Art as Therapy Versus Art Psychotherapy

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Art therapy is a relatively new and evolving therapeutic process. The benefits of art therapy can be seen in clients ranging from childhood to geriatrics, and from people who are diagnosed with schizophrenia to those who have developed alcoholism. In *Art as Therapy* edited by Teresa Dalley (1984), she states in her introduction, "In simple terms, art therapy is the use of art and other visual media in a therapeutic or treatment setting" (xii). Along with other creative arts therapies, art therapy has helped to open the door to alternative ways for people to achieve a sense of well being. In the development of art therapy, there have been various opinions and theories concerning what approach an art therapist should take when working with a client. Two of these differentiating theories are Art as Therapy and Art Psychotherapy. There has been much debate involving which theory is more beneficial and which theory defines what art therapy truly means. In order to gain an understanding of either theory, one needs to discuss an overview of the ideas each one stresses. It is also equally important to compare and contrast each theories' approaches to therapeutic techniques such as communication with the client and how each theory deals with psychoanalytic ideas such as transference and sublimation. It is also important to note attempts at integrating each theory into a sound method of practicing art therapy.

**Art Psychotherapy: An Overview**

Margaret Naumburg is known as the first person to bring together psychoanalytic theory and art therapy in the United States (Case and Dalley, 1992). The psychoanalytic theory and the method of psychoanalysis was developed by Sigmund Freud in the early 1900s. Some of the major ideas of psychoanalysis include the functions of the id, ego, and superego, inner instinctual drives, and how defense mechanisms are used, to name a few. Naumburg was also influenced by Jungian and Sullivan theories. (However, for the purpose of clarity and comparison to Art as Therapy, the Freudian influences on each theory will be emphasized.) Even though Naumburg does recognize the influences from other fields of
psychology, Art Psychotherapy is considered by Naumburg and her colleagues equal in importance and deserving equal respect as other fields of psychology such as psychotherapy. In *The Handbook of Art Therapy*, Naumburg is cited saying: "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 that words" (p. 53). To achieve this goal of expression in images rather than words, art psychotherapists use a Freudian method termed free association. Free association is defined as "talking about whatever thoughts occur to one, without censorship, especially thought provided by a specific stimulus" (Encarta). In the case of Art Psychotherapy, instead of saying what comes to mind, the client will create what comes to mind through an artistic medium. Naumburg has emphasized the importance of free association art therapy so much that art therapists who support art psychotherapy are known for taking "psychoanalytic patients off of the couch and (standing) them in front of an easel" (Rubin, 1987, p. 279).

The main focus of Art Psychotherapy is "to bring unconscious conflicts to the surface, and ultimately to lead patients to a conscious verbal awareness of these conflicts" (Rubin, 1987, p.61). In other words, unconscious thoughts and inner drives begin to surface through the methods of free association and the transference relationship, which will be discussed later. These emerging unconscious thoughts will show up in the client's artwork. Eventually, the client will be able to discuss these feelings, and the "conscious verbal awareness" will occur. In this method, the aesthetic value of the artwork made by clients is not considered an essential part of the therapeutic process.

The development of Art Psychotherapy opened even more door for other artists, therapists, and even art educators. Among these art educators is Edith Kramer, founder of Art as Therapy.
Art as Therapy: An Overview

Around ten years after Margaret Naumburg developed the Art Psychotherapy method, the theory of Art as Therapy began to emerge with considerable help from therapist and educator Edith Kramer. Art as Therapy is literally what it says: using art as a means of therapeutic treatment. In one of her well known quotes, Kramer (1958) states, "The basic aim of the art therapist is to make available to disturbed persons the pleasures and satisfactions which creative work can give" (p. 5) She believes that the art therapist should work with both the individual and the community as a whole. (p. 35). Kramer (1977) also states, "Patients aren't treated individually, but are seen in groups, and their art activity and products become an integral part of the therapeutic milieu" (p. 18). Art therapy is looked at as a learning process, which helps the client grow. Art as Therapy is also based on Freudian theory, with considerable attention focused on sublimation, which will soon be discussed. However, unlike Art Psychotherapy, Art as Therapy is considered a compliment to other therapeutic processes, such as psychoanalysis.

One of the features that differentiates Art as Therapy and Art Psychotherapy is the amount of emphasis each one puts on the aesthetic value of artwork created by the clients. There is not nearly as much emphasis put on aesthetic value in Art Psychotherapy as there is in Art as Therapy. In Art as Therapy, the better the work of art, the greater the possibility sublimation has occurred. Kramer is known for "eliciting the most effective possible art, in the name of therapeutic gains for her young clients" (Rubin, 1987, p. 282). Although the quality of the artwork is important in Art as Therapy, the feature that is stressed the most in Art as Therapy is the act of sublimation in clients.

Sublimation in Art Therapy

The term sublimation is defined as "primitive urges emanating from the id are transformed by the ego into complex acts that do not serve direct instinctual gratification"
The urges being transformed are "socially productive" (such as creating artwork), but not always "socially acceptable". In art therapy, clients sublimate inner drives into their artwork. In Art Psychotherapy, sublimation is not stressed and is not considered as important as the transference relationship.

However, in Art as Therapy, sublimation is considered the cornerstone of the therapeutic experience. In Art as Therapy, "sublimation constitutes one of the most efficient means of dealing with dangers threatening from the drives and of making constructive use the their potentially destructive power" (Kramer, 1971, p. 68). When sublimation occurs, the ego feels extreme pleasure and there is a release of energy involved. Kramer gives an excellent example of sublimation in the book *Approaches to Art Therapy* (1987). She discusses the experience with a developmentally handicapped eighteen-year-old man named Jack. Upon finding out that his favorite art therapist would be ending her stay at the treatment center were Jack was a patient, he began to tear up a stack of paper. When the art therapist saw what Jack was doing, she asked him "Now you made two sheets. Will you give me one of them as a present?" In reaction to this request, Jack became very excited and began to write his initials on one of the pieces of paper and the therapist's initials on the other. He also wrote the initials of everyone else on other pieces of paper he had torn and gave them out as more presents. His act of anger, and tearing paper became socially productive and also served as an act of closure for him. However, as a downfall to sublimation in Jack's case, after the therapist left, he went back to destroying things in the art room, meaning that in order for sublimation to be positive and therapeutic, it also needs to be continually supported by the therapist (pp.31-32).

The act of sublimation is a complex and potentially therapeutic one. For a person practicing Art as Therapy, it is seen as a positive, rewarding, and therapeutic experience. However, sublimation in Art Psychotherapy does not receive as much emphasis as the
importance of the transference relationship.

Transference in Art Therapy

One of the main emphasis found in the Art Psychotherapy approach is the phenomenon of transference. Transference originates from Freudian theory and can be defined as "the transferring of emotion, which was usually first experienced in infancy or childhood, on to any new situation in which a close relationship with another human being is involved." (Schaverien, 1992, p. 13) In the situation of art therapy, the client and the therapist develops a very close relationship with one another. As a result, the client will transfer unresolved conflicts (usually stemming from his or her relationship with one or both parents) onto the art therapist. This process is considered an important event by some art therapists because the client is revisiting and trying to face the conflicts that occurred earlier in life (Rubin, 1987). The transference relationship between client and therapist is seen as inevitable and therapeutic.

However, therapists who advocate Art as Therapy believe that transference can actually hinder and even postpone the therapeutic process. In her book titled *Art as Therapy With Children* Edith Kramer notes a time when transference was not seen as a positive element of the therapeutic process. For example, a six year old boy named Henry who "had been subject to a thinly veiled murderous attack by his psychotic mother" had recently entered her group art therapy program (pp. 39-40). Kramer was often in close contact with her patients during art therapy sessions. However, when she would try to approach Henry, he would begin to rip up paper being used for artwork and have crying tantrums. It was obvious that Henry was transferring the fear of his mother onto the art therapist. As a result of his tantrum, artwork was being destroyed and Henry was being very unproductive in his art therapy sessions. To solve this problem, Kramer began to work side by side with Henry, each one of them creating their own artwork. As a result of this, Henry began to view the therapist
as a human being, separate from his threatening mother. After this realization by Henry, he became able to create artwork and therefore his therapy progressed. (p. 40). Therapists who practice the Art as Therapy approach believe that any feeling of transference should be directed and dealt with through artwork. In Henry's case, he would not have been able to be productive while he was being distracted with the transferred feelings of his mother. Instead of trying to deal with them by physically acting out, he will be able to deal with them in a more controlled manner through artwork.

The question that lies at hand is, "What is the best method for the therapist to use?" Aurthur Robbins, author of The Artist as Therapist stresses, "Ultimately, if we are to grow as professionals, we must develop concepts and formulations to match the complexities and depths of our therapeutic experience" (p. 214). So, does this mean that no one method is correct? Or, should these approaches be integrated into one approach used by all art therapists? Art therapist Elinor Ulman insists that these two seemingly very different approaches are not incompatible. She warns us that sometimes choosing one over the other may not be beneficial to some clients. Some clients flourish with one method than the other. It is the therapist's job to be able to tell which one is needed by each client (Rubin, 1987).

Art as Therapy and Art Psychotherapy do have some similarities. They are both based on Freudian's theory of psychoanalysis, and they both emphasize the importance of art more than any other traditional theory of psychology. However, the two methods also differ in many ways. Each theory puts a different emphasis on the aesthetic quality of art. In Art as Therapy, the emphasis is on the therapeutic qualities of sublimation, and in Art psychotherapy, the emphasis lies within the transference relationship. Although both of these methods are used frequently by many art therapists, there are many other methods that an art therapist needs to become familiar with and feel comfortable using. The main concern is, and always should be, what the client needs. If the art therapist serves the client with the most
enthusiasm, creativity, and care possible, as long as the patient has gained a sense of well-being from the method used, then the art therapist has made the correct decision.
Work Cited


