

PART I

THE CONTEXT

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CHAPTER

1

Roots

Personal and Professional

Although my personal roots and those of my chosen discipline are not identical or even parallel, I believe it is useful for the reader to know something of the background of the practitioner as well as of the origins of the profession. Both provide the context within which this book was written and can best be understood. I begin, therefore, with some thoughts about the sources of my own childhood interest in art, in order not only to introduce myself, but also to offer some ideas about how and why art is therapeutic.

Personal

The roots of my interest in art are deep and old and personal. And even after many years of psychotherapy, I am still not sure of all of the meanings for me of making, facilitating, and looking at art. I know that sometimes my pleasure was primarily visual. Like all children, I was curious about what could not be seen, what was hidden inside the body or behind closed doors. So it was exciting to be able to look with wide-open eyes, because in art looking was permissible, while it was so often forbidden elsewhere. I still find it fascinating to look at art, which is, after all, private feeling made into public form.

Just as my often-insatiable hunger felt somehow appeased when receiving art supplies, especially brand-new ones, so looking at art had a nourishing quality as well. It was a kind of taking-in, a drinking-in with the eyes of a delicious visual dish. Viewing a whole exhibit of work I liked was at least as fulfilling for me as eating an excellent meal.

If looking at art was a kind of validated voyeurism, the making of products was a kind of acceptable exhibitionism. So too the forbidden touching, the delight in sensory pleasures of body and earth, put aside as part of the price and privilege of growing up—these were preserved through art in the joy of kneading clay or smearing pastel.

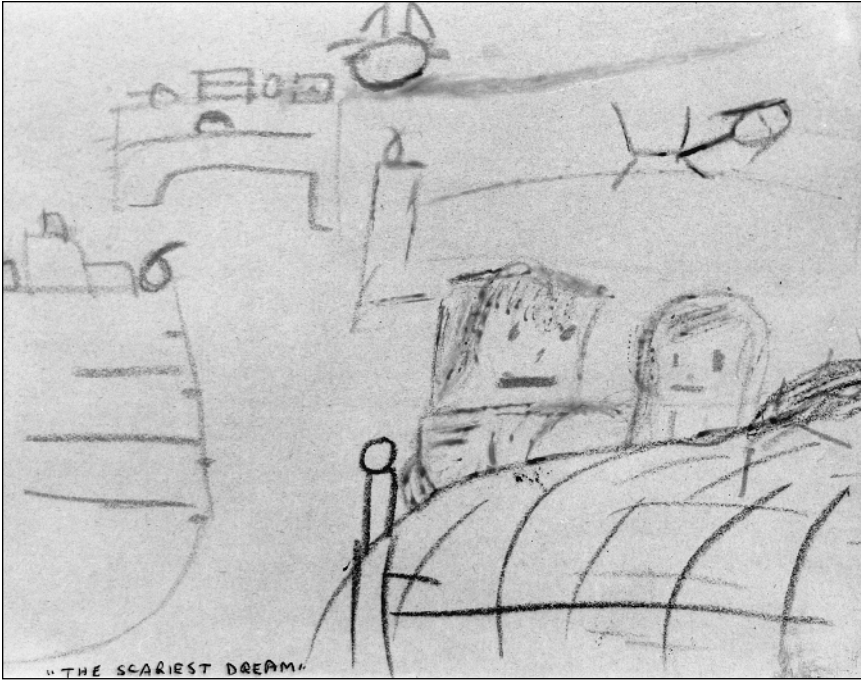
Not only was art a path to permissible regression; it was a way to acceptable aggression as well. The cutting up of paper or the carving of wood, the representation of hostile wishes—these were possible through art, available to me, as to others, in the many symbolic meanings inherent in the creative process.

Many years ago, I found a drawing made when I was 5. It contained some aesthetically interesting designs and was developmentally appropriate. It allowed me to articulate what I knew about the human body and to practice my decorative skills. More important symbolically, it represented the fantasied fulfillment of two impossible wishes: to be my king-father's companion as princess-daughter (or even queen) and to be *like* him—to have what he had (the phallic cigarette) that I lacked (the legs are missing on the girl). The drawing was also done *for* him, a gift that probably brought praise for its very making and giving.

Sometimes art became for me, as for others, a way of coping with trauma too hard to assimilate (DVD 1.1). When I was 17, my friend Peter suddenly died. He had been young, handsome, and healthy; president of our class, ready to go on to a bright career in college and the world. In a crazy, senseless accident at high altitude, he stepped off the edge of a Colorado mountain and crashed to his end. Numbly, I went home to the funeral from the camp where I was working as an arts and crafts counselor. Numb, I returned to camp, then succumbed to a high fever for several anguished days and nights.

When I awoke, there was a strong need to go to the woods and paint. On my first day off I did, and it was good. The painting was not of Peter, but of a person playing the piano, making music in dark reds, purples, and blacks (1.1A). It was a cry, a scream caught and tamed. It was a new object in the world, a symbolic replacement for he who was lost, a mute, tangible testament. The doing of it afforded tremendous relief. It did not take away the hurt and the ache, but it did help in releasing some of the rage, and in giving form to a multiplicity of feelings and wishes.

So too with a remembered nightmare, finally drawn and then painted, given form and made less fearful (1.1B). Years later I was to discover, much to my surprise, that drawing a recurrent scary dream (Figure 1.1) would help my daughter to finally sleep in peace. Only now do I begin to understand the mechanism, the dynamics, the reason behind this miracle of



1.1 "The Scariest Dream" (Two Dead Grandmothers). Age 8. Chalk

taming fear through forms of feeling. I think it is what the medicine men have known for so long: that giving form to the feared object brings it under your own symbolic control.

Waking as well as sleeping fantasies evoked images that invited capture on canvas. A powerful, insightful revelation of ambivalent feelings toward my formerly idealized mother during my analysis stimulated a rapidly done expressionistic painting, which still evokes tension (1.1C). As an externalization of how and what I was feeling, however, it gave both relief and a greater sense of understanding. The push and pull of conflict was translated into paint, reducing inner anguish through outer representation.

Not only the making but also the perceiving of art was of vital importance to me as I grew up. As a young child I stared long and hard at a Van Gogh reproduction that hung on our living room wall. The *Sunflowers* were so big and alive, so vivid and powerful, that even in a print they seemed to leap forth from the canvas. And later, as a teenager, I recall the drunken orgy of a whole exhibit, with room after room full of original Van Goghs, wild and glowing. Each picture was more exciting than the last—the intensity and beauty of the images, the luscious texture of the paint—like

the “barbaric yawp” of author Thomas Wolfe, another of my adolescent passions.

Many a weekend afternoon was spent sitting transfixed before some of my favorite paintings in the Museum of Modern Art. I think I must have studied every line in Picasso’s *Guernica*, yet I am still moved by its power. A large Futurist painting called *The City* was an endlessly fascinating, continually merging sea of images. And another large painting by Tchelitchev, *Hide and Seek*, never ceased to magnetize my mind, to both repel and attract, with its heads and guts and fleeing figures. Surely there is much in art that feels therapeutic to the viewer, as well as to the artist.

As I write many images return, all vivid and bright and full of the feelings they stimulated and echoed. No wonder I embraced the art history major required for studio art courses at Wellesley. For there I experienced what André Malraux (1978) called the “Museum Without Walls”—the projection of an image magically magnified, glowing forth in the darkened room, giving one the illusion of being alone with a “presence”—despite the many other students, equally transfixed by its power and the music of the lecturer’s voice. As an artist said once in a television interview, “Art is the mediating object between two souls. You can actually feel there’s somebody there who’s trying desperately to communicate with you.”

Professional

This “magic power of the image” (Kris, 1952) is also one of the ancient roots of the discipline of art therapy. The use of art for healing and mastery is at least as old as the drawings on the walls of caves; yet the profession itself is a youngster in the family of mental health disciplines. In a similar paradox, while art therapy itself is highly sophisticated, the art process on which it rests is simple and natural.

On a walk through the woods some years ago, I came across a self-initiated use of art to cope with an overwhelming event, reminding me of my own painting after the tragedy of Peter’s death. A rural man—a laborer—had carved a powerful totemlike sculpture out of a tree trunk, as part of mourning the untimely death of his young wife (DVD 1.2). His explanation to me was that he “just had to do something,” and that the activity of creating the larger-than-life carving had seemed to fit his need, perhaps helping to fill the void left by his loss.

Similarly, people caught in the turmoil of serious mental illness and threatened by loss of contact with reality have sometimes found themselves compelled to create art (DVD 1.3) as one way of coping with their confusion (1.3A). Such productions (1.3B), even found on scraps of toilet

paper or walls (1.3C), intrigued psychiatrists and art historians in the early part of the twentieth century (Prinzhorn, 1922/1972). Fascinated by these outpourings of the troubled mind (1.3D), they collected and studied such spontaneous expressions, hoping to better understand the creators and their ailments (1.3E).

With the advent of depth psychology (Freud, 1908, 1910; Jung, 1964), therapists looked for ways to unlock the puzzle of primary process (unconscious, illogical) thought, and tried to decode the meanings of images in dreams, reverie, and the art of the insane (Jakab, 1956/1998; MacGregor, 1989). The growth of projective testing in the young field of clinical psychology stimulated further systematic work with visual stimuli such as the Rorschach inkblots or drawings, like those of the human figure, primarily for diagnostic purposes.

While these developments were occurring in the area of mental health, educators were discovering the value of a freer kind of artistic expression in the schools. Those in the progressive movement (Naumburg, 1928) were convinced that the creative experience was a vital part of any child's education, essential for healthy development (Cane, 1951). Some art educators were especially sensitive to the value of personal expression in helping children deal with frustration and self-definition (DVD 1.4). One, Viktor Lowenfeld (1952, 1957, 1982), developed what he called an "art education therapy" for children with disabilities (1.4A). During that time, art was beginning to be offered as therapy to patients in general hospitals (Hill, 1945, 1951) and in psychiatric settings.

The two women most responsible for defining and founding the field of art therapy began their work with children—in a hospital (Naumburg, 1947) and in a special school (Kramer, 1958)—on the basis of their experiences as educators. Both were Freudian in their orientation, though each used different aspects of psychoanalytic theory to develop her ideas about the best therapeutic use of art.

For Margaret Naumburg (1950, 1953, 1966) art was a form of symbolic speech coming from the unconscious, like dreams, to be evoked in a spontaneous way and to be understood through free association, always respecting the artist's own interpretations (1.4B). Art was thus conceived as a "royal road" to unconscious symbolic contents, a means of both diagnosis and therapy, requiring verbalization and insight as well as art expression.

For Edith Kramer (1971, 1979, 2000, 2001) on the other hand, art was a "royal road" to sublimation, a way of integrating conflicting feelings and impulses in an aesthetically satisfying form, helping the ego to control, manage, and synthesize via the creative process itself (1.4C). Both approaches are still visible in a field that has grown extremely rapidly over the

last 50 years. This rapid development reflects the power of art as a therapeutic modality. I never cease to be amazed at the potency of art therapy, even in the hands of relatively naive practicum students.

Since it is so powerful, it is fortunate that no longer can “anyone with a paint brush and a patient” declare him- or herself to be an art therapist (Howard, 1964, p. 153). Indeed, my own learning experiences—in the era before formal education was available in the field—bear witness to the need for clinical training for anyone whose background is solely in art and education.

Personal/Professional Passage

The roots of my interest in art, as noted earlier, lay deep in the soil of my childhood and adolescence, before blossoming into a variety of roles—teacher of art to neighborhood children in high school, arts and crafts counselor at summer camps, art major in college, and later, art educator (of children, then of teachers), art researcher, “art lady” (*Mister Rogers’ Neighborhood* on PBS), art consultant, and—eventually—art therapist.

When I first discovered the field, I felt like the ugly duckling who found the swans and no longer saw himself as a misfit. As an artist, I never felt talented enough to make a career of my painting. And, as a teacher, although I loved working with children, I was often uncomfortable with the methods of my fellow teachers—like asking children to fill in stenciled drawings, or using a paddle for discipline.

In 1963, when the Child Development Department at the University of Pittsburgh invited me to offer art to schizophrenic children, I was in no way a clinician. But the work was such a pleasure and a challenge, and the support from others was so available, that I was able to find places to grow and people to help me.

I first sought the guidance of the two pioneers in art therapy mentioned earlier, each of whom gave generously of her time and thought. Both suggested that I learn about myself through personal therapy and that I learn about being a therapist through supervised work under an experienced clinician.

I was fortunate to find both a mentor and a setting where I was able to learn the necessary skills and practice my trade. As I began to feel like a real therapist, I also became aware of a need for further didactic learning. This need was met through intensive study of adult and child analysis at a psychoanalytic institute, supplemented by graduate work in counseling at a university.

Although one reason for writing this book was the required doctoral dissertation, I was also responding to inner tensions. Like most creative activities, it began with the perception of a problem or felt concern that increasingly demanded a solution. I had reached a point at which I could no longer comfortably pursue any of the many directions I had by then explored without first finding some order for myself in all that I had learned about children, art, and growing. When I began writing, I felt uncertain about what would emerge on the blank paper, just as I had so often felt anxious about what would come from painting on a clean canvas.

One of the best ways for an art therapist to understand therapeutic work is through reflection on his or her own creative endeavors. Shortly after becoming a therapist, I found myself reflecting on an unusually intense painting experience. Because I was so moved by it at the time, I tried to put the event into words, in an effort to clarify and to understand it for myself. Here is some of what I wrote, 3 weeks after it happened.

A Personal Experience of the Creative Process

"I would like to try to give words and form to an essentially nonverbal and formless experience, an experience of such power and intensity that it demands clarification and invites sharing. I wonder to myself, how universal or how personal was this happening? And I wonder, too, what it can tell me about the meaning of art in therapy.

"I was painting this past summer, with a strange awareness of functioning on several levels simultaneously. I was the mother who responded to the child who called from his bed for a drink of water. I was also the technician who periodically changed brushes and added colors to my acrylic palette in order to achieve the desired effects. Yet further, I was the artist, deeply and actively engaged in the creative process, which simultaneously involved every layer of my psyche.

"The painting had begun as a group portrait of my children, full of conscious loving of their exterior and interior selves. I strove intently to draw them as they sat painting around a table, concerned with reproducing both their features and the warm, proud feelings they evoked. This first stage of the picture seemed to be conscious, careful, with sincere and very deliberate attempts at naturalistic representation.

"Then they went to bed, and I continued with the painting, having temporarily interrupted the process to play my maternal bedtime role. I was aware of my resentment at having to stop work in order to bed them, but even more powerfully conflicted feelings rose to the surface, as I continued

to apply the paint. An onrush of diffuse and intense destructive impulses impelled me to work more rapidly. I found the activity gathering a momentum which did not seem to be under my voluntary control.

"Before, I had worked slowly, deliberately, and carefully to make them beautiful. Now, I worked with a somatic sensation of pressure, as if the intensity and perhaps the guilt of the propelling feelings required such speed. With quick, short strokes I modified—and partially obliterated—their forms.

"My husband remarked sadly that I was destroying what had recently been so attractive, but his criticism was acknowledged only intellectually as reasonable. On another level, I resented the intrusion, and went on at an accelerated tempo, doing what at that moment had to be done. The sense of both compulsion and excitement was almost too great to bear. Yet it was thrilling as well as painful, as the tension quickly mounted. Coexisting were love and hate, creation and destruction, joy and pain.

"And yet the figures remained, less clear but perhaps more intense for their ambiguity. I found them more beautiful now, as they reflected the full complexity and ambivalence of my emotions (DVD 1.1F). And I was aware of another kind of tension—between the need to modify and the desire not to destroy, but to enhance. Though executed at a quick pace, each stroke felt crucial.

"While working so intensely, I felt simultaneously a high level of ego control and an equally high level of communication with the unconscious forces that threatened the very control I prized so dearly. At the end of the painting process, my working pace slowed down. With deliberate calm and rather cool control, I found myself standing back and looking, modifying, and completing the portrait (Figure 1.2).

"And now, weeks later, I reflect upon the event. Perhaps it was that very experience of teetering at the brink, of allowing such a powerful upsurge of unconscious and irrational feeling—while maintaining a tight control over it—that is the essence of at least one aspect of the 'therapy' in art. For without the experience of near-loss of control, it must be feared as catastrophic. It is only by letting go as fully as possible that one learns that the fantasied fear is a somewhat myth. If one always holds tight the reins of conscious control there is no danger—yet the danger still exists by implication. The more unknown and unfelt, the more it is feared.

"Indeed, one might question whether it is ever possible to learn self-control in the deepest, most secure sense, without allowing oneself at times to loosen the bonds of control as well. What is vital is that this was felt as a 'peak experience' (Maslow, 1959), both thrilling and frightening, both



1.2 Painting of My Children. Acrylic

soaring and plunging. It was aesthetic as well as personal, as was the resultant painting.

“... To experience in any sphere ‘letting go’ yet remaining simultaneously aware and ultimately in charge, is a profound lesson. Whether or not the content of the art is affectively toned, the dynamics of the creative process itself provide a powerful learning experience.

“One might also argue that limiting, or in any way protecting the client from letting go, might serve to reinforce already-crippling fears of loss of control. The art therapist who prematurely limits the client’s activity in the name of safety or security may actually be saying, ‘Yes, you are right. Loss of control is disastrous in its consequences, so I will set limits and help you keep a brake on your dangerously strong and destructive feelings and impulses.’ Yet learning to be in charge of the self may only be possible when one has allowed conscious control to relax sufficiently to explore the consequences of strong expression of feeling, then to find that one may still be master of one’s fate.

“What is emerging is not a position which suggests no limits at all. Rather, the creation of a work of art has its own built-in limits, which provide sufficient safety, along with the opportunity for constructive abreaction and channeling of strong feelings. Indeed, the expressive arts are vital both to healthy personality growth and to therapy precisely because they allow for a channeled, controlled ‘letting go.’ The very nature of each art form sets the limits which, when broken, negate the art. Throwing paint on the wall is not the same as making a vibrant picture by slashing with the brush, and random body movements are not the same as those which are in tune with the music.

“Nevertheless, it has been my experience that many disturbed youngsters, whether their superficial behavior is inhibited or hyperactive, need initially to release, in a cathartic and often formless fashion, at first unfocused and heretofore repressed feelings. Only when this has been safely experienced can the child then give a genuinely artistic form to such feelings. Perhaps it is only then that he or she feels in control of him or herself and in charge of the process, not in a compulsively tight but a relaxedly free way.

“Surely my painting process involved regression with control, and while form was given to feeling, feeling was also given to form. They intermingled in an inseparable fashion, each one evoking the other, neither one the chronological precursor of the other. My painting was not meant primarily as a communication to others, but rather as a kind of self-communication, a rhythmic dialogue between picture and creator which gradually rose and finally fell in intensity. I think the process was neither primarily cathartic

nor primarily integrative, but was both simultaneously, and was meaningful just because of the tension and interplay between constructive and destructive forces. It was both an aesthetic and an intellectual experience, producing art as well as insight.”

Making Pictures Helps My Mourning Process

Many years later, stimulated by my psychoanalytic training, I was intrigued by the idea of “Free Association in Imagery.” An artist friend and I decided to offer a class through the Psychoanalytic Center, in which participants would be invited to choose a medium and then allow each emergent image to follow the previous one, until the sequence felt complete. Modeled on the basic method of free association in analysis, it turned out to be amazingly powerful (Rubin, 1981a).

For myself, the imaging course came at a stressful time; the first class was a week after my mother’s unexpected death. I found it surprisingly helpful to my own mourning process to engage in a freely associative use of materials. A review of the drawing series that emerged that day may help you understand how therapeutic a series of spontaneous images can be, even without discussion (DVD 1.4).

The first, red and black, sharp and angular, felt like “Pain,” and was tense and angry in the doing (1.4A). The second became “My Mother in the Hospital Bed,” hooked up to the oxygen tank, as I had last seen her the week before her demise. I was surprised at how much she looked like an infant (1.4B).

The third began abstractly but became a pair of breasts with large dark nipples. I titled it “Mama-Breast-Love” (1.4C). The fourth is a child reaching up to a mother who is mostly a smiling face. When I looked at it I thought it was me saying “I Love You, I Need You” (1.4D).

The fifth began as a stark, angular tree, then became an image of a tombstone, and then I thought of sun and eyes shining . . . looking down from above. “Can You See?” was the title that came to mind, the pre-logical, wishful/fearful magical thinking that had been flowing through my usually skeptical head (1.4E). The sixth was an image of my mother and (already-dead) father meeting in some other life, he welcoming her, the two “Together Again”—another magical thought (1.4F).

The seventh arose from intense affect, a feeling of tension and pain, first expressed in the heavily scribbled red and black lines, then in the face, which emerged in tears, mouth open, hungry, and angry, “Screaming” (1.4G).

The next image began as a bleak white-and-gray landscape, then a

night sky with a moon and a star, each of which got covered over. Then I thought of a droopy lonely figure—our eldest daughter, far away in France, having to bear her pain separated from the family—and then I thought of the rest of us (my husband and two other children) leaning sadly on each other: “Cold and Lonely” (1.4H). The ninth was a kinesthetic impulse to make tangles of different colors; the title-thought was “All Together” (1.4I).

The tenth began as a wavy-line tree on the left, then a wavy line in the center that turned into a dance, which then turned into a person with a large glowing womb inside; then I thought of a baby in that. When that image came, in a kind of birthing process, I felt relieved of much of the tension I had experienced throughout the others, as if something had been, at least for the moment, eased. My thought on looking at it along with the others was “Mom-Inside Forever,” certainly one way to cope with loss (1.4J).

While I can easily share my thoughts about the images, it is more difficult to put into words my emotional experience of the process. A similar experience took place the following week with clay, the next week with paint, then with collage, and with the final week’s product—for me, a painted portrait of my mother.

I was not aware of thinking in the usual sense, but of allowing myself to be led by the materials and by my impulses. Each image came quite naturally, almost always with heightened emotion. There was a feeling of activity and internal tension, though “absorption” fits it better, and a sense of being “done” at the end. I did not feel particularly involved in the products as art; indeed, I found them unappealing aesthetically. But I did feel intense involvement in what may have been a kind of visual thinking process.

Most significantly, perhaps, I found the entire set of experiences to be extremely helpful in the work of mourning. Instead of the class being a burden as I had feared, it became a welcome respite for me, a chance to deal wordlessly with my grief. I believe that the use of media provided much more than a catharsis. Of course, it wasn’t the whole story; I remained involved in a grieving process for some time after that class, but I was frankly surprised at how helpful it had been.

Such personal experiences of the power of art in my own life are no doubt what led me to feel so at home in art therapy and to want so much to make the healing benefits of creative endeavor available to others.

About This Book

This book is about children, art, and growing, through a distillation of the reflections and visions of an art therapist. It is about children, how they

can grow in and through art experiences, and how to help them to do that in a healthy, therapeutic way. It is a message to those who care for children about some ways in which one may facilitate their becoming through art.

Knowing what to do and what not to do, when to do it, and how to do it, are difficult learnings to convey to others. One learns these things over time, through experience and reflection, and they become less and less simple in the process. Nevertheless, this work is an attempt to communicate such understandings as I now possess, in the hope that they may be useful to others.

This book is about children from the time they can use art materials in a meaningful way until they can no longer be called children. It is about all children, including those who simply need to be provided with the most facilitating conditions for growth and development. It is about normal, healthy children and their normal, healthy needs for expression, mastery, self-definition, and ways to cope with stress.

It is also about children with special needs and problems—those for whom growing has been painful because of unchangeable disabilities or hurts that are hard to bear—those who have stopped growing in a healthy way, who have turned back, gotten stuck, and perhaps become distorted and ugly to themselves and to others.

This book is about all children, and about their right to an opportunity to become themselves and to deal with their hurts in a creative way through art. In yet another way, it is about the youngster in each of us, our understanding of that inner child, and our use of both little and grown-up selves in the service of another person's growth.

This book is about growing in and through art, especially the visual and plastic arts (though other forms are highly respected siblings and allies). At times it is about responses to art, to work done by self or others. Mostly it is about the work that children do with creative media, the process and the product of an encounter between a youngster and art materials.

And it includes all aspects of that dialogue: the approaching and manipulating, as well as the forming and refining. All are seen as inseparable aspects of art, from sensory exploration to complex intentional configurations, from playful to solemn making. It includes the toddler stacking blocks, the teenager constructing a stabile, the infant molding sand and water, and the 10-year-old modeling clay.

This book is about growing deeper as well as bigger, broader as well as taller, freer as well as older, stronger inside as well as outside. It is mostly about growing affectively, about gaining an awareness, understanding, acceptance, liking, and control of one's feeling-self through art. Growth in art includes perceptual, motor, cognitive, and social development as well.

The interest here, however, is in these dimensions mainly as they relate to emotional maturation and integration.

For me growing is growing, wherever it happens; and art is art, whether it occurs in a home, a classroom, or a therapy room. The relative emphases may be different, and indeed the goals are best made explicit. Thus, growth in art education may have to do mostly with the acquisition of skills and concepts about art, whereas these are seen as a means to a different end in art therapy.

There, the growth is primarily in the development of the capacity to be a freely creative person, with firm but flexible inner controls. Nevertheless, the emotional components of art may become central at times in the classroom, just as the acquisition of skills may become focal in the clinic. Many things are seen as common to growth in both contexts, like the conditions and attitudes that foster personally meaningful work.

Helping, like growing, can take many forms. Helping a child to grow through art can involve giving, showing, or telling. It may also mean watching and, often, waiting. Many times it means moving in, doing or saying something in an active way. At other times it means being present but silent, respectful of the other's primary absorption in the creative (versus the human) dialogue. Helping means many different things, but always it means being tuned in to the other person—behaving in a way that respects their right to their own space and makes it possible for the individual to gain control and freedom within it.

My own understanding of *art therapy* is that it refers broadly to understanding and helping a person through art and that it encompasses a wide variety of dimensions. These include the integrative aspects of the creative process itself, as well as the use of art as a tool in the service of discharge, uncovering, defense, or communication.

Art for any child can and does become different things at different times. I find it impossible to characterize the process, even with one human being or in one setting, as being any one thing alone or always. Rather, it seems that for anyone, the art activity ranges over time from being central and integrative to peripheral and adjunctive and back again, serving many different possible functions.

What is important is to know what is occurring when it is happening, and to have some sense of its meaning and function for that person at that moment in time. What seems equally vital to me is that the therapist have the flexibility and openness to permit the individual to flow in different directions over time, and the wisdom and creativity to stimulate, unblock, or redirect the flow when necessary.

It is my hope that what I write will have some meaning and some utility

for all who care about children. This book is especially for art and play therapists, but it is truly for anyone who values the creative process in the child, who wishes to nurture and strengthen it, and in so doing to help a child to become the best he or she can be.

Such a person might be any clinician who works with children—a counselor, psychiatrist, social worker, or psychologist, or an occupational, recreational, or speech therapist. Such a person could also be a teacher (especially an art teacher), or a pediatrician, a nurse, or a child care worker. Such a person might even be a parent—and could, most certainly, be an artist.

Since it is my hope to communicate experiences and ideas to others from a variety of disciplines and frames of reference, I have tried to avoid terminology that belongs exclusively to one or another professional field and to find a language that will be common enough to make sense, yet rich enough to convey complex meanings. I know that in so doing I may risk oversimplification and lack of depth, yet it seems so important to reach those who work directly with children in art that it is worth that risk.

In this way, I hope to talk meaningfully about the conditions that facilitate creative growth in art, and the ways in which one may use art with children in order to better understand (assessment) as well as to help (treatment). I shall explore understanding and helping in a variety of contexts, including work with individuals, families, and groups. I shall also suggest implications and applications of art therapy in educational and recreational settings as well as in clinical ones, and attempt some preliminary suggestions of useful theoretical constructs.

The profession of art therapy was young in 1978, and although it is much more mature in 2005, I think it is fair to say that it is still working on defining its identity for itself as well as for others. In one sense, it is still, as I wrote then, “a technique in search of a theory.” Indeed, since art is versatile, art therapists have been able to ground their work in a wide variety of psychological frames of reference, including psychodynamic, humanistic, developmental, cognitive, behavioral, solution focused, narrative, and spiritual (cf. Malchiodi, 2003; Rosal, 1996; Rubin, 2001).

In the course of my own development over the past 40 years as an art therapist, I have read, studied, and worked with many different theoretical perspectives, and I have usually found in each one or more concepts relevant to my work. At one point, I thought that the solution to my problem would be a kind of patchwork—a mosaic or collage of different ideas from different theories that together would account for what seems to happen in art therapy. This kind of additive eclecticism may still be the answer, but I now doubt the value or validity of such a heterogeneous mix.

In 1978 I had thought that a theory of art therapy would emerge from art therapy itself. I expected that it would partake of elements of other perspectives but would have its own inner integrity in terms of the creative process of which it consisted. Indeed, there have been some significant efforts to construct such art- or studio-based theories, most significantly those articulated by Allen (1995) and Moon (2001).

Like the field itself, however, there is not only an art part, but there is also a therapy part, and the artistry of the work consists of putting the two together—something I devoted my second book, *The Art of Art Therapy* (Rubin, 1984), to spelling out. Probably for that reason, in 1987 I asked a group of colleagues to contribute to a book called *Approaches to Art Therapy: Theory and Technique*, which has been recently revised, with the addition of newer approaches and reflective commentaries (Rubin, 2001).

In the conclusion to that book I returned to a theme first hinted at in this one: that of the frame into which one must insert different lenses, in order to clearly perceive different aspects of the phenomena observed, analogous to the use of stains to illuminate different aspects of an organism on a microscopic slide. I believe that the many different theories of personality and psychotherapy allow art therapists, like other clinicians, to insert different lenses into their listening ears and viewing eyes (cf. Hedges, 1983). They also allow them to use different methods with different patients at different times.

In 1978 I didn't feel ready to develop and articulate a definitive theoretical statement about art as, in, or for therapy. Although I've since made one rather feeble attempt (Rubin, 1984), I am now, after 40 years of practice, more eclectic and pragmatic than ever. And even though I have studied, have taught, and value psychoanalytic theory, I have never felt that it had all the answers or that other ways of understanding were not also helpful and relevant.

In 1978 I wrote that it was “my intention to review what I *know*, what I think I have gleaned from books, from articles, from teachers, from colleagues, from children, and from myself. It is equally my intention to review what I *feel*, what I *believe in* most sincerely and often passionately, the values which have come to guide my seeing, knowing, and doing. My thoughts and understandings about children, art, and growing will certainly evolve over time, in the future as they have in the past. This statement is for now, for me as well as for others.” In 2004, all of that remains true.