

Art Therapy

Art Therapy is a form of treatment using simple art materials. Spontaneous art expression in a non-judgmental atmosphere allows the person to freely articulate repressed thoughts and feelings without the threat of repercussion. Once previously undisclosed feelings have been externalized, client and art therapist are able to explore issues that have surfaced. Art therapy is useful as a primary or secondary tool for healing. It can be used with children, adolescents and adults, and deal with a variety of needs. Because of the organic nature of the materials, as well as the imaginative process, art therapy encourages creativity.

Beginnings in Canada

Art Therapy in Canada: Origins and Explorations

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Lois Woolf

Introduced to this country in the forties and fifties by Dr. Martin A. Fisher, Selwyn and Irene Dewdney and Marie Revai, art therapy has now entered its second generation in Canada. By now art therapy has grown into a full-fledged profession with training institutes, individual practitioners, institutional connections and professional associations across the country. Those of us of the first generation of Art Therapists are now collaborating with our students and former students in our common endeavour in expanding the effectiveness and influence of the profession. The profession has come of age. And a sure marker of that fact is that, by now, thirty some years after it began here, it possesses a past, a history.

As art therapists we understand that the unconscious is expressed through visual communication. As art therapists we provide the environment and the relationship for visual and verbal manifestation and the working through of personal suffering. We witness the uncovering of volatile material as well as normal expression of life's complexities

The art is our guide. We wait for images and symbols to appear. We watch for affect, articulation and content. We are *with* our clients as the substance and meaning of the art shows up. We love the art. We know that it is telling us the truth. And the clients use our attention to their art and creativity as part of their journey to their own healing.

At the beginning of the nineteen hundreds Freud's investigation of the unconscious was changing the world. Among his followers, the recognition that not only dreams, but also art illustrates the unconscious, as well as the healing potential it offered, came from two different sources:

- There were the treaters of the psychiatric population who noticed that their patients' art revealed unconscious elements that could not be reached verbally and had a value beyond words and
- There were the art teachers who noticed that the art of their students was expressing very significant and meaningful personal issues which could be valuable in understanding human behaviour.

In Europe and North America, this awareness developed gradually, and by the early 1940's the term art therapy was loosely being used, especially in the psychiatric community.

In Canada, the original pioneers were all born within the first 14 years of the nineteen hundreds. Bearing in mind that Freud was very much an influence at the time, our mentors each came from a passionate psychoanalytic background which they used as the foundation of their work. All began their art therapy practice by introducing art to psychiatric patients. Making their discoveries independently, they never collaborated with each other and as will be explained, their approaches to the use of art in healing was diverse.

In the late 1940's, **Dr Martin A. Fischer** a psychiatrist began offering art to his psychiatric patients at Lakeshore Psychiatric Hospital in Toronto. Later, as a consultant to the department of Ontario Children's Aid Society he introduced the use of art therapy with children, focusing on the aspect of primary prevention of emotional problems, an area to which he dedicated much of his energy and life's work.

In the late 1940's **Selwyn Dewdney**, an artist, writer, and explorerer, began using art with psychiatric patients, and by the early 1950's included his wife, Irene, also an artist, joined him in his work at both the Westminster Veteran's Hospital in London, Ontario and the London Psychiatric hospital.

Marie Revai, an artist in Montreal began teaching art to underprivileged children and was eventually hired to work in the Alan Memorial Hospital with psychiatric patients.

Imagine the conditions in the psychiatric hospitals in the nineteen forties. The medications and treatment methods were undeveloped. It appears, though, that because of the lack of understanding of how to help these people as well as a desire to find a way, art therapy, though not widespread, was given some credence as a possibility for treatment in the hospitals. It is clear that the art of a patient suffering from depression would be as we see it today, fragile, dark, impoverished. And the art of a patient experiencing psychosis, who would have been marginally medicated or not at all, would have been as we expect, fragmented, expressing and illustrating delusions and fear and more.

The same is true with the art of children from those days, although the terms of reference were different. Whereas today we see contemporary childhood cultural icons, much fantasy, space ships, cartoon characters, etc., the art of children who were angry and abandoned in those times, had the same flavour and texture of anger, grief and loss.

Our four pioneers had found a use of art which produced tangible evidence of feeling states, mental positions and personal symbols, and they saw the power of healing and understanding that it offered. I expect that their observations were supported by noticing the change in their patients during and after making images, as well as what the patients said about their art as a reflection of personal experience. They recognised that the art was a powerful tool in accessing the inner life of the individual. Convinced of the healing properties of art making, they brought it to us to pass it on. They were true teachers. They gave us the opportunity to learn from them and the prospects of our furthering their work and expanding on it.

Let me elaborate:

Dr Martin A. Fischer. Dr Fischer was my teacher. He died suddenly in 1992 at the age of 78. His work made an important contribution to art therapy, and with it he touched many peoples' lives.

Dr Fischer came to Canada in 1940 from Vienna. He had trained as a medical doctor in Vienna and by the time he was finishing his studies, the Nazi's had come to power. One the day of the final exams, the Nazi's stormed the examination room and removed all the Jewish students. The journey out of Vienna was treacherous with internments in prison and internment camps. Through some efforts on the part of a Jewish charity he finally arrive in Canada and there was interned in a British Fort. After his release, arranged by a doctor in Toronto, he wrote his final year of medical school, and subsequently received his psychiatric training.

Dr Fischer's distinguished career included many creative innovations. For our purposes I will emphasize his initiation of residential treatment for children and adolescents in the 1960's where homes were established as surrogate families, and which has become an accepted treatment model in our society. As well as acting as a consultant for the Ontario Children's Aid Society, Dr Fischer taught psychiatric residents for many years. In all of these settings he introduced art therapy.

I remember Dr Fischer telling us that in the 1940's he gave a psychotic patient a drawing pad and a pencil. Later the patient came to him with the whole pad filled with drawings. Dr Fischer noticed that the images were personally very meaningful and his agitation was significantly reduced by the emotional discharge through art. This interaction between doctor and patient was an inspiration that led him to use art therapy in treatment.

After many years of treating psychiatric patients in hospitals and children in residential care, by 1967 Dr Fischer was convinced enough in the power of art in healing that he established the Toronto Art Therapy Institute

Dr Fischer's main thesis was the art's ability to uncover the unconscious. His faithfulness to Freudian theories of the unconscious motivated his model of art therapy. At the same time he proposed that art had not been given its rightful position in Freud's exploration of the unconscious and dreams and we art therapists would carry forward this work. Dr Fischer proposed that spontaneous expression through art and the free association to images produced was a direct route to the unconscious. He taught us that the unconscious stores our hidden experience and distortions, and that once externalized through the art and identified, we can begin to change.

In consideration of his dedication that the unconscious has the power to shape our lives, Dr. Fischer was unwavering in his conviction that as art therapists, we become fully acquainted with the process of art therapy and its connection to the unconscious. This was central to his training approach. As we worked with our clients we were repeatedly astonished at the power and the truth of the art. As we worked on ourselves we saw the same. We learned how the application of art to the unconscious works. We learned that expressing pain and suffering through art therapy can be effectively channeled in the direction of healing and health. We saw art depicting sadness, anger, grief and hope. We learned that art tells the truth, the

whole story. Dr Fischer would say: "Let the art speak for itself. It needs no interference".

Selwyn and Irene Dewdney

For information on the Dewdneys, Linda Nicholas, art therapist in London, Ontario, a student and friend of Irene Dewdney provided the information.

Selwyn Dewdney was a man of many talents. He started out his adult life as a missionary, then went on to become an artist, a teacher, a geographer, a writer. In 1949 he was invited to the Westminster Veteran's Hospital in London, Ontario to work with psychiatric patients, and was given the title 'art therapist'. In 1954, his wife Irene joined him. Irene's interest in people, in art and psychoanalysis were brought together.

The Dewdneys were political activists and through their work they brought together their political principals and art. Seeing psychiatric patients as dispossessed and needing recognition as people, they encouraged the use of art as a vehicle for social empowerment; a way to resist the undermining of their social status and to gain personal acceptance.

In working with psychiatric patients, the Dewdney's developed a technique over a period of twenty years. At first they offered the patients complete freedom in the art, but they found that the patients would be overwhelmed by the lack of structure. So, they developed an approach where they supported and helped their clients become objective about their art and thus more contained. The intention was to help the patients stand back from the expression and see themselves as separate.

While Selwyn was working in the hospital he produced a projective test for 'shell shocked' veterans. It is believed that this was the first projective test. In 1972 he moved away from social work and art therapy on to study rock paintings of primitive man.

Irene worked closely with her husband at the Westminster Veteran's Hospital, but was also brought into the London Psychiatric Hospital and St Joseph's, London Ontario. Most of her work was with psychiatric patients until towards the end of her career she worked with children and adolescents. In this work she maintained a focus on the objective approach as well as the integration of teaching and expression.

As Irene was working in the community in the 1970's she developed a following and was encouraged to start training people in art therapy. An informal training program developed which eventually led to the establishment of the Post Graduate Diploma Program in Art Therapy through the Faculty of Part Time and Continuing Education at University of Western Ontario in 1986. Although she only taught and supervised the program in its initial years, Irene continued to be associated with it until she died.

Selwyn Dewdney died in 1979. Irene Dewdney died 1999 at the age of 84. I quote Linda Nicholas when she says: "Irene was one of the last of a vanishing breed: the untrained, highly skilled, broadly experienced pioneer art therapist".

For the information on **Marie Revai** I spoke with Ivon Lamy, a student of Marie. His close relationship with Marie, his mentor, led him to writing a book on her which he plans to translate into English. This is what he told me:

After the communists invaded Hungary and after much hardship and loss, she and her sister managed to reach Paris. Her sister was a doctor and through her they were helped to come to Canada by a University Women's Club. In 1951 Marie and her sister arrived in Montreal. Both sisters started out in Montreal working in factories.

Marie was an artist and had a teaching diploma from Budapest. Eventually she began working in Montreal teaching art. She soon found herself teaching art to children at a girls' summer camp, as well with Arthur Lissmer at the art museum in Montreal. This led to her being hired in the Occupational Therapy Department to teach art to psychiatric patients at the Alan Memorial Institute in Montreal. Although she worked in the OT department, she independently became very interested in the psychology of the art work being produced.

By 1957 Marie had her own art room in the hospital, an **art room which was filled with** flowers, plants, birds, and animals. Working very closely with psychiatrists she became interested in the symbols expressed in the art of people in psychosis, the quality of the art of people when ill, and the changes that occurred when they would become well. Much of her work was in detection of psychosis and confirmation of diagnosis. She also developed an awareness of impending mental change that would first reflect itself in the art before manifestation in action. Her art room became a resource for examining the effects of drugs on the patients and their mental perception. She collected art that reflected fragmentation, depression, and lack of relation to reality and more.

This all led to more recognition in the community and she would regularly be invited to work with many groups of people with special needs. By now her interest in psychology and art was full blown and she began to lecture on psychiatric art versus modern art. In 1967 she was invited to lecture in Paris for the International Association for Psychopathology in Expression, a group that still exists today.

With all her drive and curiosity she and Elinor Ullman, one of the pioneers of art therapy in the United States, found each other. This relationship led to Marie being included as one of the founders of the American Art Therapy Association. The inaugural meeting was held in Washington in 1971. By 1972 she was recognized as a Registered Art Therapist by the American Art Therapy Association.

A defining moment in her pioneering work was the organization of an exhibition at the hospital comparing the art of the psychiatric patients to modern art. The exhibition illustrated that the modern artist was able to enter the psychotic state but contain it while in the art of the psychiatric patients there was no such control. This exhibition captured the imagination of Leah Sherman, who was the Director of Fine Arts of Concordia University at the time. In her own pioneering spirit she promoted art therapy in her department. This resulted in the initiation of an art therapy program at Concordia University in 1980 in the art education department a program in which Marie was involved for many years. Marie died in 1997.

We are now at a turning point. Our four Canadian pioneers have placed individual stamps on their use of art in healing. It appears that there were three streams:

- Dr Fischer remained closely aligned to psychoanalysis in his use of art therapy and tended to work with the normal population with people capable of insight and to use the art to help them work towards change.
- the Dewdneys while dedicated to their own psychoanalytic investigations, developed techniques in using art for healing such as the 'objective approach' as well as valuing and encouraging the artist
- And Marie Revai whose interest in the psychiatric population was using art as a diagnostic tool

As they worked with the art, they each developed a following. The groups that surrounded them naturally wanted to learn about art therapy from the masters, and they in turn felt fit to teach. So training programs, informal and formal, began to spring up.

- In 1967 Dr. Fischer established the Toronto Art Therapy Institute a program that has since become a two year post graduate art therapy training.
- In the 1970's Irene Dewdney began to informally train art therapists. This led to the establishment of the art therapy post-baccalaureate training program at the University of Western Ontario in 1986.
- And Marie Revai's work led to the founding of the master's degree program at Concordia University in 1983.

At the time of the beginning of formalizing training there was a lot of resistance to art therapy. Art therapy was seen as 'flaky', a 'fringe technique', something that may be only useful for children, something that was easy, and anybody could do it. Dr. Fischer, the Dewdneys, Marie Revai were never put off or held back. In their dedication to the value of art therapy, they passed on their belief and determination to their students. I was a student in those early days, the early seventies, and although we found ourselves justifying and defending ourselves to the skeptics (of which there were many), we stood proud and defiant; it was as if we had a calling!

In the seventies, the professional communities in Ontario and Quebec, and British Columbia, were still resistant to art therapy, but a beginning was made in initiating it as a treatment modality. Every time an art therapist was given a position in a hospital or agency, though rare, we celebrated the triumph. Here and there people would find contracts and roll up their sleeves and get to work. The art therapists became active, joining together to form associations, trying to support each other, and as groups finding ways to promote this work.

As I was writing this, I wondered to myself whether things have changed much since then. Yes and no. While we are still pioneering this work, while we still do not have too many jobs advertising for art therapists, while we are still on a mission, I believe there is some change. There are more of us. There is a growing presence across Canada. Art therapy is being acknowledged. The literature is growing. And art therapy is being welcomed into the mainstream, recognized as having something to offer.

ART THERAPY TRAINING

In the early days, the 60's and 70's and even the 80's the art therapy training programs were still 'finding themselves', and there was much debate both in the United States and in Canada as to what was required to train an art therapist. The

American Art Therapy Association established guidelines for training, and the Canadian training programs used these criteria. We took from the American experience and expertise what was relevant to us and were in the fortunate position to be able to leave alone what didn't apply. That is still happening. You will find that all the training programs in North America observe and interpret these AATA guidelines, each with its own identity.

Added to the three programs that were the outcome of our pioneers works, new programs appeared. The BC School of Art Therapy in Victoria and the Vancouver Art Therapy Institute were established in 1982. The most recent training program to be established is the Kutenai Art Therapy Institute in Nelson, BC, in 1994.

With the exception of Concordia, all of these programs were set up outside of the education system because this was the only way to start. All the programs have gone through process of development and change. And it is likely that they all will continue to grow as times demand, each with its own emphasis and style.

It is interesting to note that BC has three training programs, Ontario has two, Quebec has one. Now that the Vancouver Art Therapy Institute has joined the Campus Alberta Graduate Program in Counselling, a distance program, Alberta has a program. There are not yet art therapy training programs in Saskatchewan, nor in Manitoba, nor the Maritimes

ART THERAPY ASSOCIATIONS

After training, the development of associations of art therapists became the next step. The art therapists who were by now receiving training recognized the need to take responsibility as professionals. Rather than work in isolation, without governance and professional scrutiny, as well as lack of recognition, we began to come together as groups. As a result we now have the Canadian Art therapy Association, the British Columbia Art Therapy association, the Quebec Art Therapy Association, and the Ontario Art Therapy Association

Canadian Art Therapy Association: In 1977, sitting in Dr. Fischer's large, sunny office where he did most of his teaching of art therapists, I remember the day he founded the Canadian Art Therapy Association. An idea was born and made into a reality. The intention at that time was to promote our work across Canada. Then came the work of registering the organization, creating by-laws and so on. Key people on board were Gilda Grossman and Krista Soste. We started our work for the Canadian Art Therapy Association by holding conferences and very quickly created a journal, both of which are still very important functions of CATA today. Much to our satisfaction as we put out the word people came. At first the conferences went back and forth between the Toronto and Vancouver, but have also been held in Quebec City (1986) and Calgary (1989), and Nelson, B.C. The work of CATA continues.

British Columbia Art Therapy Association was founded in 1978. In the late 1960's, Kay Collis, an art student was invited to set up an art program at the Victoria Mental Health Centre to work with psychiatric patients as a volunteer. Through this work she was put in touch with the Robert Ault at the Menniger Clinic who was active in promoting art therapy and one of the founders of the American Art Therapy Association. Kay was invited to the founding meeting of the AATA. In her contact

with the American art therapists she was delighted when told that she was doing art therapy and at the founding meeting was acknowledged as an art therapist.

Kay's ongoing work led to the establishment of an art therapy department in the Victoria Mental Health Center. By 1973 because she collected interested people around her wanting to learn to do what she was doing, she established an informal training program, not only in Victoria but she also traveled throughout the province spreading the word.

This group wanted to come together as an association. They found a lawyer, created their bylaws and in 1978 the BCATA was born. Kay reminded me that the BCATA was founded before a definitive training program had developed.

Ontario Art Therapy Association was founded in 1978 by Irene Dewdney, Linda Nicholas and Bina Smith. As an offshoot of Irene Dewdney's training program, the people who were learning from her wanted to come together as a group and an association was born. The original intention was to support each other and promote this work which was gaining ground. This desire developed into a professional association that promotes and supports its members.

Quebec Art Therapy Association/ Association des arts-thérapeutes du Quebec was established in 1981. As previously mentioned in 1978 Concordia University, Montreal, had started its first program with the Introduction to Art Therapy. By 1981 Concordia had established a graduate diploma program and the climate was right for a group of art therapists to form. Nancy Humber who had been in the first cohort of students in the early program and had gone on to do more training in Vermont, met up with Rachel Garber and Sandy Cooke, both graduates of the Concordia program. They gathered people together and in 1981 they formed the Friends of Art Therapy and at a meeting. Sixteen people showed up. Each person contributed a dollar, which went towards the costs of paying for fees for chartering the organization. In 1982 the Quebec Art Therapy Association was established with 40 people as members.

It is notable that all the art therapy associations have had very similar beginnings; they have started from nothing but desire and dedication. They also have similar goals of support, networking, lobbying, professionalism, education, training, research, and ethics. As far as we have come over the past 30 odd years, we still have a lot of work to do in bringing this skill and profession into the mainstream. However, inspired by these few people mentioned here, those who have been willing to work together to create activity and interest, it is evident that the ground breaking work has been done.

Finally, as Dr Fischer said at a Vancouver Art Therapy Institute graduation ceremony in 1990.

Creativity will be the solution to a world that is in total disarray.....we have to keep in mind as well, that the language of art is a very old language and provides the linkage to the past to those people who used to paint in caves and on rocks.

Art is the language that cuts across the existing boundaries and obstacles that stand in the way of human communication. Art is a universal language.

When you introduce art in a school that is made up of different ethnic groups, all speaking different languages.....when we sit down to paint or draw we all speak the same language. There are no problems in communication.

Most of what we learn at school is learning of a different kind; the type of learning that measures things and tries to apply the scientific method to everything..... These approaches, sooner or later, are not going to save mankind.

As you know art therapy is a form of dialogue between our conscious and unconscious, and it is a very delicate dialogue. It is often a little bit confused. We should listen to our conscious mind and we should listen to our unconscious mind. And it is only when we combine the two, simultaneously, that true learning and growth takes place.