like paper, wire, tin cans, wood, plastic, sand and clay could be used, it is suggested by Interviewee C, that therapists *"…need to start with what they've got, the kind of things they normally have within their environment, before you introduce foreign things".* This could facilitate a better integration of the therapy into the specific culture.

4.16 Race and Culture

A specifically important area for the South African context seems to be the area of race and culture. South Africa is a multicultural society with eleven languages and a varied number of cultures. Psychological theory has come under scrutiny due to its western roots. It is therefore logical to assume that art therapy may come under

scrutiny as well. However, artistic expression has always formed an intricate part of African culture, be it in the form of pottery, different coloured beads, or ritual dances. This could drastically reduce the resistance to art therapy for afro-centric clients, as the individuals may feel more relaxed in an area of therapy that includes traditional roots.

It is nonetheless important to note that South Africa is a country with many European roots - roots which have sprouted within African society, bringing a form of acculturisation that may not be as predominantly present in many other African countries. This is particularly the case with younger generations of African children, as the Apartheid regime brought with it the concept that the previously advantaged "white" schools were offering a better education for children. After the fall of Apartheid many African adults sought to provide their children with this 'better' education resulting in some degree of acculturisation. *"The black clients I have seen in my practise, go to westernised schools, these are integrated schools, they live in the area, so for all means and purposes you can follow the same kind of procedures and strategies you would for the majority of students in those schools* (which were traditionally white and are still predominantly in many cases). *They have been acculturated".* However this does not mean that the therapist dismisses the individual's African heritage, *"still you can ask them what role does your culture play, but I haven't yet found significant differences with them. They use crayons, they're used to paint, its part of their way of growing up".*

Within the older African adult population this acculturisation is not as acute. These individuals did not grow up with westernised ideals and while many now work in this African-western society, they tend to: *"use the natural mediums, and I think because as children they played with sticks and stones, they play in the sand, but I think that when you introduce art you need to start with what they've got, the kind of things they normally have within their environment, before you introduce foreign things".* Therefore it seems that not only is there a difference between cultures regarding the use of art, but there also appears to be a difference within the level of acculturisation, and this should be approached with caution.

It is however important to note that the implementation of the art therapy does not appear to change across cultures, and therefore the cultural background doesn't seem to influence the usage or implementation of art therapy. As stated by Interviewee A: *"I don't think the cultural background influences the use of art"*.

What needs to be kept in mind is that certain cultures will accept and use specific media more easily, where as others may reject media because of cultural background, and you can't according to Interviewee C: *"...generalise because most of the black cultures differ, for some clay is acceptable, whereas using a lot of artificial paint is not acceptable, but for the Vendas and the Ndebeles, they paint their houses, they decorate their houses, so with them you could use that, but with other cultures, for example the woman, they work with beads, and different strings have different meanings, and different colours... so as art form you could there introduce beads and how could we make something with beads. So you literally have to look in the culture how you express yourself creatively, and that's the kind of art you would introduce".*

The artefact and the choice of colour may also be influenced by the culture of the client. *"People in Europe use more darker colours, where people in our country* (South Africa) *use brighter colours*".

An additional area which seems to be influenced by culture and even religion appeared to be the symbols of a particular culture or religion, but the solution according to the interviewees seems to be simple, *"...you work with the symbols they come with".* It is therefore important to be familiar with the client's culture, or to make sure you do not interject your subjective interpretation onto the client, but to view the symbols and situations through their eyes.

Another component that has not been explored is the fact that South Africa is a country where the larger part of the population currently does not have access to psychological therapy. This is mainly due to the relative expense of traditional therapy. According to this study a possible alternative could be art therapy, as you do not need any expensive materials and can use natural media that are inexpensive or free. Interviewee B stated that: *"...you can work with sticks, you can work with stones, with leaves, reeds. We can utilise what we have around us"*.

Culture needs to be considered no matter what form of therapy is applied. Acculturisation, cultural preferences, cultural symbolism cost and availability of mediums are all aspects that need to be considered within cultural work.

4.17 Interpretation of Art

Art has always been a useful diagnostic tool within psychology. However it is very clear from the interviewees that they use art as a therapeutic tool and they do not impose meaning onto the artefacts, unless the client reveals the meaning. They revealed that:

"I wouldn't make an interpretation. Very important in this work is that it's not interpretative... where I'm looking for the hidden meaning. I don't look at your collage and say, oh there's the hidden meaning";

"I never interpret someone's drawing. I don't believe in interpretive work. Art therapy is not about interpreting what's going on. It's about understanding that person's reality from however they are willing to show it"; *and*

"...we do not label and they take the label with them, cause then they sit with a new problem".

None of the interviewees included subjective interpretation in their use of art in therapy. Although this may be significant it is also important to note that all subjects in the study have similar theoretical frameworks, which may have an influence on the results. Therefore it would be prudent to suggest that further research is needed on this particular subject.

4.18 Group versus Individual Art Therapy

All of the interviewees find individual art therapy extremely useful. A testament to this is their utilisation of individual art therapy whenever they can.

One interviewee regards individual art therapy as more useful in his/her experience, as it is *"...as if they* (group members) *are a little bit hesitant when they do it in groups, even in families I find they're a little bit more resistant to do it* (art therapy)*".*

Interviewee A and C found *"that it's very beneficial with groups"* and that *"We should be using it much more in group-work".* Therefore the interviewees have varied opinions on the usefulness of art therapy within groups, yet all agree on the positive impact art therapy may have on clients.

An aspect that was pronounced by Interviewee C is that it is necessary to protect individual members when group therapy is undertaken. Possible precautions include: *group members* must *know each other"; "...it* must be *a comfortable space..." ;* and *"...you have to give the clients and the members of the group the opportunity and the responsibility to choose what they want to share".*

As the interviewees work with groups on varied levels of frequency, this is probably one of the areas where future research could also be done, as this study's information is limited.

4.19 Art as Window to the Subconscious and Emotional

Art facilitates communication as proven by international literature (Dalley, 1984 & Dalley, et al., 1993). Art therapy does not only facilitate communication on a basic level, it assists in communication with the subconscious. According to the interviewees, art therapy is *"working on a subconscious level"* and *"you are accessing subconscious dynamics".* By *"...utilising creative expression, you're allowing* the client (*them) to make contact with the emotional side, and not just speaking to the cognitive side (the conscious side), you are actually speaking to the*

subconscious". The art activity and artefact provides a concrete rather than verbal medium through which a person can achieve both conscious and unconscious expression and, as such, can be used as a valuable agent for therapeutic change.

It is also implied by Interviewee A that the art making process in itself could be therapeutic, and as the client changes a situation or problem by utilising change within the art process, it is also changed within the client: *"If you fix something in a drawing, subconsciously you're fixing it on that level"*.

4.20 Art Therapy may Facilitate Traumatic Memory Recollection

Many an article has been written on the use of art to facilitate recollection of memories that may be traumatic to relive, and are buried away in the subconscious (Kelley, 1984; Sadowski & Loesch, 1993; Malchiodi, 1998).

Interviewee A states that art therapy: *"Can definitely trigger traumatic memory or suppressed memory".* Art therapy can facilitate the progression of the therapeutic process, as it brings memories to light, which may otherwise have taken many sessions with traditional therapy.

This study suggests that art therapy facilitates communication on both a conscious and subconscious level. As Interviewee C states: *"...you're immediately working with the emotion, they might come to that because they are feeling very comfortable and in control. They might start* making the artefact *(doing something) and then it triggers a memory, and the memory triggers an emotion, and before you know they cannot stop the associations".* This also suggests that the artefact is less threatening, which enhances the possibility of the memory resurfacing.

Art therapy creates a safe space and projection of the memory to enable the client to more readily remember traumatic events.

4.21 Art as Anchor

The artefact in art therapy is a physical representation of inner conflict. Immediately after the image or artefact is completed, it is undeniably present. The image or artefact creates the opportunity to observe the inner conflict, yet is removed and safe in the sense that it is not the conflict itself. Some clients even continue referring to the image during later therapy. This may be because the artefact is a link to the real conflict, and the image is an anchor, allowing the individual to access this conflict. As Interviewee A states about a client: *"...he kept going back to the drawing. Deep inside it seems to anchor what was going on. And it gave him a visual representation of his inner conflict".*

The image is tangible and therefore serves as constant reminder and anchor to the conflict or problem. Interviewee C states that an image is not like words, as words are forgotten easily but *"...the minute I've created something tangible, or made an image, it sticks longer".*

4.22 The Process of Therapy

Art therapy is practiced according to many theories and implemented in a variety of ways. Art therapists use it in a directive and non-directive way, from instructing the client which media to use, what to draw or produce and also on the other hand letting the client draw by freedom of association.

The interviewees in this study all use different techniques for implementing art within their therapy. Interviewee B has a very structured approach, implementing steps in a process. Firstly he/she introduces the idea of collage or art therapy to the client, if the person is interested in the medium of art therapy implementation of his/her procedurebegins:

- Get the client to make a collage of their manifesting problem ("*All I want is come back with a collage about your problem, how you experience your*

problem. If your problem consists of different parts or aspects, show those aspects to me, point them out").

- Within the follow-up session the client is asked about his collage, but in a non suggestive way. Open and neutral questions are used. (*"You cant say, that one points to sexual abuse, or ... why is that one so red, is it something to do with blood. Then I'm suggesting things…you shouldn't… your questions should be neutral questions. I would for instance say… tell me more about what you've done….open questions, tell me more, give me an idea").*

- Within the next step the client is instructed to make a collage of how he/she sees themselves as normal. (*"Normal meaning without this problem. If I hadn't had this problem, how would I be?"*). After which the same procedure of discussion is repeated.

- Then the same process is repeated but in this case the ideal self is portrayed. (*"How do you see yourself in the ideal way?").*

- The client is asked to identify their inner healing resources, which could also be a collage. The purpose of this is to show the individual that he/she has the ability to help themselves come closer to the ideal self. *("Then we come to the inner-healing resources. In your opinion, your resources that will help you overcome this problem, so that you can come closer to your ideal self"*).

- A collage or picture can also be made of the therapeutic process, as well as the therapist. But the most important drawing seems to be of how the client sees the future. ("*Make me a collage where you will be after the therapy is completed and you are healthy and you don't have that problem*").

The other participants have a much less structured implementation of art therapy. The use of art therapy is closely related to the presenting problem and if a client has anxiety, anxiety is drawn or made.

The interviewees state:

"A woman comes to me and she says she is anxious, and she's telling me this long story of everything that's making her anxious at work. And I said to her: I wonder if you can build 'anxiousness, in the sand. Choose a couple of symbols that could for you tell the story of anxiousness in the sand".

"A little boy presented with separation anxiety and also stuttered. The stuttering was part of the anxiety. And what we did in therapy is that we drew anxiety. What it looks like. We then also drew what it makes him feel like, and he drew anxiety in the form of a packman".

The process can continue to include the client drawing every step of the therapy, but mainly focuses on the externalisation of the problem into an artefact and the creation of creative solutions by using art.

There is no specified implementation procedure in art therapy, however the different interpretations within this study reflect the interviewee's level of training in this field. Interviewee B received formalised training in the use of collage through Ericksonian therapy. Interviewees A and C received training through informal workshops or courses and art therapy was part of one modality within Interviewee C's original training as psychologist. There seems to be a direct correlation between more structured art therapy and formal training, as well as between a somewhat less structured approach and less formal training. It is important to note, however, that neither of these interpretations is regarded as inferior to the other, as both interpretations have positive results.

4.23 Potential of Art Therapy

The use of art therapy is very limited within the South African context. According to the participants in this study, it does not receive sufficient attention.

As stated in their own words:

"It's neglected, and it doesn't receive the attention i (art therapy)t should. Art therapy doesn't receive attention in the training of psychologists";

"I don't know why people aren't using it"; and

"It(art therapy) iss under-utilised. I believe it should form part of every psychologist's training course".

Areas specifically identified by the interviewees in which art therapy can play a role include within the South African therapeutic context are:

- Group work: *"We should be using it much more in group-work" and "...group work..*".
- Preventative work: "*You can do so much from a preventative point of view"*.
- The crossing of language barriers: "*You can do a lot without really speaking a language*".
- Providing therapy to the greater population and previously disadvantaged groups: "*…with the larger population it can be utilised very wisely and very effectively*".
- Shortening therapy: *"...it allows for a far briefer kind of therapy…"*.
- Trauma work: "*...especially with trauma work…"*.

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Therefore it is clear that art therapy has enormous potential within a myriad of areas within the South African context.

Chapter Five

Conclusion and Recommendations

5.1 Shortcomings and Recommendations

This study does not aim to prove art therapy as psychological discipline. Yet the limited current use of this discipline and the definite opinions of neglect from the participants within the study may be seen as such, bringing important issues to light. If art therapy is to make an impact within South Africa, changes need to be made.

This study compares international themes with their occurrence within the work of the participants. Though there currently appear to be no significant differences, it is strongly recommended that these themes as separate entities become the focus for future in depth study, as this exploratory study could not facilitate such in depth investigation into each and every piece of thematic content.

It was also noted that all of the participants were schooled in Ericksonian type therapies. This was not an intended occurrence, yet may have had an impact on the data. The parallel courses that the thematic content followed however serves to disprove this. It is however important to mention the phenomenon as a possible area of concern, and future studies should attempt to address this.

Another area that warrants concern is that none of the participants included within the study were of African descent. Originally the idea to include African psychologists was a pertinent factor considered for the inclusion criteria. Yet the nature of the study, as well as the difficulty in securing such individuals, eliminated such considerations. Although the snowball sampling method was implemented to include such individuals, none could be identified. This in itself is a criticism to the current exposure of psychologists to art therapy. To address this obvious problem all of the participants were selected because they have multicultural practises.

5.2 Revisiting the Question and Towards a Conclusion

In this specific study the research question aimed to explore and describe the complex phenomena of the use of art in therapy within a South African Context. The study's mainly descriptive and exploratory nature, builds a foundation for future research within this field of expertise.

The practises of art therapy within South Africa and internationally follow parallel courses. The themes that were identified within international literature are the same themes that came to light within this study. The international and South African arenas do not differ significantly.

Art therapy is the *creative expression* of the client through the use of art making and the subsequent artefacts within therapy. Art therapy is an opportunity for the therapist to access recesses of the client's mind that may otherwise be hidden. This enables the therapist to utilise these revelations and the artefacts produced strategically within therapy.

Art therapy is *not limited by age*, nor by the presenting problem. It is engaging, and facilitates effective communication. The artefacts produced can serve as historic records of therapy, allowing the therapist and client to recollect the process.

Colour can play an important part in therapy, yet the client's unequivocal personal interpretation of colour should be the focus.

Art therapy is *not static and facilitates therapeutic movement*, client involvement and responsibility.

South Africa's combination of African and European culture, creates a uniquely African-western combination of culture, which has produced an acculturated youth that embraces many western practises, and facilitates the use of traditional and art therapy. The older and less acculturated population however are not as familiar with western objects used within art therapy. This is however not problematic, as the

South African psychologists suggest working with natural media within therapy that is readily available, cost effective and familiar to the clients.

Within this limited South African sample it is clear that art is used as a therapeutic tool and meaning is not imposed onto the artefacts, unless the client reveals the meaning.

The art activity and artefact provides a concrete rather than verbal medium through which a person can achieve both conscious and unconscious expression and, as such, can be used as a valuable agent for therapeutic change. The image is tangible and serves as constant reminder and anchor to the clients conflict or problem, yet moves it to a safe distance outside client.

Art therapy is implemented in many different ways within South Africa, as is the case internationally.

Although a multicultural South African society seems to be different in many contexts, the implementation and occurrence of art therapy appears to be fairly unchanged, and art may be the universal therapeutic language.

Art therapy is today recognised across much of the globe as a discipline in it's own right. However, with no facilities for formalised training and without an established registry of art therapists under the Health Professions Council of South Africa (HPCSA), South Africa represents an exception to this international body of thought and action.

South African psychologists who currently use art within their psychological therapy have, for the most part, been trained through enrichment courses and/or have benefited from limited training within their psychological studies with the result that only a very limited number of individuals are exposed to its possibilities and so its potential remains unrealised.

The participants in this study have responded each in uniquely favourable terms to questions surrounding the value and benefit of art as a tool of psychological therapy.

This unequivocal professional concurrence, while derived from a limited research sample of perspectives of South African psychologists, suggests that art therapy, though severely neglected, holds enormous potential for positive application within the South African context.

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Appendices

Appendix A

Interview Schedule:

1. What is your therapeutic field of expertise or specialization?
2. How were you introduced to art therapy?
3. From what theoretical psychological framework do you work?
4. Would you say it is easy or difficult to incorporate art into this theoretical framework?
5. In your own words describe what you see as art therapy / art in therapy?
6. How often do you make use of art in your therapy?
7. In what situations do u use art in therapy? / Do you think the use of art in therapy is more useful with certain cases or clients than others? (If yes, please state what cases and give a detailed description?)
8. With what clients (age groups) do you use art therapy/art in therapy more?
9. Does your work include both individual and group therapy? (If yes, indicate if art in therapy is more effective in individual or group settings? Why do you think this is? If no, is there any specific reason?)
10. Do you work with individuals / groups from different cultural backgrounds (Expand)?
11. How would you say the cultural background of the individual influences the use of art in therapy?
12. How do you use art in therapy (implementation)?
13. Give an example of how you would use art in therapy (step by step illustration)?
14. In your opinion and from your experience, does the use of art in therapy facilitate communication? (expand- when, how, etc.)
15. What forms of art do you use in therapy (drawings, paint, collage, sculpture, projective techniques, etc.)? Which techniques do you find most effective and least effective and why?
16. Would you say art facilitates traumatic memory recollection (If yes, please state how)?
17. Do you think the use of art in therapy enhances the therapeutic process (expand/how)?
18. In your opinion are there any instances in which art could inhibit the therapeutic process (expand/how)?

19. What do you think the potential of art therapy is in South Africa? Do you think this potential is currently being utilised? If yes state how, if no, how do you think it can be utilised?
20. What role would you say colour plays in art therapy?
21. What is your personal definition if art therapy?

Appendix B

Information Sheet for Participants

Enquiries: James A Gower
Tell: 083 3125 725
e-mail:
jamiesgowers@yahoo.com
Dr. Hermanieun Lauwen
(Supervisor)
Department of Psychology
University of the Witwatersrand

To: _____

My name is James Gower. I am a student at the University of the Witwatersrand , currently completing my Masters degree in Counselling Psychology. As Part of my course requirements, I am conducting research, looking at the views and perspectives that therapist/counsellors who are currently utilising art in therapy, sees this subject. This is a qualitative study that aims to explore the unique South African perspective of the utilisation of art in therapy.

I wish to invite you to participate in my study. If you should agree to participate, this will involve attending an interview with me during which various topics will be explored regarding your personal experience in this field. The questions are based upon previous literature. The interview will be recorded via tape recorder, however the tapes will be destroyed following the completion of the study. Your confidentiality is guaranteed.

Participation is voluntary and refusal to participate will have no repercussions. If you should decide to participate you have the right to refuse to answer any questions, should they make you feel Uncomfortable.
A general summary of the results of the study will be made available on request.

If you have any other questions regarding the study you are welcome to contact me at: 083 3125 724.

Yours Sincerely

_____	_____
James A Gower	Dr. H. Laauwen. (Supervisor)

Appendix C

Informed consent form for participants

I _____ agree to participate in the above mentioned study (Art Therapy: Perspectives of South African Psychologists). I Understand the procedure involved and am willing to participate.

Signiture:_____ Date:_____

I _____ herby give permission for the interviewer to use a tape-recorder to record the interview. I understand that the tape will be used to transcribe the interview, but both the tape and transcript will be destroyed following the completion of the study.

Signature:_____ Date:_____

Chapter One

Aim and Objectives of the Study

1.1 Introduction

Psychologists, like many other mental health professionals, rely on the current knowledge base of the profession to construct their preferred theory, and from this they design their therapeutic approach. As knowledge is never static, it continuously grows and expands to absorb paradigms and perspectives that were previously non-existent or undiscovered. Thomas Kuhn (1970) describes a paradigm as an achievement in the scientific community that shares two characteristics: Firstly, the success of the new model should be sufficiently remarkable to draw the attention of a group of followers away from other categories of scientific enterprises; Secondly, it should introduce multiple challenges in order to harness the efforts of the newly formed group of acolytes.

Kuhn's view of scientific research was that it consists of long periods of peaceful activity punctuated by violent revolutions of intellectual dissent. He uses the example of physics in which Isaac Newton's *Principia* replaced a variety of different opinions on how the natural world functioned, and so went on to serve as the foundation of all investigations in the area of physics for the following two hundred years. This model was challenged by the publication of Einstein's theories of relativity, which questioned some of Newton's basic assumptions about matter and energy. Kuhn describes this crisis as a paradigm shift. He proposed that a paradigm shift occurs, when an approach becomes established, accrues a body of research, and has already claimed several scientific successes in its name.

This kind of shift has occurred in the last few years as psychologists have turned away from the twentieth century emphasis on psychopathology and dysfunction, towards two of the original subjects of psychology: The study of improving the quality of peoples' lives, and the nurturing of talent and optimal functioning.

Art in therapy has not only been one of the manifestations of this shift but could be considered as a paradigm shift in itself, with a growing group of acolytes. Art therapy is an organised discipline of thought which, rooted in psychological theory, makes use of visual images and art-making for self-expression, insight and healing (Bien, 2005).

Art therapy personifies the nurturing of talent and optimal functioning, through the process of image making (Körlin, Nybäck & Goldberg, 2000). The fundamental validation of art therapy, is that the client brings forth the image, after which insight and eventual therapeutic change is sought. Therapy is therefore unable to take place unless the image and its consequences are presented. The potential for healing is therefore within the client and therapeutic change cannot take place without the realisation of the potential within the client. The image is thus not an external hand that guides the individual, but rather an internal, integrated part of the individual, which utilises the client's strengths and builds on them. Although this process is and should be guided by a trained therapist, the focus remains on the individual's production of the image.

Art therapy is a method that has a long history as a treatment alternative when conventional verbal psychotherapy and even pharmacotherapy have failed to facilitate improvement. It helps access, give form to, and integrate experiences, memories, and emotions that cannot be directly verbalised (Körlin et al., 2000), so promoting the strengths of the client.

The use of art in therapy is extensive in many countries across the world. In South Africa, however, art therapy is not offered in formalised programmes. Davis (2004) predicts that training will be available in the very near future, and a postgraduate Art Therapy Training, which is in the pipeline, will hopefully commence in the next 2-3 years. Currently foreign trained art therapists need to undergo a registration process under the Health Professions Council of South Africa (HPCSA), which includes an examination, which then entitles them to practice in South Africa. Still, very few art therapists practise in South Africa.

The Centre for Art Therapy in Johannesburg, South Africa has been running a foundation course in art therapy since 1997. The course offers an introduction to

basic experiential and theoretical components of art therapy, and is offered to psychologists, professionals, health care workers, teachers, trainers, etc. However, the enrichment programme is not an accredited training, nor does it qualify participants to practice as art therapists (Davis, 2004).

Art therapy as a profession does not have a distinct category of its own under the HPCSA (Davis, 2004), yet some South African psychologists do use it within their psychological therapy. The use of art in therapy is also currently being implemented in some of the educational psychology courses currently available in South Africa. While as yet still relatively limited, an example would be the University of Johannesburg's Educational Psychology Programme. However, this creates the misconception that this field is limited to educational psychology and therefore only a viable therapeutic option for children and not for adults.

Educational psychologists and other healthcare workers are not the only professionals utilising art in their therapy. There are some other psychologists, although few in number, who have seen the potential of art therapy, especially within the South African context. The variety of perspectives of these South African psychologists who use art within their therapy have as yet not been explored. This study should be able to provide important information regarding the possible uses of art in therapy from a unique South African perspective. According to Körlin et al. (2000), art therapy is probably under-utilised in psychological and psychiatric practice. However, according to Naumburg (2001), growing numbers of psychotherapists have come to recognise that art therapy techniques are useful as an adjunct to psychotherapeutic procedures.

This mini dissertation aims to contribute to the growing body of knowledge specifically related to the use of art in therapy and may provide a starting point for other psychologists towards the utilisation of art in their therapeutic practises. This work should in no way be considered an attempt to convert the reader to art therapy as a preferred treatment. It is intended rather as an attempt to persuade the psychotherapist, whatever the structure and style of his/her therapy may be, to consider art therapy as another door-opening or bridge-building technique, that he/she

may add to his/her therapeutic repertoire, to employ only as he/she finds it contributes to his/her usefulness to any particular client.

The main aim of this study is therefore to explore and describe the uses and perceived usefulness of art therapy within psychological practice specifically pertaining to South Africa, and in particular to the psychologists who contributed to this study.

Chapter Two

Literature study

2.1 History of Art Therapy

2.1.1 The First Roots of Art Therapy

The roots of art therapy reach into prehistory, "*to a time when people fist began to make images and objects intended to influence, make sense of, or express their experiences. Throughout time and across the globe, countless examples can be found of the use of visual arts in healing rituals*" (Edwards, 2004: 19). Archaeology is littered with examples of artistic objects used in rituals for healing, religious practices, the desire to be immortalised and many other such examples, from ancient Egypt, Greek and Roman Mythology to the Golden Calf mentioned in the Christian Bible.

It is not difficult to grasp that the significance of art has never been merely aesthetic pleasure, even when considering more recent works of art. Paintings by Salvador Dali, for example, by themselves, appear to reflect facets of the subconscious mind, as the elements in his paintings do not exist naturally in the proportions, combinations or scenes displayed.

Even though art has for aeons been used in rituals, religions and many other practises, hints of its first uses in the area of psychiatry emerged in the first half of the nineteenth century. One of the most influential figures during this period was the German psychiatrist Johan Reil, who outlined an elaborate programme for the treatment of mental illness, which included the use of art therapy (Ellenberger, 1994). Also, during the late nineteenth and early twentieth centuries, some psychiatrists became fascinated by the spontaneous art of the mentally ill. Around the turn of the century a few psychiatrists began collecting the spontaneous artwork of their patients, although "…*most regarded them as mere curiosities*" (Plokker, 1965: 83). There were notable exceptions though, and from 1876 to 1888 Paul-Max Simon, a French

psychiatrist, published the first serious studies of drawings of the mentally ill, with several other psychiatrists following suit (Ruben, 1999).

"*However as psychiatry moved closer to medicine, the view that mental illness was a result of brain abnormality gradually came to assert itself. Henceforth, the structure and workings of the brain became the focus of psychiatric investigation and treatment. Among the many consequences of this were the increasing emphasis placed on physical, rather than psychological forms of treatment and the isolation of the mentally ill in vast asylums*" (Edwards, 2004: 25). During this period the therapeutic use of art therapy was largely reduced in importance to a supplementary role, often in the form of diversional, recreational or educational activities. Nevertheless, it was against this backdrop and within these psychiatric institutions that art therapy began to emerge as a distinct paradigm from the 1940's (Edwards, 2004).

The triumph of medical psychiatry did little to foster greater understanding of the symbolic and therapeutic value of art produced by the mentally ill. The belief that brain abnormality might be revealed through drawing and painting did, however, result in a renewed interest in the diagnostic potential of art. An early pioneer in this area was the German psychiatrist Fritz Mohr, who devised an experimental procedure for the study of drawings of mentally ill patients, with the intention of relating these to specific types of neurological dysfunction. The patient had to copy certain drawings, complete others and draw anything that occurred to them (Edwards, 2004). In this way Mohr anticipated many of the visual and projective based psychological tests that are still in use today, such as the Draw-A-Person-Test. Though questions remain regarding the validity of many of these tests (Trowbridge, 1995), they still played a significant role in the development of art therapy. Another individual who contributed to this area is Ruth Shaw, who invented the use of finger-painting, which was thought to be both diagnostic and therapeutic (Ruben, 1999).

From the late 1930's a group of psychiatrists, "…*known as the émigré psychiatrists, collaborated on a series of research projects in London, concerned with visual and self-perception in depersonalisation and manic depressive psychosis…*" (Waller, 1991: 28). As with so many other inquiries of this kind, the meaning attached to

these images by the individuals who had created them were of lesser concern. "*The visual image was essentially regarded as a depiction of psychopathology…*" (Waller, 1991: 29).

In 1945, Reitman, one of the émigré psychiatrists moved to the Netherne Hospital in Surrey, where he worked with another psychiatrist, Eric Cunningham Dax. Dax shared Reitman's interest in the art of psychiatric patients, but there was one major difference. "*He appreciated the art for its therapeutic potential, particularly as a way of providing emotional release…*" (Waller, 1991: 49). In 1946, Cunningham Dax, appointed the artist Edward Adamson to the role of 'art master' at Netherne (Hogan, 2001). However Adamson was limited to helping the medical team obtain images for their research. "*The images produced were obtained under experimental conditions and remained uncontaminated by any discussion of its symbolic content*" (Waller, 1991: 54). However despite the restrictions placed on him it is evident that Adamson believed creativity to be inherently healing (Adamson, 1990).

2.1.2 Psychoanalytic Roots of Art Therapy

Another important influence of art therapy is that which has been exerted by psychoanalysis. Since Freud founded the profession, psychoanalysis has had much to say about the creative process, aesthetics and the interpretation of art. Indeed, all the major psychoanalytic schools have, from time to time drawn from the arts to support or substantiate their theories. For many leading psychoanalysts, including Carl Jung (1969), Melanie Klein (1975) and Donald Winnicott (1971), painting and drawing often played an important role in their clinical work.

2.1.2.1 Freudian Roots

Even Freud himself was interested in art to some extent. His interest in art arose from his belief that neurotic symptoms developed as a consequence of the conflict between the pleasure and reality principles. For Freud the unconscious mental processes operative in neuroses, dreams, and the creation of works of art, functioned in similar ways (Edwards, 2004). According to Freud what distinguishes the artist from the neurotic is that the artist "*…understands how to work over his daydreams in*

such a way as to make them lose what is too personal about them, and to make it possible for others to share in the enjoyment of them. The artist also understands how to tone them down so they do not easily betray their origin from proscribed sources" (Freud, 1975, vol. XVI: 376).

One important consequence of Freud's approach to art has been "*…to view it like a dream or symptom, and as the symbolic expression of the neurotic and conflicted inner world of the artist*" (Edwards, 2004: 29). Furthermore, although Freud acknowledged that the experience of dreaming was predominantly visual, he was primarily concerned with translating dream imagery into words. He did however acknowledge the difficulty of this. "*Part of the difficulty of giving an account of dreams is due to having to translate these images into words. '**I could draw it'**, a dreamer often says to us, '**but I don't know how to say it'**..."* (Freud, 1979: 118). This was probably what encouraged Freud to ask some of his patients to paint, particularly dreams that had no form or shape to describe (Robbins & Sibley, 1976).

According to Bowie (1993: 56), "*Freud's overall message is encouraging: art is an enhancement of our lives, a partial taming of our savagery, and although artists are propelled by passions that retain something of their primitive power and disruptiveness, the work they do on behalf of society is of an integrative and reparative kind*".

It is clear that even though Freud didn't use art therapy as we see it today, he had a substantial influence in the development of art therapy. Just Freud's dream interpretation alone, a technique to explore the unconscious, eventually contributed substantially to the evolution of art therapy techniques (Robbins & Sibley, 1976).

2.1.2.2 Jungian Roots of Art Therapy

Eisdell (2005) regards Carl Jung as the forerunner of art therapy. While Jung broke away from the psychoanalytic movement and founded 'Analytical Psychology', his approaches had much in common with Freud's. Both approaches are grounded in the belief that our inner (subjective) life is determined by feelings, thoughts and impulses beyond conscious awareness, but which may find expression in symbolic form.

However, in a number of marked respects Jung's approach to art and the imagination stand in marked contrast to that traditionally found in psychoanalysis. Unlike Freud for whom psychoanalysis was a talking culture, Jung arrived at the view that it was through images that the most fundamental human experiences and psychological life found expression. As a consequence, Jung frequently encouraged his clients to paint or draw as part of their analysis (Eisdell, 2005; Jung, 1969; Naumburg, 1966).

These pictures were seen as "*of therapeutic value by Jung because of two reasons: Firstly, Jung believed they played a mediation role between the patient and his or her problem; Secondly, image making provided the patient with the opportunity to externalise their problem, and thus establish some psychological distance from their difficulties*" (Edwards, 2004: 30). Therefore thoughts and feelings experienced as unmanageable could through painting or drawing be given form and expression.

"*Jung's way of working with images was primarily aimed at encouraging an active relationship between the artist/patient and his or her imagery, rather than the production of further unconscious material for interpretation*" (Edwards, 2004: 30).

For Jung, symbolism has what he termed a 'transcendent function'. It is by means of symbolic forms that the transition from one psychological attitude or condition to another is effected (Edwards, 2004). Through drawing on the archetypal patterns that Jung believed structured the human mind, each individual is regarded as having access to images and narratives through which expression to conflicting aspects of the psyche can be given. In Jungian theory archetypes are, like the instincts, an inherited part of the psyche and belong to the collective unconscious (Fordam, 1973). Archetypes were said by Jung to cluster around the most fundamental and universal life experiences – birth, parenthood, death and separation – and to reflect the psyche itself; revealing themselves by way of such inner figures such as the 'anima', 'shadow' and 'persona'. As such, our dreams, fantasies and images all derive in part from a collective reservoir of symbols and myths that repeat themselves universally. (Jung, 1978). An example of one such symbolic form frequently cited in Jungian literature is the mandala (see Figures 1 & 2). Mandala is an ancient Sanskrit word

meaning magic circle. Mandalas assume many forms but a basic mandala is a geometric figure in which a circle is squared or a square is encircled.

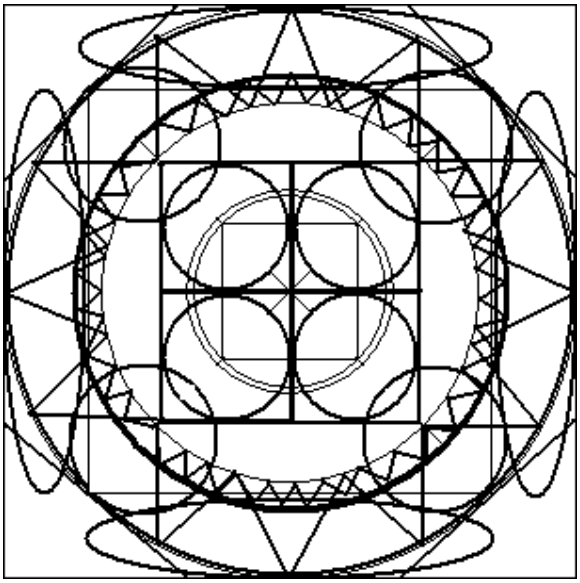

Figure 1: An example of a Mandala

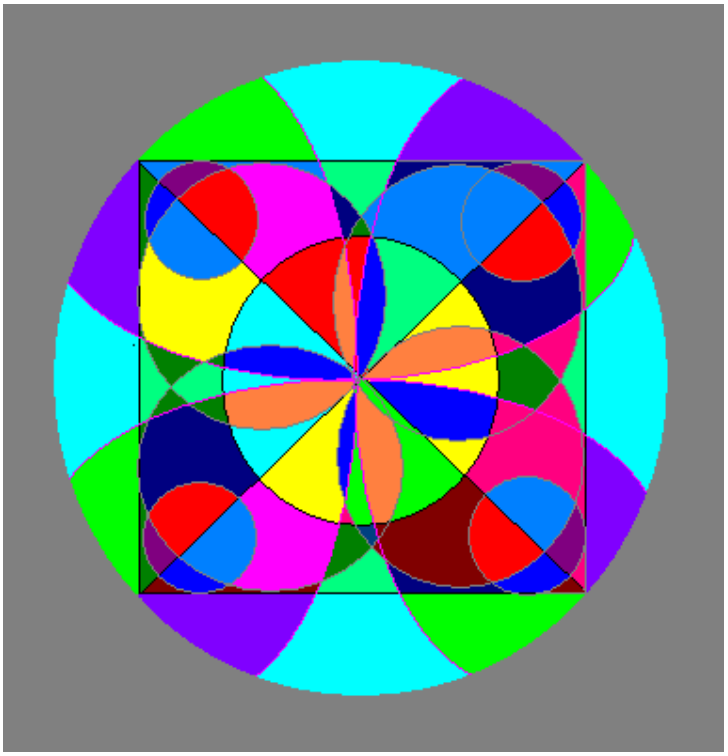

Figure 2: An example of a coloured Mandala

Mandalas are found in the art of many religious traditions where they are employed in the service of personal growth and spiritual transformation. Jung considered the mandala to be an expression of the self and an archetypal symbol of wholeness (Samuels, Shorter & Plaut, 1986). Jung used the mandala as a therapeutic tool and believed creating Mandalas helped patients make the unconscious, conscious (Edwards, 2004 & Slegelis, 1987).

The importance Jung attached to images in psychological healing has had a marked influence on the development of art therapy. Maclagan (2001: 85) states "*what made Jung a reference for later development of art therapy was not just his insistence on the primacy of the image, and the phantasy (fantasy?) thinking depending on it, nor the enormous importance he attached to archetypal symbolism, but his pioneering promotion of art making as an important path to psychological awareness*".

2.1.3 The Birth of Art Therapy

In the United Kingdom the artist Adrian Hill is generally recognised as the first person to have used the term 'art therapy' to describe the therapeutic application of image making. For Hill the value of art therapy lay in completely engrossing the mind and releasing the creative energy of the frequently inhibited patient. This, Hill suggested enabled the patient "*…to build up a strong defence against his misfortunes"* (Hill, 1948: 101-103).

At approximately the same time, Margaret Naumburg, an American Psychologist, also started using the term 'art therapy' to describe her work (Edwards, 2004). According to Naumburg, her model of art therapy based its methods on "*…releasing the unconscious by means of spontaneous art expression. It has its roots in the transference relation between patient and therapist and on the encouragement of free association, and is closely allied to psychoanalytic theory. Treatment depends on the development of the transference relation and on a continuous effort to obtain the patient's own interpretation of his symbolic designs. The images produced are a form of communication between patient and therapist, constituting symbolic speech*" (Naumburg in Edwards, 2004: 1).

Although the approaches to art therapy adopted by Hill and Naumburg were very different, and have subsequently progressed to other approaches and definitions, their pioneering work has exerted a significant influence (Edwards, 2004).

2.1.4 Growing Pains

2.1.4.1 The United Kingdom

Art therapy in the UK can be divided into three separate parts. According to Wood (1997: 172) "*During the first period art therapists focused on the powerful means of expression they might offer to people with serious disorders and also on the provision of respectful containment. During the second period, art therapists tried to counter some of the alienating effects of some psychiatric institutions by providing an asylum within an asylum. In the third, contemporary stage, the work of art therapists has become more influenced by psychotherapeutic practise*".

The first period identified by Wood (1997) was between the 1940's and the late 1950's. During this time ideas about using art as therapy in hospital settings emerged in a distinct and clearly recognisable form. This was also the time that the term art therapy was being used more frequently (Edwards, 1994). However as Hogan (2001: 186) observes at this time "…*rather than being a distinct discipline, with clearly identifiable features, art therapy represented a variety of practices developing in specific contexts*".

It was largely through the work of pioneering therapists at this time, such as Adrian Hill, Edward Adamson, Lyddiat, Jan Glass, Arthur Segal, Joyce Laing, and Rita Simon, that the foundations of the profession was laid (Edwards, 2004). The promotional activities of many of these pioneers of art therapy went a long way towards attracting later generations of art therapists to the profession in the UK.

Another important factor in the emergence of art therapy as a modality was the work of the Withymead Centre in Devon. This therapeutic community pioneered the

combined use of psychotherapy and art in the treatment of mental health problems. The therapeutic work of the Withymead Centre was Jungian in orientation and placed the use of art in therapy at its heart (Edwards, 2004; Stevens, 1986).

Throughout the 1960's and 1970's art therapists, often working in isolation from one another, developed different ways of working and varying viewpoints regarding the therapeutic potential of art. At this time it appears that art therapists relied more on intuition, respect for the image and empathy for the client, as opposed to relying on theory (Edwards, 2004).

In 1964 the British Association of Art Therapists was established and art therapists began asserting their unique identity (Edwards, 2004).

Until many of the large psychiatric institutions, which employed many art therapists, began closing in the 1980's and 1990's, many art therapists saw it as their role to improve the conditions and quality of life for the individuals who populated these asylums (Edwards, 2004). Art therapy was seen as a way to foster self-esteem, promote social interaction and self-expression, as well as address the sense of inner emptiness many patients experienced (Charlton, 1984; Molloy, 1997; Skailes, 1997 & Wood, 1992).

The last and current phase of development identified by Wood (1997) begins in the 1980s, when psychiatric institutions started closing and new opportunities and challenges arose. An important consequence was the move towards community-based services, which forced art therapists to rethink the ways in which they had traditionally worked (Edwards, 2004). According to Wood (1997: 145) "…*during this period art therapists have lived through many changes and have more strongly linked their profession to psychoanalysis, psychotherapy and group processes*".

As the United Kingdom art therapists began to draw more obviously from psychoanalytic theory and practise, added importance came to be attached to the setting in which art therapy was practised and to the relationship established between the art therapist and the client. Nowadays "*art therapy is seen as a form of*

psychotherapy, and its training should be strongly rooted in psychotherapeutic concepts" (Edwards, 2004: 42).

2.1.4.2 The United States

The key figure in advancing the development of art therapy in the USA was Margaret Naumburg. While other individuals had been employed as art therapists previously, Naumburg was the first to define art therapy as a separate profession and a distinct form of psychotherapy (Edwards, 2004). Her work was principally based on Freudian theory, and strongly recognised the relationship between the therapist and the client, however it differed from traditional psychoanalytic technique in considerable ways. Her patients were encouraged to take up a more active role within the therapeutic relationship, and offer their own interpretations regarding the images they produced (Edwards, 2004). Naumburg's focus on integrating art and psychotherapy helped establish one pole of the continuum along which art therapy subsequently developed, both in the USA and the UK.

A decade later the opposite pole of this continuum began to emerge through the work of Edith Kramer, who's approach to art therapy was first and foremost influenced by ideas relating to psychoanalytic informed education and child analysis. However, her approach emphasised the healing potential of the art process itself. This, however, does not mean that Kramer did not draw strongly from psychoanalytic theory. While her approach was very different to that of Naumburg, she nevertheless drew extensively from it (Edwards, 2004). Kramer's interest did not focus on using the art or therapeutic relationship as a means of transforming unconscious materials into conscious awarenesses, but rather on drawing on the creative process itself as a means of integrating conflicting material. Kramer saw the art therapist's main task as one of supporting the client's ego and utilising the intrinsic power of art in the service of psychological development. Kramer emphasised the aesthetic quality of an artwork as primarily important as opposed to Naumburg's emphasis on content over form,(Edwards, 2004; Kramer, 2000).

During the 1960s and 1970s art therapy in the USA developed rapidly, firstly due to the efforts of Kramer and Naumburg but also due to the changing attitudes to mental

illness and through the patronage of influential psychiatrists and psychoanalysts (Edwards, 2004). An important milestone in this era was the founding of the *Bulletin of Art Therapy*, later named the *American Journal of Art Therapy* , by Elinor Ulman (Edwards, 2004; Ruben 1999). This journal was the first of its kind and served as an essential tool in the advancement of art therapy. It allowed role-players to circulate and discuss ideas, as well as providing an independent voice and focus, not merely within America but also worldwide (Edwards, 2004). This tendency of publishing articles and books on art therapy has had a telling influence on the international community of art therapists. Most of the literature generated well into the 1980's originated from the USA. This effort contributed enormously to the development of art therapy (Edwards, 2004).

As art therapy evolved in the USA, the need to establish a distinct professional identity, develop opportunities for training and set standards for clinical practise became more pronounced. In June 1969 the American Art Therapy Association (AATA) was founded. Today the AATA continues to set educational, professional, and ethical standards for its members and strives to educate and distribute information about art therapy to the public (Edwards, 2004).

2.2 Art Therapy Today

The expansion of the theoretical base of art therapy has been accompanied by a marked rise in the range and scope of environments in which it is applied. Today art therapy is available in psychiatric hospitals and clinics, in private practice, in vocational and educational milieus as well as in a host of other areas within communities. The practice of art therapy reaches across all ages and extends its applicability to include both the able of mind and/or body as well as those with compromised abilities.

Many psychiatric patients, individuals with mental and/or physical disabilities, and people with terminal illnesses have been successfully treated in various art therapy programmes. Duly documented evidence of this claim is discussed in the section entitled 'Who Benefits from Art in Therapy?' See section 2.22, page 33 of this study.

Art therapy remains nevertheless a relatively small part of the health services community (Garner, 1996), and currently has a very small number of acolytes within South Africa.

2.3 Towards a Definition of Art Therapy

Numerous and often conflicting definitions of art therapy have been advanced since the term first emerged in the late 1940's (Edwards, 2004). With the subsequent global growth and recognition of the discipline, definitions have become more established.

The British Association of Art Therapists (BAAT)(2005) defines art therapy as: "*The use of art materials for self-expression and reflection in the presence of a trained therapist. Clients who are referred for art therapy need not have previous experience or skill in art, as the art therapist is not primarily concerned with making an aesthetic or diagnostic assessment of the client's image. The overall aim of its practitioners is to enable a client to effect change and growth on a personal level through the use of art materials in a safe and facilitating environment*".

The American Art Therapy Association (AATA)(2005) defines art therapy as: "*The therapeutic use of art making, within a professional relationship, by people who experience illness, trauma or challenges in living, and by people who seek personal development. Through creating art and reflecting on the art products and processes, people can create awareness of self and others, cope with symptoms, stress, and traumatic experiences, enhance cognitive abilities, and enjoy the life-affirming pleasures of making art*".

The Australian Art Therapy Association (ANATA)(2005) sees art therapy as: "*A form of psychotherapy that is interdisciplinary across health and medicine, using various visual art forms such as drawing, painting, sculpture and collage. Generally it is based on psychoanalytic or psychodynamic principles, but all therapies are free to utilise whatever theoretical base they feel comfortable with*".

Offering an alternative slant, the Canadian Art Therapy Association (CATA)(2005) defines art therapy as: "*A form of therapy that allows for emotional expression and healing through nonverbal means. Children, unlike most adults, often cannot easily express themselves verbally. Adults, on the other hand may use words to intellectualise and distance themselves from their emotions. Art therapy enables the client to break through these cumbersome barriers to self-expression using simple art materials*".

It is important to note that none of these definitions include the use of music, drama and other creative therapies. They focus specifically on the visual arts which include painting, drawing, collage and sculpting along with any other forms of visual art creation where a tangible art object is produced.

Art therapy, as defined by these international associations (see Figure3), is thus therapy enabled by the encouragement of self expression through art and reflection on the image produced, in a professional, safe and facilitating environment that is not dependent on language, but does in general utilise it, all of which is directed towards effecting positive, personal and psychological growth within the client.

Figure 3:

Comparison of Prominent Art Therapy Associations

Art Therapy Association	*Aim 1*	*Aim 2*	*Environment*	*Aesthetic Value*	*Through the use of*
BAAT *1	• Self-expression • Reflection	• Enable client to effect personal change and growth	• Safe and facilitating • In the presence of a trained professional	• Not important	• Art Materials
AATA *2	• Creating art • Reflection on art product and process of art making	• Create awareness of self and others • Enable clients to cope with symptoms, stress and trauma • Enhance cognitive abilities • Enjoy life affirming pleasures of making art	• Professional	• Not important	• Art making
CATA *3	• Emotional self-expression and healing through nonverbal means	• Break through barriers like intellectualisation • Facilitate communication • To overcome the inability of verbal expression • Healing	• Professional	• Not important	• Simple art materials

**1 British Association of Art Therapists*
**2 American Association of Art Therapists*
**3 Canadian Art Therapy Association*

2.4 Art Therapy versus Expressive Therapies

Art therapy and its close relatives like music, movement, and drama therapy are often confused. It is important to note that art therapy is a modality on its own. Considerable confusion can occur with the use of multiple modalities. Multimodal approaches are usually called by names such as "expressive arts therapy" or "creative arts therapy" (Ruben, 1999). For the purpose of this research, art therapy will be focused on as an isolated modality exclusive of any of the other creative therapies.

It is foreseeable that therapists who utilise art within their therapy may include other creative therapies as well. Information on alternative creative therapies will be mentioned later but they will be afforded no focal diversion.

2.5 Close Relatives

There are many superficial similarities between art therapy and other ancillary treatments that utilise art activities, such as occupational therapy. These fields use art as one of many possible activities, forms of recreation, or ways of being constructively occupied. They also tend to provide art as an activity for some prescribed purpose (Ruben, 1999). Although the social and emotional well-being of the client is of interest to these activity-based therapies, there remain important distinctions. Art therapists focus on the psychological aspect of the work, working mainly on an unconscious level (Ruben, 1999). Occupational therapy is concerned with working on a conscious level, with the aim of developing technique through the creation of products (Dalley, 1984).

Art therapy is more closely related and allied to psychoanalytic therapy procedures, this as a result of its utilisation of methods based on the encouragement of free association and spontaneous expression.

2.6 Art as Fun

Although art is seen as an activity that brings many individuals joy, a clear distinction should be made between art activities and even art classes, as opposed to art psychotherapy. While most art activities can be relaxing, satisfying and even frustrating, art activity undertaken in therapy has a totally different purpose. In therapy, the person and process become the most important and art is used as a means of non-verbal communication (Dalley, 1984; Moon, 1994). The art activity provides a concrete rather than verbal medium through which a person can achieve both conscious and unconscious expression and, as such, can be used as a valuable agent for therapeutic change.

2.7 Speeding up the Therapeutic Process

Criticism against many traditional verbal therapies is that they take too long. Although change cannot occur overnight with art therapy, Maat (1997) found that art therapy tends to speed up the therapeutic process. This is probably due to unconscious material coming to the surface more easily, but other factors may also play a role.

2.8 Art as Form of Communication

Imagery taps into a person's earliest way of knowing and reacting to the world (Riley, 2001). At approximately eighteen months of age the human child starts to draw. Mark-making activity at this age seems spontaneous. If paper and crayons are made available the child will produce drawings. If not, some dust on the floor or earth outside becomes the object of use. This ability and eagerness to make marks, scribble or draw seems to be innate (Dubowski, 1984). This is a valued form of self-communication before the child has the words to frame thoughts, and before the scribbles mean anything to anyone else (Simon, 1992). Therefore art serves as form of communication even before the child has acquired any other means of communication. Though this does not suggest that art therapy can be used at this

stage of development, it does suggest that communication is not dependent on the acquisition of language, but that images precede language.

Psychological research has demonstrated that developmentally, children have certain language and cognitive limitations that can impede their ability to communicate about experiences and associated feelings. Children are often more comfortable with using visual cues, finding visual signals easier to process (Doherty-Sneddon & Kent, 1996). According to Guttman (as cited in Manicom & Boronska, 2003), image making can assist in more openly considering and acknowledging children's feelings. It can be especially helpful with adolescents with special learning needs because it bypasses the requisite use of verbal skills that may be part of the student's learning deficit (Shostak, 1985). Art can thus serve as an important avenue of communication, especially when words fail (Davis, 1989; Ireland & Brekke, 1980; Liebman, 1986; Mills, 1991; McNiff, 1981; Oppawski, 1991; Ruben, 1999; Ruben, 1978; Schaefer & Cangelosi, 1993).

Researchers have discovered that sexual trauma itself can interfere with synthesis and processing of new experiences and can impede traumatic memory integration (Van der Kolk & Van der Hart, 1989). Research suggests that traumatic memories are stored non-declaratively, rather than through declarative or semantic processes. Failure in linguistic organization capacities occurring at the time of the trauma therefore forces memory to become stored as visual images and sensations (Van der Kolk & Van der Hart, 1989). As a result individuals who have experienced traumatic events, are much more likely to benefit from therapeutic interventions that include non-verbal memory retrieval and expressive communication methods, which can be integrated with verbal methods. Gaining access to traumatic memories through the use of art in therapy, and integrating such experiences into declarative or semantic memory, can allow the client to reconstruct and/or change existing meanings associated with the trauma (Matto, 1998).

Current advances in neuroscience suggest further advantages of art therapy in the direct treatment of trauma. Bien (2005: 284) states that "*Art making assists in integrating traumatic effects through the bilateral stimulation of brain hemispheres*

and synthesising visual and verbal narratives into coherent traumatic autobiographical memory".

The use of art in therapy with individuals who have experienced trauma and have trouble with recollection could therefore greatly enhance the therapeutic process, by creating a new way of communication.

Art in therapy is also used when language barriers exist (Ledesma, 2004). Art psychotherapy is seen as a wonderful and insightful tool of communication, especially when dealing with patients who cannot speak the same language as the therapist (Ledesma, 2004). It is however important to note that these instances of art psychotherapy were conducted because no other means of communication was accessible. This strengthens the case for art therapy, especially in a multicultural context.

Art as language is a user-friendly format. It is non-threatening and allows the individual to access troublesome thoughts and feelings in a non-obtrusive way. Although language expands and facilitates thought, high-level thinking is possible in the absence thereof. Drawing and other forms of art are useful for patients who are unable or unwilling to express themselves through the conventional use of language (Rawley, 2000). Art is used for communication, as a way of expressing personal feelings and thoughts which are discussed afterwards with the therapist in order for the client to gain both intellectual and emotional insight, by connecting the meaning of the picture to his or her own life situation (Dalley, 1984 & Dalley, et al., 1993).

While working in family art therapy Manicom and Boronska (2003: 217-218) found that: "*It is through the use of non-verbal symbolic communication that thoughts and feelings can surface, offering an alternative route for stories to be told… .The creative act helps to minimise conflict, whereby powerful feelings that might be unconscious can emerge and be transformed into pictures, working at a metaphoric level…*".

Verbal therapies rely heavily upon language and it's meaning as a method for gaining access to client circumstances and style, whereas communication in art therapy has a

strong unspoken element. Communication takes place in the process of the image and it's symbolic expression. Art as language of therapy, combined with verbal dialogue, uses all of our capacities to find a more successful resolution to our difficulties (Riley, 2001). Therefore art can be used as alternative, and at the very least, complimentary language in therapy, as suggested by Anderson, Gerber and Appleton (1994).

2.9 A Less Threatening Environment

Art therapy can be perceived as less threatening than many traditional therapeutic interventions (Riley, 2001; Kelley, 1984; Williams, 1976). "*Art therapists aim to provide an environment in which patients feel safe enough to express strong emotions*" (Gilroy & Waller, 2000: 4).

The client, while working in the field of the art therapy modality, is held in a non-judgemental therapeutic frame, with dear boundaries and appropriate limit setting, and is provided a safe place for dialogue. By utilising art in therapy intense issues can be explored, initially without the spoken word, which could be perceived as more threatening (Riley, 1999).

The use of art can address areas which the referrer might want the therapist to work with but where the client cannot yet engage, as is evidenced in cases of denial. This allows for an interim stage of therapy to operate and " …*may be used as a first step before words are spoken"* (Manicom & Boronska, 2003: 230). Where the child or adult have concerns about expressing their thoughts, the artwork becomes more easily accessible and safer. This in turn may later facilitate verbal communication.

2.10 A Bridge between Therapist and Client

When the therapist and client are finding it hard to relate directly to one another, artwork may provide a bridge between them and give a safe middle ground where they can be together (McNiff, 1981). Eisdell (2005) also suggests that with some patients, working interactively with visual imagery may facilitate the development of

a therapeutic relationship. Therefore it seems that art can serve as a bridge to overcome problems that could otherwise inhibit the therapeutic process.

2.11 Traumatic Memory Recollection

In working with sexually abused children, Kelley (1984) as well as Sadowski & Loesch (1993) and Malchiodi (1998), found that drawing pictures related to the traumatic event enabled the children to put their thoughts down on paper before verbalising them. Children who were previously reluctant to discuss or could not recall the assaults, were able to share the experience, as well as more willing to share their thoughts and feelings surrounding the abuse. Van der Kolk & Van der Hart (1989) also found that traumatic memory recollection is facilitated by means of non-threatening art images.

2.12 The Image

Naumburg (as cited in Manicom et al., 2003: 219) states that: "*The process of art therapy is based on the recognition, that man's most fundamental thoughts and feelings, derived from the unconscious, reach expression in images rather than words*".

Images made in art therapy embody thoughts and feelings. It is the capacity of art to be a bridge between the inner world and the outer reality, which gives the image the role as mediator. The image mediates between the unconscious and conscious, holding and symbolising past, present and future aspects of a client. In a picture ambivalence and conflict can be stated and contained. In art therapy the client tries to give form to what seems to be inexpressible or unspeakable through the image (Case & Dalley, 1992).

Also important is the inner experience of seeing outwardly, which is also described as the aesthetic experience. "*It is essentially through the aesthetic experience that the art therapist can enter and share the client's world, and that the clients can make*

themselves known and found" (Case & Dalley, 1992: 97). In this way the client can assist the therapist in the therapeutic process to facilitate change through the image.

According to Langer (1963: 250) "*In art, maker and beholder share the comprehension of an unspoken idea*". The image is therefore of vital importance to the therapeutic process. The image and art process can serve as a bridge to all layers of the psyche. These visual symbols can serve as compensatory messages of repressed material that originate from the deepest layers of the psyche. Visual symbols can reveal and transport this latent unconscious material into a manifest state. Even though the symbols can be seen in the image, they still exist in a disguised form, as in dreams. Herein lies the grace of the image. It is manifest, but its meaning is not yet understood. Existing in the realm of a veiled metaphor, the image is trusted to lead the way to a healing narrative, rather than towards the ego's wish to cover, explain, and analyse (Franklin, 2000).

According to Manicom et al. (2003: 218), "*The image may be used in many ways; it can stay at a metaphoric level even when discussed, the image might be disposed of acting like a metaphor for what might want to be left behind, or might be used as goal-oriented approach, where future objectives can be visualised*".

Donnely (as cited in Manicom et al., 2003: 220), sees the benefits of imagery as " *being a means of identifying themes that come up in the image produced… as common themes emerge the client can be supported to identify the area they want to change*".

2.13 The Importance of Aesthetic Standards

Many therapists could shy away from the use of art in therapy, if they perceive aesthetic standards to be an important factor when using art in therapy. All individuals have different artistic abilities and it seems logical that a talented individual will find this medium easier to use. Aesthetic standards are however of little importance in the context of art in therapy (Gilroy & Waller, 2000). Art therapists are not interested in the aesthetic quality of the work, but are primarily

concerned with the therapeutic value therein (Dalley, 1984). The art therapist is concerned with the individual's inner experience rather than the product. Process, form, content and associations become important, for what each of these reflects about the personality, personality traits and the unconscious of the client (Levick, 1983). The image therefore doesn't need to be pleasing to the eye, it merely has to originate from within the client.

In many cases the majority of people treated successfully in art therapy have no or little previous experience in art (Dalley, 1984). According to Naumburg it is actually more difficult to work in art therapy with an artist, as apposed to a neophyte: "*It is especially difficult to free an artist from the tyranny of his technical knowledge. When archaic forms start to break through his unconscious, during treatment, the artist becomes eager to capitalise immediately on this new content for his professional work. He must then be persuaded to postpone the application of such unconscious imagery to conscious work until the therapy is completed*" (Naumburg, 1958: 514).

2.14 The Use of Colour in Art Therapy

Researchers from a variety of disciplines agree that colour, not only have a psychological impact on human thought processes and behaviour, but may also have a psychological impact beyond people's conscious awareness (Lev-Wiesel & Daphna-Tekoha, 2000).

Rorschach, in 1942, was one of the first clinicians to emphasise the relationship between colour and emotion. Through the responses to his inkblots, he hypothesised how a person's attention to colour is central to a person's emotional life. For instance, he demonstrated how an absence in responses to the inkblots was associated with emotional constriction, whereas many perceptions based on colour implied a person who tended to be volatile (Lev-Wiesel et al., 2000). Robbins (1994: 47) also states "…*colours can capture the essence of affect states*".

According to Perkins (as cited in Malchiodi, 1998), the use of the colour black represents negative affect. This is confirmed by Furth (as cited in Lev-Wiesel et al., 2000). Whereas Jung (1968) states that colour may be attributed to the four functions of perception and judgement: green for sensation, yellow for intuition, red for feeling, and blue for thinking. According to Malchiodi (1998) there might be certain developmental norms related to colour.

However, an individual's colour experience remains equivocal (Betensky, 1973). There are also many cultural aspects included in colour (Malchiodi, 1998). Colour can be highly subjective in meaning, therefore it is especially important for the therapist to pay particular attention to the client's distinctive responses to colour (Malchiodi, 1998).

However the client's individual colour experience manifests, there are several potential benefits to focussing on colour during art therapy. Through the use of colour the client can release a variety of moods and emotions he may not be able to express verbally. The client can track and monitor progress in therapy, noting the prevalence of certain characteristics or moods and the absence of others, as specifically related to his own personal colour experience (Withrow, 2004). All moods and emotions, as represented by colour, are seen as acceptable. However, Withrow (2004) suggests that colour can be utilised in therapy by manipulating it towards healing ends. Therefore the use of colour can facilitate change.

2.15 Resistance

Sometimes it is possible that individuals may not be comfortable with art as medium in therapy. When this occurs it is termed resistance. Resistance therefore refers to an active or passive opposition experienced during therapy (Robbins, 1994). It usually occurs when the client is in therapy voluntarily, but doesn't spontaneously take part in the therapeutic process in its totality.

Initial resistance to the creative process can be attributed to a variety of factors (Withrow, 2004). Some individuals may see art interventions as extraneous, or even

childish and thus insulting (Eisdell, 2005). It may even cause the recollection of incidents from school as well as past failures coupled with this. Individuals are also often very aware of the aesthetic qualities of the art product and may fear rejection, should their image be of a lesser quality. The individual may even just feel that the content of their images will be of a 'too personal nature' (Birtchell, 1984; & Dalley, 1984).

According to Manicom et al. (2003) some individuals may feel intimidated by art therapy, and Malchiodi (1998) also suggests that the art supplies provided may inadvertently create resistance.

2.16 Materials Used in Art Therapy

Different materials provoke different kinds of messages. Some address themselves to the ego organising capacity of the patient, whereas others tap very deep libidinal levels, while other materials may have an exploratory capacity. Some materials challenge a sense of mastery, while others provide a sense of fun (Robbins, 1994).

Although clients have a choice of available materials, the therapeutic process, including the medium, is ultimately the responsibility of the therapist (Robbins, 1994). Therefore it is important that the therapist makes certain materials available to achieve specific therapeutic goals. However Gutmann and Regev (2004) argue that it is of particular importance that the client be able to choose from a large variety of materials. They state that the client should be allowed the choice of the materials they want to work with, just as they should have the opportunity of making their own choices in life. On the other hand it can be argued that if a client keeps on repeating the same choices and possible misbehaviour in the therapeutic process as in the world, even though it may be in a symbolic form, effective change will not come about. Therefore it is perceivable that the therapist may have to lead the client towards the use of certain materials, if therapeutic goals and growth can be obtained in this way.

Materials can emphasise the various polarities of a client's intrapsychic life. A client who is drawn to hard aggressive materials, for instance, may need an introduction to soft and round experiences. "*Clients need to experience 'material-help' to help them to let go, contain, to be able to push in and assert, as well as receive*" (Robbins, 1994: 206).

The therapist must assess the stimulus potential of a medium as well as the ability of his client to cope with and integrate excitation. For example, finger paints makes a high demand on a client's ability to control and manipulate. This can be too much of a challenge for an acting-out client. On the other hand a tightly restricted or depressed client might find some release with his material (Robbins, 1994).

Touch and texture are also important dimensions to consider in assessing a particular medium, some materials have a soft quality, and others feel harsh or sticky. The therapist who is truly in touch with his client may be able to introduce material that corresponds appropriately with the client's individual needs in therapy (Robbins, 1994).

2.17 Race and Culture

Race and culture are relevant to all people-focussed work, be it therapy, care or education, especially in a multicultural society like South Africa. There has been an increase in writing in the fields of counselling, social work, and therapy, which attest to the importance of multi-racial/cultural considerations and how they impact on theory and practice (Campbell, Liebman, Brooks, Jones & Ward, 1999; Jones, 2000). However, there has been little research in the field of 'artintherapy' on the relevance of race and culture, when compared with other fields (Campbell et al., 1999).

The visual arts have been relied on throughout history to communicate across languages and cultures, across distance and time. In the same way art therapy aids the therapist and patient to transcend differences of age, social class, and cultural heritage (Bonheim, 1973; Burt, 1993; Canino & Spurlock, 1994; & Silver, 1978). Although much more research is needed regarding this topic, art therapy has been found to be a

successful mode of communication with minority group children in Los Angeles (Cole, 1966), with American Indian Youth (Burt, 1993), and with Hispanic and African American children, including members of gangs.

Art therapy and 'arti-therapy' can provide useful non-verbal avenues for aspects of culture, not accessible through verbal communication and this study could provide important information in this regard.

One of the most important aspects of images is that they can hold many meanings at different levels, reflecting the culture in which they were made and by which they are viewed. In a therapy situation the client brings his own meaning to the image from his own culture into the culture of the therapy room, with the necessary impact and resonance in both client and therapist (Case & Dalley, 2000).

2.18 Art Therapy for All Ages

There is a widespread notion that art therapy must be used mostly with children, since older clients have more verbal facility and can discuss what is bothering them (Ruben, 1999).

However Hansen-Adamidis (2003) states that art therapy lends itself to different problems of people of all ages, and Ruben (1999) iterates that it is beneficial to children, adolescents, adults and the elderly. Children unlike most adults often cannot easily express themselves verbally. Adults, on the other hand may use words to intellectualise and distance themselves from their emotions. Art therapy enables the client to break through these cumbersome barriers (Hansen-Adamidis, 2003).

For children art therapy can be helpful at all stages of development and adolescents can utilise it to assist in the developmental task of identity formation as well as other problems (Ruben, 1999). Although most adults are reluctant to use art materials at first, many can be helped to when the activity is explained as yet another way to work on their problems, and one which may speed up the process (Ruben, 1999).

People are living longer lives, but ageing carries with it the inevitable and painful losses of people, position, roles, resources and faculties. Depression is common, and "*…art therapy is a powerful modality for the rushing of the years*" (Ruben, 1999: 244) .

2.19 A Mirror for the Moment

Art is extremely helpful in identifying strengths in the midst of extreme pain, even pathology (Malchiodi, 1998). Many clients reach their highest level of functioning while busy with the process of image making. "*Because of the solitary nature of the art process, the flexible qualities of the materials, and the support of a trained therapist, opportunities for sublimation, self-esteem, and transformation abound…*" within the art therapy context (Franklin, 2000: 19). Transforming destructive inner impulses, containing them and organising them yet while acknowledging their presence, can create positive effects. New samples of productive behaviour can be learned, rehearsed, and practised while painting or sculpting. According to Franklin (2000), these behaviours include making decisions (what subject to draw), tolerating frustrations (this paint brush is hard to control), delaying gratification (I want this to look perfect now!), and confronting a conflict (this hard clay reminds me of how stubborn I am). The art materials and process serve as a mirror for the moment. First a neutral stimulus or blank canvas, they quickly take on the image of their maker and his/her inner struggles.

2.20 Art as Container

Art is the container in which both the inner and outer worlds can meet and be held (Franklin, 2000). "*Serving as an external witness, the art, which lives within its container, reflects back to its creator a wide range of themes imbedded in the present moment*" (Franklin, 2000). In essence, art is a rich sample of behaviour. Cognitive, affective, and kinaesthetic elements coordinate with each other in varying degrees during the creative process. It is a distinct way to engage in the present moment by combining and observing multiple inner and outer sensations that live in visual form.

As a holding environment, art can also serve as reparative space for early psychological injury that manifests later in life (Hamilton, 1998). Early object relations for example can be metaphorically addressed with healing through the art process (Robins, 1994). The art space can and will hold whatever it is asked to (Ruben as cited in Franklin, 2000). For example, clay that is gouged, poked, and torn will not run away. "*The opportunity to express feelings of ambiguity can be tolerated within the supportive silence of art. In essence simultaneous themes of love and hate, anger and calm, attachment and separation combine with visual elements, such as light and dark or warm and cool colours, to become the skin capable of holding intense affect*" (Franklin, 2000: 18).

2.21 Art as Diagnostic Tool and Art as Therapy

Art has long been used as a diagnostic tool in psychotherapy. The role of art as diagnostic tool however tends to obscure its usefulness in therapy. Halifax (1997: 53) states that "*there can be great pressure from clients and colleagues for the interpretation of art… however this can be seen as disempowerment to the client*." According to some psychologists (Dewdneyet al., 2001; Halifax, 1997), art therapy's diagnostic use has been so seriously abused as to create strong reservations in the minds of many about whether art should be given any role, diagnostic or therapeutic. Interpreting art through an objective, distanced and dualistic perspective needs to be resisted (Halifax, 1997).

It is however important to note that if the therapist is sensitive to the temptations of misuse, there is no reason why art cannot be useful and beneficial in both diagnoses and psychotherapy. Dewdney et al. (2001: 77) states that " *in art therapy we learn to be continually alert against the emergence of our own projections. Again and again we have found it wise to base no conclusions solely on our own reactions to the patients work*". It is therefore of the utmost importance that the image bee seen from the client's eyes, rather than from the subjective view of the psychologist.

2.22 Who Benefits from Art in Therapy?

"*Art therapy offers the opportunity to work with many different client groups*" (Case & Dalley, 1992: 5). This is one of its main advantages as a treatment process, as it can be made available to a wide variety of people with a multitude of different problems, needs and expectations. All people are at least able to make a mark and therefore can use art therapy in some way (Case & Dalley, 1992).

Art in therapy has been used within many areas of therapy and in numerous settings, including:

- *HIV/AIDS* (Bien, 2005; Estes, 1990; Fenster, 1989; Howie, 1989; Jansen, 1995; Probus, 1989; Rosner, 1982; Rosner-David & Sageman, 1987; Tate, 1989; Weiser, 1996a; Weiser, 1996b);
- *Trauma* (Anderson, 1995; Appleton, 1993; Appleton, 1992; Arrington, Appleton, Arrington, Chapman, & Mendelhall, 1992; Bien, 2005; Brooke, 1997; Chapman, Appleton, Gussman, & Anderson, 1997; Cohen, Barnes, & Rankin, 1995; Cohen & Cox, 1995; Johnson, 1987; Long, Appleton, Abrams, Palmer, & Chapman, 1989**;** Klingman, Koenigsteld & Markman, 1987; Malchiodi, 1997; Malchiodi, 1998; Powel & Faherty, 1990; Prager, 1991; Ruben, 1999; Sanderson, 1995; Spring, 1993; Taylor, 1990; Van der Kolk & Van der Hart, 1989;);
- *Sexual Abuse* (Landgarten, 1987; Malchiodi, 1998);
- *Separation and Loss* (Doyle & Jones, 1993; Fehlner, 1994; Gonick & Gold, 1992; Lyons, 1993; Shostak, 1985);
- *Divorce* (Landgarten, 1987);
- *Marital or Couple problems* (Ruben, 1999);
- *Bereavement* (Councill, 1993; Crowl, 1980; McIntyre, 1988; Miller, 1989; Irwin, 1991; Orton, 1994; Pacholski, 1988; Prager, 1993; Ruben, 1999; Segal, 1984; Simon, 1981; Shore, 1989; Shostack, 1985; Tate, 1989; Zambelli, Johns Clark, Barile & Jong, 1988; Zambelli, Johns Clark & Jong Hodgson, 1994);

- *Psychopathology* **(**Cohen, Barnes & Rankin, 1995; Cohen & Cox, 1995; Dalley, 1984; Dick, 2001; Killkick & Schaverien, 1997; Robbins, 1994; Ruben, 1999; Sikes & Kuhnley, 1984; Shostak, 1985);
- *Neurological Disorders* (Robbins, 1994);
- *Depression* (Edwards, 2004, Landgarten, 1987; Robins, 1994);
- *Eating Disorders* (Dalley, 1984; Edwards, 2004; Robbins, 1994; Schaverien, 1989);
- *Self Mutilation* (Milia, 1996);
- *The Mentally Handicapped, Autism and other related problems* (Dalley, 1984; Edwards, 2004; Evans & Dubowski, 2001; Robins, 1994; Ruben, 1999; Toburen & Atkins, 1882);
- *Disabled* (Lewis & Langer, 1994);
- *The Elderly and Terminally Ill* (Dalley, 1984; Landgarten, 1987; Ferguson & Goosman, 1991; Ruben, 1999);
- *Alzheimer's Disease* (Toshimitsu, Shin, Ken-Ichi, Kiyoko & Kazuo, 2000);
- *Physical Illness* (Edwards, 2004; Knight, 1997; Ruben, 1999; Skaife, 1993; Sundaram,1995);
- *Prison Inmates* (Baillie, 1994; Bradford, 2005; Dalley, 1984; McCourt, 1994; Ruben, 1999);
- *Addiction* (Edwards, 2004; Ruben, 1999; Shostak, 1985);
- *Abuse* **(**Brooke, 1997; Powel & Faherty, 1990; Shostak, 1985; Van der Kolk & Van der Hart, 1989); and
- *Self Image Problems* (Cameron, Juszczak & Wallace, 1984; Cochran, 1996; De Chiara, 1982).

While not an overly extensive listing, it is clear that art therapy can and has been used in the treatment of a broad myriad of problems (Shostak, 1985), as well as within a variety of settings and circumstances.

As a country suffering from many problems, the potential use of art in therapy within the HIV/AIDS field alone should be an indicator of the potential this medium could have for use in the South African context.

2.23 Benefits to the Community

According to Fliegel (2000: 88), "*art therapy can be implemented in a variety of clinical and community-based settings… and by paving the road for patients to be creative in age appropriate activities, art therapists affirm the positive role of patients in society, providing both mental health and youth development communities with an essential service*".

2.24 Multiple Approaches

Anthony Storr (1999: 157) states that "*as a psychotherapist I found it particularly heartening that the use of art in therapy seems to have the effect of reducing the differences between Freudians, Jungians, Kleinians, and adherents of other schools… Art not only bridges the gap between the inner and outer worlds but also seems to span the gulf between different theoretical positions*"

Art in therapy is an ideal medium that can be used across different theoretical frameworks (Hansen-Adamidis, 2003). Just like practitioners of verbal therapy, art therapists have grounded their work in a variety of theoretical frameworks. These multiple perspectives define the discipline as much as its common underpinnings (Ruben, 1999).

Here follows a brief description of many of the dominant theoretical approaches currently in use with art therapy:

2.24.1 Psychodynamic Approaches

Among the most famous are *Freudian Psychoanalysis* and Jungian *Analytic Therapy*. Both these frameworks are based on an understanding of the dynamics of the client's inner world. There are a variety of approaches to analysis and analytic psychotherapy. Many emphasise developmental and interpersonal phenomena, in addition to dealing with intrapsychic conflict. All assume that unresolved issues exert power, and that they are often unconscious. Contrary to

popular misconceptions, psychoanalytic therapy deals with the present as well as the past, has educational as well as cognitive components, relies heavily on empathy, and builds on strengths (Ruben, 1999).

2.24.2 Humanistic Approaches to Art Therapy

Humanistic approaches emphasise the acceptance and development of individuals in the present. Humanistic approaches offered a wellness modal of change, as opposed to a medical modal of illness. Rogers' *Client-Centred* approach, based on the therapists unconditional positive regard for the patient and the powerful effect of empathy is only one of these approaches. Other approaches within this area include *Adlerian, Gestalt, Ericksonian, Phenomenological*, and *Existentialism* (Ruben, 1999).

2.24.3 Behavioural and Cognitive Approaches

Behaviour Therapy and/or *Behaviour Modification* are approaches in which a systematic description of appropriate and inappropriate behaviour provides the basis for therapeutic intervention. Reinforcement is largely the most prominent instrument for therapeutic change. *Cognitive Therapies* focus on habitually distorted thought processes, which are thought to underlie maladaptive feelings and behaviour. The therapeutic approach is largely an educational one, in which the task is to identify the patterns of misperception or thought causing the persistence of symptoms. Clients are then taught new and more adaptive ways to think and behave, using cognitive strategies (Ruben, 1999).

2.24.4 Developmental and Adaptive Approaches

Developmental approaches are based on an understanding of growth itself and what is deemed normal development, whereas the *Adaptive* approach works towards normalisation and focuses mainly on achieving specific goals leading to better and more adaptive functioning (Ruben, 1999).

2.24.5 Art or Image-Based Approaches

These approaches usually stress either the creative process, the visual imageries that result from it, or both. According to Ruben (1999) this approach is highly compatible with many psychological theories.

2.24.6 Criticism of these Approaches

As a psychotherapeutic school of recent development, art therapy faces many fundamental issues. According to Guttmann and Regev (2004), one such issue is that to date the theoretical approaches to its therapeutic techniques have been based on those that underline verbal therapeutic techniques. However, for the various art therapy techniques to be coherent and distinct, these theories need to be operationally translated, and specific operating principles need to be extracted.

2.25 Art Therapy in Practice

Art therapy sessions are generally divided into two stages. The first involves a period of creative activity, during which there is a sense of isolation or alienation as the participants begins to think, self-reflect, and draw back into themselves. This creative phase serves as a trigger for dialogue with the self. The end result of this dialogue is embodied in the artwork produced. The internal dialogue is therefore changed into a concrete and visual statement (Dalley, 1984; & Birtchnell, 1984).

This is followed by a period of discussion which tends to focus on the actual production of the art form, how it makes the clients feel, how it reflects their feelings, and generally how the process of creating an image relates to the individual's situation (Dalley, 1984; & Birtchnell, 1984). This phase is characterised by the dialogue between the client and the therapist, as well as other possible members in the group when working in a group setting (Birtchnell, 1984).

Using this kind of format the therapist must decide if the therapy will be directive or non-directive (Dalley, 1984).

Some therapists work totally non-directively. The choice of subject is left to the patient, who is left to express him or herself freely, however and with whatever he/she chooses. This is a type of free association through art (Dalley, 1984).

The session can also be directed by concentrating on a specific theme, which may be useful in resolving particular conflict areas. The themes can range from the deeply personal to the relatively light-hearted and superficial, but must be chosen according to therapeutic objectives (Dalley, 1984).

Whether the session is directive or non-directive, the therapist usually explains, at the outset, the aim of the session and how this might be achieved using the materials available (Dalley, 1984).

2.26 Group Art Therapy

The philosophy underlying all group work is that man is a social being. As humans we live in social settings and interact with other individuals on a daily basis. It is therefore important to include group therapy in specific cases, as certain problems can only be addressed within the setting in which they occur.

Group art therapy can be used with a wide range of clients for whom individual work may not be appropriate or for whom being in a group offers significant benefits (Greenwood and Layton, 1987; Strand, 1990; Waller, 1993; Skaife & Huet, 1998). Group art therapy may, for example, be more suitable for clients who are unable to cope with the intimacy of a one-to-one relationship, or whose difficulties are most apparent in social situations (Edwards, 2004).

Although group art therapy relates strongly to verbal group therapy, there are certain significant differences. The basic difference between verbal group therapy and group art therapy is that at some point in group art therapy each member becomes separated

from the group to work individually on his/her own process through the medium of art (Case & Dalley, 1992).

"*All groups express a tension between dependence, the desire to merge into a group identity, and separation, a wish to express individual differences. Art therapy uniquely differs from verbal groups in that it has a structure which can give time and space for each side of this tension to be explored*" (Case & Dalley, 1992: 196). This makes group art therapy a viable and attractive therapeutic alternative to pure verbal group therapy.

According to Kleynhans (2002), group art therapy goes through the same stages as individual art therapy, namely the creative phase and the discussion phase.

However several different formats of group art therapy have become established in art therapy practice (Case & Dalley, 1992). The first format can be described as the *studio-based group*, where the art making process is seen as the curative factor. The therapist has a non-directive role and group processes are not worked with directly (Case & Dalley, 1992; Skaife & Huet, 1998). According to Skaife and Huet (1998), in this model the verbal interaction is mainly between the individual and therapist.

The second form of group is called an *analytic group*. The analytic group has a similar respect and trust in the art making process, and will be non-directive about the content of images produced, working with the unconscious themes that arise in each session (Case & Dalley, 1992). "*Group analytic or interactive art therapy understands image making as part of the group dynamics, and interaction is between all members of the group, including the therapist*" (Skaife & Huet, 1998: 10).

The third group is the *theme-centred* group, where either the therapist chooses an experience to explore in image making, or the group may collectively come up with a group theme that emerges from free-flowing discussion, which they will then agree to produce. This way of working generally slices across and blurs the development of group dynamics. Therefore working with group dynamics is seldom applicable (Case & Dalley, 1992). According to Skaife and Huet (1998: 10), the focus of this type of group "*is on the image produced, but mainly in the contribution to the understanding*

of the individual client's problems". Since it is generally the therapist's role to introduce the themes, he has a leader-like role. The verbal interaction tends to be primarily between the individual clients in the group and the therapist, rather than amongst the whole group (Skaife & Huet, 1998).

All these different models are used within contemporary art therapy group practice, and in a way this variety means that art therapists are able to adapt to the needs of different client groups and offer a therapeutic resource to people who would otherwise be unable to benefit from traditional verbal therapy (Skaife & Huet, 1998).

However, it is important to note that many of these models were developed when institutionalisation was at the forefront of psychology. Today many of these big institutions have disappeared and the consequences of this may be the development of new models of use in art therapy (Skaife & Huet, 1998).

Chapter Three

Research Design and Methodology

3.1 Introduction

> "*The term methodology in a broad sense refers to the process, principles, and procedures by which we approach problems and seek answers. In the social sciences the term applies to how we conduct research. As in everything we do, our assumptions, interests, and goals greatly influence which methodological procedures we choose. When stripped to their essentials, most debates over methods, are debates over assumptions and goals, over theory and perspective*" (Bogdan & Taylor, 1975: 1).

The methodology of this study is qualitative, using semi-structured interviews that are loosely based on international literature, in which the researcher conducts in-depth interviews with a limited number of subjects, analyses their responses, and discusses the findings. The subjects consist of registered psychologists who currently utilise art in their therapeutic repertoire.

3.2 Qualitative Research

The qualitative researcher aims to induce hypotheses from his/her data and own observations. His/her research procedures produce descriptive data. Typically the study starts with a general question in response to which an extensive amount of verbal data is collected from a limited number of participants. Such a study does not end with hypothesis confirmation or disconfirmation, but rather concludes with tentative propositions or hypotheses about what was observed. These tentative hypotheses may form the basis of future quantitative research designed to test the hypotheses. The purpose of qualitative research, in general, is therefore to describe and explain, to explore and interpret and, ultimately, to build theory, rather than to predict, test and confirm with statistical data (Leedy, 1997).

The qualitative approach aims to be holistic, to understand the individual and experience within the context of its setting. The utilisation of art therapy within the South African context has not yet been fully explored and this study may provide interesting and useful descriptions of this complex phenomenon.

3.3 Research Question

Most qualitative research projects are guided by one or more research questions. Research questions are different from hypotheses. A hypothesis is a claim derived from existing theory, which can be tested against empirical evidence. It can be either rejected or retained. A research question, by contrast, is open-ended. It cannot be answered with a simple yes or no. A research question calls for an answer that provides detailed descriptions, and where possible, also explanations of a phenomenon.

Qualitative research questions identify the process, object or entity that the researcher seeks to investigate. It points us in a direction without predicting what we may find. Good qualitative research questions tend to be process oriented. They ask how something happens rather than what happens. Qualitative research questions are always provisional because the researcher may find that the very concepts and terminology used in the research question are, in fact, not appropriate or relevant to the participants' experience.

In this specific study the research question aimed to explore and describe the complex phenomena of the use of art in therapy within a South African Context. The study is mainly descriptive and exploratory, and will build a foundation for future research within this field of expertise.

The research question therefore has a broad base and focuses on the views and perspectives of South African psychologists who utilise art within therapy. The research question and subsequent subsidiary questions are:

Main Research Question

What are the perspectives of South African psychologists, who utilise art within their therapy?

Subsidiary Questions

- *How is art therapy practised in South Africa?*
- *How does the South African context differ from the international arena?*
- *What are the perspective interviewees views regarding the potential of art therapy within South Africa?*

3.4 General Principals of Qualitative Research

Qualitative data collection methods are designed to minimise data reduction. In qualitative research, the objective of data collection is to create a comprehensive record of participants' words and actions. This means making sure that as little as possible is lost 'in translation'. As a result, qualitative data tends to be voluminous and difficult to manage. Qualitative researchers need to wait for the data analysis phase before they can begin to 'reduce' the data, and even then they need to be very careful about what they leave out (Willig, 2001).

Such considerations give rise to issues of validity. To what extent can we ensure that our data collection really addresses the question we have set out to answer? That is, how can we be sure that we are, in fact, researching what we think we are researching.

Validity can be defined in terms of the extent to which our research describes, measures or explains what it aims to describe, measure or explain. According to Willig (2001: 16), "*…as a result of its flexibility and open-endedness, qualitative research methods provide the space for validity issues to be addressed*". Unlike quantitative research which relies on pre-coded data collection such as multiple-choice questionnaires or structured interviews, qualitative data collection allows participants to challenge the researcher's assumptions about the meaning and relevance of concepts and categories.

Despite the fact that validity can be a problematic concept for qualitative researchers, qualitative methodologies enable engagement with concerns about validity in a number of ways. Firstly, qualitative data collection techniques aim to ensure that participants are free to challenge and, if necessary, correct the researcher's assumptions regarding the meanings investigated by the research. This became clear in this specific study, as the participants did challenge claims made in international literature, and provided their own perspectives. Secondly, much qualitative data collection takes place in real-life settings such as workplaces resulting in the absence of a need to extrapolate from an artificial setting, such as a laboratory, to the real world. This affords these studies a relatively higher ecological validity. Thirdly, reflexivity ensures that the research process as a whole is scrutinised throughout so ensuring the researcher's ability to continuously review his or her role in the research process. This was done throughout the course of this particular study. This reflexivity discourages impositions of meaning by the researcher and so promotes validity (Willig, 2001).

An important aspect of qualitative data collection is reliability. A measurement is reliable if it yields the same answer on different occasions. Qualitative researchers are less concerned with reliability. This is because qualitative researchers explore a particular, possibly unique, phenomenon or experience in detail. Their aim is not to measure a particular attribute in large numbers of people. There are, however, researchers (Silverman, 1993) who emphasise that qualitative research methods, if applied appropriately and rigorously, ought to generate reliable results. That is, the same data, when collected and analysed by different researchers using the same method, ought to generate the same findings, irrespective of who carried out the research. It has to be acknowledged that there is a disagreement among qualitative researchers about the extent to which reliability should be a concern for qualitative research (Willig, 2001).

Finally, data collection needs to confront the issue of representativeness. Quantitative research relies on representative samples, to be able to generalise their findings to the general population. Quantitative researchers need to ensure the participants in their study are representative of this population. Qualitative research

tends to work rather with relatively small numbers of participants. For example a sample of three participants, as is the case in this particular study. This is as a result of the time-consuming and labour intensive nature of qualitative data collection and analysis. As a result, qualitative studies do not work with representative samples. However the question arises as to whether or not this constitutes a problem. According to Willig (2001: 17), "…*this depends at least in part upon the research question the study is designed to answer. If the study is a case study of an individual, or group, or an organization, representativeness is not an issue, as the aim of the study is to understand the internal dynamics of the case. However, if the study aims to explore a phenomenon that is relevant to more people than are actually involved in the study, representativeness can be an issue. This is because, in such circumstances, we are likely to be able to generalise from the study*".

This problem was identified early on in the study and individuals from the three paradigms within South African psychology were approached, namely clinical, educational and counselling psychology. However, even if the three paradigms within the South African field of psychology were to be included, this in itself would not constitute a representative sample, as many perspectives and paradigms exist within these areas of expertise, as do theoretical backgrounds. These theoretical backgrounds are however all part of the umbrella paradigm of psychology and thus inclusiveness within the psychological field is possible to some extent.

Even though strictly speaking we cannot generalise from small-scale qualitative research of this type, according to Haug (1987: 44) it could be argued that, "…*if a given experience is possible, it is also subject to universalisation". Thus even though we do not know who, or how many people share an experience, once we have identified it through qualitative research, we do know that it is available within a culture or society".* If we assume that our participants' experiences are at least partially socially constituted, we can agree with Kippax, Crawford, Benton, Gault and Noesjirwan (1988: 25), who claim, "…*each individual mode of appropriation of the social …is potentially generalisable*". As all of the participants within this study are psychologists, sharing thus similar training in theory, it could be argued that this study is potentially generalisable to the specific field of psychological art therapy and psychology within South Africa.

3.5 The Stance of the Qualitative Researcher

The qualitative researcher does not aim to be an objective researcher, rather he is a participant observer in the study. He questions, observes, talks, tries to understand the participants' perspectives, scans data for themes or patterns of responses, writes an in-depth description and interpretation of the data he has observed or elicited.

The qualitative researcher himself, as in this study, collects and analyses the data and is thus in the unique position of being the human-as-instrument - a concept coined by Lincoln and Guba (1985). Lincoln and Guba (1985: 193) argue that a human instrument is responsive, adaptable and holistic and note a person, that is, "…*a human as instrument, is the only instrument that is flexible enough to capture the complexity, subtlety, and constantly changing situation which is the human experience, and it is human experiences and situations that are subjects of qualitative research*".

The qualitative researcher as the primary research instrument, thus brings all of his skills, experience, background, and knowledge as well as biases to bear on the research process. Since the human researcher has knowledge-based experience, and possesses an immediacy of the situation, he has the opportunity for clarification and summary on the spot. A further advantage of the human-as-instrument is that the researcher can explore the atypical or idiosyncratic responses immediately and in ways that are not possible for any other instrument, which is constructed in advance of the beginning of the study (Lincoln and Guba, 1985). The researcher in this study utilised all his skills, experience, background, and knowledge to facilitate the research process, as well as assessing his biases continuously in order for it not to pollute the data. It was also possible for the researcher to participate as the human instrument, which placed him in an advantaged position for on the spot clarification that in turn facilitated the expedience, clarity and accuracy of the data collection.

Most criticism around qualitative methods centre around "subjectivity" by which is meant the researchers' effects on the data they collect. It is argued, by critics, that the qualitative researcher, as the sole instrument, acts like a sieve, which selectively collects and analyses nonrepresentative data. In fact, researchers act as selective filters in all forms of research by, for example choosing and designing methods of

data collection and analysis that correspond with their ideas of what is relevant and consequently forcing reality into a preconceived structure. The researcher can aim at objectivity and can profess to have obtained it, but he is never truly divorced from his own guiding epistemology, since he can never be truly separated from himself.

In this specific study the qualitative researcher acknowledges that he will influence the behaviour of subjects by virtue of his presence, but aims to minimise this by means of various techniques. Within this study, the interviewer was attuned to his influence on the subject and determined to view himself as he would any other participant in a situation, weighing and evaluating his relative contribution when analysing the data, as suggested by Bogdan and Taylor (1975).

Providing detailed descriptions of the methodology also permits readers to similarly weigh this influence (Bogdan & Taylor, 1975) so facilitating an added safeguard.

Patton (1990) suggests, a process called *Epoche* as an initial step in data analysis to minimise the influence the researcher may have on the data collection.

Katz (1987) describes *Epoche* as a process employed by the researcher to remove, or at least develop a heightened awareness of his prejudices, viewpoints or assumptions regarding the phenomena under investigation. "*This process allows the researcher to maintain an openness which, hopefully, prevents him from prejudging or imposing meaning too soon. This suspension in judgement is critical and requires the setting aside of the researcher's personal viewpoint in order to see the experience for itself*" (Katz, 1987: 37).

The stance of the qualitative researcher is thus somewhat paradoxical – he must, on the one hand, be acutely attuned to the experiences and meaning-systems of his subjects while remaining aware of how his own biases and misconceptions may be influencing that which he is trying to understand. The qualitative researcher's stance aims at a perspective which is not so far removed from his subjects' experiences that he is unable to understand them or the meanings which they attribute to their experiences, but yet not so immersed in his subjects that that he becomes oblivious to the fact that themes and patterns exist at all. This is a difficult and paradoxical route

to navigate but with the necessary safeguards in place, it is believed that this specific research was conducted with an adequate balance in place.

3.6 Sampling and Selection of Subjects

Quantitative researchers aim for a 'randomly selected' sample, which supposedly increases the likelihood that the sample accurately represents the population from which it was selected, and thus allows the results of the study to be generalised to the larger population. However, as Maykut and Morehouse (1994: 56) note, even traditional quantitative researchers find, when investigating complex human phenomena, they rarely have the opportunity to select a truly random sample and often "*settle for approximations of randomness*".

Qualitative researchers do not aim for random selection. Aiming to gain a deep understanding of a particular phenomenon, they carefully select a sample of people who have experienced this phenomenon. This purposeful approach to sample building within this study, acknowledges the complexity that characterises human and social phenomena. (Maykut and Morehouse, 1994).

3.6.1 Sampling Method

Because the targeted population group that was identified for this study was difficult to identify and access, purposive snowball sampling was utilised.

Purposive sampling is an accepted form of sampling for special situations. It uses the judgement of an expert in selected cases, or it selects cases with a specific purpose in mind. It is generally used in exploratory research (Neuman, 1997). According to Neuman (1997) purposive sampling is appropriate in three cases: First, a researcher uses it to select cases that are especially informative; Secondly, a researcher may use purposive sampling to select members of a difficult-to-reach population; Thirdly, purposive sampling is a feasible option when a researcher wants to identify particular types of cases for an in-depth investigation. Purposive sampling was the ideal and

only sampling method for this particular study. However, the sampling method used in this study cannot merely be seen as purposive, but is identified as snowball sampling. Snowball sampling is a form of purposive sampling in which specific people are chosen because they are likely to provide the most useful information about the research topic (Patton, 1987). Snowball sampling, also called network, chain referral, or reputational sampling, is a method for identifying and sampling cases in a network. It is based on the analogy of a snowball, which begins small but becomes larger as it is rolled on wet snow and picks up additional snow. It is a multistage technique, beginning with one or few people or cases, and spreads out on the basis of links to the initial case (Neuman, 1997). Neuman (1997: 207) states, "*At the conclusion of each interview I asked each woman to suggest another woman of her social group, with a background like hers, who might be willing to talk to me. This practical way of gaining access to respondents has theoretical as well as methodological advantages…I was referred to women who were considered by their class peers to be representative of the class; thus I did not speak with women who deviated significantly from the norms of upper class life*…" Thus this method of sampling could ensure that individuals are identified who adhere to certain requirements.

In the case of this study individual psychologists who currently include art in therapy as part of their repertoire of intervention strategies, were identified. This was a difficult task as there are no registers within South Africa pertaining to this specific field. The Art Therapy Centre in Johannesburg was approached, however, although they offer training in art therapy, they couldn't provide a list of appropriate candidates for the study. The individuals they could identify unfortunately had to be excluded, as they did not qualify in regards to all the inclusion particulars. Therefore snowball sampling was utilised. One individual was identified through a psychologist, who in turn identified other individuals. In this way the snowball effect was established, and the participants were identified. The final sample consists of three registered and practicing psychologists, within South Africa, who currently utilise art as intervention strategy within their therapeutic intervention. Although four psychologists were interviewed, the fourth audio recording was damaged, and could not be included. Originally eight subjects were identified and contacted, however, due to schedule

restraints only four interviews could be arranged, and of these four interviews one interview was discarded, due to damage on the recording which made it indecipherable.

3.6.1.1 Inclusion Criteria

Because art therapy is in its infancy in South Africa and therefore there is no registration under the Health Professions Counsel of South Africa, it is important to have included subjects in the study that fall within a registration category. Psychologists were identified for this study, as art therapy is utilised within this field.

Therefore the inclusion criteria for the sample were:

- Psychologists from any category (Clinical, Counselling or Educational);
- The psychologists had to utilise some form of art making within their current psychological therapy; and
- The psychologists had to include adults to some extent within their therapeutic scope.

3.7 Data Collection

Banisteret al. (1994), suggest that the interview process often best serves the investigation of complex phenomena, as it provides access to subjective meaning (Banister et al., 1994).

As the aim of this study was to explore views of psychologists, it was believed that the use of a semi-structured interview would be advantageous. Semi-structured interviewing was the most widely used method of data collection in qualitative research in psychology. This is partly because interview data can be analysed in a variety of ways, which means semi-structured interviewing is a method of data collection that is compatible with several methods of data analysis. Another reason for the popularity of semi-structured interviews is that they are somewhat easier to arrange than other forms of qualitative data collection. This is not to say that the actual process of semi-structured interviewing is 'easy', rather, that there may be fewer logistical difficulties in arranging a series of semi-structured interview with a small number of volunteers (Willig, 2001).

The exploratory nature of the study dictated that a semi-structured interview schedule would be used, with mostly open-ended questions (Appendix A), drawn up by the researcher, rather than using a standardised questionnaire. However, questions were grounded on literature, as suggested by Henwood (1996).

The semi-structured interview provided an opportunity for the researcher to hear the participants talk about a particular aspect. The questions asked by the researcher functioned as triggers that encouraged the participant to talk. This style of interviewing is sometimes described as non-directive, however, it is important to acknowledge that it is the researcher's research question that drives the interview. Through his or her questions and comments, the interviewer steers the interview to obtain the kind of data that will answer the research question. The interviewer needs to find the right balance between maintaining control of the interview and where it is going, and allowing the interviewee the space to re-define the topic under investigation, and thus generate novel insights for the researcher (Willig, 2001).

To encourage the participant to speak freely and openly, and to maximise their own understanding of what is being communicated in the interview, researchers are advised to consider the possible effects of their own social identities (for example social class, gender, ethnicity, nationality, age, etc.), on the interviewee (Willig, 2001).

The researcher personally conducted semi-structured interviews with each subject. Each interview lasted between forty-five minutes to an hour. As the information obtained was not of a personal or traumatic nature information was obtained easily and little prompting was necessary.

As the interview format was largely semi-structured, it ensured that relatively similar questions were used to obtain data from each subject, which in turn ensured that similar areas were covered with each subject participating in the study.

To ensure that no information was lost, since this face –to-face interview was the only source of data in this study, the interviews were recorded on audiotape. There is divided opinion on the use of tape-recorders in qualitative research; Patton (1990: 348) views a tape recorder as "*part of the indispensable equipment*" of the qualitative researcher, but others, such as Lincoln and Guba (1985) disagree. According to the researcher, audiotaping helped to obtain the best possible recording of the interviewee's own words, and for this reason, was be used in this study. It is also important to mention that all the subjects included in the study had at some stage themselves conducted research at Masters level and were therefore more comfortable in the research setting, not being intimidated or influenced by a tape recorder.

3.7.1 Procedure

When initial contact was made telephonically , psychologists who were identified were asked if they were willing to participate . At this stage an appointment for an interview was set up.

Before the interview date an information sheet was faxed to the subjects. This information sheet explained the aim, exact nature and process of the study (see Appendix B).

Before the interview was conducted an informed consent form was given to the participants that was signed before the interview could continue (see Appendix C). The interview was conducted face-to-face by the interviewer, who is also the researcher. The interview was recorded on a dicta-phone. Notes were taken during the interview process. The interactional component of this type of interview allows for direct observation of the interviewee and greater intimacy in the interview context. However, the method is acknowledged as potentially influencing the process of data collection, in terms of honesty and quality of answers (Banister et al., 1994).

The researcher then transcribed the interviews. After transcription was completed thematic content analysis was employed as method of analysis.

3.8 Data Analysis

The process of qualitative data analysis takes on many forms, but it is fundamentally a "*nonmathematical analytical procedure that involves examining the meaning of people's words and actions*" (Maykut and Morehouse, 1994: 121). Bogdan and Taylor (1975: 79) define data analysis in the qualitative context as a process, which entails an effort to "*formally identify themes and construct hypothesis (ideas) as they are suggested by the data, and an attempt to demonstrate support for those themes and hypothesis. By hypothesis we mean nothing more than prepositional statements*".

In this section the data analysis process followed in this study is described. A detailed description of various aspects of the analysis, including transcription, contextualisation, categorisation and the method for constant comparison is forthcoming.

3.8.1 Transcription

As soon as possible after an interview had been conducted, the audio recordings of the interview were me transcribed, and the notes of the sessions were recorded. While the tapes were being transcribed, the researcher initiated the analytic process by identifying key words within the subjects' remarks, and then identifying preliminary meanings with these. Bogdan and Taylor (1975) advise the interviewer to record his or her own remarks and actions, as well as the behaviour of subjects, and to examine their influence on the subjects. This permits an understanding of the subject's remarks and actions in the context in which they occurred. Due consideration to this was given during the process.

At the beginning of the transcript the subject's pseudonym together with his/her italicised initial, which refers to him/her, was noted, along with the date and time of the interview, and the interviewer's name. The transcript of each interview started with a brief description of the physical setting and the interviewee. A word or phrase that could not be deciphered from the tape was indicated by the symbol /?/, while observations (of facial expressions, tone of voice, posture, etc.) were indicated in italics, within parentheses. (Bogdan & Taylor (1975: 71) suggest it is important to note, as observations, the subject's '*dialogue accessories'*, such as gestures, nonverbal communications, facial expressions, tone of voice, speed and volume of speech and general speech patterns. The researcher utelised all these aspects within the study.

3.8.2 Method of Analysis

The data was analysed using thematic content analysis, which has become a widely used and accepted qualitative technique within the field of psychology (Henwood, 1996; Holsti, 1969; Krippendorf, 1980).

Content analysis was originally used to reduce and categorise large volumes of data into more meaningful and manageable units from which interpretations were more

easily made. All analysis was done manually, as the scope of the study doesn't warrant the use of a statistical package.

The analysis was directed by a number of commonly accepted procedural steps, which were applied to the manifest content of the text. The data analysis is based on the full interview texts (Krippendorf, 1980).

- The analysis was based upon the identification of thematic units, comprising a sentence, statement or group of statements about a particular topic. Thematic units were defined in terms of their logical coherence around a specific topic based on literature (Krippendorf, 1980).

- The categories of analysis, as identified, were also based on literature (Krippendorf, 1980).

- In addition, the elucidation of categories also involved a close reading of the transcripts in order to identify aspects of the texts that had not been encompassed by the literature. It was accepted that analytic categories can be both theory and data derived. New insights, previously not part of literature, could be deduced in this manner (Banister et al., 1994).

- Certain interviews were therefore rendered in their entirety, identifying any thematic recording units, which had relevance for the subject matter of the study.

- A sample of text was then codified to assess the utility and accuracy of the units and categories specified. Modifications were then made where necessary (Krippendorf, 1980).

- Each interview text was then systematically coded according to this framework.

3.9 Ethical Considerations

The following ethical considerations apply:

- *Informed Consent*
  The researcher ensured that the participants were fully informed of the research procedure and had given their consent to participate in the research before data collection took place.

- *No Deception*
  Deception of participants was avoided altogether.

- *Right to Withdraw*
  The researcher ensured that the participants feel free to withdraw from participation in the study without fear of being penalised in any way.

- *Debriefing*
  The researcher ensured that, after data collection, participants are informed about the full aim of the study. They also have access to all publications derived from the study.

- *Confidentiality*
  The researcher maintained complete confidentiality regarding information about participants acquired during the research process.

In general, the researcher also protected the participants from any harm or loss, and aimed to preserve the well-being and dignity of their participants at all times.

In this specific study, the following precautions were taken:

Potential participants were first contacted telephonically. This enabled the potential participants to refuse participation without being confronted with the researcher face-to-face.

Participants were made aware that they could withdraw from the process at any time during the process. They were also informed of their right to refuse to answer any questions with which they felt uncomfortable.

All participants were further given an information sheet (see Appendix B), outlining the scope of the study. A form indicating consent to be interviewed, as well as consent for the interview to be recorded was then offered and secured. At both these stages participants were ensured of their right to withdraw from the study at any time without any consequences.

Both the transcripts and the recordings of interviews were treated with the utmost discretion and respect and are guaranteed with destruction upon the completion of the research.

As data was collected by way of face-to-face interviews, anonymity could not and cannot be guaranteed. Confidentiality is, however, guaranteed – a consideration which was made clear to each individual. Only the interviewer and research supervisor will have access to the recordings, transcripts and consent forms.

The participants are part of the community of psychologists within South Africa and can benefit professionally from the conclusions of the study. The results are destined to be made available to any participants or other members of the psychological and art therapy community. This commitment was communicated to all participants.

3.10 A Brief Personal Statement

Since the qualitative researcher is the human instrument collecting and analysing the data. It is appropriate to report information about this person, so that this may be overt.

The researcher is a white South African male. He is currently completing his studies in psychology and was therefore familiar with the language of his particular subjects, who were all practising psychologists within the South African context.

Chapter Four

Presentation and Discussion of the Data

4.1 Introduction

The study proved that each one of the interviewees found art therapy valuable. The interpretations, definitions and applications of art therapy by each of these therapists are admittedly in no way as profound as those evidenced in the international literature examined in the course of this study, yet a vast resource of innovative perspectives, informative considerations along with fresh indicators towards areas for potential future research have come to the fore.

The contributing psychologists all indicate a sincere passion for the practice of art therapy – a therapeutic medium which to date remains relatively underdeveloped and under-utilised in South Africa. This viewpoint is unreservedly reiterated by each in his/her own words: [1].

- *Interviewee A: "I don't know why people aren't using it"*
- *Interviewee B: " It's actually so natural"*
- *Interviewee C : "I believe its got great potential")*

[1] In the interest of clarity and discretion each interviewee has a colour dedicated to his/her recorded responses. This is applied throughout the document:
Interviewee A – Red
Interviewee B – Blue
Interviewee C – Brown

4.2 Interviewee Profiles

All of the interviewees in this study have been practicing psychologists for a number of years. They derive from a variety of backgrounds and adhere each to one of the different major disciplines of psychology. These individuals have varied theoretical leanings and are schooled in numerous psychological theories. Theoretical frameworks identified comprise Ericksonian and Gestalt type therapies, but extend to embrace various therapeutic interventions that may be used in a client centred approach.

While not a deliberate aim of the study, all of the subjects coincidentally utilised Ericksonian therapy and hypnosis within their therapeutic intervention, as well as a client centred approach.

In the words of Interviewee C: *"...you use what they bring and adapt accordingly"*.

Interviewee A regards him/herself to be an eclectic or integrated therapist, utilising different theories and techniques to facilitate progress within her/his clients. Though rare, he/she has in the past performed group work. Interviewee B works regularly with couples as well as with families, while Interviewee C does group work on a regular basis.

All of the interviewees found the utilisation of art within their therapeutic and theoretical frameworks highly beneficial, though all employ the medium as an intervention tool used in conjunction with other techniques.

Interviewee A and C were introduced to art therapy when attending courses, while Interviewee B was introduced to the use of collage within his/her original Ericksonian training.

Interviewee A, B and C each have varied practices with diverse client bases ranging from traditional African culture (Zulu etc.) to German, Swiss and Jewish clients, so offering a rich cultural therapeutic milieu from which to draw.

4.3 Defining Art Therapy

No universal or specific definition for South African art therapy was identified in the course of this study. Each interviewee was found to have a unique regard for and approach to the practice of art therapy:

"It is an opportunity for a client to share of themselves, in a different manner. It's an opportunity to access parts of a person's mind without them having to tell you. They can show you, and often they don't know that they do. Only once they put it on paper is it a representation, a projection of their own story".

"Art therapy refers to the response readiness of the therapist to respond strategically to all and any aspects of the patient's collage or art, including colour, texture, background, dimensionality and all those other important things in art. But also the patient's history, style of art, the way they present it, experience it, the way they appreciate it".

"...It's creativity, expressing yourself creatively, some people can do it with words. They're artistic with words so they can use for the lack of a better word, flowery words but they're talking metaphors and for me that's an art form. Someone that's not really verbal, but boy they can build stuff, they can create by building, by doing things. That's their form of artistic expression and by utilising that form of creative expression, particularly for that client, you're allowing them to make contact with the emotional side and not just speaking to the cognitive side (the conscious side) but actually speaking to the subconscious".

Blending these personal and professional points of view on the practice of psychological therapy through art, the researcher offers the following South African 'distillation' of the medium as it exists in its contemporary application:

- Art therapy is an opportunity for the client to share of him/herself by creatively expressing him/herself.

- Art therapy is an opportunity for the therapist to access parts of the client's mind that might otherwise have been hidden.

- Art therapy is the therapist's strategic and therapeutic use of the client's creative expression (artefact).

4.4 Who Qualifies for Art Therapy?

The idea of art and creative expression within therapy can be misconstrued as being synonymous with children and play therapy. This is not the case. According to the research conducted, all of the participant psychologists incorporated art not only into their therapeutic repertoire when working with children, but also into their therapy with adults. The study's interviewees concur each in his/her own words:

"I use it across the broad spectrum, irrespective of the age or presenting problem".

"Iit is useful across all age groups… across the range of problems".

"I don't think art as activity is limited to a specific age group".

Interviewee B confides that he/she applies art therapy to sixty percent of his/her cases.

Interviewee C uses it as: *"an integral part in every session. I listen very carefully for what kind of creative expressions come forwardSo maybe later on in the therapeutic process I might use it to my advantage"*

In the words of Interviewee A: *"…I would certainly introduce it or initiate it with every client…if the client allows me to go there".*

Thus considered, it appears that art offers itself as a useful medium of therapy to both an adult and child client population regardless of the age group and/or the presenting problem.

An important revelation is that each interviewee indicates a tendency towards using art therapy more with individuals who seem to be creative, but not necessarily artistic. This is a significant consideration as the misconception that the client needs to be artistic or good at art, is a serious inhibitor, to the growth of art therapy. It is also important to note that the interviewees do not necessarily exclude people who do not seem to be creative, they merely introduce the option more readily to creative clients.

In the words of Interviewee A: *I would definitely use it with clients that seem to be a little bit more creative, but it's not a prerequisite".*

4.5 The Artefact Serves as History

When a tangible artefact is produced in art therapy, this artefact is a physical object and a representation of a specific problem, state of mind, or other subjects covered in therapy. The artefact becomes a piece of history related to the specific point in therapy.

"...It allows you to go back and refresh your memory, and also to see how much growth has occurred. Often they'll tell you that: I'm not there anymore the picture has changed! So it's also important to know that that is not a static picture, this is not how your client is going to be always. So you also have to ask your client 'Is this still how it is', 'what has changed?'. Thereby seeing the growth that has occurred".

This allows both the client and the therapist to return to this point by utilising the physical artefact in later therapy and can become an extremely useful tool, especially for the purposes of reflection.

4.6 Art Therapy Hastens the Therapeutic Process

One major criticism of many types of psychological therapy is that it is too time consuming and subsequently the costs are high. In a country such as South Africa

where the majority of the population cannot afford traditional psychological therapy, it is necessary to facilitate therapies that are more time efficient.

Art therapy hastens the therapeutic process according to Interviewee C: "*...you get to the problem quicker, because it allows you story telling. So you're not going to sit there for session after session with this person repeating the same thing over and over again, but by actually creating the scene, you see the gaps you might have been missing, so yes I believe it allows for a far briefer kind of therapy, than merely talking"*

Neither Interviewee A nor Interviewee B commented on the properties of art therapy as an accalerated process. Further study is required in order to arrive at a more definite conclusion. Nonetheless art therapy has the potential to be a viable and more cost effective therapeutic intervention, especially when utilising natural materials as suggested by Interviewee B: *"...you can work with sticks, you can work with stones, with leaves, reeds. We can utilise what we have around us"* .

4.7 Art Therapy Makes Therapy More Engaging

Many a client has revealed that therapy was not engaging - even just tedious and monotonous with a previous therapist. It could be argued that this is a form of resistance and that there may not have been a good therapist-client relationship in these sessions. Therapy is hard work and never a comfortable space to be in. Yet if traditional therapy is enhanced with creativity, monotony could be removed and therapy positively influenced. Art therapy seems to be a feasible option, as creative thinking and new forms of therapeutic engagement are introduced.

Interviewees A and C reinforce this stance:

"It definitely makes it less boring, both for the therapist and client".

"If you use art and creativity in the session it ensures the session doesn't become boring".

4.8 Art as Form of Communication

International literature promotes the idea that art can be used as a form of communication in addition to, or separated from verbal therapy (Davis, 1989; Ireland & Brekke, 1980; Liebmann, 1986; Mills, 1991; McNiff, 1981; Oppawsky, 1991; Ruben, 1999; Ruben, 1978; Schaefer & Cangelosi, 1993).

Art facilitates communication in many ways, and one of the participants in the study on occasion only uses art in his/her intake interviews, as he/she finds it reveals sufficient information on the client's life. *"Sometimes words are not so important, sometimes I do not do a first clinical interview, I let the patient make me the collage of their life*" because it *"stimulates the patient to start talking indirectly…they tell me their whole history through pictures".*

Many times verbal therapy is not adequate, as individuals may intellectualise and hide behind words, often without even realising it. *"…You can hide behind words. It inhibits the process… you get stuck in words, whereas the moment you create that picture, you're immediately opening up a world for yourself, and you're creating insight for yourself".* In this way art facilitates communication on a more accessible level, creating a non-threatening and non-intellectualised communication channel.

Furthermore: *"A lot of them (clients) come to you feeling overwhelmed, not really knowing why they are there or where to start, and they cant get the story out. So you need to provide them with a way of telling the story".*

This is where art seems to be able to play a pivotal role. Where individuals in therapy find it difficult for some reason to verbalise their emotions, or story, art therapy can be utilised to assist in this process of self-revelation and exposure for the client. Art helps in the way that: *"…people seem to be much more free or open to talk while they're drawing, or while they're working with clay, or while they are busy pasting things on a collage. They talk more freely".*

Art therapy is less intimidating and helps the client divulge information that may otherwise have taken numerous sessions to reveal.

It also seems to: *"...give the person another angle to discuss their problems"* and *"the focus is outside"* of the client. *"Whereas when it's inside sometimes its very difficult to articulate, sometimes its too scary. Sometimes it's too confusing and they don't know where to start. They initially don't know what they are doing and why they are doing it, but the minute they start talking about it the ideas start flowing, and associations can be made and metaphors come to the fore, so you've got a richness with which you can work. And because the process continues so much after the session, you are achieving a lot more than had you merely addressed the cognition and the linguistics".* It gives the client the opportunity to access and discuss threatening material by making another discussion angle available to the client, and also projects the problem to a safe distance outside of the client. Art appears thus to aid individuals who may find verbal therapy and the intense focus on the self threatening, and so offers itself as an effective communication alternative.

As found in international literature, art can also be used as a therapeutic tool where language barriers exist (Ledesma, 2004)."*You can do a lot without really speaking a language".* With eleven official languages and numerous cultural persuasions, South Africa is a nation that would do well to afford this consideration some serious deliberation. Where therapists involved in community work do not speak the language of the target population, art therapy offers a practical alternative to verbal therapy, or could, at the very least be used to enhance traditional therapy through the use of an interpreter.

For Interviewee B art therapy: *"facilitates communication and also facilitates self-communication"* because the clients *"...start thinking about themselves*". Art facilitates the process of communication between the therapist and the client, as well as communication with the self. Due to the nature of art therapy, where the client has to focus on his/her very personal inner experience in order to produce a realistic and relative artefact, the client not only communicates with the therapist in a creative way, but also forces him/herself to communicate with their inner being and experience, as distractions are reduced.

Art therapy's communicative efforts is not limited to individual therapy though and has a relevant communicative purpose where 'couples' therapy is concerned. *"In couples therapy, it (art therapy) definitely facilitates communication within a relationship".* Couples inevitably observe one another's artefacts within therapy. Utilised to insightful effect, art therapy may facilitate the therapist's ability to encourage healthier communication, as many issues and interpretations, previously hidden or misunderstood by a particular partner are now revealed and adequately explained.

Art therapy is thus a communicative tool that is able to bridge many a chasm.

4.9 Creative Therapies and Art Therapy

Art therapy is a creative modality within psychological therapy. It is reasonable to assume that psychologists drawn to this modality may be attracted to other creative therapies – this thanks to the influence exerted by their own creative inclinations. While not the focus of this study it is useful to consider other creative therapies utilised by this study's interviewees.

Interviewee C revealed the fact that she/he employs different creative therapies in accordance with each client's preferences or abilities. "*When it's someone who is extremely auditory you are going to involve music. If someone can write poems or lyrics, you are going to allow them to create the solution to their problem by using that kind of medium. So it means you listen very carefully where they're coming from. Listen to the metaphors they use and addressing it in turn in your solution*".

Interviewee B implements *"poetry and the performing arts, including psychodrama"* in his/her therapy, so facilitating the most effective therapeutic application for the client's frame of reference.

4.10 Colour in Art Therapy

Many theories of colour are represented in literature (Lev-Wiesel & Daphna-Tekoha, 2000; Robbins, 1994; Jung, 1968), especially the meaning of colours used within drawings or paintings. There are however as many cautionary indicators within literature (Malchiodi, 1998). It should be noted that most colour theories are derived from research undertaken in western countries and so may not be relevant for South African application.

Within this study the use of colour was of particular interest as the participants work within a wide variety of settings and with a multicultural client base specifically pertaining to South Africa.

All the participants indicated that the use of colour should be approached carefully, especially when the therapist wants to interpret the client's use of colour: *"We have to be very careful of interpreting colour for our client, especially in the South African context"*.

The statement *"Colour is important if the person finds it important"* seems to be the basic assumption in this area. The utilisation of colour appears to be based on asking the client for his/her own interpretation of colour usage, *"I prefer to ask my clients: 'What does this mean for you, how do you interpret this colour?'. People are individuals and people differ. I might interpret black as depressed…one of my Zulu clients said black is powerful, it's strong"*.

It is therefore clear that colour can play an important part within art therapy, but should be viewed from the interpretation of the client and not the preconceived ideas of the therapist: *"because it (the colour) means something to them, and you have to tap into their associations regarding the colour, and not your associations and what you believe is the objective truth, there is no such thing"*.

Therefore the meaning of colour is not fixed and most certainly will differ from individual to individual, from culture to culture, especially within a multicultural society such as South Africa.

4.11 Inhibiting Factors to Art Therapy

Because art therapy could be easily perceived as a form of play therapy, many adults regard it as a type of therapy specifically suited for children. However, within this study it is clear that if art therapy is introduced in the correct way and with sensitivity, this initial resistance could be avoided. Interviewee C describes the process: "*You first have to get to know the client, and especially if you know…"* the introduction of art in therapy *"…will probably not go off very well, you tell them that you wonder if they would allow you to do a bit of an experiment… and it might initially feel strange, but lets see where it takes us. If the relationship is trusting and they know you they'll go with you, and if it doesn't work they'll tell you*". Art therapy should be introduced with sensitivity. If they do tell you that they do not find art therapy effective, alternative therapeutic methods should be considered.

This is, however not the only reason for resistance. This study's participants identified various others including: Firstly, resistance may occur when the client is particularly critical and has *"the misconception that they must make the perfect artefact…this can inhibit them"*. This misconception could have a detrimental effect on the therapy, as the individual does not concentrate on the process but in a way sees the aesthetic value of the artefact as the ultimate goal. This in itself can become a departure point in therapy, as they may approach other tasks in life in the same critical and perfectionistic way, yet it is also important to make the client aware that the aesthetics are not the goal.

Another inhibiting factor closely related to the perfect artefact is that the client could: *"…get stuck in the detail of drawing every specific instance",* this however could be overcome by not only using art in the sessions, the artefact's completion could be given as a task to complete after the session. This should, however, not always be considered an obstacle as the therapist identifies this process as: *"in itself significant and therapeutic…"* because *"…it opened up an incredible part of his personality…and opened up different effects that this* (getting stuck in detail) *may have on his life".*

Secondly, it is also important that the client-media fit be considered. If someone who is especially critical works with a difficult to control medium such as clay, this may set them up for failure. *"I asked her to make me clay figures of these different parts of her, that bombed… because she didn't like working with clay… because she couldn't get the image in her mind onto the clay…and I had underestimated the role of the critical self …because she looked at these figures and immediately didn't like them because they didn't stand up to her expectation…".* It seems to be more important to ensure that the client starts off with more approachable and friendly mediums and later graduates to more difficult to handle mediums, when development has taken place and better coping mechanisms have been put in place. *"The next session I asked her to build me a scene in the sand. At this stage she had indicated to me that she felt very different from the last time she saw me. She hadn't heard from this critical self for a while but what did emerge was the more integrated self and in the integrative self she could identify the different aspects of her, the different parts of her, but they were now working together. The critical part didn't feature in the sand, so through that she presented a metaphor of being different and that is where the insecurities came from and had I not allowed her to build that scene I would never have realised that there has been greater integration and how it can benefit her".*

Another area to consider with the medium the therapist works with is: *"the client's interests, and their likes".* This seems to be extremely important as the free flow of emotions could be jeopardised if the client does not feel comfortable with the medium. It is possible that the medium may inhibit the client's free expression and therefore create a blockage between the conscious and subconscious.

A third area of possible resistance was identified as: *"the ones that like to please, if they want to create for you what they think you want, that tells you, you first have to address the insecurities, and the relationship perhaps needs to be addressed more, before you can go further".* Art should be considered a tool and not a magic potion that heals all wounds. Obstacles will be present and protection or coping mechanisms should be put in place to facilitate the most effective utilisation of art therapy.

Group work should also be approached with caution: *"It's as if they're a little bit hesitant when they do it in groups, even in families I find they're a little bit more*

resistant to do it. Sometimes they're scared, what might this one say about my collage, or I'll give them away with the content of the picture". It therefore seems prudent to approach group work with caution, especially if the individuals in the group form part of a family, as this may have consequences for the family's interconnected lives.

There are many possible obstacles that may inhibit the effective therapeutic uses of art therapy. If such obstacles are handled with caution and sensitivity, art therapy does prove an effective tool.

4.12 No Artistry in Art Therapy

The source of most resistance to many individuals in the general population is that people tend to believe they need to be artists to do art therapy, this is however not true. In the words of Interviewee B *"...they think they have to be artists to do it, we can all do it".* Interviewee A reiterates this point by stating that being artistic or creative is "not a prerequisite" to art therapy.

Art therapy is not limited to artistic individuals, although it may be easier to utilise it with individuals who are creative. Interviewee B concludes that "…they would not necessarily have to be artistic".

4.13 Art Creates Movement (Getting Unstuck)

In therapy the phenomena occurs where the individual or the therapy seems to get stuck in a repetitive cycle and the therapy does not progress to facilitate positive change. This may be because the client is repeating a rigid way of thinking that may have caused the problem originally. A prerequisite of therapy is that movement takes place in a positive direction, facilitating growth. Art seems to be a valuable tool for assisting in this process. All three interviewees described this experience:

"Introducing art in therapy means to allow your client to also think out of the box…because otherwise you fall into their paradigm of rigid thinking and that's often what happens when they have a problem they are stuck in it. They cannot see other solutions…so when you start introducing the creative thinking, you introduce ways of expressing it,that will be your artistic expression. I think you allow them avenues for alternative thinking, for getting unstuck";

"I often use it when a client is stuck…when a client is stuck and keeps giving the same kind of themes then to explore it a little deeper with the client I would introduce art";and

"The art is facilitating and stimulating movement…when someone has a problem they're stuck. Through art, you stimulate momentum and movement".

If movement towards a better self does not take place, therapy is not taking place and the client continues his/her repetitive cycle of cause-effect, impeding development and the ability to come up with solutions, not being able to break from rigid paradigms. Art therapy creates a viable alternative to facilitate positive growth.

4.14 Art Facilitates Client Involvement and Responsibility

Many clients are in therapy for the long term. The observation of change is not always present from the beginning of therapy, as change occurs slowly, especially in the initial phases of therapy. This factor in many cases is due to the client's lack of involvement within the process of therapy. The client tells his/her story, the therapist listens, facilitating solutions. Although the process is not quite this simple, in many cases it seems that way to the client who does not necessarily have insight into the intricate balance and progression of therapy.

When the client is included in the therapeutic process through active involvement, the responsibility for growth is immediately shared between the therapist and the client.

He/she now feels personally responsible and will invest more in the process. If change is not observed, the client shares the burden with the psychologist.

Art therapy includes the client actively, as the client has to actively make an artefact representative of some aspect in therapy.

As the interviewees state:

"We learn when we are involved"

"Therapy is about doing and not saying. So art immediately makes them do something"

"It shifts the responsibility to the patient, they are actively involved, and they create their own solutions".

Thus art therapy can enhance the therapeutic process through active envolvement of the client who now shares in the burden of change.

4.15 The Media Used

Art therapy is not necessarily limited to the use of one medium. Most literature suggests that a variety of mediums be made available to the client during therapy with the client deciding ultimately which medium suits him/her best. Two of the interviewees within this study agree with this - they believe in a client-media fit. However, one of the interviewees is more directive in his/her approach and mainly works with collages, yet he/she has broadened their usage of creative media including working with prose, psychodrama, painting and drawing. The other interviewees tend towards the belief that certain media fit better than others with particular clients. *"...Some people will come to you and you'll know... I cannot introduce the sand tray to them, they are going to think this is foolish. The adolescents will often say...oh um... are we gonna play... as if they're above play. Yet I've had a matric pupil who said to me...ooh I like doing this, this reminds me of when I was a child...and by*

actually reminding her of that part of the inner self she could access inner strength…". It is important to check with the client and to *"…fine tune to what* (medium) *your client is comfortable with".*

Media that have been particularly useful for the interviewees with particular clients include potters-clay, play dough, collages, cartoon drawings, paint, finger painting, drawing in the sand tray and sketches.

One of the interviewees reports that adults seem to prefer media such as pencil or pen drawings, as the individuals are able to "*draw detail*", whereas children are inclined towards a preference for mediums like play dough and paint, as they seldom try to incorporate a lot of detail in their drawings.

An aspect coverer in international literature is that you need to give your clients options regarding the medium of art therapy. This is confirmed by Interviewee C:*"…give options…".* This view is not necessarily true for all the participants as Interviewee B mainly uses collage within therapy, and is more directive. Although he/she has worked with other media, including creative therapies, his/her area of expertise is mainly collage. The medium can therefore also be prescribed.
An area closely related to culture also comes to the foreground when considering the medium used. When art therapy is used within a culture that is not necessarily closely familiar with painting other things like paper, wire, tin cans, wood, plastic, sand and clay could be used, it is suggested by Interviewee C, that therapists *"…need to start with what they've got, the kind of things they normally have within their environment, before you introduce foreign things".* This could facilitate a better integration of the therapy into the specific culture.

4.16 Race and Culture

A specifically important area for the South African context seems to be the area of race and culture. South Africa is a multicultural society with eleven languages and a varied number of cultures. Psychological theory has come under scrutiny due to its western roots. It is therefore logical to assume that art therapy may come under

scrutiny as well. However, artistic expression has always formed an intricate part of African culture, be it in the form of pottery, different coloured beads, or ritual dances. This could drastically reduce the resistance to art therapy for afro-centric clients, as the individuals may feel more relaxed in an area of therapy that includes traditional roots.

It is nonetheless important to note that South Africa is a country with many European roots - roots which have sprouted within African society, bringing a form of acculturisation that may not be as predominantly present in many other African countries. This is particularly the case with younger generations of African children, as the Apartheid regime brought with it the concept that the previously advantaged "white" schools were offering a better education for children. After the fall of Apartheid many African adults sought to provide their children with this 'better' education resulting in some degree of acculturisation. *"The black clients I have seen in my practise, go to westernised schools, these are integrated schools, they live in the area, so for all means and purposes you can follow the same kind of procedures and strategies you would for the majority of students in those schools* (which were traditionally white and are still predominantly in many cases). *They have been acculturated".* However this does not mean that the therapist dismisses the individual's African heritage, *"still you can ask them what role does your culture play, but I haven't yet found significant differences with them. They use crayons, they're used to paint, its part of their way of growing up".*

Within the older African adult population this acculturisation is not as acute. These individuals did not grow up with westernised ideals and while many now work in this African-western society, they tend to: *"use the natural mediums, and I think because as children they played with sticks and stones, they play in the sand, but I think that when you introduce art you need to start with what they've got, the kind of things they normally have within their environment, before you introduce foreign things".* Therefore it seems that not only is there a difference between cultures regarding the use of art, but there also appears to be a difference within the level of acculturisation, and this should be approached with caution.

It is however important to note that the implementation of the art therapy does not appear to change across cultures, and therefore the cultural background doesn't seem to influence the usage or implementation of art therapy. As stated by Interviewee A: *"I don't think the cultural background influences the use of art"*.

What needs to be kept in mind is that certain cultures will accept and use specific media more easily, where as others may reject media because of cultural background, and you can't according to Interviewee C: *"...generalise because most of the black cultures differ, for some clay is acceptable, whereas using a lot of artificial paint is not acceptable, but for the Vendas and the Ndebeles, they paint their houses, they decorate their houses, so with them you could use that, but with other cultures, for example the woman, they work with beads, and different strings have different meanings, and different colours... so as art form you could there introduce beads and how could we make something with beads. So you literally have to look in the culture how you express yourself creatively, and that's the kind of art you would introduce".*

The artefact and the choice of colour may also be influenced by the culture of the client. *"People in Europe use more darker colours, where people in our country* (South Africa) *use brighter colours*".

An additional area which seems to be influenced by culture and even religion appeared to be the symbols of a particular culture or religion, but the solution according to the interviewees seems to be simple, *"...you work with the symbols they come with".* It is therefore important to be familiar with the client's culture, or to make sure you do not interject your subjective interpretation onto the client, but to view the symbols and situations through their eyes.

Another component that has not been explored is the fact that South Africa is a country where the larger part of the population currently does not have access to psychological therapy. This is mainly due to the relative expense of traditional therapy. According to this study a possible alternative could be art therapy, as you do not need any expensive materials and can use natural media that are inexpensive or free. Interviewee B stated that: *"...you can work with sticks, you can work with stones, with leaves, reeds. We can utilise what we have around us"*.

Culture needs to be considered no matter what form of therapy is applied. Acculturisation, cultural preferences, cultural symbolism cost and availability of mediums are all aspects that need to be considered within cultural work.

4.17 Interpretation of Art

Art has always been a useful diagnostic tool within psychology. However it is very clear from the interviewees that they use art as a therapeutic tool and they do not impose meaning onto the artefacts, unless the client reveals the meaning. They revealed that:

"I wouldn't make an interpretation. Very important in this work is that it's not interpretative... where I'm looking for the hidden meaning. I don't look at your collage and say, oh there's the hidden meaning";

"I never interpret someone's drawing. I don't believe in interpretive work. Art therapy is not about interpreting what's going on. It's about understanding that person's reality from however they are willing to show it"; *and*

"...we do not label and they take the label with them, cause then they sit with a new problem".

None of the interviewees included subjective interpretation in their use of art in therapy. Although this may be significant it is also important to note that all subjects in the study have similar theoretical frameworks, which may have an influence on the results. Therefore it would be prudent to suggest that further research is needed on this particular subject.

4.18 Group versus Individual Art Therapy

All of the interviewees find individual art therapy extremely useful. A testament to this is their utilisation of individual art therapy whenever they can.

One interviewee regards individual art therapy as more useful in his/her experience, as it is *"...as if they* (group members) *are a little bit hesitant when they do it in groups, even in families I find they're a little bit more resistant to do it* (art therapy)*".*

Interviewee A and C found *"that it's very beneficial with groups"* and that *"We should be using it much more in group-work".* Therefore the interviewees have varied opinions on the usefulness of art therapy within groups, yet all agree on the positive impact art therapy may have on clients.

An aspect that was pronounced by Interviewee C is that it is necessary to protect individual members when group therapy is undertaken. Possible precautions include: *group members* must *know each other"; "...it* must be *a comfortable space..." ;* and *"...you have to give the clients and the members of the group the opportunity and the responsibility to choose what they want to share".*

As the interviewees work with groups on varied levels of frequency, this is probably one of the areas where future research could also be done, as this study's information is limited.

4.19 Art as Window to the Subconscious and Emotional

Art facilitates communication as proven by international literature (Dalley, 1984 & Dalley, et al., 1993). Art therapy does not only facilitate communication on a basic level, it assists in communication with the subconscious. According to the interviewees, art therapy is *"working on a subconscious level"* and *"you are accessing subconscious dynamics".* By *"...utilising creative expression, you're allowing* the client (*them) to make contact with the emotional side, and not just speaking to the cognitive side (the conscious side), you are actually speaking to the*

subconscious". The art activity and artefact provides a concrete rather than verbal medium through which a person can achieve both conscious and unconscious expression and, as such, can be used as a valuable agent for therapeutic change.

It is also implied by Interviewee A that the art making process in itself could be therapeutic, and as the client changes a situation or problem by utilising change within the art process, it is also changed within the client: *"If you fix something in a drawing, subconsciously you're fixing it on that level"*.

4.20 Art Therapy may Facilitate Traumatic Memory Recollection

Many an article has been written on the use of art to facilitate recollection of memories that may be traumatic to relive, and are buried away in the subconscious (Kelley, 1984; Sadowski & Loesch, 1993; Malchiodi, 1998).

Interviewee A states that art therapy: *"Can definitely trigger traumatic memory or suppressed memory".* Art therapy can facilitate the progression of the therapeutic process, as it brings memories to light, which may otherwise have taken many sessions with traditional therapy.

This study suggests that art therapy facilitates communication on both a conscious and subconscious level. As Interviewee C states: *"...you're immediately working with the emotion, they might come to that because they are feeling very comfortable and in control. They might start* making the artefact *(doing something) and then it triggers a memory, and the memory triggers an emotion, and before you know they cannot stop the associations".* This also suggests that the artefact is less threatening, which enhances the possibility of the memory resurfacing.

Art therapy creates a safe space and projection of the memory to enable the client to more readily remember traumatic events.

4.21 Art as Anchor

The artefact in art therapy is a physical representation of inner conflict. Immediately after the image or artefact is completed, it is undeniably present. The image or artefact creates the opportunity to observe the inner conflict, yet is removed and safe in the sense that it is not the conflict itself. Some clients even continue referring to the image during later therapy. This may be because the artefact is a link to the real conflict, and the image is an anchor, allowing the individual to access this conflict. As Interviewee A states about a client: *"...he kept going back to the drawing. Deep inside it seems to anchor what was going on. And it gave him a visual representation of his inner conflict".*

The image is tangible and therefore serves as constant reminder and anchor to the conflict or problem. Interviewee C states that an image is not like words, as words are forgotten easily but *"...the minute I've created something tangible, or made an image, it sticks longer".*

4.22 The Process of Therapy

Art therapy is practiced according to many theories and implemented in a variety of ways. Art therapists use it in a directive and non-directive way, from instructing the client which media to use, what to draw or produce and also on the other hand letting the client draw by freedom of association.

The interviewees in this study all use different techniques for implementing art within their therapy. Interviewee B has a very structured approach, implementing steps in a process. Firstly he/she introduces the idea of collage or art therapy to the client, if the person is interested in the medium of art therapy implementation of his/her procedurebegins:

- Get the client to make a collage of their manifesting problem ("*All I want is come back with a collage about your problem, how you experience your*

problem. If your problem consists of different parts or aspects, show those aspects to me, point them out").

- Within the follow-up session the client is asked about his collage, but in a non suggestive way. Open and neutral questions are used. (*"You cant say, that one points to sexual abuse, or ... why is that one so red, is it something to do with blood. Then I'm suggesting things…you shouldn't… your questions should be neutral questions. I would for instance say… tell me more about what you've done….open questions, tell me more, give me an idea").*

- Within the next step the client is instructed to make a collage of how he/she sees themselves as normal. (*"Normal meaning without this problem. If I hadn't had this problem, how would I be?"*). After which the same procedure of discussion is repeated.

- Then the same process is repeated but in this case the ideal self is portrayed. (*"How do you see yourself in the ideal way?").*

- The client is asked to identify their inner healing resources, which could also be a collage. The purpose of this is to show the individual that he/she has the ability to help themselves come closer to the ideal self. *("Then we come to the inner-healing resources. In your opinion, your resources that will help you overcome this problem, so that you can come closer to your ideal self"*).

- A collage or picture can also be made of the therapeutic process, as well as the therapist. But the most important drawing seems to be of how the client sees the future. ("*Make me a collage where you will be after the therapy is completed and you are healthy and you don't have that problem*").

The other participants have a much less structured implementation of art therapy. The use of art therapy is closely related to the presenting problem and if a client has anxiety, anxiety is drawn or made.

The interviewees state:

"A woman comes to me and she says she is anxious, and she's telling me this long story of everything that's making her anxious at work. And I said to her: I wonder if you can build 'anxiousness, in the sand. Choose a couple of symbols that could for you tell the story of anxiousness in the sand".

"A little boy presented with separation anxiety and also stuttered. The stuttering was part of the anxiety. And what we did in therapy is that we drew anxiety. What it looks like. We then also drew what it makes him feel like, and he drew anxiety in the form of a packman".

The process can continue to include the client drawing every step of the therapy, but mainly focuses on the externalisation of the problem into an artefact and the creation of creative solutions by using art.

There is no specified implementation procedure in art therapy, however the different interpretations within this study reflect the interviewee's level of training in this field. Interviewee B received formalised training in the use of collage through Ericksonian therapy. Interviewees A and C received training through informal workshops or courses and art therapy was part of one modality within Interviewee C's original training as psychologist. There seems to be a direct correlation between more structured art therapy and formal training, as well as between a somewhat less structured approach and less formal training. It is important to note, however, that neither of these interpretations is regarded as inferior to the other, as both interpretations have positive results.

4.23 Potential of Art Therapy

The use of art therapy is very limited within the South African context. According to the participants in this study, it does not receive sufficient attention.

As stated in their own words:

"It's neglected, and it doesn't receive the attention i (art therapy)t should. Art therapy doesn't receive attention in the training of psychologists";

"I don't know why people aren't using it"; and

"It(art therapy) iss under-utilised. I believe it should form part of every psychologist's training course".

Areas specifically identified by the interviewees in which art therapy can play a role include within the South African therapeutic context are:

- Group work: *"We should be using it much more in group-work" and "...group work..*".
- Preventative work: "*You can do so much from a preventative point of view"*.
- The crossing of language barriers: "*You can do a lot without really speaking a language*".
- Providing therapy to the greater population and previously disadvantaged groups: "*…with the larger population it can be utilised very wisely and very effectively*".
- Shortening therapy: *"...it allows for a far briefer kind of therapy…"*.
- Trauma work: "*...especially with trauma work…"*.

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Therefore it is clear that art therapy has enormous potential within a myriad of areas within the South African context.

Chapter Five

Conclusion and Recommendations

5.1 Shortcomings and Recommendations

This study does not aim to prove art therapy as psychological discipline. Yet the limited current use of this discipline and the definite opinions of neglect from the participants within the study may be seen as such, bringing important issues to light. If art therapy is to make an impact within South Africa, changes need to be made.

This study compares international themes with their occurrence within the work of the participants. Though there currently appear to be no significant differences, it is strongly recommended that these themes as separate entities become the focus for future in depth study, as this exploratory study could not facilitate such in depth investigation into each and every piece of thematic content.

It was also noted that all of the participants were schooled in Ericksonian type therapies. This was not an intended occurrence, yet may have had an impact on the data. The parallel courses that the thematic content followed however serves to disprove this. It is however important to mention the phenomenon as a possible area of concern, and future studies should attempt to address this.

Another area that warrants concern is that none of the participants included within the study were of African descent. Originally the idea to include African psychologists was a pertinent factor considered for the inclusion criteria. Yet the nature of the study, as well as the difficulty in securing such individuals, eliminated such considerations. Although the snowball sampling method was implemented to include such individuals, none could be identified. This in itself is a criticism to the current exposure of psychologists to art therapy. To address this obvious problem all of the participants were selected because they have multicultural practises.

5.2 Revisiting the Question and Towards a Conclusion

In this specific study the research question aimed to explore and describe the complex phenomena of the use of art in therapy within a South African Context. The study's mainly descriptive and exploratory nature, builds a foundation for future research within this field of expertise.

The practises of art therapy within South Africa and internationally follow parallel courses. The themes that were identified within international literature are the same themes that came to light within this study. The international and South African arenas do not differ significantly.

Art therapy is the *creative expression* of the client through the use of art making and the subsequent artefacts within therapy. Art therapy is an opportunity for the therapist to access recesses of the client's mind that may otherwise be hidden. This enables the therapist to utilise these revelations and the artefacts produced strategically within therapy.

Art therapy is *not limited by age*, nor by the presenting problem. It is engaging, and facilitates effective communication. The artefacts produced can serve as historic records of therapy, allowing the therapist and client to recollect the process.

Colour can play an important part in therapy, yet the client's unequivocal personal interpretation of colour should be the focus.

Art therapy is *not static and facilitates therapeutic movement*, client involvement and responsibility.

South Africa's combination of African and European culture, creates a uniquely African-western combination of culture, which has produced an acculturated youth that embraces many western practises, and facilitates the use of traditional and art therapy. The older and less acculturated population however are not as familiar with western objects used within art therapy. This is however not problematic, as the

South African psychologists suggest working with natural media within therapy that is readily available, cost effective and familiar to the clients.

Within this limited South African sample it is clear that art is used as a therapeutic tool and meaning is not imposed onto the artefacts, unless the client reveals the meaning.

The art activity and artefact provides a concrete rather than verbal medium through which a person can achieve both conscious and unconscious expression and, as such, can be used as a valuable agent for therapeutic change. The image is tangible and serves as constant reminder and anchor to the clients conflict or problem, yet moves it to a safe distance outside client.

Art therapy is implemented in many different ways within South Africa, as is the case internationally.

Although a multicultural South African society seems to be different in many contexts, the implementation and occurrence of art therapy appears to be fairly unchanged, and art may be the universal therapeutic language.

Art therapy is today recognised across much of the globe as a discipline in it's own right. However, with no facilities for formalised training and without an established registry of art therapists under the Health Professions Council of South Africa (HPCSA), South Africa represents an exception to this international body of thought and action.

South African psychologists who currently use art within their psychological therapy have, for the most part, been trained through enrichment courses and/or have benefited from limited training within their psychological studies with the result that only a very limited number of individuals are exposed to its possibilities and so its potential remains unrealised.

The participants in this study have responded each in uniquely favourable terms to questions surrounding the value and benefit of art as a tool of psychological therapy.

This unequivocal professional concurrence, while derived from a limited research sample of perspectives of South African psychologists, suggests that art therapy, though severely neglected, holds enormous potential for positive application within the South African context.

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Appendices

Appendix A

Interview Schedule:

1. What is your therapeutic field of expertise or specialization?
2. How were you introduced to art therapy?
3. From what theoretical psychological framework do you work?
4. Would you say it is easy or difficult to incorporate art into this theoretical framework?
5. In your own words describe what you see as art therapy / art in therapy?
6. How often do you make use of art in your therapy?
7. In what situations do u use art in therapy? / Do you think the use of art in therapy is more useful with certain cases or clients than others? (If yes, please state what cases and give a detailed description?)
8. With what clients (age groups) do you use art therapy/art in therapy more?
9. Does your work include both individual and group therapy? (If yes, indicate if art in therapy is more effective in individual or group settings? Why do you think this is? If no, is there any specific reason?)
10. Do you work with individuals / groups from different cultural backgrounds (Expand)?
11. How would you say the cultural background of the individual influences the use of art in therapy?
12. How do you use art in therapy (implementation)?
13. Give an example of how you would use art in therapy (step by step illustration)?
14. In your opinion and from your experience, does the use of art in therapy facilitate communication? (expand- when, how, etc.)
15. What forms of art do you use in therapy (drawings, paint, collage, sculpture, projective techniques, etc.)? Which techniques do you find most effective and least effective and why?
16. Would you say art facilitates traumatic memory recollection (If yes, please state how)?
17. Do you think the use of art in therapy enhances the therapeutic process (expand/how)?
18. In your opinion are there any instances in which art could inhibit the therapeutic process (expand/how)?

19. What do you think the potential of art therapy is in South Africa? Do you think this potential is currently being utilised? If yes state how, if no, how do you think it can be utilised?
20. What role would you say colour plays in art therapy?
21. What is your personal definition if art therapy?

Appendix B

Information Sheet for Participants

Enquiries: James A Gower
Tell: 083 3125 725
e-mail:
jamiesgowers@yahoo.com
Dr. Hermanieun Lauwen
(Supervisor)
Department of Psychology
University of the Witwatersrand

To: _____

My name is James Gower. I am a student at the University of the Witwatersrand , currently completing my Masters degree in Counselling Psychology. As Part of my course requirements, I am conducting research, looking at the views and perspectives that therapist/counsellors who are currently utilising art in therapy, sees this subject. This is a qualitative study that aims to explore the unique South African perspective of the utilisation of art in therapy.

I wish to invite you to participate in my study. If you should agree to participate, this will involve attending an interview with me during which various topics will be explored regarding your personal experience in this field. The questions are based upon previous literature. The interview will be recorded via tape recorder, however the tapes will be destroyed following the completion of the study. Your confidentiality is guaranteed.

Participation is voluntary and refusal to participate will have no repercussions. If you should decide to participate you have the right to refuse to answer any questions, should they make you feel Uncomfortable.
A general summary of the results of the study will be made available on request.

If you have any other questions regarding the study you are welcome to contact me at: 083 3125 724.

Yours Sincerely

_____	_____
James A Gower	Dr. H. Laauwen. (Supervisor)

Appendix C

Informed consent form for participants

I _____ agree to participate in the above mentioned study (Art Therapy: Perspectives of South African Psychologists). I Understand the procedure involved and am willing to participate.

Signiture:_____ Date:_____

I _____ herby give permission for the interviewer to use a tape-recorder to record the interview. I understand that the tape will be used to transcribe the interview, but both the tape and transcript will be destroyed following the completion of the study.

Signature:_____ Date:_____