

Hybrid Creatures

Mapping the emerging shape of art therapy education in Australia

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Dedication

Imagination is more important than knowledge. For knowledge is limited to all we now know and understand, while imagination embraces the entire world, and all there ever will be to know and understand.

Albert Einstein

For the students and colleagues who have collaborated with me

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Statement of authentication

The work presented in this thesis is, to the best of my knowledge and belief, original except as acknowledged in the text. I hereby declare that I have not submitted this material, either in full or in part, for a degree at this or any other institution.



.....
Jill Westwood

(Author's signature)

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Abbreviations

AATA	American Art Therapy Association
ACA	Australian Counselling Association
ACATA	Australian Creative Arts Therapies Association
AGM	Annual General Meeting
ANATA	Australian National Art Therapy Association
ANZATA	Australia and New Zealand Art Therapy Association
ANZJAT	Australia and New Zealand Journal of Art Therapy
AQTF	Australia Quality Training Framework
ATCB	Art Therapy Certification Board
ASTMS	Association of Scientific, Technical and Managerial Staff
BAAT	British Association of Art Therapists
CATA	Canadian Art Therapy Association
CBT	Cognitive Behaviour Therapy
CPSM	Council for Professions Supplementary to Medicine
EABONATA	European Advisory Body of National Art Therapy Associations
ECARTE	European Consortium of Art Therapy Educators
ECU	Edith Cowan University
EMDR	Eye Movement Desensitization Reprocessing
ETC	Expressive Therapies Continuum
IATE	Institute for Arts in Therapy and Education
IICT	International Institute for Complementary Therapists
MAT	Master of Art Therapy
MIECAT	Melbourne Institute of Experiential Creative Arts Therapies
MIT	Massachusetts Institute of Technology
MMH	Master of Mental Health
MSS	Master of Social Science
NHS	National Health Service
NSW	New South Wales
NTIS	National Training Information Service
NUT	National Union of Teachers
OT	Occupational Therapy
PACFA	Psychotherapy and Counselling Federation of Australia
PBL	Problem Based Learning
POW	Prisoner of War
PTSD	Post Traumatic Stress Disorder
QATA	Quebec Art Therapy Association
QLD	Queensland
QUT	Queensland University of Technology
RMIT	Royal Melbourne Institute of Technology
SNTR	Society for Natural Therapists and Researchers
TAFE	Technical and Further Education
UNSW	University of New South Wales
UK	United Kingdom
UQ	University of Queensland
USA	United States of America
UWS	University of Western Sydney
VIC	Victoria
WA	Western Australia
WWII	World War 2

Abstract

This PhD provides the first organized view of art therapy education in Australia. It focuses on the theories that are used in this specialized teaching and learning process. It evolved from the authors' immersion in the field as a migrant art therapy educator to Australia from the UK and a desire to be reflexive on this experience. The research questions aimed to discover the field of art therapy education in Australia: to find out what theories and practices were taught; and where the theoretical influences were coming from, in order to develop understanding of this emerging field. Positioned as a piece of qualitative research a bricolage of methods were used to gather and analyse information from several sources (literature, institutional sources, and key participants, including the author) on the theories and practices of art therapy training programs in Australia. This also included investigating other places in the world shown to be influential (USA and UK). The bricolage approach (McLeod, 2006) included: phenomenology; hermeneutics; semi-structured interviews; practical evaluation (Patton, 1982, 1990/2002); autoethnography (Ellis & Bochner, 2000); heuristic (Moustakas, 1990); and visual methodologies (Kapitan, 2010). These were used to develop a body of knowledge in the form of institution/program profiles, educator profiles, country profiles and an autoethnographic contribution using visual processes. Epistemologically, the project is located in a paradigm of personal knowledge and subjectivity which emphasizes the importance of personal experience and interpretation. The findings contribute knowledge to support the development of art therapy education and the profession in Australia, towards the benefit, health and wellbeing of people in society.

The findings show a diverse and multi-layered field of hybrid views and innovative approaches held within seven programs in the public university and private sectors. It was found that theories and practices are closely linked and that theoretical views have evolved from the people who teach the programs, location, professional contexts (health, arts, education, social, community) and the prevailing views within these contexts, which are driven by greater economic, socio-political forces and neo-liberal agendas. The university programs generally teach a range of the major theories of psychotherapy underpinned with a psychodynamic or humanistic perspective. Movement towards a more integrative and eclectic approach was found. This was linked to being part of more general masters programs and economic forces. The private sector programs are more distinctly grounded in a particular theoretical perspective or philosophical view. Key words distilled from the profiles included: conflict, transpersonal, survival through art, pedagogy, epistemology, theory driven by context and mental health. Important issues for art therapy education were identified as: the position and emphasis on art; working with the therapy/education tension; the gender imbalance in the profession; Indigenous perspectives; intercultural issues and difference. The horizons of the field revealed the importance of developing the profile of the profession, reconciling differences towards a more inclusive view and the growth of research. A trend towards opportunities in the social, education and community areas was found, driven by the increasing presence of discourses on arts and wellness.

Key words *Art therapy education, theories, Australia, qualitative study, bricolage, hybrid creatures*

Chapter 1: Introduction

Chapter 1 presents the author's interest and relationship to the topic and introduces the research questions. Key terms are defined and the aims and potential benefits of the investigation are presented. An overview of the chapters is also provided.

This research project has arisen from my experience as a migrant art therapy educator in Australia. Being a British, White, working class woman with a background as an artist and art therapist, I arrived in Australia on 21 May 1995 to a challenge beyond the scope of my understanding and knowledge. The challenge before me was to become an art therapy educator in a strange but strangely familiar, yet different, place and culture. Since then I have been immersed in a dynamic process of becoming and being an art therapy educator in the emergent field of art therapy in Australia.

Through this experience my research has unfolded, igniting a desire to understand and discover more about what I have been immersed in and part of, and to be reflexive on my own experience. Alongside this is the aim to explore broadly the field of art therapy education in Australia to see what constitutes this field. My focus is on the landscape in bold relief, particularly of the theoretical influences of art therapy education in Australia. My background as an artist and art therapist has deepened my appreciation of the potential of images to open up thinking, understanding and cognition, and therefore the use of images is part of this research, through a heuristic method of reflexivity. This visual approach is woven through the project as a means to respond to and investigate the key question:

What is the art therapy education field in Australia?

This question drives the exploratory nature of the research and shapes the methodology that has been used. From 1995 to 2008, I was absorbed in a world within one university (University of Western Sydney - UWS) in a process of developing training in art therapy that has been described as 'pioneering'. I have found this to be a consuming enterprise and one that I felt would be valuable to gain more insight into. I have become more aware of various factors that have shaped my view and work; particularly, the migrant perspective that unavoidably pervades my outlook and some uncomfortable realities of issues of power and privilege in coming from the UK and holding in mind the history of colonization of Australia by the British. I find myself increasingly reflecting on this dynamic in the situation.

Being in a cultural context that has major influences not only from the UK but also from the USA has also had an impact at UWS. The curriculum of the Master of Art Therapy (MAT) when I arrived was based on literature from the USA and UK and I was also exposed to working not only with Australian colleagues but others from Canada and the USA. These factors caused me to encounter different theories and practices of art therapy. In many ways this liberated me. This too drives my interest in this research.

At the time the MAT was located in an early settler's cottage on the university campus in the westerly reaches of greater Sydney. My first impression was of a scene from a bygone era about pioneering in the outback (Figure 1). This place had a completely different feel to inner-city London. The casual, confident, up-front, direct engagement with the students, and the need to 'get stuck in and just do it', meant I experienced a 'doing/felt' kind of learning/teaching, not one guided strongly by a theoretical model. However, on reflection perhaps



Figure 1

there was an implicit mode of learning based on an experiential or phenomenological model that I had absorbed or intuitively developed in response to the circumstances in which I found myself. Over time, I wondered what happened to my relationship to theory and how it was woven into what I was doing. This was in contrast to my own training as an art therapy student in the UK, where my experience was of a program firmly grounded in a theoretical model (psychodynamic, systems theory). I wondered if what I was doing was ok and how would I know?

Natural observation of the different art therapy programs, approaches and the mix of art therapy theories and practices across Australia, combined with my exposure to and experience of these different ideas, have caused me to reflect on the ways art therapy is practised, conceptualized and understood. This has inspired me to look beyond my habitual territory and investigate the theoretical architecture of art therapy education in Australia and to ask:

What theories and practices are taught in the field of art therapy education in Australia?

While being immersed in the doing and thinking about the processes of art therapy education, I have become more aware of what has influenced me in this work. The main influences for me have been connected to people and experiences which have led me to understand different ideas or theories. But I wondered about this in terms of other educators; therefore part of the research was also to ask:

What are the theoretical influences and where are they coming from?

These key questions are the focus of this research. My aim is to understand and know art therapy education in Australia more consciously and, in so doing, make more transparent the field as it has emerged and developed in Australia. Further related questions can be raised which serve to make this research project more comprehensive and complete:

What broader influences are relevant to consider?

What kind of art therapy education is emerging in Australia?

What might be effective, suitable or desired in art therapy education in the diverse culture of contemporary Australia?

What might the art therapy education field in Australia contribute to art therapy education elsewhere?

The questions highlighted above were developed in the early stages of the project and they provide the enduring structure of the thesis. An outline of the structure of this thesis will now be given.

1.1 Structure of the thesis

Following this introduction, chapter two provides a history of art therapy in Australia and an overview of its development and current position. This includes brief histories of art therapy in the USA and UK as they are significant influential places to Australia. An overview of art therapy theories and practices is also provided.

In chapter three, an introduction to art therapy education in Australia is given. This includes an overview of the art therapy programs, professional associations and the theoretical influences found in preliminary research in Australia. This is followed by a review of the literature on art therapy education in Australia that surfaces the tensions found between perspectives from the USA and UK. The themes of context, professional group processes and intercultural issues are revealed as significant and the absence of any overview of art therapy education in Australia is shown.

Chapter four provides a review and analysis of the literature on art therapy education across the English-speaking world. The themes of therapy/education tension, relationship to art and context (difference/culture/race) are discussed, and consideration of similar research shows a gap in the field that this inquiry seeks to fill. This background supports the rationale to use interviews to investigate the influence of people and the use of art to be reflexive in the process.

Chapter five presents the methodology of the project and describes the process, procedures and design that were developed to investigate the research questions. The philosophical underpinnings of the research process as a qualitative inquiry is discussed, along with the combination of methods that were employed in a 'bricolage' approach. These methods include phenomenology, hermeneutics, heuristic, auto-ethnography and visual methods. These methods are discussed in relationship to a practical evaluation approach. Each stage of the research is described beginning with design and preparation, ethics application, development of the interview questions and selection of participants, leading to semi-structured interviews, transcription and preliminary analysis (program and educator profiles), verification processes; and concluding with a cumulative analysis.

Chapter six begins to present the findings in the form of an "intra-view". This is an autoethnographic, heuristic view based on my autobiographical experience. Visual images are used to chart the exploration of the research topic and make transparent my own bias from the UK and a leaning towards an experiential arts-based view. The recurring visual themes of maps, landscapes and hybrid creatures are discussed. These findings confirm the dynamic interplay between art and psychotherapy and illuminate the experience of an art therapy educator from inside a program.

Chapter seven presents the substantive findings of the research gathered from the "inter-views". These are in the form of seven institutional/program profiles and nine educator profiles generated from the interviews with the educators. A table that summarizes the responses to the questions from all the participants is also included. This chapter shows the range of the programs: their particular stories, views, theories and qualities. These are distilled into themes of conflict

transpersonal, survival through art, pedagogy, epistemology, theory driven by context and mental health. It also provides views on directions and horizons of development in the field.

Chapter eight presents findings in the form of two influential country profiles (USA and UK). These are distilled from inter-views with expert and influential participants from these countries. These profiles explore the influences that were indicated in the literature and in the narratives of personal experiences. They serve as reflexive views on the current contexts in these places and offer points of comparison with and difference from each other, and Australian art therapy education.

Chapter nine discusses the findings in the previous three chapters and pulls together the themes of the research in a cumulative analysis using two images of a 'cosmology' and a 'genealogy' of art therapy education in Australia. This provides an overview of all the material in relationship to themes in literature and developing edges, tensions and horizons.

Chapter ten presents the conclusions of the project by reflecting back on the original research questions and offering formal statements on what the research has produced and its limits and implications.

In summary, the thesis provides an organized view of the emerging and developing field of art therapy in Australia and identifies what theoretical underpinnings are present and explores reasons as to why this is the case, how they may have arisen and where they may have arisen from. This identification affords the field in Australia a reflexive moment to consider the interplay of views and perspectives that have arisen. The findings contribute knowledge and understanding of the theories, practices and influences in art therapy education in Australia that may have relevance to the wider field of art therapy education elsewhere in the world. It is intended to support the development of art therapy education and the profession of art therapy and bring greater knowledge to the training of art therapists to provide effective and innovative interventions to benefit the health and wellbeing of people in society.

This research evolved as a 'serendipitous' affair where I was informally a participant-observer long before I even knew I was involved in it as research. Although the project was conceptualized as a PhD project in 2003, it was in gestation within me from the beginning of my experience in Australia in 1995. While the project has been in a process of development over several years, I too, have been in a similar process of development as an apprentice researcher. Part of the findings will illuminate this personal journey of discovery.

To conclude this introduction it is appropriate to clarify some of the terminology that will be used in the thesis. Terms that warrant such clarification are: art therapy; education; theory; and genealogy.

1.2 Art therapy

Art therapy is a relatively new professional discipline that is established, to varying degrees, across the developed world mainly in North America, Europe, United Kingdom (UK), Australia and parts of Asia. Art therapists work in a range of areas including health, education, community/social welfare sectors and in private practice, with people through all the life stages (from infancy to old age) and encountering all kinds of challenges (trauma, physical and mental health issues, emotional and

psychological distress, disabilities, addictions, relationship difficulties etc). While definitions vary, it seems reasonable to state that, in general, art therapists aim to enable positive change towards emotional and psychological growth through providing a facilitating environment centred on the use of art-making within a therapeutic relationship.¹ This involves working therapeutically with a person's imaginative and creative potential, an approach that is informed by a range of theoretical perspectives. The education of art therapists is usually at postgraduate level for two years' duration and involves academic, experiential and clinical components. As the profession of art therapy has developed in different parts of the world, it will be noted that particular qualities and emphases have also evolved specific to these different contexts.

1.3 Definitions of art therapy

The literature published in English that provides definition and background to the discipline of art therapy comes predominantly from the **United States of America** (USA) (Malchiodi, 1998, 2003; Rubin, 1999; Vick, 2003) and the **United Kingdom** (UK) (Case & Dalley, 1992; Edwards, 2004; Waller, 1991).

Most definitions of art therapy describe the bringing together of art and therapy to explore people's experiences, perceptions and relationships, where the creative art process and the making of visual images is the central focus. This is integrated with knowledge and understanding provided by the theories and practices of psychotherapy. Art therapy's key tenets are the combination of art-making and psychotherapy and the central place of art activity in a therapeutic relationship. There is no need to be artistically experienced or skilled to participate and gain from the process, but a capacity, no matter how minimal, to physically manipulate art materials is involved. The individual is encouraged and supported to engage in creative visual productions, to become absorbed in the process of this activity and allow the imagination to play and, where appropriate, to reflect on this to find their own meaning in the art-making.

I am aware that these statements about art therapy will inevitably reflect some of my own bias and background history of training and practice from a British psychodynamic perspective. However, having declared this I hope the reader can bear with the process of explanation.

While the individual engages in the art-making they are contained by the boundaries and frame of the therapeutic encounter and the relationship with the art therapist. The significance of the relationship, and the emotional and psychic containment it provides, is an important factor. Its form might be an individual relationship with an art therapist, but it can also be with an art therapy group. In a group, as in individual art therapy, participants are invited to make visual images, usually spontaneously, to facilitate the expression, exploration and discovery of thoughts, feelings and perceptions that may not be fully conscious or understood. This rests on the premise, as articulated by an early founder of art therapy, Margaret Naumburg (1958/1966), that the unconscious can be accessed more immediately and expressed more fully in images than in words, and that this allows the emergence of hidden and unconscious relationships. The discovery of these unconscious

¹ The therapeutic relationship is distinguished by its professional boundaries and its aim and intention towards change and wellbeing of the client.

influences can facilitate awareness and the potential to integrate that which is hidden in order to function and develop more effectively and freely. Hence the basis of the 'therapy' part of art therapy (i.e. not making art for art's sake but as a vehicle to reveal sublimated and otherwise hidden influences in behaviour).

The aesthetic experience of art-making, in terms of both **process** and **product**, is also important in art therapy. It can be understood as a physical, sensory and embodied experience. Art materials have different qualities which, when physically handled, provoke sensations and feelings. In the process of making an image a person is physically in relationship to the materials and responds to them through contact with the body. This sensual relationship also continues when experiencing or looking at a piece of artwork. These sensory experiences are seen as a significant dimension of the art therapy process.

There are a variety of definitions of art therapy. A review of professional association websites from the USA, UK and Australia show there are slightly different emphases. For example in the USA the American Art Therapy Association (AATA) website has this definition:

Art therapy is a mental health profession that uses the creative process of art making to improve and enhance the physical, mental and emotional well-being of individuals of all ages. It is based on the belief that the creative process involved in artistic self-expression helps people to resolve conflicts and problems, develop interpersonal skills, manage behaviour, reduce stress, increase self-esteem and self-awareness, and achieve insight. Art therapy integrates the fields of human development, visual art (drawing, painting, sculpture, and other art forms), and the creative process with models of counseling and psychotherapy. (American Art Therapy Association website, www.arttherapy.org retrieved 20 August 2009)

This definition emphasizes the professional position of art therapy within mental health and the integration of human development and the creative art process. It refers generally to a range of theoretical models. This may imply a broadly humanistic or an eclectic or integrative theoretical view.

The definition on the British Association of Art Therapists (BAAT) website reads as follows:

Art Therapy is a form of psychotherapy that uses art media as its primary mode of communication.

Clients who are referred to an art therapist need not have previous experience or skill in art, 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 relationship between the therapist and the client is of central importance, but art therapy differs from other psychological therapies in that it is a three way process between the client, the therapist and the image or artefact. Thus it offers the opportunity for expression and communication and can be particularly helpful to people who find it hard to

express their thoughts and feelings verbally. (British Association of Art Therapists website, www.baat.org retrieved 20 August 2009)

This definition emphasizes the use of art, the importance of the relationship and the three-way process. The British definition clearly distinguishes how it is not primarily concerned with making aesthetic or diagnostic assessment of images. It does not mention any theoretical views but perhaps implies a leaning towards a more psychodynamically informed perspective.

The definition on the Australia and New Zealand Art Therapy Association (ANZATA) website states:

Art Therapy is an interdisciplinary form of psychotherapy. Generally based on psychoanalytic or psychodynamic principles, art therapists are able to utilise varied theoretical frameworks in which they feel comfortable to work. Other modes of working include Jungian, humanistic, behavioural, systemic, and integrative approaches. (Australian & New Zealand Art Therapy Association website, www.anzata.org retrieved 20 August 2009)

This opening statement speaks about theory quite specifically and emphasizes psychodynamics although it points to a wide range of frameworks.

Authors such as Rubin (1987/2001) and Edwards (2004) have discussed the boundaries of the definition of art therapy and the misunderstandings that can arise about precisely what it is; they note how easily it is confused with art making for recreational or educational purposes and how it is partly determined by the context or practitioner involved. What is identified as defining it, is the specific focus on visual arts as distinct from other art forms such as dance, music and drama; the education and training of the art therapist at postgraduate level; attention to the whole art process and product; and the level of direction given by the therapist and the therapeutic environment (Waller, 1991; Atkinson & Wells, 2000; in Edwards, 2004).

Karkou and Sanderson in the UK (2006), draw attention to the dynamic development of definitions in art therapy. They discuss a shift from the psychoanalytic/psychodynamic language of the BAAT definition in 1989, towards an acceptance of a diversity of approaches and theoretical bases in 2004. They note this is reflective of general sociological trends towards accepting diversity, influenced by the development of post-modern perspectives (Grentz, 2006; Lyotard, 1984).

This brings to attention the different views on definition and theoretical emphases relevant to this inquiry.

1.4 Education

It may also be helpful to define and briefly discuss the term 'education'. Education is an activity to impart knowledge or skill. This is based on theories and practices of teaching and learning. Pedagogy is the art or science of teaching and is now commonly used to refer to methods of teaching.

I have come to know art therapy education from direct experience. The teaching and learning methods I consider are most relevant to this process are problem-based learning, collaborative learning, experiential learning and arts-based learning. These are all closely related and based on the educational theories of Vygotsky (1978) and Dewey (1915), amongst others. These approaches are

linked to constructivist theories of learning, and are concerned with describing how learning happens. These theories suggest that people construct knowledge from their experiences, in a 'learning by doing' approach. From this perspective, art therapy education is based on a dynamic view of the relationship between student, teacher and the task. It also views students as unique multidimensional individuals and encourages and rewards this uniqueness as part of the learning process.

Problem-based learning (PBL) is a student-centred approach where students collaborate to solve problems and reflect on their experiences. The characteristics of PBL are that students generally work in collaborative groups with teachers in the role of 'facilitators' of learning. The learning is driven by challenging, open-ended problems. It is designed to develop communication, problem-solving and self-directed learning skills. It enables working through of a combination of learning strategies to understand the nature of a problem, the viewpoints involved and the negotiation of complex processes towards resolution, decision-making and understanding. This is closely related to collaborative learning, where two or more people learn something together by interacting and sharing experiences. This is based on the inherent social nature of learning. Most often in art therapy education the position of the educator is one of facilitator and collaborator in the process. Experiential learning which was developed by Dewey is where learning is achieved through reflection on doing. Within art therapy education this also extends to arts-based learning, which as its name suggests is learning through engaging in art-making processes. Paulo Freire (1995), arguably one of the most influential educationalists of the last century developed a practice called critical pedagogy. This approach is intended to assist students to question and challenge oppressive ideologies and beliefs, and encourage collective and individual responses towards liberation. I consider this philosophical perspective is relevant with respect to the aspirations of the higher education context for critical thought, and the importance of students learning to think reflexively about art therapy praxis.

1.5 Theory and genealogy

Broadly defined, theory is a conceptual model of how something works. It is a well-substantiated explanation of some aspect of the world in an organized system of accepted knowledge that applies in varied circumstances to explain particular phenomena. It is derived from the Greek word *theoria* which originally meant 'looking at, viewing, beholding', which in philosophy came to refer to 'contemplation' (Online Etymology Dictionary, 2010).

In my experience of art therapy education, I think theory is not the beginning and the end of what is learnt, taught and practised. Even though we may identify with particular theories, I think what is most important is how these theories have been embodied, understood and taken on by students and graduates. Indeed, how the relationship to theory itself has been formed. The more I have thought about theory, the more I have come to understand it as a set of beliefs, where the most we can hope for is insight into those beliefs and understanding of ourselves. I have come to sense that what is taught is only a part of the process; what is defining, I believe, is the whole relationship between student and staff and how it is considered and, importantly, 'felt' by both sides. This pedagogical relationship echoes the supportive parental relationship or therapeutic relationship, where enabling a student to develop confidence and potential is at its heart. A student does well

when they feel listened to and understood and respected. When painful experiences can be witnessed and emotional experiences validated and empathized with. This builds the facilitating environment for learning and growth. What is offered educationally is hopefully an understanding of a practice that integrates theoretical knowledge with a capacity to question and consider this as one position in an ever-evolving context, but at its heart, I consider it is an emotional learning process.

My understanding of art therapy education as an experiential, emotional and relational process, in which theory becomes embodied, performed and critiqued within the frame of a guiding pedagogical relationship, places the stories of the educators themselves at the centre of this research project. Therefore inquiring into the experiences and influences of the educators may illuminate this rich and 'emotional' learning process and what is evolving in this Australian context. Tracing the educators of the educators may give us a *genealogical* insight into where the influences have come from and how they have evolved and emerged. Therefore part of the study is to begin to map a *genealogy* of the educators in Australia with the intention it may produce some valuable insights into who the influencers are, where they came from, what shaped them, and what is being passed onto new art therapists in the education process. It is also intended to value their contribution.

This introduction has presented an overview of the thesis and the research questions. Working definitions of art therapy, education, theory and genealogy have also been provided. The next chapter will discuss the history of art therapy in Australia, its development and current position.

Chapter 2:

Art therapy in Australia: history, development, current position

Chapter one presented an overview of the study, introduced the research questions and explored relevant definitions. This chapter provides an overview of the main areas relevant to this study. It begins with an introduction to the history of art therapy in the context of Australia, and brief histories of art therapy in USA and UK. This is followed by an introduction to the professional context of art therapy in Australia; theories and practices; and an introduction to art therapy education.

2.1 Australian context

Australia is a vast, mainly desert, island continent in the southern hemisphere. It is bigger than Europe, but with a fraction of the population; only 22.5 million (Australian Bureau of Statistics, 2010). It is one of the most ancient, driest lands on the planet and home to the oldest continuous living culture of Indigenous Aboriginal peoples who have lived there for 40,000 years. The place was colonized by the British over 200 years ago (1788) when it was established as a penal colony (Macintyre, 2003; Hughes, 1987). This process of colonization, which has also become known as an 'invasion' (Reynolds, 2001), had a devastating impact on the approximately 250 different Aboriginal peoples. A relatively unacknowledged genocide of the original inhabitants leaves a legacy of oppression and disadvantage of the Indigenous people today, in a culture of denial, avoidance, guilt and shame. In a land where there is an attitude of a 'fair go for all' there is also an inequality hidden beneath the surface (Reynolds, 2001).

Since colonization, Australia has developed into a nation with vast outback farming stations and urban cities dotted on the edges of the greener Eastern seaboard. The early economy of Australia was heavily built on farming and mining and the pioneering spirit of migrants. Survival in the face of the severe climate, of bush fires, droughts and floods consumed the energy and psyche of the settler people.

Australia comprises six States each with their own State governments, two mainland and several offshore Territories and an overarching federal government for the nation. There is a public medical system (Medicare) with limited resources and everyone is encouraged by taxation rules to take out private health insurance. Within the health care system and psychiatric systems, the medical model is dominant and the favoured approaches are cognitive behavioural and psycho-educational. Psychotherapy and the arts therapies are on the margins, and more often outside of the mainstream hospital systems. The Medicare rebate scheme is one way that patients can gain access to treatment from private practitioners. However the professions recognized by the rebate scheme are restricted to psychology, psychiatry, social work, physiotherapy and nursing. This is challenging for a small emergent profession such as art therapy which does not have the same recognition and status within the medical sector as other psychological interventions and professions.

The history of psychiatry in Australia shows that in the 1800s the care of the mentally ill was closely linked with criminality. This influenced a more custodial and disciplinarian based approach than in other parts of the world. Although Australian psychiatry and related fields have developed significantly since the 1800s, this history may have relevance to the development of psychologically based approaches to mental health care in Australia, of which art therapy is one such approach (Gilroy & Hanna, 1998; Lewis, 1988).

The tertiary education system in Australia has both government supported and private education providers. There are 37 public universities and numerous private institutes across the country. The presence of art therapy training programs in Australia is mainly at postgraduate (masters) level within the public university sector but there is also a significant presence of art therapy training programs within the private sector.

2.2 Brief history of art therapy in Australia

The 'formal knowledge' of art therapy histories in Australia is contained in a few articles in journals and chapters in books (Campanelli & Kaplan, 1996; Coulter, 2006; Damousi, 2005; Gilroy, 1998, 2004; Gilroy & Hanna, 1998; Edwards, 2004; Henzell, 1997a, 2003; Robson, 2006). Other information on these histories is held in memories, oral histories, practices and archival program documentation. However this published literature suggests art therapy began in Australia in the 1950s through the work of artists (Guy Grey-Smith) and interested psychiatrists (Eric Cunningham-Dax and Ainslie Meares). Guy Grey-Smith (1916-1981) was employed as an artist/art therapist in the Hollywood Repatriation and Charles Gairdner hospitals in Perth (Henzell, 1997a; Campanelli & Kaplan, 1996). Around the same time, Cunningham-Dax (1908-2008), a leading psychiatrist in the UK, arrived in Victoria (1953) to reorganize the psychiatric services. Cunningham-Dax had a strong interest in the art of the mentally ill and he employed artists to work in hospitals. Although Cunningham-Dax emphasized the separation of art activity and the practice of psychotherapy, his influence led to the establishment of the first art therapy positions in Australia in the 1980s (Cunningham-Dax, 1953; Damousi, 2005; Robson, 2006).

In 1958 John Henzell, an art therapist and art therapy educator, began working alongside Grey-Smith before going to the UK and becoming involved in the development of art therapy there. Around this time, Meares (1958) wrote about his work with a patient and her journey in treatment which featured the use of art. From anecdotal sources, it seems likely there were other artists or people working as art therapists in other States across Australia that have not been documented. From these beginnings in 1950s and 1960s a period followed where the momentum in the growth of art therapy was foremost in the USA and UK. Several Australians travelled to these places to undertake art therapy training, particularly during the 1980s, and returned filled with enthusiasm. Contemporaneously, in Australia the development of art therapy was largely shaped by conference events that brought expert practitioners to Australia from other countries. One such conference on 'the arts in therapy' at the University of New South Wales, Sydney in 1981 (24-26 July) brought together international specialists representing music, visual arts, movement and drama in therapy. Beth Stone, a clinical psychologist originally from the USA and an early art therapy pioneer in Australia, was convenor of the arts section. She invited Dr Harriet Wadeson, a leading figure in art

therapy in the USA from the University of Illinois, Chicago, to be a key note speaker (Wadeson, 1980/2010).

Also at this time (early 1980s) the Network for Exploring Creativity in Therapy through the Arts (NECTA) was formed by Vivienne Miller, an Australian Occupational Therapist and UK-trained Dramatherapist. These events generated opportunities for founding members of the art therapy association to connect and this created the momentum to establish the Australian National Art Therapy Association (ANATA) in 1986 with 11 members (Coulter, 2006). This initiated the formation of the profession in Australia and the subsequent development of training opportunities.

Two years after ANATA formed, the first conference was held in Brisbane on 22-24 Sept 1989 with the theme: *"Doing it metaphorically: Art Therapy in Focus"*. John Henzell was the keynote speaker. Coulter (2006) reported that 13 invited overseas art therapists representing UK, USA, Canada, India, Israel, New Zealand and Australia participated and, following this event, five universities were considering offering art therapy training [Edith Cowan University (ECU), Queensland University of Technology (QUT), University of Western Sydney (UWS), La Trobe University, University of New South Wales (UNSW)]. It was also at this conference that an art therapy educator's forum was held and the first art therapy training program was proposed to be established at ECU by David Harvey in 1989. Harvey was an academic and practitioner who had knowledge of art therapy from the UK having trained in Birmingham in the 1980s. The proposal was for a Postgraduate Diploma in Art Therapy. This later became the Master of Arts in Art Therapy in 1992, and was shortly followed by the commencement of Master of Arts (Art Therapy) at University of Western Sydney, New South Wales, in 1993.

Also in the early 1990s (Jan, 1992) another significant arts therapy conference was held at La Trobe University. This conference was convened by Dr Warren Lett, and the theme was; *"How the arts make a difference in therapy"* (Lett, 1992). Lett had begun a course called 'The Arts in Therapy' as part of the Master of Counselling at La Trobe in 1991-96. The course emphasized the use of dance and movement amongst the arts but did not focus on visual art therapy as such.

During the late 1980s and into the 1990s, other art therapy practices and training programs evolved outside of the university sector. One example of this development was the private institute Ikon, based in Perth, Western Australia, founded by Dr Rafael Locke in 1988; this began offering a full Diploma in Transpersonal Art Therapy in 1995. Another example was the Melbourne Institute of Experiential Creative Arts Therapies (MIECAT) in Melbourne, Victoria which was founded by Dr Warren Lett in 1997 when he left the program at La Trobe.

Other developments within the university sector in the mid 1990s included the Royal Melbourne Institute of Technology (RMIT) where a Master of Creative Arts Therapy began in 1996; this was led by Gerry Katz, an academic originally from Canada. In 1998, the program at La Trobe became the Master of Art Therapy.

As the art therapy training programs became established and developed during the following decade the art therapy profession also progressed, and in 2005, following discussions with the Master of Arts - Arts Therapy at Whitecliffe College in Auckland, New Zealand, ANATA expanded to include New Zealand and became the Australia and New Zealand Art Therapy Association (ANZATA). This increased the membership base and led in 2006 to the development of an art therapy journal, *The*

Australia & New Zealand Journal of Art Therapy (ANZJAT). Following this, in 2007 a new category of membership was created within ANZATA to include other arts therapists such as Dramatherapists and Dance Movement Therapists. More recently, in 2009 the Master of Art Therapy program at La Salle College in Singapore gained recognition for its graduates with ANZATA, expanding the professional association across the Asian region.

The profession in Australia is not as developed as in other parts of the world such as USA, UK and parts of Europe where government recognition is established. In these places the establishment and work of the professional associations of art therapy have been crucial in the process of recognition. ANZATA has been similarly vital to the formation of the profession in Australia, the development of work opportunities and the possibility of increased government recognition. While ANZATA is the main professional association for art therapy in Australia, there are other relevant associations to note, including:

PACFA- Psychotherapy and Counselling Federation of Australia	http://www.pacfa.org.au
ACATA – Australian Creative Arts Therapies Association	http://www.acata.org.au
MIECAT – Melbourne Institute for Experiential Creative Arts Therapies	http://www.miecat.org.au
ACA – Australian Counselling Association	http://www.theaca.net.au
SNTR- Society of Natural Therapists & Researchers	http://www.sntr.com.au
IICT- International Institute for Complementary Therapists	http://www.iict.com.au

Because of the lack of government recognition, there are substantial challenges for art therapy in Australia to promote its use in a range of services. There are very few positions advertised for art therapists in Australia and finding employment where the practice is recognized as a primary intervention is challenging. The majority of art therapists in employment are so through their own entrepreneurial efforts, or by creating positions from placement experiences as part of their training. Most are employed in the health and social/community sectors. When employment is found, it is often difficult to focus solely on art therapy as more generalist tasks are prioritized. It is prone to being regarded as an optional extra rather than a primary intervention. Thus, the education of colleagues and the community about art therapy is an ongoing necessity in order to distinguish the difference between art therapy and other professions and further its potential to be regarded as a primary intervention. The marginalization of art therapy is further compounded by the Australian mental health context, which is dominated by behavioural approaches within the medical model. Combined with a smaller population, vast distances and fewer resources, these factors shape a relatively harsh environment for art therapy to be professionally recognized in a manner such as in the UK and USA.

Nevertheless, some advances have been made professionally through work between ANZATA and the Health Services Union to create pay awards in the health departments of the States of Western Australia and New South Wales (Eisdell, Shiell & Westwood, 2007). These are small but significant gains in developing a profile for the profession. They begin to open up the possibility of art therapy qualifications being recognized as relevant for positions within the health sector. ANZATA is

currently working towards an application for State registration to elevate the profession to a level on a par with other related professions such as psychology and occupational therapy.

The summary of key events below (Table 1) charts the establishment of art therapy in Australia by decade 1950-2009, and highlights the links between the training programs and the development of the profession in the Australian context.

Table 1: Summary of key events in the establishment of art therapy in Australia

Decade: 1950-1959	
1950	Guy Grey-Smith – introduced art therapy in hospitals in Perth, WA.
1953	Cunningham-Dax reorganized services in Victoria – artists in hospitals.
1957	John Henzell worked with Guy Grey-Smith in Perth.
1958	Ainslie Meares published <i>“The door to serenity”</i> .
Decade: 1960-1969 – No recorded events or developments	
Decade: 1970-1979 – No recorded events or developments	
Decade: 1980-1989	
1981	Conference: <i>“The arts in therapy”</i> University of New South Wales, Sydney (24-26 July).
1987	ANATA formed.
1988	IKON (WA) began offering programs.
1989	ECU (WA) Postgraduate diploma in art therapy – David Harvey.
1989	ANATA 1 st conference Brisbane 22-24 Sept <i>“Doing it Metaphorically: Art Therapy in Focus”</i> .
Decade: 1990-1999	
1991	La Trobe (VIC) Master of Counselling – The arts in therapy (dance / music emphasis).
1992	La Trobe (VIC) conference <i>“How the arts make a difference in therapy”</i> .
1992	ECU (WA) commenced Master of Art Therapy.
1993	UWS (NSW) commenced Master of Art Therapy.
1996	RMIT (VIC) commenced Master of Creative Arts Therapy.
1997	MIECAT (VIC) commenced Master of Experiential Creative Arts Therapies.
1998	La Trobe (VIC) commenced Master of Art Therapy.
1999	UWS (NSW) commenced Graduate Diploma in Expressive Therapies.
Decade: 2000-2009	
2000	Whitecliffe College of Art & Design, New Zealand commenced Master of Arts in Arts Therapy.
2005	ANATA became ANZATA- inclusion of New Zealand.
2006	UQ (QLD) commenced Master of Mental Health – Art Therapy.
2006	Pay structure established in WA for art therapists in the public health sector.
2006	ANZJAT first published.
2007	ECU (WA) & RMIT (VIC) program closures.
2008	Pay structure established in NSW for art therapists in the public health sector.
2009	La Salle College of the Arts, Singapore, Master of Art Therapy joined ANZATA.

2.3 Brief history of art therapy in USA

Art therapy is most established in the USA and UK, where it had its impetus in the 1940s. A review of the history of its beginnings in these places provides background to this study, inasmuch as it shows the evolution of the profession and its relevance to the Australian context.

The founders of art therapy in the USA are considered to be Margaret Naumburg, Edith Kramer and Myra Levick (Junge & Asawa, 1994). Naumburg published the first book on art therapy in 1947, which paved the way for the development of the discipline. She presented a psychodynamically oriented art therapy approach to working with people. This approach, based in the principles of psychoanalysis (Freud, 1900/1986, 1971) emphasized the transference relationship and image-making as a way to access the unconscious. Kramer presented a slightly different approach which emphasized art as a healing agent and a form of sublimation (Kramer, 1958, 1971/1993). These two founding figures have left a lasting debate in the field between the tension, emphasis and interplay between the *art* and *therapy* constructs of art therapy.

During the 1960s the emerging art therapists in the USA connected through the professional organization, the International Society for the Psychopathology of Expression. However, this society was dominated by psychiatrists who were mostly interested in the relationship of art to pathology and diagnosis. The art therapists were more interested in viewing art as treatment (Junge, 1994) and from 1966 they created the impetus to form the American Art Therapy Association (AATA), which began in 1969. The first training program in the USA is recorded as commencing in 1967 at the Hahnemann Hospital and Medical College, Philadelphia. This was followed in 1973 at the University of Louisville, where Sandra Kagin established the Institute for Expressive Therapies. This program included an integration of all the arts. By 1985, 14 approved programs in art therapy were reported with many more universities and colleges offering courses and studies (Junge & Asawa, 1994). In 2010, AATA had about 5,000 members and 33 approved courses at postgraduate level are listed on the AATA website (2010).

The Art Therapy Certification Board (ATCB), linked with, but separate to AATA, operates as a registration body to provide recognition and legitimacy for the profession. This aims to provide a way to bring organized standards across the whole nation which is made up of 52 States all with different licensing requirements. Another key contextual factor in the shape of art therapy in the USA is the health system, which is dominated by private health insurance and limited public health resources.

2.4 Brief history of art therapy in UK

The history of art therapy in the UK almost runs concurrently with the USA. One of the distinctions about the context in the UK was the founding of the National Health Service (NHS) in 1946 which created an overarching health organization for the country; this, coupled with the development of innovative therapeutic approaches, created conducive conditions for the potential growth of a new discipline. The first art therapists in the UK were therapists, artists and teachers who worked in hospital settings. The key figures attributed with laying the foundations of the profession were: Adrian Hill (1948); Edward Adamson (1990); E. M. Lydiatt (1971); Jan Glass (1963); Arthur Segal

(1942); and Rita Simon (1992, 1997). These are discussed in Edwards (2004), Waller (1991) and Hogan (2001). Waller (1991) described how the emergence of art therapy was influenced by the child-centred approach to art education derived from Franz Cizek in Vienna in the early 1900s. This approach valued children as creative individuals and encouraged them to develop their own visual form rather than being taught strict technical methods. It was thought this would promote intellectual and emotional development.

The other significant founding element was the establishment of a Jungian based therapeutic community using the arts as therapy, called the Withymead Centre, in 1942. Irene and Gilbert Champernowne were the founders and Irene campaigned for the development of art therapy until her death in 1976. Withymead became one of the first informal trainings in art therapy where several founder members of the British Association of Art Therapists (BAAT) worked and visited. This included the psychiatrist R. D. Laing, who was part of the anti-psychiatry movement which challenged the dehumanising practices in the treatment of mental illness. The 1960s was a time of radical change and the emergence of the BAAT was part of the wave of left-wing, social action which challenged the mainstream.

The British Association of Art Therapists (BAAT) was formed in 1964 and the first AGM was held in 1966 and comprised 36 members. The aim of the association was to establish art therapy as a profession within the NHS with training in the public sector (Waller, 1991). The first training program appeared at Birmingham School of Art in 1969, led by Michael Edwards who had spent many years at Withymead. The training was an option on the postgraduate course for art education.

The next place for training to develop was at St Albans School of Art (now Hertfordshire University) in 1970, where a certificate in Remedial Art was offered. This later developed into the Diploma in Art Therapy in 1975. Following this, the program at Goldsmiths College, University of London commenced in 1974, spearheaded by Diane Waller. This was part of an Art Teachers Certificate course which became a Postgraduate Diploma of Art Therapy in 1978. After much diligent campaigning by BAAT, and with their trade union, Association of Scientific, Technical and Managerial Staff (ASTMS), in 1982 a Department of Health and Social Security memorandum issued a definition which supported the recognition of the profession and set in place salaries and conditions of employment. Another campaign followed which led to the State registration of art therapists in 1997 with the Council for Professions Supplementary to Medicine (CPSM). This was a defining event. The Health Professions Council (HPC) became responsible for the registration process in 2000 and at 2010 the numbers registered as Arts Therapists are listed as 2,838 (www.hpc.org.uk retrieved 20 August, 2010), with membership of BAAT approximately 1,705 (www.baat.org retrieved 20 August 2010). There are now eight masters level programs in art therapy/psychotherapy the UK which qualify graduates to become registered by HPC. These are: Hertfordshire University; Goldsmiths College – University of London; Northern Program – Sheffield Health and Social Care Trust and Leeds Metropolitan University; Roehampton University; Queen Margaret University – Edinburgh; Centre for Psychotherapy, Belfast Health and Social Care Trust and University of East London, in Northern Ireland; and the University of Derby. There is also the Institute for Arts in Therapy and Education (IATE) in partnership with London Metropolitan University which offers a Master of Integrated Arts Psychotherapy which is also recognized by HPC. This is distinctive in that it offers a training which integrates the various arts forms.

Commentary on the development of art therapy in Europe has not been included here as it is not as directly relevant to Australia and is generally less organized and more diverse. However, art therapy in Europe will be discussed later in chapter 4 in the review of literature.

2.5 Overview and comparison of professional association membership in Australia, USA and UK

The brief histories above underscore the importance of the role of the professional associations in the development of art therapy as a discipline and profession. The campaign for greater government recognition in Australia has been moving towards State registration over a number of years, but this has not yet been achieved and seems to be some way off. However there is professional membership with the association ANZATA. The table below (Table 2) compares the number of association memberships, dates of association formation, and numbers of qualifying programs in these key places.

Table 2: Summary of association membership and qualifying programs at 2010

Country / Association	Year of formation of Association/ first AGM	Number of Association Members	Year of First Training Program	Number of Qualifying Programs	Other information
Australia ANZATA	1987/1987	160	1989/1992	3	This includes New Zealand (16 members) Country population : 22.5 million
UK BAAT	1964/1966	1705	1969	8	2,838 registered with HPC (all arts therapies) (1 program at u/g level) Country population : 64 million
USA AATA	1966/1969	5000	1967	33	Plus many more programs at graduate + u/g level. Country population : 250 million

www.anzata.org ; www.hpc.org.uk ; www.baat.org ; www.arttherapy.org ; retrieved 20 August 2010

Table 2, shows that ANZATA has a relatively small membership of approximately 160 members and began two decades later than the USA and UK. At this point in Australia there are no undergraduate degree programs in art therapy. However, it is noted that there is a strong presence of undergraduate programs in the USA and one in the UK. In both these places the undergraduate degree is not sufficient to be a recognized practitioner. Comparing the numbers of programs to the national population shows a similar presence in Australia to the USA and UK.

The following section will consider the range of theories and practices in art therapy.

2.6 Overview of the range of theories and practices in art therapy

Art therapy has its roots in, and is informed by, a range of other established disciplines such as art, psychoanalysis, psychotherapy and child art education (Waller, 1991). It has also developed a theoretical base in psychotherapeutic principles. The theories of Freud (1900/1986, 1971), Klein (1986), Winnicott (1971), Milner (1971) and Jung (1968) have been highly influential to the theory and practice of art therapy (Case & Dalley, 1992; Malchiodi, 2003; Rubin, 1987/2001; Waller, 1991).

However, there are a wide range of theories and practices in art therapy. Edwards (2004) discusses the plural nature and diversity that is evident in the field through the varied titles used by art therapists, for example, in the UK: analytic art psychotherapist (Schaverien, 1994); group analytic art therapist (McNeilly, 1984); and person-centred art therapist (Silverstone, 1997). In the USA, titles include cognitive, gestalt, medical, phenomenological and studio approaches (Junge & Asawa, 1994; Rubin, 2001). These differences are generated in response to the **context** of the work, the **client group**, and the art therapist's preferred **theoretical orientation**.

Edwards (2005) also referenced Watkins (1981) who presented 'six approaches to the image in art therapy'. Watkins (1981) observed that those who depend on images for their therapeutic practice will not find a unified approach but rather a variety of radically different views.

A review of the art therapy literature reveals different ways the main theoretical perspectives have been identified and grouped in different contexts. In the USA writers such as Vick (2003), Malchiodi (2003) and Rubin (1987/2001) have produced historical and theoretical overviews grouping the theoretical orientations used by art therapists under the following headings:

- Psychodynamic
- Humanistic
- Learning and Developmental – including Behavioural and Cognitive
- Family and Other

Karkou and Sanderson (2006) produced a research-based map of the field of arts therapies in the UK, and organized the major therapeutic trends (as distinct from theoretical trends) into the following categories:

- Psychoanalytic/psychodynamic
- Humanistic
- Developmental
- Eclectic/Integrative – combination of frameworks linked with post-modern views
- Artistic/creative – artistic emphasis also linked to psychotherapeutic frameworks
- Active/directive – linked to psycho-educational, behavioural frameworks

The first four categories loosely compare with each other in both countries, taking into account that integrative and post-modern approaches have been strongly associated with family therapy. The further two categories (artistic/creative, active/directive) refer more to ways of working than firmly defined theoretical approaches; however, they bring into play the essential practices of art therapy as an artistic, and active process. These categories bring to light the practices with art therapy that are not confined to theoretical views. I am referring to the 'art as therapy' perspective (Kramer, 1971; Adamson, 1990; Ulman, 1987/2001) and the use of art-based assessments (Silver, 2002; Gantt

& Tabone, 2003), or structured brief interventions (Malchiodi, 2003; Wilson, 2003) most often used in medical or psycho-educational contexts.

Art as therapy was first discussed by Kramer (1971) and refers to the emphasis on the inherent healing quality of art as a creative process. This influence can be seen in approaches such as studio art therapy (Adamson, 1990; Hyland-Moon, 2002; Wood, 2000) or multi-modal integrative approaches (McNiff, 1981, 1992). While the emphasis of these approaches is on the artistic and creative aspects they can be conceptualized from various theoretical orientations, although usually they are linked to psychotherapeutic frameworks. The presence of *art-based assessments* or *directive approaches* has developed mainly in the USA and has grown from a medical environment and from contexts concerned with child development. These are most often linked to psycho-educational, behavioural or medical frameworks but not exclusively.

From a review of the literature these main four categories can be recognized as follows:

1. Psychoanalytic/psychodynamic

This practice draws on psychoanalytic theory and can be distinguished by the emphasis on the dynamic therapeutic relationship and the use of concepts such as the unconscious, transference, counter-transference and the frame of the therapeutic encounter (Case, 2000; Kramer, 1958, 1971/1993; Killick, 2000; Levick, 1983; Naumburg, 1947, 1950/1973, 1958/1966; Rubin, 1987/2001; Schaverien, 1987, 1992, 1994; Weir, 1987; Wilson, 1987/2001).

2. Humanistic

This practice draws on humanistic theories, such as client-centred (Rogers, 1965); gestalt (Perls, Hefferline & Goodman, 1969), transactional analysis (Berne, 1961); existential therapy (May, 1961); and interpersonal individual/group therapies (Laing, 1959; Sullivan, 1955; Yalom, 1975). This practice is distinguished by the development and potential of the whole person towards growth, with goals such as self-realization and self-responsibility. Self-expression and creativity are emphasized and the 'here and now' approach encourages the development of personal meaning. The therapeutic relationship, often termed the 'real relationship', is conceptualized as two equal partners on a therapeutic journey. This humanistic orientation can be seen in the following art therapy literature: humanistic (Garai 1987); gestalt (Rhyne, 1987, 1995); phenomenological (Betensky, 1987, 1995); person-centred (Silverstone, 1997); and existential (Moon, 1995/2003) amongst others.

3. Developmental (Learning, Cognitive, Behavioural)

This practice draws on developmental perspectives from the sources of psychotherapy theory that focus on emotional processes and from developmental psychology and educational theories that focus on cognitive and behavioural processes. This approach is strongly shaped by working with children. The active/directive trend can be closely linked with psycho-educational, behavioural and brief therapy models. Indeed all the arts therapies predominantly involve an active engagement. These approaches can be seen in the following art therapy literature: developmental (Aach-Feldman & Kunkle-Miller, 1987; Dubowski, 1990; Malchiodi, 1993, 2003; Roth, 1987; Williams & Wood, 1977); cognitive-behavioural (Loth Rozum & Malchiodi, 2003; Rosal, 2001) brief theme-centred directive (Liebmann, 1986). Furthermore the practice of art tasks and directives usually in a medical framework to make assessment and diagnosis could also be linked to this category (Cohen, 1983;

Cohen, Hammer, Singer, 1988; Gantt, 2001; Gantt & Tabone, 1998, 2003; Kellog, 1978; Silver 1990/1996, 2001, 2002).

4. Eclectic/integrative, Family and Other

This category covers a range of practices. The eclectic/integrative component is distinguished by bringing together ideas, methods and theories from different schools of thought within one approach. This is discussed by Karkou and Sanderson (ibid) as “*a dialogue among the main trends*” (2006, p.98). This eclectic view is evident in the work of Mottram (2000, 2001) and Wadeson (1987/2001). Also, the multi-modal expressive therapies perspective can be seen as part of this category through the work of Knill, Levine and Levine (2005); Malchiodi (2003); McNiff (1981) and Robbins (1994).

Furthermore, there is the use of theories from a wide range of other sources covering approaches such as, family/systems, transpersonal psychology, narrative therapy and neuroscience. This can be seen in the work of family systems (Hoshino & Kerr, 2008; Kwiatkowska, 1978; Landgarten, 1987; Malchiodi & Riley, 1994; Riley, 1994; Sobol, 1982); psycho-cybernetic (Nucho, 2003); narrative and solution focused approaches (Riley & Malchiodi, 2003); post-modern perspectives (Alter-Muri, 1998; Byrne, 1995; Linnell, 2006); transpersonal perspectives (Franklin, Farrelly-Hanson, Marek, Swan-Foster, Wallingford, 2000); and neuroscience (Hass-Cohen & Carr, 2008) amongst others.

This look at the theoretical landscape of art therapy makes it evident that there is a strong and complex link between theories, practices and contexts. It is also relevant to note that while art therapists have used various theories from psychotherapy, psychology and other sources they have also developed and added to those theories, for example, the development of the expressive therapies continuum by Kagin and Lusebrink (1978). This model is developed from the work of Piaget (1951) and Bruner (1964) and is based on four levels of experience: kinaesthetic/sensory (action), perceptual/affective (form), cognitive/symbolic (schema) and creative. It enables a way of understanding the active creative process and its links to doing, feeling and thinking. There is also the work of Knill, Levine and Levine (2005) who have theorised a framework for expressive arts therapy. This is built around an intermodal approach, crystallization theory, polyaesthetics and the concept of poiesis (shaping). Then, there is the work of Schaverien (1987, 1992, 1994, 2000) who has developed theory relevant to art therapy from a psychoanalytic perspective, conceptualizing the triangular relationship, and notions of diagrammatic and embodied images and the scapegoat transference. Also, Simon (1992, 1997) has developed an art-based theory of the symbolism of styles. These are to name but a few of the individual and collective enterprises that are forging thinking and theory in the field.

Moving on from this brief overview, the UK based research by Karkou and Sanderson (2006) shows how British art therapists most commonly favour psychoanalytic/psychodynamic theories in their approach, with an eclectic/integrative perspective being the second most favoured view. They also noted a difference between the UK and the USA, commenting that in the USA there was a greater presence of a humanistic orientation including gestalt, transpersonal, client-centred and existential frameworks (Karkou & Sanderson, 2006, p. 188). The reasons offered for this difference in the UK were connected to the history, social context, and the belief (in UK art therapists) that art on its own offers a limited way of theoretically justifying art therapy (ibid., p. 161).

From a USA perspective, Vick (2003) referenced a survey of the theoretical orientation of American art therapists by Elkins and Stoval (2000); this showed 21% as identifying with an eclectic orientation. However combining the categories of all the psychoanalytic and psychodynamic theories meant 27.6% were shown to use psychodynamic concepts and theory to guide their practice (Elkins & Stovall, 2000; in Vick, 2003). This indicates a general predominance of a psychodynamic orientation in art therapy across these countries and a strong presence of an eclectic orientation. However a greater diversity of theoretical orientations and practices is evident in the USA than in the UK.

The movement towards the eclectic/integrative trend, which comprises a combination of the other trends, was thought to link with the movement towards post-modern thinking, diversity and flexibility (Karkou & Sanderson, 2006).

Karkou and Sanderson also discovered that the emphasis of one trend over another varied according to several factors, such as the client group, the context, and, the practitioner's age and background. They identified that psychoanalytic/psychodynamic approaches are most commonly used in contexts treating clients with mental health issues. Developmental, active/directive and artistic/creative approaches were most prevalent in contexts working with clients with learning disabilities, and, with clients with no apparent difficulties, humanistic and artistic/creative approaches were most commonly used.

They also discovered older arts therapists (41 years and above) tended to draw on a range of different models with a predominance of a psychodynamic view, while younger arts therapists (below 40 years) showed a preference for a more integrative, eclectic orientation. Furthermore, they discussed the impact of the position of art in the practitioner's backgrounds (Gilroy, 1989 in Karkou & Sanderson, p. 88). They consider how far the degree to which the practitioner relates to art impacts the emphasis on the creative element in their approach but does not necessarily restrict it.

The interplay and interconnectedness of theories and practices are evident in the literature and more recently Hogan (2009), has provided an overview of British art therapy practice in the form of a continuum of 'styles'. This is guided to some extent by theories and the range of practices currently used in the UK. Hogan presented a continuum as a fluid model or process, where practitioners are not conceptualized as locked into a particular way of working. The model is envisaged as a horseshoe or rainbow shape with six points that are summarized as follows:

- A - Art as an adjunct to verbal psychotherapy. A gestalt style where art is a cue for verbal psychotherapy (Birtchnell, 1998)
- B - Analytic art therapy. The emphasis is on working with transference relationships (Psychoanalytic, Jungian perspectives, such as Schaverien, 2000)
- C - Group interactive. (Group analytic perspective, such as Skaife & Huet, 1998; Waller, 1993; Yalom, 1983)
- D - Support of the individual in the group. (Person-centred perspective, such as Adamson, 1990)
- E - Art therapy which emphasizes the production of art and verbal analysis
- F - Art therapy which privileges the art with minimal verbal analysis
(E and F are seen as a closely related and distinguished by the amount of use of the verbal).

Hogan notes how she herself moves between various approaches depending on the client group, the context and personal preferences. Her aim is towards inclusion. However she noted the areas of tension and conflict between different approaches: for example, directive and non-directive approaches, the use of transference and those which do not recognize this perspective. Hogan's paper is one of a few that have emerged recently grappling with the diversity of theory and practice and which seem to be moving towards an inclusive, integrative direction (Huss, 2009). Hogan's model is organized more by differences of practice than theory. The interplay and interconnectedness of theory, practice and context seems to be evident in these discussions. Therefore it is difficult to separate and distinguish these aspects and provide a clear unequivocal map of theories.

To summarize, the major theoretical orientations relevant to art therapy are: psychoanalytic/psychodynamic, humanistic, developmental (including learning, cognitive, behavioural), eclectic/integrative/other. The major trends in practice are artistic/creative and directive/nondirective, as identified by Karkou and Sanderson (2006). This is the most comprehensive, recent and relevant view that has identified the philosophical approaches and practice in the arts therapies. However it is noted this is from a UK perspective.

2.7 Introduction to art therapy education

Art therapy education has been pivotal in the development of art therapy as a profession. The programs that enable practice as an art therapist share common elements and content. Most art therapy programs that qualify graduates to practice are at masters level and are two years full-time duration or equivalent part-time. They are built around three components: academic content, experiential learning and supervised clinical placements. The following course content is generally required:

- History and theory of art therapy;
- Techniques and application of art therapy practice in different settings and with different client groups;
- Group work;
- Issues of professional practice including assessment, treatment planning and ethics;
- Cultural difference and social diversity;
- Psychological theories (psychopathology, human growth);
- Research skills;
- Studio art;
- Personal therapy; and
- Clinical placement (also known as practicum or internship)
USA – minimum 600 hours, usually 900 hours to meet licensure requirement,
UK – 120 days², Australia – 750 hours.

Entry into a program usually requires a first degree in the arts or other related area, relevant background work experience, understanding of the visual arts and personal suitability.

² HPC guidelines do not specify the duration of placements but state "must be appropriate to support achievement of the learning outcomes". 120 days is an example from the program at Goldsmiths College.

The use of experiential and problem-based learning is usually central to the training experience. This is through the use of small, interactive groups where students engage in learning about group processes, and self-exploration through art-making. Also in the supervised clinical placement experience where students go on a placement site and work directly with clients individually and in groups, to link theory and practice together. This is additionally guided by small group supervision off site where practice is examined, reflected upon and developed.

The training is a highly relational process and students are usually involved in their own personal therapy at the same time. The training, once completed is only the beginning of an ongoing process of professional development.

2.8 Summary of chapter 2: Art Therapy in Australia

This chapter has set the scene for this research and briefly outlined the context of Australia, how art therapy is positioned and its relationship to art therapy education. I have shown how art therapy first began in the USA and UK in the 1940s and emerged in Australia in the 1950s. Art therapy education followed in the late 1960s in the USA and UK but in Australia the first training did not begin until 20 years later.

It is interesting to note that since these beginnings, art therapy has become most established in the USA and UK where the profession is recognized and regulated by the Health Professions Council in the UK and by licensure requirements in various State governments in the USA. In both of these countries professional associations are established with membership in the 1,000s. In these places art therapy has developed based on a variety of theoretical perspectives and practices which can be broadly organized into four major orientations: psychoanalytic/psychodynamic; humanistic; developmental (including learning, cognitive, behavioural); eclectic/integrative/other; and the major trends in practice are artistic/creative and directive/nondirective. The differences are generated in response to the **context** of the work, the **client group**, and the art therapist's preferred **theoretical orientation**. It is evident that this is also influenced by other factors such as the age of the practitioner, their background experiences and their relationship to art practice. It can also be seen that there is a movement towards an integrative and eclectic orientation although the majority of art therapists in both the USA and UK identify with a broad psychodynamic orientation (Elkins & Stovall, 2000 in Vick, 2003; Karkou & Sanderson, 2006).

In Australia, art therapy is still campaigning for recognition at government level. The education and training of art therapists alongside the work of the professional association is crucial in its development. The number of art therapists in Australia is relatively small (approx 200) although there has been a continual and gradual growth of the profession. There has been a movement towards inclusion of other countries in the wider region (New Zealand and Singapore) and a range of arts modalities within the professional association. The following chapter will present in more detail what is known about art therapy education in Australia.

Chapter 3: Art therapy education in Australia

This chapter describes what is known about art therapy education in Australia and reviews the relevant literature on this topic (Campanelli & Kaplan, 1996; Coulter, 2006; Gilroy, 1998, 1999, 2004; Gilroy & Hanna, 1998; Henzell, 1997a, 2003). This literature provides insight into the Australian field and discusses the development in comparison to other parts of the world. In doing so the topics covered in this chapter necessarily extend to consideration of the intercultural issues and other literature related to this theme (Byrne, 1987; Edwards, 2007a; Gilroy & Skaife, 1997; Hagood, 1994; Spring, 1994; Woddis, 1986). This chapter also represents the first stage of the research in that it begins to chart the field in Australia and discovers information that responds to the research questions.

3.1 Art therapy training programs in Australia

As previously mentioned, the first programs in art therapy in Australia developed in the late 1980s through the influence of the founder members of ANATA (now ANZATA) and other artists, educators and professionals interested in the area (Coulter, 2006). The first university-based program began at Edith Cowan University (ECU) in Perth, Western Australia in 1989 when a Postgraduate Diploma in Art Therapy was offered. This became a precursor to the Master of Art Therapy in 1992 in the same university. Shortly after in the State of New South Wales, the University of Western Sydney (UWS) began a Master of Art Therapy program, in 1993. By the mid 1990s the field comprised four universities offering masters programs in arts therapy (ECU, UWS, La Trobe, RMIT). Since then the field has seen some programs close (ECU, RMIT), and others open (University of Queensland).

Currently there are three Master of Art Therapy programs in the public university sector in Australia:

- University of Western Sydney (UWS), New South Wales.
- La Trobe University, Melbourne, Victoria.
- University of Queensland (UQ), Brisbane, Queensland.

Each program has a particular and unique history, taught predominantly by art therapy educators who were recruited from overseas and influenced by the theory and practice of the educators' home countries. This process of educator migration and adaptation is significant in the research. There are also a number of non-university programs such as the Melbourne Institute of Experiential Creative Arts Therapies (MIECAT), which offers masters and doctoral levels qualifications, and Ikon, which offers a Diploma in Transpersonal Art Therapy. MIECAT evolved from personnel of the La Trobe program in 1997. Ikon, which began in the 1980s, has grown from its beginning in Perth, to develop satellite programs in Adelaide, Melbourne, Brisbane and Sydney.

Table 3, provides an overview of the programs including location, commencement and current status in 2010.

Table 3: Australia art therapy programs overview 2010

Institution	Qualification	Commenced	Closed/Continuing
Edith Cowan University , Perth, Western Australia	Master of Art Therapy Postgraduate Diploma in Art Therapy (1989-1991 precursor)	1992	Closed 2007
University of Western Sydney , New South Wales	Master of Art Therapy MA(Hons) PhD	1993	Continuing
Royal Melbourne Institute of Technology , Victoria	Master of Creative Arts Therapy	1996	Closed 2007
La Trobe University , Melbourne, Victoria (MIECAT beginnings)	Master of Art Therapy Master of Counselling The Arts in Therapy	1998 1991	Continuing Closed 1996
University of Queensland , Brisbane, Queensland	Master of Art Therapy (Master of Mental Health)	2006	Continuing
MIECAT (Melbourne Institute of Experiential Creative Arts Therapies), Victoria Melbourne and Brisbane	Master of Arts by Supervision (Experiential Creative Arts Therapies) Doctoral qualification	1997 Accredited 1999	Continuing
IKON : Locations in Perth, Western Australia, Adelaide, South Australia, Melbourne, Victoria, Sydney, New South Wales, Brisbane, Queensland	Diploma in Transpersonal Art Therapy	1988	Continuing

The programs share common elements and all are structured around academic, experiential and clinical components. The aim of all the programs is to educate and equip students to work with people using art processes to facilitate beneficial 'therapeutic' outcomes for participants.

All the programs train people to be practitioners in the professional field. Recognition of the qualifications by accrediting bodies is therefore very important. There are several professional

associations that recognize programs and various alliances can be identified through the membership as follows:

- **ANZATA** (Australia & New Zealand Art Therapy Association) attracts students and graduates from the University Masters of Art Therapy programs (ECU, UWS, La Trobe, UQ) and also other programs outside of Australia in New Zealand and Singapore. Students and graduates of RMIT, Ikon and MIECAT programs are not usually members of this association because these programs do not meet ANZATA's requirements for professional membership or do not fulfil their profession needs.
- **PACFA** (Psychotherapy and Counselling Federation of Australia) is a federation of associations involved in psychotherapy and counselling. To be a member on the national register individuals must already belong to a member association. Students and graduates of the MIECAT program have an association of the same title which is a member of PACFA, and thus they find recognition through this federation of associations. ANZATA has been a member, but in recent years has withdrawn not only because the standards of entry were of a lower level than those of ANZATA but also for financial reasons.
- **ACATA** (Australian Creative Arts Therapies Association) was incorporated in the year 2000 through the impetus of the students and graduates of the RMIT program which has a multi-modal arts perspective. Graduates of RMIT are dominantly reflected in their membership.
- **ACA** (Australian Counselling Association), the Society for Natural Therapists and Researchers (**SNTR**) and the International Institute for Complementary Therapists (**IICT**) are associations which attract Ikon students and graduates.

While there are commonalities between the programs, there are also differences such as the location within the university or private sector, level of qualification (diploma / masters), single art or multi-modal (art/arts), theoretical focus (eclectic, humanistic, psychodynamic, phenomenological, transpersonal) and duration.

3.2 Theoretical influences

To begin to understand the theoretical influences within art therapy education as a first step I gathered the advertising literature of the programs in Australia. I also contacted the program coordinators with a request for information of the literature, core reading or bibliographies used in the programs (See appendix 1: Letter to program coordinators, July, 2006). This was in order to begin to find out what theories and perspectives could be found. From the responses received it was possible to assemble a preliminary view of the theoretical influences (see table 4). The information was summarized from the literature and recommended reading lists and other publicly available promotional literature and sources that described the programs (Henzell, Menahemi, O'Brien & Westwood, 2005).

Table 4 summarizes the theoretical emphasis found within the program advertising and bibliographies for the period 2004-2006.

Table 4: Review of bibliographies of the art therapy programs in Australia

Institution / Faculty location / Qualification	Theoretical trend / emphasis
Edith Cowan University Faculty of Arts Master of Art Therapy	Range of theory with psychodynamic/object relations orientation. Emphasis on UK references.
University of Western Sydney Faculty of Arts/Social Sciences Master of Art Therapy	Range of theory with psychodynamic/object relations orientation.
Royal Melbourne Institute of Technology Faculty of Health Sciences Master of Creative Arts Therapy	Multi-modal arts approach. Range of arts therapies references.
La Trobe University Faculty of Health Sciences, Counselling Master of Art Therapy	Range of theory with psychodynamic, humanistic orientation and features of art assessment approaches that have their origins in the literature and practices in the USA.
University of Queensland Faculty of Medicine – Mental Health Masters of Mental Health (Art Therapy)	Range of psychotherapy theories with elements derived from psychiatry.
MIECAT Private institute Master of Arts (by supervision) Experiential Creative Arts Therapies	Phenomenological Inquiry model.
IKON Private institute Diploma of Transpersonal Art Therapy	Transpersonal approach with references to a Jungian perspective. Emphasis on USA references.

Alongside this review of bibliographies and theoretical views I also began to pay attention to the role and backgrounds of the educators. This was guided by my own experience and observation of the prevalence of migration amongst educators. From various sources and personal knowledge I gathered information about their background in order to build up the picture of the art therapy education field. I assembled this information into table 5 which begins to chart a *genealogy* of educators within the programs in Australia for the first time. It shows what many in the profession might observe as the key people involved in its development. This genealogy is developed more formally later in the research process.

Table 5: Beginnings of a genealogy of art therapy education in Australia

Program	Educator	Year	Home Country	Training Program
ECU	David Harvey	1987-1997	UK, Australia (long-term migrant)	B'ham, Goldsmiths, UK
	Dr Michael Campanelli	1994-1999	USA	Pratt University, USA
	Dr Frances Kaplan	1994-1995	USA	Pratt University, USA
	John Henzell	2001-2007	Australia, UK (long-term migrant)	B'ham, Sheffield, UK
UWS	Annette Coulter	1993	Australia	Sheffield, UK
	Margarete Hanna	1994-1995	Canada	Concordia, Canada
	Dr Andy Gilroy	1994	UK	B'ham, Goldsmiths, UK
	Julie Cowie	1994 (6 months)	Australia, USA (long-term migrant)	Vermont, USA
	Jill Westwood	1995-2007	UK	Goldsmiths, UK
	Dr Sheridan Linnell	2008-	Australia	UWS, Australia
RMIT	Gerry Katz	1996-2007	Canada/USA	Not known
La Trobe	Dr Warren Lett	1991- 1996	Australia	Not known
	Dr Nancy Slater	1998-2000	USA	Not known
	Hannah Menahemi	2000-	Australia	Lesley College, USA and Israel
UQ	Claire Edwards	2006-	UK	Goldsmiths, UK
MIECAT	Dr Warren Lett	1997-	Australia	Not known
IKON	Dr Rafael Locke	1988-	Australia	USA

Table 5 shows a high proportion of educators with backgrounds in either the USA or UK. It also shows some Australian educators were trained in either the UK or USA or were long-term migrants in these countries before returning to Australia. It also shows gaps in knowledge that may be filled in the development of the investigation.

3.3 Literature on art therapy education in Australia

A comprehensive account of the history and development of art therapy education in Australia has yet to be produced. This research project contributes to this gap in the field. A review and summary of the relevant literature (Campanelli & Kaplan, 1996; Coulter, 2006; Gilroy, 1998, 1999; Gilroy & Hanna, 1998; Henzell, 1997a, 2003) provides some material on the topic.

Coulter (2006) gives an historical account of events relevant to the beginnings of art therapy education in Australia. Coulter, an Australian herself, spent 1976-1983 in Britain and undertook training in art therapy at Sheffield University with John Henzell. During this period in the UK the profession of art therapy gained momentum (Waller, 1987, 1991) and Coulter became actively involved, serving on the Council for BAAT acting as Newsletter Editor and Secretary of the Association and, establishing two art therapist positions as well as the Yorkshire and Humberside Regional Group of BAAT.

On her return to Australia, Coulter wrote a '*Report on the Antipodes*' for the BAAT newsletter (Coulter, 1983). Two Australian art therapists responded to this Newsletter: Josephine Allison and David Harvey, both from Perth, Western Australia. This began connecting people interested in developing an art therapy association and, subsequently, led to the development of the first training program in Perth at ECU.

During the 1980s, inspired by the conference on the '*arts in therapy*' at the University of New South Wales, Sydney in 1981 which brought together international arts therapists, Coulter reported plans being generated by Jeff Shaw, an arts educator, to develop a Master of Arts in Creative Arts Therapy at Brisbane College of Advanced Education³ (Shaw, 1986a, 1986b). Harriet Wadeson, a leading figure in art therapy in the USA who had been at the conference, was consulted (Wadeson, 1980) and Australian art therapists were also appointed to "*integrate British and North American models of training*" (Coulter, 2006, p. 9). Although this program did not come to fruition, it generated an impetus towards the development of training across the country and contributed to the development of the first ANATA training policy document (Calomaris, Coulter, Harvey, & Hogan, 1992).

The formation of the Australian National Art Therapy Association (ANATA) in 1987 was an important factor in the development of art therapy education in Australia. Following the first ANATA conference in Brisbane in 1989, an art therapy educators' forum was held and the first art therapy training program was proposed: a Postgraduate Diploma in Art Therapy, by David Harvey at ECU. This was met with mixed reactions due to the level of the qualification and there being no definitive international standards at that time (Coulter, 2006). In the UK, postgraduate diplomas were the norm at the time but in the USA the qualifying standard to practice was a masters degree. ANATA agreed that a masters standard was desired for Australia. Subsequently the Postgraduate Diploma developed into a Master of Arts in Art Therapy, and was offered at ECU in 1992. This was the first art therapy training in Australia (Coulter, 2006). The University of Western Sydney followed soon after in 1993 and offered the Master of Arts (Art Therapy).

³ Now known as the Queensland University of Technology.

Coulter (2006) described her return to Australia in 1983 as entering an “*art therapy desert*” and one of “*professional isolation*” (p. 8). She found that allied health professions had little knowledge of art therapy and said that employment prospects were bleak. She reported that in the 1980s art therapists in Australia were migrants who had trained in Britain or North America or Australians who had returned from training in these places. She described how these early art therapists brought with them “*very different theoretical positions and sets of priorities in terms of clinical practice.*” (p. 8). She described the situation as one where:

Australian art therapists were caught up in a silent war between their parent nations, trying to appease both, inviting both to significant events, and informing one parent art therapy nation about the philosophies and practices of the other. (Coulter, 2006, p. 8)

She also described how the first ANATA committee was made up of people who had either *trained* or gained *experience* in Britain, Canada and USA and commented how the group endeavoured to work with different theoretical, clinical and ethical approaches and took on the challenging task of integration.

The other theme that emerged, according to Coulter, is the significance of international visitors such as Dr Marcia Rosal from the USA who completed her PhD in art therapy at the University of Queensland in 1985 (Rosal, 1985) and the international conferences which generated exchanges and collaboration with other art therapists in the USA, such as Dr Harriet Wadeson, a leading figure in art therapy from the University of Illinois, Chicago. This began a long-standing connection between Harriet Wadeson and Australia, through several visits for conferences and fellowships - UNSW July 1981, La Trobe University in January 1992 (Lett, 1992) and fellowships to UWS in 1996, 2001. Several other influential international exchanges of art therapists have subsequently followed from the UK and other countries.

The themes highlighted by Coulter in the early development of art therapy education identified a mixture of intercultural British and American collaboration, differences and tensions coupled with geographical isolation. The tensions and differences included:

- Debate on product versus process: an interpretive diagnostic way of working was thought to conflict with the psychodynamic focus on process;
- Directive versus non-directive ways of working;
- Postgraduate diploma versus masters level education;
- Pre-course training requirements (USA included psychology versus UK emphasis on art);
- Art psychotherapy training groups (inclusion and approach);
- Skills development in visual assessment (USA more emphasis);
- Numbers of hours of supervised practice; and
- Post-training registration requirements.

The first published article that mentioned art therapy education in Australia was by Campanelli and Kaplan (1996). Campanelli and Kaplan, both art therapists from the USA, taught on the aforementioned first art therapy program at ECU. Although they were not the first people to teach on this program, their article was one of the first to reflect on the topic. They described the development and status of art therapy in Australia compared with the USA and highlighted the unique features of Australian art therapy and what it may contribute to the field as a whole. Their impressions spoke about a fresh and new experience, the excitement of a new beginning and an awe

of the place and its landscape. They also described some negative publicity that likened art therapy to crystal-ball gazing. They spoke about collaboration and communication between the two programs in Australia at the time, at ECU and UWS, and noted some different models: ECU – eclectic; UWS – psychoanalytic. However they noted the similarities were greater in terms of clinical placement, growing receptivity and the content of the studies. They also acknowledged the parents of art therapy in Australia as being UK and USA.

Campanelli and Kaplan (1996) were particularly interested in the difference between Australia and the USA. They noted the pioneering spirit in Australia in beginning this new enterprise and the excitement and anxiety that accompanied their experience. They noted training as being the key issue in Australia compared to the USA, where it was at the time a relatively resolved issue. They discussed the potential of Australia to learn from the history of development in other countries and pointed to the struggles in the USA that related to issues of premature registration at the early stages of the profession's development. They felt that setting standards promoted growth, as long as there was creativity in thinking about how to encompass differences. They experienced Australian students as more mature and worldly than their USA counterparts, and as coming to training with a collaborative attitude to learning. They also discussed some distinguishing qualities they observed about Australia. They noted that, because it is a relatively minor power in the world, there was a keen awareness of the interests and movements of the western powers. They observed how links to Asia opened up awareness of other contexts and of their healing and arts practices. They also drew attention to the Indigenous culture which is essentially a hunter gatherer society where song, dance, story and image are the primary medium. Despite destructive contact with Europeans, art has retained a central role in Indigenous peoples' lives. Campanelli and Kaplan link this to Dissanayake (1992) as a living example of '*art for life's sake*' and suggest that this provides potential to expand the understanding of the use of arts in therapy. Campanelli stated his goal as narrowing the gap between Aboriginal and non-Aboriginal communities. He said:

...because arts involvement and healing are so interwoven in Aboriginal culture, art therapy maybe an especially effective way of empowering Aboriginal people to restore a sense of well being while also helping to preserve and revitalise their culture.

(Campanelli & Kaplan, 1996, p. 66)

Campanelli and Kaplan (1996) also referred to differences and commented that, with respect to psychological theory, in the USA Freudian theory has a strong influence, which was usually accepted by the students. However, they noticed that in Australia students expressed a preference for Jungian ideas. They wondered if this could lead to a change in philosophical or theoretical approaches to art therapy in Australia. They considered there were opportunities in Australia to expand culturally sensitive interventions and to include diverse value systems of ethnic and racial groups away from dominant Eurocentric models:

Now is the time, before the seedlings of western art therapy crowd out all else, to add some indigenous flowers to this art therapy garden. It can only be hoped that Australian art therapists will prove to be wise gardeners. (Campanelli & Kaplan, 1996, p. 66)

In 1998, Gilroy and Hanna, also art therapy educators, published a chapter titled "*Conflict and Culture in Art Therapy: An Australian perspective*". Gilroy and Hanna worked together for a year on the second year of the Master of Arts, Art Therapy program at UWS and met and dialogued with

Campanelli and Kaplan at ECU. Gilroy and Hanna were inspired by their experience of working together in Australia, and, with the aim to understand better the context they were part of in Australia, undertook a study on the formation of art therapy as a profession in different parts of the world, in order to examine and compare beginnings. During the time they were teaching together at UWS, they reported being struck by the conflict and friction within the small art therapy community. From their research they discovered that the socio-cultural conditions of a place had a major impact on how the profession might develop and, significantly, that conflict inevitably accompanied its establishment. They also found that the manner in which conflict, divergent opinions and struggles for ownership were addressed resulted in either collaboration or fragmentation within the emerging discipline. They found this knowledge helpful in managing the conflicts and the differences in the culture of art therapy education that they experienced. They acknowledged how their previous work in their home countries of the UK and Canada coloured their vision and expectations. They observed some similar struggles for art therapy to differentiate from occupational therapy (OT) and artists working in hospitals, and the need to convince psychiatrists of the benefits of art therapy, amid a backdrop of the closure of large psychiatric hospitals and a move into community care. The main difference they highlighted was that, generally speaking, in Australia mental health care was dominated by the medical model of psychiatry and cognitive-behavioural approaches with psychodynamic approaches hardly acknowledged. This suggested to Gilroy and Hanna that a harsher or different struggle may be encountered to establish the profession in Australia. Overall they concluded that the nature of the context in Australia was complex and required a delicate approach.

3.4 Beginnings of art therapy across the world (Gilroy and Hanna)

In their investigation Gilroy and Hanna (1998) reviewed the beginnings of art therapy across the world and discussed how it evolved in Canada, Europe, UK and the USA. In Canada, where Hanna had trained, the development was shown to be dominated by a psychiatrist, Dr Martin Fischer (1914-1992) who set up the first training program in 1969 as part of the Toronto Institute of Art Therapy. He also subsequently established, in 1977, an art therapy association, the Canadian Art Therapy Association (CATA). This training promoted a psychodynamic theoretical basis which tended to marginalize art to an adjunctive place in the process. This created tension and conflict within art therapy in Canada where other views and practices were emerging, surfacing a desire to become independent from psychiatric leadership. The Toronto Institute of Art Therapy, with its specific approach, kept control of training until 1979 when another program started at Concordia University. This was led by Michael Edwards from the UK and took a different approach which emphasized the role of art in the process. Later, the Quebec Art Therapy Association (QATA) was started which promoted a more open and democratic stance.

Gilroy and Hanna also described how in Europe, art therapy was to a great extent fragmented with many different perspectives, training programs and competing associations, particularly in Germany, Switzerland, and Holland. For example in Germany there were approximately 30 training courses and 11 associations which encompassed seven approaches to art therapy (Herrmann, 2000). In Switzerland the Art Therapy Association was part of the International Society for the Study of the Psychopathology of Expression which was influenced strongly by psychiatrists who position art in an adjunctive role. In Holland there was State recognition but the situation was mixed with

undergraduate professional qualifications alongside postgraduate qualifications, and different approaches to the role of art therapists.

They pointed out how these different examples brought an awareness of the varied ways the profession of art therapy had evolved in different contexts and hence the implicit influence of context and culture on the way art therapy education develops. Gilroy and Hanna also underscored the effects that dominant personalities can have on the shaping of a profession, and the way art is positioned in its development.

At the time of writing the foremost question for Gilroy and Hanna was how art therapy might evolve in the Australian context. They noted the smallness of the membership of the association (16 members in 1994) and how the profession was personified in a few individuals rather than held by a community. This was also amidst undercurrents and conflict. Their investigation indicated that for successful growth of the profession there would need to be several converging factors:

- Critical mass of practitioners who shared a defined identity as art therapists, rather than a sub group of another profession;
- The timing of growth from interest group to association with sufficient numbers to agree on norms and standards of practice and education;
- Conflict would need to be contained, addressed and worked with to avoid fragmentation; and
- Climate of economic buoyancy.

They noted that art therapy's development would be different in Australia for many reasons, namely its population, particular histories, economy and geography.

In their review Gilroy and Hanna referred to a model of the development of a profession by Ben-David and Collins (1966) which was used by Waller (1991). This process model identifies the roles of forerunners, founders and followers in the development of a profession. They noted how it is clear to see these waves in art therapy's development in the USA and UK, yet in Australia art therapy was either brought home by followers educated elsewhere or brought in by founders from these other countries. They noted how there were a few isolated Australian-based founders but they appeared not to have educated their followers e.g. Guy Grey-Smith.

Gilroy and Hanna (1998) described the situation in Australia as an intercultural exchange between UK, USA and Australia, where Australians had trained overseas and returned, and where non-Australians who were UK/USA-trained art therapists had migrated. Additionally the training programs in Australia had employed a mix of Australian, American, Canadian, and British educators thus creating a complex scene. Therefore alongside Australian founders there were American and British founders and followers who had transmitted their work to Australia. Within this mix they discussed the potential danger of 'academic imperialism' being enacted (Horgan, 1992). This can be described as an aggressive exercising of power over another with the assumption of superiority of views and ideas. This is particularly sensitive in the Australian context which has such a difficult colonial history.

Gilroy and Hanna (1998) stressed the importance of holding a space for diversity but with an unambiguous identity, neither disenfranchising nor restricting the freedom to develop. The challenge they spoke of, was to find ways to be selective without being exclusive (within the association) so as to nurture seeds of a culturally relevant art therapy. They noted that one association will have more strength if it can contain philosophical and individual difference. One of the particular challenges they identified in Australia was the dominance of the medical model. However, they also saw the potential of art therapy to advance the inclusion of dynamically based approaches in psychiatry. This could be fostered through alliances with colleagues and consideration of the social and cultural phenomena in mental health such as art in hospitals and with Indigenous culture. This has relevance to the position of art therapy education as explored in this research to bring these insights to bear on the development of art therapy education.

3.5 Intercultural issues

During the same year, 1998, Gilroy had another chapter published in *Arts Therapists, Refugees and Migrants: Reaching across border*. This chapter was titled “*On being a temporary migrant to Australia: Reflections on art therapy education and practice*”. In this work Gilroy speaks of her experience of being an art therapy educator at UWS during 1994. She reviewed the context and history of Australia and brought into focus the experience of the natural environment which, she argued had a significant influence on the way society developed in Australia, shaped by the distances and remoteness in the vast outback and the experience of migration. She also brought into view the realities of the colonial history, the invasion and genocide of the Indigenous peoples and the effects of the policies of ‘White Australia’ which resulted in the lost/stolen generations (Human Rights & Equal Opportunities Commission, 1997). These realities of current and past history are often uncomfortable, particularly for White Australians, to acknowledge. Significantly she brought to the discussion thoughts on intercultural perspectives (Littlewood, 1992). Littlewood puts forward the view that psychotherapy is not free of political ideology or social control. He discussed the way it maintains a European middle class authority and therefore the danger of a “neo-colonial practice of psychiatry” (Acharyya, 1992). Reflecting on this Gilroy posed the question about the danger of enacting a neo-colonial art therapy (Gilroy, 1998, p. 268).

In her discussion, Gilroy identified two broad trends in the USA, one closely allied to DSMIV diagnosis, assessment and treatment plans, the other a spiritual soul-making tradition. The USA, she suggested, has its health services shaped by the medical insurance paradigm. This is in contrast to the UK with the National Health Service and social model of health care and the emphasis on relational approaches to art therapy typified by the predominance of psychodynamic theory. Gilroy noted how the debate in Australian art therapy spoke of ‘a British model’ and ‘an American model’ and proposed that sometimes conflict within the profession in Australia was assigned to differences that were to do with the UK and USA rather than difficulties that were Australian. This, she considered, reflected an evasion of difference and conflict that results in what Littlewood described as the “*difficult becoming transformed into the ‘culture’*” (Littlewood, 1992, p. 12 as cited in Gilroy, 1998). This is where the inability to work together is apportioned to cultural issues between different groups who are seen as *being* the problem as distinct from *having* a problem (Littlewood, 1992 as cited in Gilroy, 1998).

Gilroy thought that as a British art therapy educator in Australia she could be perceived as part of a continuing problem. However her *modus operandi* of art therapy education promoted the exploration of unconscious issues and the transference and counter-transference experiences that could allow these issues to be addressed. She referenced Smith (1994), who outlined a dynamic model of development that occurs in a therapy training course. He described this as “*the initial realisation about the nature of therapy education and the disillusionment, followed by reality orientation, separation, anxiety and anticipation about the future*” (Smith, 1994 as cited in Gilroy, 1998). Smith asserted that working through the hidden agenda and the transference relationships with tutors enables a healthy separation and integration of the training process. Gilroy concurred with this view and reflected on her experience of working in an ‘intercultural art therapy education’ process. She referenced the definition of intercultural therapy from Littlewood as an “*...effective therapeutic intervention and facilitation by a member of one ethnic group in the decisions, choices and subjectivities of a client of another*” (Littlewood, 1992, p. 11). Gilroy moved on to consider the further complexities of the intercultural situation and what may be ‘unrecognized’ identifying the relationship between herself as a migrant and the host ‘Australia’ and the original host, Aboriginal Australia. She reviewed literature on migration and brought to the discussion the issues of ‘culture shock’, separation, loss, and reconstruction that shape the experience of the society in Australia. In this she brought to our attention the importance of acknowledging the reality of history and the way oppression and racism are active in the context and how acknowledging this in the present is painful and difficult.

Gilroy (1998) concluded that although her view is that of a European, it could be considered as an ‘import’ that carried a risk of developing a neo-colonial practice of art therapy. She believed that a dynamically-oriented model of art therapy education, with its ‘here and now’ orientation, had the capacity to adapt and support the search for a cultural congruence in art therapy education which could take account of the broader trans-cultural dimensions of history.

3.6 USA and UK art therapy perspectives

This brief review of the history and development of art therapy education in Australia underlines the influence of the USA and UK. Therefore a review of the small amount of literature about these perspectives is relevant to provide further background to this research. Gilroy and Skaife (1997) wrote an article in *Inscape* called “*Taking the pulse of American art therapy*” which reported on their experience as UK art therapists attending the American Art Therapy Association conference in 1996 in Philadelphia. Their article noted that a comparison of the contexts of art therapy in the UK and USA had been discussed by only a few art therapists from either place: from the UK, Woddis (1986); Byrne (1987); and from the USA, Hagood (1992, 1994) and Spring (1994).

The view from the UK perspective drew attention to the different ways of working that typify the two countries. In 1986, Woddis spoke of the individualistic and phenomenological approach of art therapists in the UK which she linked to the particular geography and history of Europe. This was compared with the more pragmatic problem-solving approach in the USA which is concerned with “*answers rather than continuing questions*” (Woddis, 1986, p. 148). Woddis made note of the tendency in the USA to emphasize the use of imagery for diagnosis, formularizing standard methods and decoding symbols, whereas in the UK attention to the transference relationship with the client is

most pronounced. She considered the prevalence of artists as art therapists in the UK could partly account for this observed difference. She suggested that artists were more likely to be at ease with the “*irrational, uncertain, unknown*” and less likely to judge images within the lens of the medical model. Byrne (1987) had similar views and pointed out the significant business enterprise approach in art therapy practice in the USA where new psychological approaches are taken up and incorporated in response to market forces.

Gilroy and Skaife (ibid) provide their impressions of the AATA 1996 conference and draw some useful conclusions to further the intercultural dialogue. They highlighted a number of conflicts and differences, and raised some critical points. They described a practice in the USA that is distinguished by a predominance of two strands of practice, one shaped by diagnosis and treatment and the other which sees art as inherently healing through a soul-making, shamanistic, studio tradition. They saw these as being in conflict with each other and noted the limited reference to work in the context of a dynamically-oriented relationship. To understand these differences between the USA and UK they considered the different systems of healthcare in these places. In the USA, the system is dominated by private health insurance and treatment for mental health problems is directly linked to diagnosis, for example only specific treatments are funded for particular conditions. The need for art therapists to be licensed is also an important factor, as different requirements prevail in each State of the USA. Therefore AATA has focused its energy on the process of credentialing to support this issue.

The promotion of art therapy is a shared theme across the countries but in the USA the way this is done has a particular flavour; for example there is a tendency to promote distinctive interventions for particular issues, as in the Silver Drawing Test (Silver, 1996, 1998). These are presented in a way to fit with a competitive market culture. In the UK, this is not evident, the approach being more geared towards the promotion of a process and of the profession as a whole.

With regard to art therapy training Gilroy and Skaife (ibid) noted some similarities and some differences. In the USA, undergraduate programs were seen as feeding into the masters programs. USA trainees were equally divided between art and psychology graduates, with emphasis on the psychology studies which are required prior to entry into the programs. The issue of emphasis on the *psychology* or the *art* reflected the debate between the two strands of approaching art therapy, and, as Gilroy and Skaife deduce, is also shaped by the pathways by which people come into the profession. In the UK there is no prior requirement to study psychology and the main background of students is from the arts.

By the end of the conference our feeling was that staying with the client's depression or rage was rarely part of the art therapy practice in the USA, clinical work being about interventions that activate the individual in a positive way. Negative feelings seemed to be worked around rather than worked through, the attitude being one of looking outward rather than inward, and with negative feelings being projected out into that which was perceived as being 'different'. (Gilroy & Skaife, 1997, p. 62)

Hagood (1994), from the perspective of the USA, commented that UK art therapy relied strongly on object relations theory and appeared reluctant to embrace new theories such as gestalt, humanistic and phenomenological approaches to art therapy. This suggested, to Gilroy and Skaife, the

possibility of a tendency in Britain to traditionalism and suspicion of the new, and perhaps a national bent for negativity and depression.

Spring (1994) presented a view that the destructive aspects within the USA art therapy profession were hidden and a move towards a synthesis of views respecting differences was desired. In response to this, Gilroy and Skaife (1997) advocated bringing conflict out into the open to engage in the controversy and debate within both the UK and USA art therapy scenes and between the UK and USA. This they considered would be a fruitful dialogue towards intercultural therapy and education, rather than avoiding or denying such differences, despite the difficulty and pain this might involve.

More recently, in a book edited by Dee Spring (2007), Claire Edwards, a British born and trained art therapist who migrated to Australia wrote about the development of her approach to art therapy in a chapter "*Thinking outside the frame: a systems approach to art therapy with children*". This was part of a book designed to contrast and compare different ideologies in art therapy practice on either side of the Atlantic. Edwards, the program leader of the Master of Mental Health (Art Therapy) at UQ, traced the important influences from her personal experiences that have formed her approach. She discussed how the theoretical framework she learnt as a student in the UK (Goldsmiths) was changed and shaped by the cultural impact of work environments in both the UK and Australia.

On arriving in Australia, Edwards observed differences between contexts, particularly the lack of knowledge of art therapy and a scarcity of psychotherapy more generally in Australia. However, and despite this, Edwards described an experience of liberation and expansion as an art therapist to discover a way to practice that was more her own. This was in contrast to the constraints she experienced in Britain. Edwards described moving "*outward from a psychodynamic framework of art therapy to incorporate a systemic view*" (2007, p. 86). She discussed the idea of absorbing orthodoxies from her training and well as from her father (Michael Edwards – a significant figure in the development of art therapy in the UK and Canada), who holds a Jungian perspective (Edwards, 2010). Edwards feels that being exposed to different ideas enabled her to think about multiple perspectives and hold a more sceptical view of orthodoxies, thus developing a more questioning and critical voice.

3.7 Emerging themes

Consideration of the history and development of art therapy education in Australia and the relevant literature shows a number of significant topics and themes:

- Context – encompassing geography, history, society
- Professional group processes and conflict
- Intercultural issues

Context

The geography of Australia has a significant impact on how its society has evolved in relation to the physical experience of the land and its resources. Australia is distinguished by its vast size, the dynamic between the remote communities and dense city populations, and the climate which leaves

people and property vulnerable to fire, flood and drought. The colonial history of invasion and its development as a penal colony has left a legacy of oppression, disadvantage, shame and guilt from the genocide of the Indigenous peoples and government policies which resulted in the 'stolen generations'. This history positioned mental illness and criminality more closely together than in other parts of the developed world, which, it is suggested, led to a dominance of the medical model in the mental health systems in Australia (Gilroy & Hanna, 1998; Lewis, 1988). The focus of the Australian economy has been to establish itself in relationship to the other major developed powers in the world. The challenges facing Australia as a relatively new nation has meant the economic climate was not as conducive to the development of art therapy as in the UK and USA, post World War II. The literature reveals how the effects of context including geography, politics, economic and socio-cultural factors are relevant to the development of art therapy and therefore to art therapy education (Gilroy, 1998; Gilroy & Hanna, 1998; Woddis, 1987). It also shows the potential for a different and unique response to emerge in relationship to the opportunities within the Australian context, such as the integration of different views of cultures and the arts such as Aboriginal, Asian and other cultural perspectives (Campanelli & Kaplan, 1996).

Professional group processes and conflict

It has also been shown, that, for a new profession to emerge, the development of the group process is a pivotal factor. The elements identified are a critical mass of people who are similarly aligned and who can form an interest group, plus sufficient agreement in the group to forge a profession with a separate identity, i.e. rather than forming a subgroup of an existing discipline. To be successful this group will need to develop a capacity to work with conflict and difference and manage the potential for conflict and/or dominant personalities that could fragment or take over the group's process (Gilroy & Hanna, 1998). The situation in Australia, of its vast, remote distances between fewer people, and the demographic of these people being from various migrant or training backgrounds, has created a different climate for art therapy to develop than in other countries. It is also relevant that several authors have noted the dangers of limited theoretical views (Gilroy, 1998).

Intercultural issues

From the literature, and from the first stage of this research process, it appears that the people involved in the development of art therapy in Australia have largely come from migrant backgrounds or have formative training experiences elsewhere, mainly the UK and USA. This has created a cultural mix that at its heart is immersed in intercultural issues. These arise not only from training but also from the cultural context itself which has a predominance of migrants in the population. This is set against the backdrop of Indigenous cultural issues that are part of the fabric of Australian society, although it is largely hidden and avoided. The literature speaks of inter-cultural and trans-cultural tensions and dimensions. The articulation of a British model versus an American model of art therapy is present in the literature. The dynamics of working with the issue of conflict within the home territory as distinct from locating it in external or influential forces was identified. Alongside this the ability to work with this dynamic and with difference was underscored. What is also highlighted is the responsibility to become more aware of the danger of neo-colonial processes and the potential for academic imperialism (Gilroy, 1998; Horgan, 1992).

These themes are helpful in structuring the journey through this research.

3.8 Summary of chapter 3: Art therapy education in Australia

Since 1989, a range of art therapy programs have developed within the university and private sectors in Australia. These programs relate to several professional associations, and various theoretical flavours are evident from the review of the program advertising literatures and the bibliographies available from the programs at the time (2004-2006). This showed that there are a range of different philosophies, theories, levels of qualifications, duration, structure and content. However there are also commonalities amongst them. This thesis explores and considers these aspects of difference and similarity.

What also appears to be evident is the influence from the USA and UK on the development of art therapy in Australia through the migration of ideas, practices and people and through conferences and training experiences. A table outlining the beginnings of a genealogy of art therapy educators and their own training backgrounds is also provided.

A brief overview of historical events shows the relevance of international influences of people, models of practice and training experiences, particularly the mix of British and American influences and tensions between a directive, diagnostic way of working and a psychodynamic approach which emphasizes process (Coulter, 2006). Other views from art therapy educators in Australia originally from USA and UK show an opening up of thinking about the context and potential developments (Campanelli & Kaplan, 1996; Gilroy & Hanna, 1998).

Gilroy and Hanna's experiences led them to investigate the beginnings of art therapy across the world; from this research they discovered that the socio-cultural conditions of a place had a major impact on how the profession might develop, and, significantly, that conflict inevitably accompanied its establishment. They also found that the manner in which conflict, divergent opinions and struggles for ownership were addressed resulted in either collaboration or fragmentation in an emerging professional discipline. They observed similar struggles in Australia for art therapy to differentiate from occupational therapy (OT), and artists working in hospitals, and the need to convince psychiatrists of the benefits of art therapy amid a backdrop of closure of large psychiatric hospitals and a move into community care. The difference they highlighted was that, generally, in Australia mental health care was more dominated by the medical model of psychiatry and cognitive behavioural approaches with psychodynamic approaches hardly acknowledged.

With reference to a process model of how professions evolve (Ben-David & Collins, 1966 cited in Waller, 1991), the identification of the roles of forerunners, founders and followers enable the profession's development to be articulated in the USA and UK. Yet in Australia, art therapy was brought home by followers educated elsewhere or brought in by founders from other countries. A complex scene of migration and intercultural exchange between UK, USA and Australia is described and tensions around potential 'academic imperialism' and 'neo-colonial' art therapy education surfaced (Horgan, 1992; Gilroy, 1998).

The importance of holding a space for diversity within the profession so as to nurture seeds of a culturally relevant art therapy is stressed by several authors (Campanelli & Kaplan, 1996; Gilroy & Hanna, 1998).

The influences from the different contexts of the USA and UK are reviewed, showing a range of theoretical and practice perspectives in the USA shaped by the market economy and medical insurance paradigm, contrasted with the more relational psychodynamic emphasis in the UK which has a paradigm of social health care.

The themes of context, professional group processes, and intercultural issues emerge as significant in the literature on art therapy education in Australia. This review also highlights the absence of any overview of this topic in Australia and points to the threads that may be considered as the project evolves. The following chapter looks more broadly at literature on art therapy education across the English-speaking world.

Chapter 4: Art therapy education: The literature and the people

4.1 Introduction to chapter 4: Art therapy education: The literature and the people

The previous chapter described art therapy education in Australia. This chapter reviews the wider literature on art therapy education and other relevant research related to this project. It covers what is known and further describes the gap this research seeks to explore. It brings into view the existing knowledge on art therapy education and the significant authors on this topic.

Knowledge about art therapy education in the English speaking world is held in relatively few publications, largely from North America and Europe. The literature is limited to two volumes in the USA (McNiff, 1986; Moon, 1992/2003) and some articles and chapters (Andrus, 1995; Gerber, 2006; Franklin, Farrelly-Hanson, Marek, Swan-Foster & Wallingford, 2000; Junge & Asawa, 1994; Knill, Levine & Levine, 2005; Linesch, 2005; Malchiodi, 2003; Swan-Foster, Lawlor, Scott, Angel, Ruiz & Mana, 2001).

In the UK the topic is part of several books and articles (Brooks, 1998; Brown, Meyerowitz-Katz & Ryde, 2007; Dudley, Gilroy & Skaife, 2000; Edwards, 1993, 2004; Jones & Skaife, 2009; Skaife, 2007; Skaife & Jones, 2009; Teasdale, 1993; Waller, 1987, 1991, 1992a, 1992b, 1998; Waller & James, 1984; Ward, 1998).

In Australia, the material is located in various chapters and articles (Campanelli & Kaplan, 1996; Edwards, 2007a; Gilroy, 1998; Gilroy & Hanna, 1998; Henzell, 1997a, 2003; Henzell, Menahemi, O'Brien & Westwood, 2005; Holloway, 2009; Menahemi, 2006). Some of this literature has already been discussed in earlier chapters; however aspects of it add to this discussion such as the work of Menahemi (2006), Edwards (2007), Holloway (2009), and particular content in Gilroy (1998).

4.2 Literature on art therapy education from Australia

Some of the literature relevant to art therapy education in Australia has already been discussed (Campanelli & Kaplan, 1996; Coulter, 2006; Gilroy, 1998; Gilroy & Hanna, 1998; Henzell, 1997a, 2003; Henzell, Menahemi, O'Brien & Westwood, 2005). In addition to this Edwards (2007), Holloway (2009) and Menahemi (2006) are pertinent to this context. This literature provides a view of the emergence of art therapy education in Australia and the strong influence of the practices and views in both UK and USA, and the potential synthesis or syncretic relationship of these into something uniquely of the place, Australia. Syncretism is the attempt to reconcile disparate or contrary beliefs of various schools of thought. The syncretic context is one where extreme differences are upheld, and where each element enriches the others within the array of their differences.

A chronological review of the relevant Australian literature reveals the significance of Gilroy's contribution (Gilroy, 1998). Gilroy is one of only a few authors who have detailed their perspective and approach to art therapy education. Gilroy's perspective is one of a temporary migrant to Australia from the UK. She outlined her orientation as an educator, which she described as "*towards a student centred, problem based learning*" with "*experientially oriented supervision*" (Gilroy, 1998, p. 269). In explaining her approach, she referenced the work of Mills, 1964; Matarazzo & Paterson,

1986; McCarley, Yamamoto, Steinberg & Anker, 1983; Hobbs, 1992; Woolfe, 1992; and Edwards, 1994. The model of education she described is one of:

...enabling students to identify with patients, to feel anxiety over self revelation as well as to lessen it and to experience transference relationship in such a way as to understand better their work with patients. (Gilroy, 1998, p. 269)

This model, based on ideas of experiential learning discussed by Woolfe (1992), putatively enables students to become active in the learning process and simultaneously builds their ability for independent thinking. Gilroy also identified her view on the process of training, citing Smith (1994), who outlined a dynamic model of development experienced through a therapeutic training course. This is where, initially, the student encounters the realization of the nature of therapy education and experiences disillusionment. This is followed by a phase of reality orientation and growth, leading to anxiety and separation in anticipation of the future. Within the process, the importance of working with negative transference is emphasized in order to lead to a healthy separation on completing the course. Throughout Gilroy's work, a psychodynamic theoretical perspective is evident.

Gilroy also explored the importance of cultural issues and working with the images of transference she observed directed towards her in her role as program leader at the University of Western Sydney (UWS) (Gilroy, 1998, p. 272-273). Through the art therapy education context and process that Gilroy experienced at UWS, she commented on the challenges of the context on several counts. These included; the receptivity (or lack of) in health sectors for the creative and dynamic approaches of art therapy; the smallness of the community of art therapist, finding cultural congruence and differentiating the practice of art therapy from other professions.

The next evidence of art therapy education in the Australian literature is by Henzell, Menahemi, O'Brien and Westwood (2005). As the university program leaders at that time, they gave an overview of the education. This highlighted some differences which focused on the length of training, the research component and location of the program within the institution. Following this, Menahemi (2006), program leader at La Trobe, wrote an article in the first edition of *Australian & New Zealand Journal of Art Therapy (ANZIAT)* on experiential group art therapy in art therapy training programs, which discussed various experiences and dilemmas. She noted the paucity of literature published on this aspect of training, which is a feature of most art therapy programs.

Menahemi asserts the basis of experiential group work in training is to provide an experience where students directly encounter the processes of art therapy in groups. This is in order to develop understanding of the interpersonal and intra-psychic dynamics that operates in the process. Menahemi drew attention to the potential role confusion that can be 'magnified' by the student/participant and art therapy staff member/group facilitator relationship and which is centred on the tension between an educational and therapeutic experience. Referencing Dudley, Gilroy and Skaife (2000), Menahemi observed the powerful emotional experiences that can be stirred in these learning forums that can tap into unconscious processes, provoking projections and complex transference issues. Menahemi brought awareness to the compulsory nature of these groups and the potential conflict that may be experienced. She also referenced Franklin, Farelley-Hansen, Marek, Swan-Foster and Wallingford (2000) who have written about similar tensions involved in this aspect of the training process in an *"environment of multi-relationships"* (p. 107) where participants experience each other in different roles and contexts.

The next relevant contribution was by Edwards (2007), a British born and trained art therapist who migrated to Australia. As mentioned earlier in chapter 3, Edwards wrote about the development of her approach to art therapy as part of a book designed to contrast and compare different ideologies in art therapy practice either side of the Atlantic. Edwards brought into view the experience of being exposed to different ideas and how this enabled her to think about multiple perspectives, and hold a more questioning and critical view.

More recently, Holloway (2009) contributed an article to ANZJAT from the perspective of being a British Australian art therapy trainee, in search of a theoretical frame to help understand and investigate her White racial identity. She referenced the White Racial Identity model (Helms, 1995) outlined in Blitz & Greene (2007), and brought to attention the issue of invisible racism, and White power and privilege in Australia. Holloway also pointed to the need for more contextualized and informed literature for White art therapists and trainees to understand and work with their Whiteness in the Australian context.

In summary, this part of the literature review related to Australia gives insight into the educational approach of Gilroy who has had an ongoing relationship with the program at UWS and the development of this research project as a supervisor. It is also one of the few detailed accounts of an educator's approach to teaching art therapy and is distinguished by a psychodynamic experiential perspective. The article by Menahemi (2006), also an educator in Australia, referenced the work of both British and American authors Dudley, Gilroy and Skaife (2000) and Franklin et al (2000), exploring a common issue in art therapy education where experiential processes are employed which can amplify confusion around boundaries and roles in the education process. Edwards (2007), an educator in Australia who migrated from the UK, traced her personal theoretical developments and influences and noted the opportunities to expand and discover a more integrated view of art therapy practice afforded by being in Australia. Holloway (2009) brings into focus the issue of White Racial Identity to the experience of training as an art therapist in Australia. While there is limited literature from Australia it is relatively recent and promotes dialogue between authors from different countries.

4.3 Literature on art therapy education from USA

Two significant books devoted to the topic of art therapy education are from the USA (Moon, 1992/2003; McNiff, 1986). The first, published by McNiff in 1986, is titled, *Educating the Creative Arts Therapist*. The second, by Moon in 1992/2003 is titled, *Essentials of art therapy education and practice*. Both of these are relevant to this research. However, while Moon's volume has been expanded from the first version in 1992, it is confined to presenting Moon's own philosophical (existential) position whereas McNiff's volume presents the most comprehensive study of the topic, as well as his own philosophical position (multi modal integrative). It is relevant to note that McNiff's volume is the most thorough work on this topic to date and was written 25 years ago. However its content is still relevant today.

Junge and Asawa (1994) provide some background on the subject which places the review of these two major volumes into an historical perspective. Junge and Asawa described the beginnings of art therapy training in the USA in the 1950s with the first seminars being given by Naumburg in "*the techniques and methods of art therapy*"(p.73). They noted that the early art therapists found

training through psychiatrists on the job who then began to train others. One example of this apprenticeship was Harriet Wadeson who worked with Hanna Kwiatkowska as a student at the National Institute of Mental Health.

At these early stages AATA designated a range of educational approaches to gain registration, such as self-education, apprenticeships, in-service hospital training and university programs. When AATA began to require specific training, this created a growth of academic and clinical programs in 1970s. Junge and Asawa described the historical factors which facilitated this growth as the alternative education philosophies of the 1960s which were designed to make "*education relevant to life and self direction*" (p. 136), the human potential movement that gave impetus for exploration of the self and new therapies and the presidency of J. F. Kennedy which saw legislation that developed community mental health centres. Junge and Asawa noted there were arguments concerning the type of education necessary; however, by the 1970s AATA had produced guidelines for the education of art therapists which included a didactic and practicum experience. This was followed in the mid 1970s by the establishment of the Education and Training Board whose role was to determine if programs met the guidelines for approval. The guidelines recognized diverse philosophies and approaches. In 1975 the first art therapy educator's conference was held at the George Washington University and the growth of art therapy programs followed. In 1986 McNiff published a significant book on the topic and in 1993, some time after a number of masters degree programs had developed, AATA made masters level a requirement for entry into the profession.

4.3.1 McNiff (USA)

McNiff's volume presents a comprehensive study and comparative review of the education of creative arts therapists in the USA in the 1980s (McNiff, 1986). This is by far the most extensive and relevant literature on the topic and therefore I will review its contribution in some detail. The content included background histories, review of catalogue materials and interviews with educators. McNiff's aim was to give definition to the profession and begin a dialogue between all the creative arts therapies on the subject of educational priorities, different points of view and issues of common concern. McNiff's work revealed the essential subject matter and educational patterns which underlie all programs and brought attention to the differences and unique qualities of the creative arts therapies.

McNiff has a particular and distinct approach which advocates an integration of all the arts in the professional field and emphasizes the arts in a primary position in the interplay between arts and therapy. He views the education process as one of 'personal emergence' and names his guiding influences as Vincent Ferrini (poet), Truman Nelson (novelist & civil libertarian) and Rudolph Arnheim (perceptual psychologist) (Arnheim, 1954, 1977). Central to his work is the concept of "healing" as a core idea connected with the arts.

McNiff states he is committed to "*articulating universal and cross cultural elements of creativity and therapeutic practice*" (1986, p. v). He provided a background of historical trends in higher education in America, tracing the tradition of 'liberal education' and the fine arts through to the beginnings of professional education. He observed that education in the 17th and 18th centuries was typified by the relatively 'classical' curriculum modelled on the colonial colleges from England; these were closely

tied to religion and contrasted with the apprenticeship form of education which emphasized practice rather than theory. The apprenticeship model was the mode of professional training in fine arts until the 1900s when all forms of professional training moved into the university sector. This was due to the growing demands for human resources coupled with associated prestige and credibility. In 1986 McNiff noted a then recent move of professional education away from the university sector into independent schools for disciplines such as psychology. He attributed this to the fact that training programs and national association educational guidelines had become so specialized that the university was no longer considered a suitable context in which to prepare for entry into various specialized professions.

McNiff described higher education as largely established in relation to the needs of the market place. He identified two sectors: one which is well-endowed, that tends to change slowly over long periods of time; and, the other which is tuition-driven and must respond quickly to contemporary client demand to survive. Within the tuition-driven sector there is commitment to innovation and creativity and McNiff noted most of the art therapy programs in the USA had developed in this sector. He wondered if arts therapies would arrive at the wealthy endowed universities or move out into private institutes as psychology had done. He saw the development of PhD training as influential on art therapy education's development within the universities.

From this background McNiff discussed the development of all the creative arts therapies in the USA and traced links to art education in mainstream schools. He noted how arts subjects are separated into different modalities and are positioned as 'special' subjects which are rarely integrated into the entirety of the school curriculum. He saw this as a vulnerability to cuts in harsh economic times and reinforcement into adjunctive roles. McNiff's philosophy advocates integration rather than separation on a number of levels. He believes that the...

...creative arts therapies in their most enlightened and liberating forms are indicating a new vision of art in society which suggests the restoration of an ancient and archetypal integration of the creative process in healing. (McNiff, 1986, p. 5)

McNiff's study shows how each of the creative arts therapy specializations has a distinct history with little cooperation or sharing between the specializations in the development of education and practice. McNiff speculated whether the idea of having one professional group seemed to have been resisted due to the vested interests of the different concentrations, and engendered by the fine arts education systems which reinforce these distinctions. He felt this separatist approach had often extended into the specialized interests of the personalities who helped create the field. McNiff also made a direct link between the training programs and the profession of art therapy, when he stated that: *"I have observed how through the creation of programs we have created the profession"* (1986, p.16).

In this study McNiff draws attention to significant elements relevant to arts therapy education such as **levels of education, course content, supervision, placements and theoretical approaches.**

With regard to **levels of education** (undergraduate and postgraduate) McNiff discussed how in the USA there has been a relatively long history of both undergraduate (bachelors) as well as postgraduate (masters) level training in art therapy. This can be traced to music therapy in the 1940-50s prior to the era where masters level education became a feature in the mental health field.

Music therapy was therefore credentialed at a bachelor level alongside other professions such as occupational therapy and teacher education. McNiff suggested that from this legacy the USA has both undergraduate as well as postgraduate level training in art therapy. In art therapy these undergraduate studies are positioned as preparation for postgraduate training and are not sufficient to practice. McNiff considered these discrepancies between the arts therapies specializations as an impediment to the long-term interests of the broader arts therapies professions. His solution was to distinguish the primary psychotherapeutic use of the arts for educational, recreational, remedial and specific problem-solving approaches which is suited to bachelor level education from the more sophisticated, in depth, psychotherapeutic approach suited to postgraduate education.

In considering the various developments of the creative arts therapies he noted that where music therapy may be lacking in psychotherapeutic approaches there is an emphasis on the art form itself and the artistic identity of the therapist. Music therapy maintains high standards of musical skill as part of a pre-requisite to training. He also noted that doctoral programs were more advanced in music therapy than in other specializations.

With regard to **course content** McNiff described the essential subject matter and educational patterns which underlie all programs, highlighting differences and unique qualities. The review was based on 137 schools in the USA across all the arts therapies. At the time there were 58 institutions offering studies in art therapy, this being the most frequent specialization. The review found that the components of art therapy education typically included integration of practical training with academic and experiential course work usually over a two year full-time period. There would usually be two placements at different sites and a minimum of 600 hours. Placements were considered the primary aspect of the practical training.

The common elements in the education of creative arts therapies were described by McNiff as: media, action and competence; expression and creativity; cross cultural qualities; and clinical interdependence - clients, settings and practical training. There was agreement that all creative arts therapists should be competent in their particular artistic media and all these media specializations involved active engagement and participation. However, when McNiff wrote this book the AATA training guidelines did not require any specific study in art or the visual medium. This has since changed and is now part of the required curriculum.

The value of sensory expression, as well as communication through imagery, was stressed by all the arts therapies. Creativity was seen as a primary 'healing' element that is approached from multiple theoretical points and psychological constructs. The capacity to facilitate creative expression in others and to understand this process was similarly shared. In the element described as 'cross cultural qualities' McNiff proposes that:

The arts serve as unique tools for both cultural differentiation and unification. Ethnic art forms maintain the dignity and autonomy of cultures, while the arts also serve as a universal language which transcends cultural differences. The ability to both express the particular qualities of a culture and of a person, while simultaneously serving as a universal human language, is a trait that is unique to all the non-verbal art forms. These qualities of the arts in therapy are especially vital within today's pluralist society striving for better cross-cultural communication and understanding. (McNiff, 1986, p. 131)

McNiff described clinical interdependence in relation to the multidisciplinary and team work model that prevails in the mental health field. This makes interdependence a necessity and emphasizes the need to understand and work with the major psychotherapeutic systems, models and theories. McNiff suggests that the way to develop clinical skills is through direct practical work with clients on placement.

McNiff identified and discussed **supervision** as a key component in the education of arts therapists. Supervision involves the student sharing details of their clinical experiences and engaging in discussion and analysis of these experiences in order to gain understanding and develop a capacity to critically reflect on their work. Most programs offer multiple forms of supervision, at the placement site as well as off site. Individual supervision is usually provided weekly at the placement site and also in a small group at the college. The group forum provides an opportunity for peer learning, sharing, support and feedback. The college supervisor has an important role in supporting the placement supervisor in the process and they are usually responsible for directing and evaluating the students work.

The process of supervision is highly relational. It is also a key aspect of learning about the work and is based on modelling behaviour and ways of relating; therefore students tend to internalize the supervisory styles of their supervisors. Also, in the process of supervision the use of the art form is usually integrated. In art therapy this is through image-making as part of a reflective and exploratory experience to explore perceptions of different issues and client material.

Another point raised by McNiff is the controversy over supervision as therapy. This is the process whereby the therapeutic issues of the student can be manifested in the supervisory process. McNiff referred to concepts of transference and countertransference to illuminate this process. The interpersonal nature of the enterprise means that both the supervisor and the students are subject to a self-reflective process. McNiff articulated a way to conceptualize the distinction between therapy which is directed to the resolution of emotional difficulties and training which is directed to the development of psychotherapy skills. McNiff referenced Ekstein and Wallerstein (1972) who advocated viewing psychotherapeutic training as integrating both 'therapy' and 'training' into a new combination where movement between the two polarities can be made.

McNiff's survey underlined how the education of arts therapists is a personal developmental process that cannot be accelerated unduly. A general agreement for personal therapy or understanding of the self was found to be part of the education process for all arts therapies. How this occurred was varied but most programs were shown to integrate interpersonal experiential learning into the curriculum. However, there is still a need for self-understanding that cannot be accommodated in the program and personal therapy is engaged in outside of the curriculum.

The use of **placements**, also known as 'field site', 'practicum' or 'internship' is a central part of the education for arts therapies and a defining component of the process. McNiff noted it takes years to build up a supervisory network around programs and that the students placed in these settings often open up future employment at these sites. A major part of the placement training is learning about how institutions operate and how to function effectively in them and conduct clinical interventions with clients.

In discussing **students** McNiff's study identified a strong gender emphasis on female students in most of the creative arts therapies except psychodrama. This was thought to be connected to the low salaries and the tendency for men to choose more established fields such as psychology. With regard to what was described as 'minority' groups, generally there was a low representation compared to other professions in the mental health field.

McNiff's study showed the varied nature of the backgrounds of **staff** or **faculty**. However, he considered they could be clustered into two groups and referred to as first and second generation creative arts therapists. The first generation included pioneers of the profession who did not graduate from formal training programs in arts therapies but developed and ran the first training programs based on their clinical practice. This group are noted as being a strikingly varied group. The second generation are those who had formal training and had gone onto develop programs. It was discussed how most of the programs had been developed by staff in isolation with little external support and with the added task of 'demonstrating the validity of the profession.' The reliance on adjunct faculty was also noted as a typical feature of the arts therapies programs.

Regarding the influence of professional associations, McNiff noted tensions can arise between the association guidelines and the freedom of the educational institution. This is the case particularly where the association guidelines are highly prescriptive and curtail any creative shaping of the curriculum which can result in a narrowing rather than expanding of knowledge. However in balance he noted the role of the associations is important in promoting the profession and building career options.

In terms of **theoretical perspectives** McNiff observed a multiplicity of theoretical orientations characterized by the orientations found within the field of mental health. Overall, course guidelines allowed for flexibility and for different program identities to emerge, not tied to particular theoretical systems. Relatively consistent was an agreement between all the creative arts therapies of the importance of respecting a variety of theoretical constructs. Psychodrama appeared to be the only specialization which had a clearly defined theory of practice (Moreno, 1973). The lack of transferability of theoretical ideas between different arts therapies specializations is part of the substance of McNiff's thesis as he draws attention to the theme of integration of the arts, referencing Wagner's concept of 'Gesamtkunstwerk', the natural integration of all art forms. He noted the professional associations of creative arts therapies have been established in relation to commonalities of a particular medium rather than a theoretical construct. McNiff says it is possible to argue that **differences in ideas can separate people more than differences in materials**.

McNiff believed it possible to construct a new and cooperative theory of the creative arts therapies which delineates elements that are common to all specializations while respecting the multiplicity of psychological systems that guide professional practice. He proposed that theoretical coherence can begin with an understanding of the core elements shared by all creative arts therapies. He called this an "*artistic theory of mental health and therapy*". This is based on integration of the healing and ritual practices of the arts in ancient indigenous cultures with the role of the creative arts therapies. He considered the art of the therapist is the ability to respond personally and with depth, to each person and situation. He feels this closely parallels the artistic process.

Human beings long for art in their daily environments and instinctively act according to the principles of artistic process in the most commonplace of activities. ...Art like religion

creates value, serves a means to transformation, intensifies commitment, heightens sensitivity and appreciation, encourages communication and catharsis and generally sanctifies life. These are also the objectives of psychotherapeutic change. (McNiff, 1986, p. 190)

One of McNiff's tenets is 'art as psychological inquiry'. From the perspectives of psychology and philosophy the creation of art is perceived as behaviour to be studied rather than a philosophical or psychological process of inquiry. He points to Hillman (1977, 1978) who has contributed the idea of 'the poetic basis of mind' and Stephen Levine (1969) who presents the ideal of the philosopher/artist who integrates imaginative and intellectual inquiry.

Hillman's (1977, 1978) view of art is as a process of the senses and the imagination. He views psychotherapy as an imaginative art whose method is the cultivation of the imagination. He believes the image refers to nothing beyond itself and that it is a 'primary psychic structure'. This view is based on the premise that the structures of life are known through imagery, religion, myth, ritual and the arts. This is in contrast with the behaviouristic, psychopathological approaches to psychology that dominate mental health. McNiff adopts this imaginative perspective and links it with the notion that the therapeutic relationship is based on empathy and 'internalising the energy of the other'. Based on these ideas he considered what is being taught is process itself in a personal form.

McNiff's perspective on theory is to encourage students to create their own relationship to theory rather than rely on simply following a particular system.

Theory provides a focus and channel for energy within the vastness of possibilities. Students are eager for theoretical explanations as a source of power and as a remedy to the confusion that characterizes entry into a complex profession. Theory guides action and thought, eliminating confusion and strengthening self confidence. Tangible answers are presented as alternatives to ambiguity, and within the theoretical framework everything seems to fit. The multiplicity of theories available to therapists and students today sometimes results in an environment of uncertainty and separation. When the teacher does not give students a single theoretical system to dispel confusion but suggests they study all systems and make their own theory, the emphasis is placed on creation rather than indoctrination. (McNiff, 1986, p. 201)

In the final section of his book McNiff discussed his dialogues with educators who agreed on the need for the profession to create theory which articulated the process of the work and that placed primary emphasis on the language of art. He reported the consistent view was for the **development of theory indigenous to art** and that this desire was seen as 'imperative' for the profession.

4.3.2 Moon (USA)

The other volume dedicated to art therapy education "*Essentials of art therapy education and practice*" (1992/2003) by Bruce Moon presents his philosophical (existential) position based on his experience. In this work Moon presents 22 essential ideas that explore the crucial components of the education of arts therapists. Moon shares a similar view to McNiff concerning the place and role of the art object and process in art therapy. Like McNiff, Moon sets out his perspective based on

Hillman's view of 'images as living entities' (Hillman, 1977, 1989). Moon's view pays respect to the living nature of the image as well as the person and introduces ideas such as 'devotional seeing'. He also advocates art-making for the art therapist as essential and views making art as making soul. He says he is "...working toward a pro-meta-verbal faith in images" (Moon, 1992/2003, p. 19).

Moon charts the educational journey of art therapy training in a narrative format, offering views and experiences to understand the process. He emphasizes the necessity of self knowledge and the development of personal qualities in what he terms a 'passionate discipline'. Beginning with the personal reasons and influences that will draw students to such a path of training, he identified the experience of chaos that is encountered at this phase, as emotional experiences surface in the process. Moon uses stories and personal reflections as the substance of the book and 'embodies' the use of metaphor which he identifies as another essential topic. He gives acknowledgment to the role of mentor in the process and the cooperative nature of the work. He reviews the core curriculum and advocates a broad approach that includes not only art therapy, art and psychology, but also philosophy, community activism, theology and literature. Moon stresses the importance of the practical experience of placement for students to understand not only the work of art therapy but their own philosophy or life's work. He advocates the need for coherence in the work and for it to be practically applied. He also discusses the role of love in the process as 'the will to attend'.

This contribution to the literature captures a particular flavour which is indicative of the soul-making tradition or art as inherently healing that was identified earlier. It is interesting to note that the only two full volumes on the topic are both from this kind of perspective and from the USA.

4.3.3. Expressive therapies: Knill, Levine and Levine (USA)

Other literature which discusses art therapy education from the USA includes Knill, Levine and Levine (2005) who cover training in their treatise on expressive therapies. This is an approach built on placing art-making (multi modal) at the centre of the process. Their framework places value on the imagination with 'therapeutic aesthetics' as the 'horizon' of their principles and practice. Their view is based on the classical concept of 'poiesis' which is defined as a capacity to respond to and shape the world and the self. The concept of 'shaping' is central; this is defined as a complex process which involves formation, deformation and the possibility of re-formation. The experience of chaos and breakdown are part of this 'shaping' process and are seen as an opportunity for increased understanding. In the discussion on training, the tension between the therapeutic and educational experience is acknowledged and the value of the artistic exploration is emphasized. Challenging traditional therapeutic approaches by placing art-making at the centre of their work, and drawing on philosophies which include: post-modern perspectives (Derrida); phenomenology (Merleau-Ponty, Heidegger); and the work of Hillman (1977, 1978, 1989), they take up the themes raised by McNiff and put forward a theoretical framework born out of art-making and an integration rather than separation of the arts specializations.

4.3.4 Doctoral-level education: Gerber (USA)

One of the most recent contributions from the USA is by Gerber (2006) who presented an article summarizing her doctoral research into "*The essential components of doctoral education for art*

therapists". This research identified seven emergent themes for the development of doctoral level education. The themes were learning cultures; epistemologies; rationale and competencies; interdisciplinarity; research; self and other knowledge; and pedagogy. These themes provide a philosophical construct for the development of doctoral education and the cultivation of 'stewards' who will lead the profession. The aim is to prepare leaders who can challenge and develop theoretical frameworks and epistemologies as well as protect and sustain growth in the profession. Gerber's contribution is significant as it draws attention to the importance of epistemological foundations and educational philosophies in the field. Her research articulates the idea of creating a learning environment that provides emotional and intellectual holding where learning is embraced on multiple levels (intellectual, emotional, artistic) in a dynamic and interactive way. Although this is focused on doctoral level education this is relevant to this project and thinking about the education of art therapists at masters level.

Looking at the other relevant literature in the USA on art therapy education, the range of the topics includes contribution from a trainee perspective: Andrus (1995) who has written about surviving elimination of a graduate program of art therapy; Swan-Foster, Lawlor, Scott, Angel, Ruiz and Mana (2001) who discuss their experiences within a transpersonal art therapy training group; Franklin, Farrelly-Hanson, Marek, Swan-Foster & Wallingford (2000) on a transpersonal approach to art therapy training; and Linesch (2005) on the development of cultural competency in art therapy training. The emphasis on transpersonal, integrative soul-making approaches is very much in contrast to other approaches to art therapy. The issue of culture also features and echoes with themes highlighted in early chapters of this thesis.

4.4 Literature on art therapy education in the UK and Europe

Turning our attention to the UK and Europe, there are no full volumes on the topic; rather it is discussed as part of wider professional overviews or in specifically focused articles. The main author on the topic is Waller (1987, 1991, 1992a, 1992b, 1998; Waller & James, 1984) who writes about the UK and Europe. This section will begin with a review of this significant contribution and then other relevant literature will follow which includes a range of material on the topic by the following authors: Brooks, 1998; Brown, Meyerowitz-Katz & Ryde, 2007; Dudley, Gilroy & Skaife, 2000; Edwards, 1993, 2004; Skaife, 2007; Skaife & Jones, 2009; Teasdale, 1993; and, Ward, 1998.

4.4.1 Waller (UK, Europe)

Waller is a significant figure, if not the most significant in the development of art therapy as a profession in the UK. Waller's contribution on art therapy education is historically cumulative rather than held in one integrated study (Waller (1987, 1991, 1992a, 1992b, 1998; Waller and James, 1984). This literature charts the development of the profession of art therapy not only in the UK but also across Europe. Within these publications there are relevant discussions on the education and training of art therapists including sociological, theoretical and ideological perspectives. Therefore a brief overview of Waller's theoretical contribution is provided followed by a review of the specific

content related to the education and training. Distinguished by a sociological position Waller cited the following definition of profession:

The application of an intellectual technique to the ordinary business of life, acquired as the result of prolonged and specialised training. (Carr-Saunders & Wilson, 1933, p. 491 cited in Waller, 1998, p. 64)

Carr-Saunders and Wilson also suggested that professions are a stable element in society, which form a resistance to the “*crude forces which threaten steady and peaceful evolution*” (1933, p. 497). Throughout her work, Waller has made reference to sociologists who have considered **how new areas of study emerge and develop into professions**. In particular she found the process model of professions by Bucher and Strauss (1961) and Ben-David and Collins (1996) useful. These authors presented an alternative to the functionalist model of a profession by taking a developmental, process view. The functionalist view is concerned with effects whereas the process view seeks to understand the complexity of change. Bucher and Strauss’s view takes into account the **dynamics of conflict** which are seen as a common element of a profession’s growth and part of a living process that contributes to its development. This allows consideration of a dynamic view of the conflicts that arise in the process of becoming and developing as a profession.

Waller (1991, 1992a, 1992b, 1998) also draws on the work of Ben-David and Collins, (1966) who similarly considered a process view of the emergence of new professions and the function of the synthesis of different roles, known as “**role-hybridization**” (Waller, 1998, p.102), in this case that of artist and therapist. The movement or dynamic between artist and therapist creates a tension and conflict which pivots on the pressure to either give up a role or alternatively innovate and integrate the two. In the case of art therapy the integration has been successful, although the pressure between the two roles continues to shape its development.

In exploring how art therapy emerged as a new area of study, Waller (1998) referred to Goodson (1981). Goodson provided insight into the process of **development of a new academic subject** and identified the first stage as infiltration of a subject into the education system, known as a “*callow intruder*”. From this position he argued that an interest continues to build with often ‘missionary enthusiasm’ from various interested parties (pioneers and founders) and a tradition of scholarly work evolves in support. Goodson pointed out how the discipline’s own internal logic increasingly influences the process which may lead to the constitution of a professional body with rules and values. It is from this premise a process of ‘tradition’ develops.

Waller has also considered the **professional ideologies** that have come to bear on the development of art therapy education and referenced Pateman (1972), who found that behind all training programs lie invisible ideologies that affect the way professions function and develop. Waller (1992a) identified and discussed the ‘emergence of a **fine art ideology**’ in the training of art therapists and the effects of this.

Waller (1991) also explored links between **psychotherapy and art therapy** training finding points of similarity and difference. She noted the work of Dyne (1985) who wrote about psychotherapy training as based on an “*act of faith*” and considered this may be similar in art therapy. However, in terms of difference she noted how psychotherapy training in the UK had taken a path within the

private sector whereas art therapy training was firmly steered into the public sector. This was seen as partly due to art therapy's links with the trade union movement.

Waller has also discussed **regulation** and made links to Khaleelee (1982) who observed that: "*Regulation is the price to be paid for safeguarding an exclusive right to practise*" (Khaleelee, 1982, p. 1 in Waller, 1991, p. 243 and Waller, 1987, p. 189). Additionally Waller noted how Khaleelee identified the **importance of the person** (psychotherapist/art therapist) as the instrument of the treatment and that the provision of support for the professional (psychotherapist/art therapist) is an under-recognized aspect of the work (Waller, 1987, p.190).

Finally, the perspective offered by Littlewood and Lipsedge (1982) on the significance of **cultural contexts** and **social factors** also runs through Waller's discussions (Waller, 1987, 1991, 1998). They brought to attention the serious omission in psychiatry of the consideration of cultural issues in the diagnosis and treatment of various ethnic groups: "*The cultural context in which any profession develops will undoubtedly influence the knowledge base and the relationship with other professions, with the law and the state*" (Waller, 1998, p. 76).

Waller's development of these themes of sociology, ideology and culture outline the foundations on which the profession of art therapy has evolved and on which the education process has developed in the UK.

The earliest reference on art therapy education in the UK is in Waller and James (1984). At the time, they were running the only two art therapy training programs in the country. Their chapter charts the **history of training and education in art therapy in the UK**. It reviewed the process of development and what constituted suitable training at the time. The historical background showed how training in art therapy began as a distinct discipline separate from occupational therapy and play therapy. Petrie was identified as a leader on this front and an advocate for art therapy as a distinct profession bringing the artist and psychotherapist perspectives together (Petrie, 1946). The first opportunities for training were from the apprenticeship experience at the Withymead Centre (also see Hogan, 2001). When the British Association of Art Therapists was formed in 1964 it began the impetus for training with negotiations with the University of London in 1965 with a view to cover all the arts (drama, dance, music). However, this failed to get off the ground due to a number of factors: economic issues; high staff student ratios; structural issues (complex timetabling); definition (the arts therapies were all at different stages in establishing identities); and territory centred on issues of who would be in control.

In 1970, at the University of Birmingham in the School of Art Education, an option in art therapy on the teacher's diploma became available, led by Michael Edwards. The other programs that emerged were Goldsmiths College (University of London) led by Waller; and St Albans, led by James. In 1984, Waller and James described the programs as designed to equip students with basic theoretical knowledge and practical experience of working in a range of situations. The linking of theory to practice was seen as the main enterprise of the training, and the range of learning components were described as lectures, seminars, workshops, experiential groups, clinical placements and supervision. They stated that at the centre of the training was the idea of the "*growth of the student as a whole person*" including emotional growth and self awareness (Waller & James, 1984, p. 198).

The **course content** was described as including media skills; art therapy techniques with individuals and groups; study of psychiatry, psychology, sociology; study of art related to therapy; clinical placement; development of self-awareness through art/group therapy; development of awareness of dynamics of therapeutic relationships; and external examination processes. There was reference to looking at the requirements being developed in the USA by AATA to learn from their models and approaches and, in 1977, BAAT produced recommendations and established some consensus about the structure and content of training.

In these early days, the programs were all one year full-time or equivalent part-time, and were located within schools of art and design. There was an emphasis on art graduates and continuing art practice. Differences between the three programs could be found in the theoretical elements of each one: Albans/Hertfordshire included the study of psychiatry and psychology with formal examinations; Birmingham emphasized art, aesthetics, iconography and symbology; Goldsmiths emphasized child development, the influence of culture on imagery, social psychiatry and groups. Students at Birmingham and Goldsmiths had to undertake teaching practice as well as art therapy practice. This was a heavy demand and the task of distinguishing the roles of teacher and therapist was testing (Waller, 1991, p. 244).

Waller (1992a) reported that by 1990, BAAT had developed further principles for training, namely that the period of one year training was not sufficient and should be increased to two years and that the basis of the training should be psychotherapeutic. The models or orientations were not strictly defined and this aspect remained open. The psychotherapeutic relationship however was highlighted, which opened up the way for the art therapists to take on working at depth with the exploration of feelings, emotions and transference issues. Since 1997, the profession of art therapy has been state registered in the UK and the training requirements are now under the authority of Health Professions Council. The training requirements are organized as Standards of Education and Training (SETS) and Standards of Proficiency (SOPS). The standards of proficiency are organized into generic and specific components. The curriculum content is guided by these standards and allows for interpretation towards different views and models. The learning outcomes, set out in the standards of education and training, are to ensure that those who successfully complete the programme meet the Standards of Proficiency for their part of the Register (HPC website, 2010).

Waller considered the importance given to the **study of art** in the education of art therapists. The entry requirements in the UK emphasized art as a first degree although graduates from other relevant backgrounds were also eligible (Waller & James, 1984). All entrants had to demonstrate competency and practice in the visual arts and to have some relevant work experience. A cautionary observation was made which pointed to the effects of this intensive training experience which introduced a new perspective on art-making that could cause students' relationship to their own art-making to change giving rise to "...feelings of inadequacy or even to reject their artist selves" (Waller & James, 1984, p.100). Waller (1992a) noted Gilroy's research into the art therapists own art practice which acknowledged the power of the artist background of art therapists, and if it is maintained even occasionally, this keeps the art in a central place in the practice of art therapy (Gilroy, 1989, 1992).

Waller (1991) also reviewed how the position of the visual arts in the 1960s in the UK was influential in how art therapy training evolved. The qualifications in the arts were changing at the time, moving

away from the more vocational and specialized approaches toward degree status with a more liberal focus. This led to an expansion in the study of the fine arts and the postgraduate diploma in art therapy became a possible career option for these graduates. Waller suggested this was a possible factor in the emergence of art therapy as a new profession (Waller, 1992).

Waller (1992) also looked at the socialization of the art student, particularly a study by Madge and Weinberger (1973) on *'Art Students Observed'*. Madge and Weinberger found that art students are socialized into their role as 'artists'. This is a very changeable role compared to that of lawyers or doctors. The study brings to light a seduction into the role that is unconventional and anti-establishment yet is built on few real professional options at the end of training. It is described as a pseudo-professional role, *"...a powerful model because its falseness was not often discovered, or admitted until most people had left college"* (Waller, 1992, p. 220). Madge and Weinberger show how the fine art ideology emphasized the uniqueness of the individual. In the light of this Waller discussed how challenging it can be for an art student who has been socialized by the fine art ideology to take on the role of the therapist and develop allegiance within a medical model. Waller asserted that while it is valuable to hold on to the art base in art therapy training it also created particular stresses for students to absorb and integrate the range of knowledge and practice necessary to feel secure in their professional role (Waller, 1992a).

Waller (1992a) has shown that **theoretical perspectives** in art therapy education have been left relatively open to allow for development of different views. However various perspectives are noted which included psychoanalytical, behavioural, biological, anthropological, social, semiotic and aesthetic. Waller (1992a) also identified the different philosophical emphases of the programs as object relations/group dynamics (Goldsmiths); and, developmental psychology (Hertfordshire).

Waller's (1998) review of art therapy within Europe revealed a range of theoretical views across this area. For example, in Ireland, it is noted that there is a distinctive openness and eclecticism in the range of theories and models in practice and that a cross-fertilization between all the arts therapies is present. In the discussion, attention was paid to the nature or character of the Irish, the history of conflict, and the work of Rita Simon (1992), who had a strong influence on the theory in this context. Waller showed that different theoretical emphases are to be expected in relation to the social and cultural factors of the context. Also, she pointed out that attention should be paid to the risks of transferring or adopting models that may reproduce a 'colonization' process (Waller 1998).

Waller has made a substantial contribution to the development of art therapy in the UK and Europe. The nature of the academic discipline of art therapy with its focus on the growth of the student through experiential and clinical aspects means it holds a relatively marginal place in higher education. In light of this, Waller foresaw challenges for art therapy training in the increasingly bureaucratic and compartmentalizing trends within higher education at that time (Waller, 1992a).

Waller's most recent publication relevant to this topic provided an overview of the organization of art therapy across **Europe** and explored the ways art therapy has evolved in different countries in this region (Waller, 1998). A section of the book is devoted to training and the issue is woven throughout various discussion and case studies. Waller's focus on the definition and boundaries of art therapy within Europe highlighted the complex diversity of the context on the following fronts of difference: durations and levels of programs; definitions of art therapy; entry criteria; philosophies

of practice; amount of clinical practice; personal therapy requirements; and, what she described as a critical view of theories versus a 'guru' approach.

Waller stated at the time that the initiatives of the European Consortium of Art Therapy Educators (ECARTE) and the European Advisory Body of National Art Therapy Associations (EABONATA) brought an organizing view to the field through the notion of 'Europe'. ECARTE is a consortium of universities and higher education institutions working to provide nationally validated and professionally recognized programs in the arts therapies within Europe. EABONATA was initiated in 1992 during a conference of the French Society for Art Therapy. While ECARTE has continued to develop, holding conferences and creating publications, EABONATA has not managed to continue with the same activity or presence.

Waller also raised the issue of clarity in knowing what is being offered in the name of 'art therapy'. She looked at the social, political and legal contexts and considered the task is centred on **the dilemma of how to allow for difference without lowering standards or changing the boundaries of the profession**. She underscored the importance of this issue as an inherent tension in any profession or field (Waller, 1998). Waller reviewed the work of Macdonald (1995) who mounted a sociological critique of professions up to the 1970s. The key issue raised was that a profession is a collective group that legitimately pursue their interests in competition with other groups, up to and including the State. There is a process of translation of specialist knowledge or skills into social/economic rewards. This market process generates a drive for dominance to enter into a bargaining position with the State, allowing further standardization and restricted access to their knowledge by controlling entry to training and the curriculum (Macdonald, 1995; Larson, 1977). With regard to theory, Macdonald states that without a clear theoretical, or 'knowledge' base no group can claim to be a profession.

Waller also discussed issues of 'ownership' and 'regulation' and how the power and control involved in these processes gives rise to conflicts and dilemmas that cannot be avoided and have to be embraced and worked with. Waller argued that the cultural context in which art therapy develops will influence the knowledge base and shape the relationship with other professions, the law and the State. Therefore, there will be differences across all contexts and this creates complexity. The view that pervades the book is that **different theoretical emphases are to be expected in relation to the social and cultural factors of the context**. The discussion identified the tensions involved in adopting models of training that will be transferable between countries and the risks of importation of models that reproduce a 'colonization' process (Waller, 1998).

These ideas and perspectives summarize a significant part of the contribution Waller has made to this field from a socio-political perspective relevant to art therapy education.

4.4.2 Race and art therapy training: Ward, Brooks and Skaife (UK)

Other articles from the UK revealed consideration of the issues of race in relation to training. Two chapters by Brooks and Ward appeared in 1998 and one by Skaife almost a decade later in 2007.

Brooks (1998) discussed her experience of training, from what she termed, a "Black perspective". This provided insight and put forward ideas for improvement. Brooks identified the 'uncomfortable'

issues of racism, disadvantage, prejudice, polarization and ignorance, and tried to find ways of engaging in dialogue about them. Through sharing personal moments Brooks described the experience of training as being “*an alien in an alienating system*” where on occasion she found her identity manipulated by others through faulty assumptions, or prejudice. She identified the lack of Black perspective in the training and described the limited places where the issues of race and culture were taken up and discussed. When these topics were explored, the Black student could be placed in a position that reinforced polarized positions and where the White majority get stuck in their own defensive positions with feelings of guilt and shame. Brooks suggested staying with a theoretical examination is not enough and that personal prejudices need to be worked with directly. Brooks recommended employment of Black tutors and an active approach to the issue integrating this into the training more broadly.

In the same year Ward (1998) presented information and views gathered from Black and Asian art therapists, students and lecturers on race and culture in art therapy training. Using semi-structured interviews, and a questionnaire to gather information, Ward presented the findings and a set of recommendations. She noted the issues raised by students and therapists echoed those from the teaching staff. She also included views from two consultants (clinical psychologist, family therapist) on innovative ways these professions are integrating race and culture into their training programs. Ward advocated a radical and reflective process to question the values that have shaped art therapy theory and practice to date in order to prepare both Black and White practitioners to meet the needs of the multi-cultural context.

Ward showed the common and continuing themes from the art therapists and students included inclusion of a Black perspective, patterns of failure, structures of equal opportunity, training and identity and different art therapy approaches. Themes from teaching staff included business orientation of programs; building a political perspective in psychotherapy; integrating equalities (race and culture); differences in beliefs and values; therapy/education tension; and developing anti-racist practice and skills. Ward also offered recommendations for the integration of a coherent race and culture strategy into training programs. These included systematic anti-racist policies and equal opportunity accountability; case studies of Black clients; cultural reflexivity on trainee identity; implications of being White; culturally appropriate art therapy models; and access to funding.

Skaife (2007) also explored racial issues as held in the different positions of Black and White in a supervision group in an art therapy training program at Goldsmiths College in the UK. Her review of literature on race, art therapy, groups and supervision revealed this to be a growing area of focus (Doktor, 1998; Hiscox & Calisch, 1998; Campbell, Liebmann, Brooks, Jones & Ward, 1999). Skaife explored the positions of Black and White linked to the verbal and visual in ways they are artificially constructed and also materially inhabited. The notion of ‘paradox’ emerged in this discussion. This is explained by the way that silence can communicate and speak and the way a blank piece of paper makes a visual statement.

Skaife discussed the work of Dalal (2002) who investigated how race and colour are socially constructed for political purposes. Dalal argued this can place people in a “*double bind*”: *To identify as black is to accept an identity forced on one; to reject the category, however means to have no way to combat racism, a paradox...*” (Dalal, 2002, p. 210 in Skaife, 2007, p. 140). Skaife discussed some common processes that occur in groups with White and Black members namely, that a single Black

person in a group is *“often absorbed in a beneficent denial of their difference”* (Skaife, 2007, p. 146). This can be difficult to challenge without being regarded as holding a grudge. If the conductor challenges this, the Black person can become isolated. If their Blackness is accepted, they may feel they are being expected to speak for all Black people and their individuality ignored. They may also be given power overtly or covertly in an avoidant process to alleviate the guilt of White members. Skaife explained how the literature showed that mixed race supervision is fraught with difficult and often violent feelings and that it is difficult to explore racism without replaying it. Separating Black from White members is an option. Helping Whites discover where they imbibed racist notions, and how embedded these are unconsciously, can help deal with feelings, and then there may be a possibility to come together. The dynamic that can be enacted is that of oppressor/oppressed, where there can be the humiliation of one’s own persecution, or unintentionally being an oppressor. Skaife aims to upset stuck binaries and to challenge the dualisms of silence or speech; art or talk. Skaife argued that if we avoid working with these issues the result is a continued disadvantage of Black students.

4.4.3 Experiential art therapy groups: Dudley, Gilroy and Skaife (UK)

Another significant publication from the UK is by Dudley, Gilroy and Skaife (2000). These art therapy educators from Goldsmiths College described a collaborative project, which took place over an eight year period, on the processes of experiential art therapy groups in art therapy training. The main findings included awareness of the influential nature of the context and the effects of role modelling on the students, the enactment of transference and counter-transference and the dynamic of balancing education and therapy within the experiential learning frame.

The project evolved out of their work environment, where all three ran concurrent experiential groups and met regularly to reflect on this experience. The method they used is known as ‘collaborative inquiry’ or ‘experiential participatory research’ (Reason, 1988, 1994; Reason & Rowan, 1981). This involved regular discussions about the experiential art therapy groups through taping and transcribing discussion and then analysing the discussions for themes which would then be focused upon, elaborated and followed up with further action, in a cyclic process of reflection and action.

Their review of the literature covered similar experiential groups from the USA (Grotjahn, Kline & Friedmann, 1983; Mills, 1964; Munich, 1993; Yalom, 1975), and the UK (Hobbs, 1992) block training in group analysis (Balmer, 1993; Hilpert, 1995; Reik, 1993; Tsegos, 1995) and experiential art therapy groups (Gilroy, 1992, 1995; Waller, 1993; Waller & James, 1984). This review revealed several key issues in experiential groups, such as the distinction between learning and personal help (Mills, 1964; Yalom, 1975), the course as transference object (Hilpert, 1995), the experiential group as part of a matrix (Tsegos, 1995), the experiential group as a place to learn about how to use art-making for self-exploration (Waller, 1993; Waller & James, 1984), and role modelling (Gilroy, 1992; Yalom, 1975).

One of the main issues in experiential groups is the distinction and priority between learning and personal help. The purpose of experiential groups is to learn, although this in itself may prove to be personally helpful. Yalom (1975) viewed experiential groups as giving students a chance to learn to

identify with patients, to feel anxiety, hostility, and gain understanding of group dynamics. He noted that some regression is inevitable in the process and that intellectualization is a common response with minimal self-disclosure and risk taking. He observed that students often feel in 'double jeopardy' as they realize their self is their professional tool and they may be exposed and found lacking. Yalom saw one of the primary tasks of the conductor as role modelling the attitude of encouraging 'research' in the group as a source of data.

Hilpert (1995) noted that the course can become a 'transference object' between the conductor and the group and that maintaining the boundary between fantasy (appropriate to analytic work) and the reality of the institution is often difficult. Smith (1994) highlighted the importance of allowing negative transference to emerge to enable students to separate from the institution and develop independently as therapists. Tsegos (1995) viewed the experiential group process as part of a matrix, rather like the model of therapeutic communities where regular staff meetings are vital to contain the potential splits that may emerge. Waller and James (1984) noted how difficult the experiential group process can be where the student is required to involve themselves in the process as well as stand outside and look at it analytically. It also becomes a place to learn how to use art making for self exploration.

Gilroy (1992, 1995) researched into the influence of art education and experiential groups and found how crucial the experiential groups were in providing a place where the student's personal lives and occupation choices meet and interact. Gilroy (1992) found that as students discovered latent meanings in their art work, this could have a liberating or inhibiting effect. This could be due to experiences of loss or distress associated to the career choice or their relationship to their art-making. She also noted how the ability of the conductor to function with an open, honest and spontaneous approach also has an effect.

The findings of the project highlighted the significance of the context of the group within the wider institution and society. They found the therapeutic community model held relevance and could be visualized as circles which were held within other wider circles which intersected with each other. Societal or institutional events/processes influenced the groups including changes that affected the students' clients such as changes in health policy, the closure of large psychiatric hospitals, increasing use of short-term interventions. It was observed that the severity of disturbing clinical material that the students were exposed to has increased and this meant the containment and processing of this fed back into the training since this material needed to be held and worked with.

The process of role modelling was a significant theme. It was found that the students absorb all aspects of the tutor's responses and attitudes and the emotional and physical aspects of what is provided in the experience (consciously and unconsciously). A significant finding was the influence of the author's countertransference responses, particularly feelings of envy in relation to the students having two hours of art-making each week. It was noticed how the institution valued academic outcomes rather than art outcomes, and the pressures of other work diminish the value placed on art in the wider context. They noted this dynamic as present within the profession as a whole and theorised about a "cascading down of assumptions at an unconscious level", from the social, cultural, political to the immediate working environment where such assumptions may be embodied in the way tutors enact and communicate to students. This in turn influenced the way the students become professionally socialized. It was also discovered that there was a fear of difference in the

way the groups were conducted. In reflecting on this insight the authors became aware of the subliminal wish they may have to fit the 'all knowing' transference projection from the students. In response to these insights, space was given to staff art-making, and scope was provided for difference and working with these issues directly in the groups.

In their conclusions, the authors noted how similar the research process was to an art making process, as it used "*spontaneous exploration of thoughts, feelings and ideas followed by reflection and assimilation of those ideas*" (p.196).

In summary, the key points were the importance of the therapeutic community model of therapy education and viewing the group as part of a larger matrix; keeping the focus on the systemic rather than interpersonal issues (Hilpert, 1995; Tsegos, 1995); and, the educator's own self-awareness (p.197). They found acceptance and discussion of their own anxiety, differences and rivalry enabled a realistic view of their own competencies outside of the transferences from students. This was thought to reflect a growing movement in therapy towards recognition of the importance of the person of the therapist and the context.

4.4.4 The art therapy large group: experiential learning: Skaife and Jones (UK)

Most recently, the use of the art therapy large group (ATLG) as an innovative experiential teaching method in professional training has been developed and written about by educators of the Goldsmiths College program. This is an experiential group involving all the students and staff (80+) that aims to develop understanding of art therapy processes, professional learning and institutional and political issues relevant to the work place. This method engages unconscious dynamics through creative activity and critical thinking about social and political issues. The article contributes an overview of the model with a case example and discusses the relevance of this method to other professional training programs (Skaife & Jones, 2009; Jones & Skaife, 2009).

4.4.5 Supervision and image-making: Brown, Meyerowitz-Katz and Ryde (UK)

Brown, Meyerowitz-Katz and Ryde (2007) educators at Hertfordshire University wrote about the use of image-making in art therapy trainee supervision groups. Based on their experiences of using image-making as part of the training supervision experience, their questions included what the image-making added or took away from the supervision in this context? They made links to Winnicott (1971) and the transitional phenomena of play. In their definition of supervision, they emphasized the imaginative aspects of the process where fantasies, thoughts, impressions and feelings are explored to facilitate the relationship between the therapist and client. They noted how, historically, art therapists have often relied on supervision from other professions such as psychotherapists in the absence of experienced art therapists (Edwards, 1993; Rees, 1998). Their review of literature revealed an emphasis on the use of client's imagery in supervision (Henzell, 1997b; Maclagan, 1997). This presence of the client's imagery is seen as having some direct contact with an aspect of the client in a way that verbal reporting could not. Schur (1998) described supervision where the client's image is viewed before any other information is known, using it as a

primary source of information, and Rees (1998) noted how rare it is to find a model that makes use of image-making within the supervisory session.

The issues raised in this study related to the lack of clarity over the boundary between supervision and therapy, and the anxiety in the trainee therapist which can lead them to becoming over-identified with the client. Overall they considered the use of image-making enhanced the supervisory process, providing a container for inexpressible anxieties and making available underlying unconscious feelings. They considered how this connected with the debate in art therapy about the relationship between verbal and visual expression, whether the image is enough or how much the image needs to be made conscious through talking about it. They concluded: *“the making of the image in supervision can, in varying degrees, facilitate a transformation enabling more thinking, even if it is not specifically talked about”* (Brown, Meyerowitz-Katz & Ryde, 2007, p. 76).

Looking at the other relevant literature in the UK on art therapy education, the range of the topics includes contribution from Teasdale (1993), who has written about the role of the clinical placement in art therapy training and the changes in professional demands, and Edwards (1993), who discussed the role of supervision in art therapy training as a place to learn and think about feelings.

The contributions from the UK show a range of topics which include discussion on the sociological, historical and professional evolution of art therapy education, exploration of experiential art therapy group processes, the use of image-making in supervision and issues of race and culture. There is generally an emphasis on a psychodynamic perspective within the literature. This is in contrast to the literature from the USA.

4.5 Summary of the literature

This review of literature shows, generally, how the art therapy education process is closely linked with the development of the art therapy profession across the world (Junge & Asawa, 1994; Waller, 1991, 1992a, 1998; McNiff, 1986). It also reveals the relatively small number of people (art therapy educators) who have made substantial contribution through research and publication to the field of art therapy education (Dudley, Gilroy & Skaife, 2000; Gerber, 2006; Gilroy, 1992, 1995, 1998; McNiff, 1986; Moon, 1992/2003; Waller, 1991, 1992a, 1998).

The material on art therapy education from the USA shows an emphasis on a position of integrating the arts modalities and drawing on the theoretical views of Hillman (1977, 1978, 1989). This can be described as a soul-making perspective in art therapy (art as therapy/art as inherently healing), where the image is seen as ‘alive’ in the process (McNiff, 1986; Moon 1992/2003; Knill, Levine & Levine, 2005). Although this is strongly present in the literature, this is not the only approach to art therapy education in the USA, as the comparative review by McNiff and other literature shows a variety of perspectives are also present (Edwards, 2004; Franklin et al, 2000; McNiff, 1986). What can be seen in the USA is a diversity that is different to the UK where there is an emphasis more generally on an object relations/psychodynamic perspective (Brown, Meyerowitz-Katz & Ryde, 2007; Dudley, Gilroy & Skaife, 2000; Waller, 1991, 1992a, 1998). In Australia there is only a small amount of literature, but what is written indicates the influence of other places and the emergence of new explorations (Edwards, 2007a; Gilroy, 1998; Holloway, 2008).

Within the literature on art therapy education, the main themes can be clustered as:

- Therapy/Education tension
- Relationship to art
- Context: Difference/Culture/Race

There is a common tension between the therapeutic and educational aspects of art therapy training (Dudley, Gilroy & Skaife, 2000; Franklin et al, 2000; Knill, Levine & Levine, 2005; McNiff, 1986; Moon 1992/2003; Menahemi, 2005; Waller, 1991, 1992a, 1998). Throughout the literature, there is frequent discussion on the use of experiential methods in training, such as with art therapy groups (Dudley, Gilroy & Skaife, 2000; Franklin et al, 2000; Menahemi, 2006; Skaife & Jones, 2009) and in supervision groups (Brown, Meyerowitz-Katz & Ryde, 2007; Edwards, 1993, 1994). Central to this is the use of the self in the teaching and learning process. The significance of having personal therapy while undertaking the training or how the self may be worked with in the experiential aspects of the courses are all discussed. The psychodynamic concepts of transference and counter-transference recur in relation to how these aspects are worked with by both the students and educators. The educator as role model also appears as a significant aspect in the education process.

Another theme is the student and educator's relationship to art in the education process. Whether the entrants have substantial backgrounds in art or not, how art is positioned in the training program and how much the artist identity is emphasized through the content of the curriculum is discussed in several places (Gilroy, 1992; McNiff, 1986; Moon 1992/2003; Waller 1992a, Waller & James, 1984). Difference, culture and race also emerged a theme. There are several articles on art therapy education that discussed these themes and highlighted the significance of race, context and power in the education process (Brooks, 1998; Holloway, 2009; Linesch, 2005; Skaife, 2007; Ward, 1998).

It is generally interesting to note how the literature in this emerging discipline is mainly focused on practice through handbooks and publications outlining approaches and case studies. There is generally much less to be found on art therapy education. This could be a developmental phenomenon of an emergent profession. This review also reveals debates such as the integration of the arts as opposed to the separation of them into distinct disciplines (McNiff, 1986) and the movement towards a greater emphasis on the arts and links to universal and sacred dimensions (McNiff, 1986; Moon, 1992/2003). There is also the recurrent tension around therapy and education in the training process and the ways this can be worked with and understood. Experiential art therapy group processes are seen to be an important site of learning where these issues are most keenly felt and considered (Gilroy, Skaife & Dudley, 2000; Menahemi, 2006, amongst others). More recently, the importance of working with difference, race and culture has surfaced and the imperative for research education (Gerber, 2006).

4.6 Similar research

The review shows an investigation into art therapy education in Australia has not been undertaken prior to this research. The nearest other similar research that can be found is by Karkou (1998, 1999), Karkou and Sanderson (2006) and Herrmann (2000). Karkou and Sanderson (2006) is the most relevant and comprehensive study, and evolved from earlier projects by Karkou (1998, 1999). Karkou and Sanderson (2006) provided a substantial research based map of the field of the arts therapies in the UK. Using grounded theory as a research method (Glasser & Strauss, 1967) it offers an overview of all the arts therapies, their development, particular features and therapeutic trends in theory and practice. As discussed in an earlier chapter, the major theoretical principles are organized into the following categories: psychoanalytic, humanistic, developmental, eclectic/integrative, artistic/creative, active/directive. They also identified other important frameworks within the arts therapies literature such as: family/systemic therapy; transpersonal psychology; personal construct theory; narrative therapy; anthropology; social psychology; and neuroscience. Karkou and Sanderson predict these theoretical perspectives will become more relevant in the future. The specific findings on art therapy included a general preference for non-directive techniques with an emphasis on psychoanalytic/psychodynamic theoretical underpinnings. They considered the history of art therapy could account for this emphasis where alliances, choices, support and advances were made in relationship to the various people and influences in the context.

Karkou and Sanderson's work underlined the significance of consistent methods and principles of practice based on the understanding of well-founded theory for arts therapists. They found that while most theories have been adapted from neighbouring fields (psychology, psychotherapy, education, arts) they have also been further developed within the particular arts therapy modality. They also found the therapeutic approach selected by arts therapists varied according to the therapist's age, background, client group, working environment and their particular arts therapy modality (Karkou & Sanderson, 2006). While this research is a substantial contribution, its focus is on the practice of the whole field of arts therapies in the UK and the attention to the education and training of art therapists is limited. However it does provide background to the training contexts and the debates in the broader art therapies field on training which are identified as the overall character of the program, minimum exit qualification, length of training, commitment to personal therapy and entry requirements for trainee arts therapists (Karkou & Sanderson, 2006, p. 20).

Another smaller project of significance is by Herrmann (2000), an art therapist from Germany who produced a critical analysis of German art therapy approaches in key papers between 1990-1999. Through a hermeneutic approach, he provided an overview and analysis of the diversity of art therapy perspectives in Germany. His findings were of a disparate and fragmented field of training with many competing approaches and practices. These pieces of research are relevant because they are most closely related in content, intention and design to this project. They do not overlap, but rather they sit in relationship to this project as other kinds of maps which chart different aspects of the arts therapies or art therapy education field.

4.7 Summary of chapter 4: Art therapy education: The literature and the people

This chapter reviewed the literature on art therapy education and other similar research and shows there is very little written and published in the field of art therapy from Australia, and there is no study that attempts to provide an organized picture of art therapy education in this part of the world. There is also a limited discussion on the influence of theoretical perspectives around the world. The review surfaces themes to guide the research inquiry and support a rationale to use interviews to investigate influences of people, their theoretical preferences and background contexts. It also indicates the use of art and the self may be relevant as a way to explore the terrain.

Overall there is limited research into art therapy education and no other research has been found related specifically to art therapy education in Australia. This thesis is therefore intended to investigate this gap. The following chapter will describe the methodology of the project designed to do so.

Chapter 5: Methodology: Bricolage

5.1 Introduction to the methodology

The aim of this thesis is to investigate the field of art therapy education in Australia, with particular focus on the theoretical influences that shape the education process. The previous chapter explored the intellectual context for this research. This chapter describes the methodology of the project, and explains the process and the procedures that were designed and implemented to investigate the research questions. The data gathered from these procedures will be presented in the following three chapters. Chapter 6 focuses on the autobiographical and visual material. Chapter 7 presents findings in the form of institutional profiles (case summaries) which reveal themes, and other relevant material gathered in response to the research questions. Chapter 8 presents further findings in the form of country profiles (case summaries) of USA and UK which reveal themes, and other relevant material gathered in response to the research questions.

This project is positioned as a piece of qualitative research or inquiry. Generally, qualitative research assumes philosophically that reality is constructed and pluralism is intrinsic. It has a distinctive role in the creation of knowledge, giving consideration to the historical, social and cultural context. In contrast to a positivist, scientific paradigm, it does not assume cause and effect laws (McLeod, 2006). It is positioned as a humanistic endeavour, where the researcher is acknowledged as having a significant influence upon the research, and indeed, is in a process of becoming a knower. Therefore qualitative research is generally considered incomplete, temporary and not truly cumulative. This project is designed within this qualitative frame, and takes an inductive approach. This means it moves from observations to broader generalizations, in detecting patterns which lead towards a formulation of meanings.

Grappling with the marriage of philosophical and methodological issues, which are a crucial part of any research process, I have turned to McLeod (2006) for guidance on a qualitative perspective related to the field of psychotherapy. I have looked to Patton (1982, 2002) for direction on evaluation and analysis, and, to Denzin and Lincoln (2000) who described the diversity of qualitative methods. In terms of research in the field of art therapy and the use of visual processes, I have found valuable direction from Carolan (2001), Gilroy (2006), Kapitan (2010), McNiff (1998) and Wadeson (1992).

As McLeod (2006) noted, qualitative inquiry has in recent times become more influential within the fields of social science and education research. It provides flexible and sensitive methods to open up meanings of aspects of the social world, and create new insights that respect the experience of the participants and the researcher. Epistemologically, this project is located in a paradigm of personal knowledge and subjectivity, and emphasizes the importance of personal perspective and interpretation.

This study may be described as exploratory, in that it seeks to describe the landscape in bold relief of art therapy education in Australia, with particular focus on the theoretical influences. It is exploratory in that little is known in terms of existing research and literature about this field in Australia. Therefore it is essentially a macro study, not firmly controlled or directed by methodology, rather the enquiry is reaching out to see what is there, and then make a coherent meaning of what is

present in terms of theories in art therapy education in Australia. In doing so the relationship to other parts of the world where art therapy is practised and taught is also relevant as it provides a means to compare and contrast. The driving aim is to seek meaning and develop knowledge on this topic and gain insights. The perspective that is taken is of knowledge through people's experience and interpretation.

The design of the research is to gather information from several sources: literature, institutional sources and key participants including myself as the researcher. Then through a process of listening, observation, description and analysis, to develop knowledge about art therapy education, with focus on the theoretical influences, charting what is present and identifying how this has evolved. This extends to a thematic analysis of the field.

I am both the researcher and a key participant in the study, and as such, immersed in the field I am seeking to explore. Therefore the study is unavoidably biased in a number of ways, firstly towards an artistic, and progressive psychodynamic psychotherapeutic view, and through a lens of my own personal experiences, biography, gender, class, ethnicity and culture. The following chapter 6 presents autobiographical aspects of the research as part of the research findings.

In this qualitative exploratory research, a combination of methods was employed to investigate the key questions. These methods included: phenomenology; hermeneutics; focus groups/semi-structured interviews; autoethnographic; heuristic approaches; and visual methodologies. This combination of methods could be termed a "**bricolage**" approach (McLeod, 2006, p. 117). Bricolage has been described by McLeod as a combination of methodologies that "gets a job done" (ibid). I consider this term fits with my approach of using a number of methods for different but related purposes to explore the topic. The methods have emerged in response to the task. I also propose that the combination of methods used provides a measure of triangulation, trustworthiness and reliability.

5.2 The constructed world

McLeod (2006) puts forward a convincing argument about the kind of knowledge qualitative methods can produce. He sums it up as "*The primary aim of qualitative research is to develop an understanding of how the world is constructed*" (McLeod, 2001/2006, p. 2). He described this notion of the *constructed* world as one which is complex, layered and that can be viewed from different perspectives. He says: "*We construct the world through talk (stories, conversations), through action, through systems of meaning, through memory, through rituals and institutions that have been created, through the ways in which the world is physically and materially shaped*" (McLeod, 2006, p. 2).

McLeod (2006) discussed how qualitative research produces new formal statements or conceptual frameworks to understand the world. He identified three categories of the production of knowledge, that of the other, of phenomena, and of reflexive knowing. This project aims to produce knowledge of *phenomena*; namely, art therapy education in Australia. It also aims to discover this in a critical and reflexive way.

McLeod (2006) also usefully draws to our attention the structures of power and control that exist in the therapeutic relationship and the researcher/participant relationship. McLeod notes:

There are social forces, including both the state and commercial organisations, who may have an interest in co-opting therapy and therapists as agents of social control. There is a steady drift in the direction of further regulation, professionalization and state licensing that brings with it increased pressure for therapy to become a means of social control. The continual reconstruction of therapy involves devising ways of resisting this external control and appropriation, and retaining the liberatory potential of counselling and psychotherapy. (McLeod, 2006, p. 18)

I find this view to be significant in the trajectory of this project.

In navigating the terrain of methodologies, heuristic, phenomenology and hermeneutic approaches are relevant to this inquiry. As Kapitan (2010) discussed, these three major methodological approaches are characterized by “*reflection on the in-depth meaning of direct, first-hand experience*” (p. 157). To some extent there are areas of overlap between them. I will briefly outline each one and its place within the process.

5.3 Phenomenology and hermeneutics

Phenomenology is concerned with discovering how an individual perceives a phenomenon. It seeks to do this through description rather than explanation. The aim is to gather deep information and present this from the participant perspective, free from hypotheses and preconceptions (Husserl, 1970). The purpose is to understand subjective experience and gain insight into people’s motivations and actions. The data produced defines how the research question is answered. However it has been argued by Heidegger (1962) that description is intrinsically interpretive and this makes a link to hermeneutic methodology. Hermeneutics is concerned with interpretation, and is based on a dialogic process of movement between the researcher, and the object of the research, usually a text, to arrive at interpretation. It is interested in the conditions or context of the object of the research. Kapitan (2010) writes about research from the perspective of an art therapist and discusses the relevance of the hermeneutic approach for this field. She identified therapy as essentially a “*hermeneutic discipline due to its primary concern with the interpretation of meaning...*” (Kapitan, 2010, p. 158).

Phenomenology and hermeneutics are primarily concerned with inquiry into the other, rather than the self; however the principles of these methods are linked to the other strands of methodology of this project namely, heuristic method and autoethnography.

5.4 Heuristic, autoethnographic and visual methods

Heuristic methodology is concerned with discovery through introspection which can be described as an “*internal search through which one discovers the nature and meaning of experience and develops methods and procedures for further investigation and analysis*” (Moustakas, 1990, p.9). Similar to

phenomenology and hermeneutics, heuristic methodology is an organized and systematic form of investigating human experience to find underlying meanings. However in a heuristic method the researcher is central to the process and focuses on the subject or question as a way of being informed. Whatever presents itself in the consciousness of the investigator as perception, intuition, sense and knowledge represents an invitation for further dialogue and discovery. The question and method flow out of inner awareness, meaning and inspiration, and the search for qualities, conditions and relationships that underlie the fundamental question, issue or concern.

The heuristic method involves a direct personal encounter with the phenomenon being investigated; and, sustained immersion and concentration. The process involves moving back and forth from within the self as part of a whole, to looking at the whole and back again, from concept to experience. This echoes the hermeneutic dialogic process and movement between the researcher and the object of the research or text.

Tacit knowledge is a principal concept in heuristic methodology. Tacit means implied, and as Polanyi explained; *“we can know more than we can tell”* (Polanyi, 1983, p.4). Polanyi (1964) further explains *“While tacit knowledge can be possessed, explicit knowledge must rely on being tacitly understood and applied. Hence all knowledge is either tacit or rooted in tacit knowledge”* (p. 144).

Intuition is the bridge between implicit (tacit) and explicit knowledge. Intuition can be defined as instinctive knowing and inherent in explicit knowledge which can be observed and described. The stages of a heuristic method are initial engagement, immersion (interviewing, reading etc), incubation (dreams, images), illumination (new insights), explication (articulating and making sense) and creative synthesis (integration of data, personal knowledge, tacit, intuitive understanding) (Moustakas, 1990). The heuristic method enables the knowledge I hold on this topic to be used in exploring and responding to the questions and the unfolding research process.

Autoethnography is also part of the *bricolage of methods* I have drawn upon. Autoethnography is related to ethnography. Ethnography is where a researcher uses participant observation and interviews, in order to gain understanding of a group’s culture. The researcher is usually an outsider to the group. In autoethnography the self of the researcher is actively included as an *“ethical and politically sound approach that takes into consideration the complex interplay of our own biography, power, status, interactions, participants and written word”* (Rossman & Rallis, 1998/2002, p.67).

Ellis and Bochner (2000) define autoethnography:

Autoethnography is an autobiographical genre of writing and research that displays multiple layers of consciousness, connecting the personal to the cultural. Back and forth autoethnographers gaze, first through an ethnographic wide-angled lens, focusing outward on social and cultural aspects of their personal experience; then they look inward, exposing a vulnerable self that is moved by and may move through, refract, and resist cultural interpretations. (Ellis & Bochner, 2000, p. 739)

Ellis and Bochner note how varied the emphasis might be on the aspects of the research process (graphy), on culture (ethnos), and on the self (auto) (Ellis & Bochner, 2000, p.740). They also note that whether a piece of work is called autoethnography depends on the claims of those who write and this is closely connected to writing practices.

As I am intimately involved in the subject of the research, employing heuristic and autoethnographic approaches makes sense in bringing to the research the experiences I have on this topic.

The use of visual material also fits with the subject of the research and with my bias towards privileging the use of art as a way to investigate and think into the research topic. Kapitan (2010) an art therapist has woven together thinking about art-based inquiry as an emerging paradigm. Drawing upon art practice as research (Sullivan, 2005), visual thinking (Arnheim, 1969) and art-based research (McNiff, 1998) amongst others, Kapitan shows how art used in research can illuminate, innovate and create understanding and knowledge (Kapitan, 2010, p. 162). She identified key features of art-based inquiry which include reflexivity; *“all at once-ness”*; heightened sensory, emotional, intellectual attention; and new ways of seeing. She also provides a framework of artistic practice as structured inquiry. This is echoed by Carolan (2001) who points out the power of images to lead a way through the tacit experience of *“feeling one’s way in the darkness”* when involved in a visual heuristic research process (p. 200). Carolan also discussed the concept of *critical subjectivity* as termed by Heron and Reason (1997), to distinguish between a disciplined and reflexive heuristic approach to research and the more common meaning of subjectivity. I have employed a range of visual strategies to guide, illuminate and develop interpretation and meaning which are shown in chapters 6 and 9. These visual approaches enhance the bricolage of methods used to seek responses to the research questions.

5.5 Practical evaluation

In combination with the methods outlined above, a practical evaluation approach was also used (Patton, 1982). A major part of the methodology is built upon the development of a set of questions; conducting semi-structured interviews, transcription of the interviews, development of case summaries (institutional profiles), educator profiles and the analysis of these. I have found Patton’s guidance valuable in this endeavour in linking the philosophical frameworks of the methodologies with the practical aspects of the process.

As Patton (1990) discusses, the purpose of research is to produce findings, to identify significant patterns and to construct a framework for communicating what the data reveals. He says: *“There are no formulas for determining significance (...) the human factor is the great strength and the fundamental weakness of qualitative analysis and inquiry”* (Patton, 1990, p. 372).

The questions and the semi-structured interview process were developed in relation to the research questions to reveal the relevant material and to be open enough to allow for unanticipated views and material to arise. In the analysis and interpretation of findings, Patton (1990) identified the first task as description, (distinct from interpretation). Description is concerned with providing answers to the basic questions. In this case: *“What theories are taught in art therapy education in Australia?”* Patton discussed the notion of a ‘thick description’ as developed by Geertz (1973). This is a description which is sufficiently contextualized and allows others to be able to draw their own interpretations. The description needs to be balanced by analysis so it can lead to interpretation. Interpretation involves attaching significance to results.

A case study approach was selected to condense the complexity of material that was gathered on each institution/program into institutional profiles. These profiles formed the 'thick description' that paved the way towards the process of analysis. These institutional profiles were validated by cross checking with the participants for accuracy of fact and interpretation.

An inductive analysis process was selected to discover the patterns and themes within the data. Key phrases were highlighted. Patterns were found by looking/searching for recurring or diverging elements in relationship to the research questions. As Patton (1990) notes:

The qualitative analyst's effort at uncovering patterns, themes and categories is a creative process that requires making carefully considered judgements about what is really significant and meaningful in the data. (p. 406)

5.6 How the methodologies are linked to the process of the research project

The research project was developed from the outset through visual processes. Throughout the journey, images were continually made to explore, analyse and think about the unfolding research process. An account of this is given in the next chapter. Autoethnographic and heuristic methods were used as an ongoing dynamic strand of the study. This involved the making of images at relevant moments, reflecting on these with other researchers and supervisors, writing about the thoughts, feelings and ideas that these provoked and using this material to guide and inform the developing inquiry and its analysis (visual, heuristic). A process of autobiographical writing was also used to delve into my own experiences relevant to the research topic. This brought to light the architecture of my own relationship to the research as material to contribute to the analysis, and to make transparent my own biases and philosophical position (autoethnography).

Building from this personal perspective, it was necessary to look outwards into the field and seek the participation of key educators in order to answer the research questions. Firstly, the detailed questionnaire and schedule of interview questions was developed, and a process of ethical review was undertaken. Following this, educators (20) were recruited and interviewed about the art therapy programs they were involved in and their views and experiences were sought. These interviews were transcribed and a process of analysis was undertaken, seeking themes and points of response in line with the questions. This material formed the basis of the institutional and educator profiles (see chapter 7). This was achieved by extracting the information relevant to the research questions and distilling it into a coherent narrative for each program. The themes and issues arising from these profiles were 'mined' and identified. The principles of phenomenology and hermeneutic methodology were used in this process to move back and forth between the detail of the material and the context to produce an interpretation. This involved description, careful review and development of an interpretation within the context.

The combination of visual/autoethnographic material and the institutional/educators profiles were then analysed for themes and links from all the data. This was then discussed in relation to the original research questions and insights offered. A similar process was also used in the development and analysis of the two country profiles (see chapter 8). In terms of practical process, the following account describes and explains the actions that were undertaken.

5.7 Stage 1: Design and preparation

As a member of a small art therapy research group I began this project in 2003. I engaged in a peer review process to formulate the main research questions using visual methods, similar to those used in art therapy processes. I read relevant literature and immersed myself in the intellectual context as described in the earlier chapters. It was evident at an early stage that interviews with **key educators** would be an appropriate method to seek valuable information to respond to the research questions. The key educators were identified as the main people involved in teaching and leading the various art therapy programs in the country. It was also thought that tracing genealogical influences through other influential educators would be relevant to pursue. This was based on my own personal knowledge and indications in the literature of the influence of particular people and places. Therefore a second layer of *influential ancestor* educators or *expert* educators from the countries of influence (USA and UK) was also considered relevant.

At an early stage I also began to reach out and explore what I could find out about the various programs on offer in Australia at the time. Seven art therapy training programs were identified in Australia through review of professional, educational and personal networks. As preliminary exploration I made initial contact with these programs and requested their bibliographies and reading lists and expressed my intention to contact the key educators at a later stage for an interview (See Appendix 1: Letter to program coordinators July 2006). The programs identified were: Edith Cowan University (ECU), La Trobe University, University of Western Sydney (UWS), Royal Melbourne Institute of Technology (RMIT), University of Queensland (UQ), Melbourne Institute of Experiential Creative Arts Therapies (MIECAT) and Ikon. I received responses that provided data to begin to map the theoretical basis of the various programs (see table 4, chapter 3).

5.8 Stage 2: Ethics application and development of interview questions

5.8.1 Development of the interview questions

In order to investigate the field of art therapy education in Australia, the following main questions were developed through a reflexive process between myself, the research group and supervisors. The focus on theory and theoretical influences was based on my own experience and interest.

The main research questions were developed and identified:

- **What is (constitutes) the art therapy education field in Australia?**

This question was intended to map out the field broadly.

- **What theories and practices are taught in the field of art therapy education in Australia?**

This question was intended to identify the particular theories and practices being taught and to look more closely at the views and theories within the programs.

- **What are the theoretical influences and where are they coming from?**

This question was intended to look more closely at the theoretical influences and to find out where they may be coming from in terms of direct influence, particularly through people. This was to develop the genealogical aspect of the study.

These three questions above are the main driving questions of the research. The four questions below are more concerned with analysis and interpretation of what is found.

- **What broader influences are relevant to consider?**

This question was intended to capture any other influences that may be relevant beyond the direct influence of particular people.

- **What kind of art therapy education is emerging in Australia?**

This question was intended to bring together the findings of the previous questions to make meaning of the field in Australia and identify any particular kind of perspective that maybe emerging.

- **What might be effective, suitable or desired in art therapy education in this particularly diverse culture of contemporary Australia?**

This question was intended to search for views on the field and to develop reflexivity on the findings.

- **What might the art therapy education field in Australia contribute to art therapy education elsewhere?**

This question was intended to draw together the findings and consider their relevance more widely.

Following the development of these main questions, a series of fine grain questions or sub questions were developed in order to produce detailed information to flesh out and respond to the main research questions listed above. These fine grain questions were organized into two parts and developed to be part of the interview process with key educators. The first part (questions 1-31) was designed to be gathered predominantly by questionnaire and focused on information about the program. The second part (questions 32-56) was designed to be gathered predominantly by an interview or focus group and focused on information about the educators their background, views and preferences. (See Appendix 2: List of Questions for Art Therapy/Arts Therapies Educators).

To manage and organize the relationship of these fine grain questions to the sources where information may be gathered a 'Key Questions Plan' (Table 6) was developed and is produced below. This identified the sub questions or fine grain questions that would flesh out these key questions. Alongside this are notes related to the relevant methodology related to that source. Some of the questions are color coded to track the links between the research questions and the interview questions.

Table 6: Key Questions Plan

Key / Main Questions	Sources / Issues / Comments	Sub Questions	Method Notes
What (constitutes) is the field of Art Therapy Education in Australia? indicates link to interview	To be gathered from interviews and own knowledge. General wide scoping histories, training, people, institutions developments etc	Facts about MA programs or Arts Therapies related programs: History, key figures, own involvement, changes, developments. Numbers of students, staff, employment of graduates.	Interviews Literature review (phenomenology and hermeneutics) Self review – (autoethnography, heuristic study – visual methods)
What theories and practices are taught in the field of AT Education? indicates link to interview	To be gathered from interviews with educators, course curriculum data, literature and own knowledge	Aims of program, models taught, theories, practices favoured, research aspect? How assessed?	Interviews Factual history (phenomenology and hermeneutics) Analysis of interviews
What are the theoretical influences? Where are they coming from? Or How can we understand or account for these influences? indicates link to interview	To be gathered from interviews with educators and course curriculum data.	Background of educator, training, experience, models and theories taught to them, by who, other places employed favoured models, own views of where influences come from?	Interviews – seeking patterns what is present what is absent?
What broader influences are relevant to consider?	Social, political, historical, cultural contexts	Mining into influences: histories of psychotherapy, arts, Australian culture, colonial histories	Historical/social/ political contextualizing influences on theory.
What kind of AT Education is emerging in Australia?	Analysis of what is gathered from above processes		Part of findings, discussion, conclusion.
What might be effective, suitable, desired in AT Education in Australia's diverse culture?	Analysis of what is gathered from above processes		Part of findings, discussion, conclusion
What can be contributed from this study elsewhere?	Analysis of what is gathered from above processes – producing tentative conclusions		Part of findings, discussion, conclusion

Building on this, a further detailed 'Interview Questions Plan' (Appendix 3) was developed to organize and process the questions into categories and to track where the information could be sourced and what assumptions might be implied from the questions.

Extracted from the table in Appendix 3 are the main assumptions that are implied in the questions and the selection of participants:

- Educators of programs are in a position to provide relevant information on this inquiry and build responses to the research questions and contribute towards a 'thick' description of the art therapy education field;

- The historical facts will hold relevant information about what theories and practices are being taught or emphasized in art therapy education and how this may have evolved;
- Educators may have been influenced by past training experiences;
- The educator's background culture, experience and training may have a bearing on the theoretical model that is taught or emphasized;
- Educators may hold significant information to trace and account for the development of theoretical dynamics, and influences in the field;
- Educators may provide views to open up horizons on this topic; and,
- Other sources may need to be included to provide a broader view of the field, such as professional association histories through newsletters, minutes of meetings etc. (ANATA/ANZATA), and published articles and books.

Once the questions were developed, the next stage was the consideration and management of the ethical aspects of the research.

5.8.2 Ethics Application

As the project involved human participants, a process of approval was undertaken and an application submitted through a central government department using the National Ethics Application Form (NEAF) www.neaf.gov.au

This was submitted to the University of Western Sydney on 2 June 2008 and approval was granted by the UWS Ethics Committee.

The application set out the proposed structure or research design to produce an organized map of the field of art therapy education in Australia. This involved gathering information on: the facts about the qualifying Master of Art Therapy training programs or Arts Therapies related programs; the background training, experiences and views of the educators; and an autobiographical interrogation of the experiences and theories that have influenced my practice as an art therapy educator.

The procedure was as follows:

- Art therapy education programs in Australia were identified;
- Art therapy educators in Australia were invited to participate in a focus group or semi-structured interview to respond to prepared questions which were designed to gather information on the histories, theories, practices of the programs and the views of the educators;
- Following this process, other art therapy educators who were named as key influences of the Australian art therapy educators, or who had expert knowledge and could provide a broad view of art therapy education in either the USA or UK, were selected;

- These selected, influential or expert art therapy educators were then invited to participate in a semi-structured interview to adjusted questions which were designed to gather information on the histories, theories, practices of the programs they had taught in, and on their views. This was considered relevant in tracing the origins of influences from other places, and a previous generation of educators;
- Investigation and analysis of the texts and literature relevant to the education of art therapists was conducted; and,
- As an experienced art therapy educator in Australia, an autobiographical investigation was produced to extend the study and provide a multi-faceted view of the field.

The combination of these strategies was thought to enable the following aims to be achieved:

- Knowledge and understanding of art therapy education in Australia will be developed and contributed to the field;
- The theoretical influences in art therapy education will be more rigorously understood;
- The project will establish groundwork for further study;
- Overall this project will contribute historical and theoretical knowledge to the field of art therapy education in Australia which will also be of relevance internationally;
- It will support the development of the education of art therapists and the profession of art therapy in Australia; and,
- This will bring greater knowledge to the training of art therapists to provide effective and innovative interventions in community and health services, to benefit people in society, and contribute to strengthening Australia's social and economic well-being.

The main purpose of an ethics approval process is to ensure safety and protection for participants. In this project the risks involved for participants were possible feelings of discomfort in sharing information on their professional background, art therapy practices, experiences and opinions. This potential risk was minimised by ensuring all participants were fully informed of this risk before they agreed to proceed. They were also informed in advance of the questions they would be asked, and the process of the project. Their participation was entirely voluntary and they were able to withdraw at any time without prejudice. Their responses were treated with confidentiality throughout the information gathering and in the writing process, and this will be respected in any report or publication unless otherwise negotiated.

All participants based in Australia were provided with the following information:

- a) Letter of invitation to participate in the research (Appendix 4);
- b) Participant Information Sheet, explaining the project and their involvement (Appendix 5);
- c) Consent form (Australia), setting out the agreement and their rights (Appendix 6); and,
- d) List of Questions for Art Therapy/Arts Therapies Educators (Appendix 2).

Participants based outside Australia (USA and UK) were provided with slightly adjusted information, due to their different position in relation to the project. These participants were provided with the following information:

- a) Letter of invitation to participate in the research (Appendix 4). This was the same as for participants based in Australia with one slight adjustment, that the participation would be an individual semi-structured interview without the option of a focus group.
- b) Participant information sheet (Appendix 5). This was the same as for participants based in Australia with one slight adjustment to the section: What does your participation involve? This change is detailed in Appendix 7: Participant Information (Overseas).
- c) Consent form – Overseas (Appendix 8). This was adjusted to reflect participation in an interview only; and,
- d) List of topics to be covered in the interview (Appendix 7: Participant Information - Overseas). It was not appropriate to obtain the same detailed information from the overseas educator participants therefore a list of topics were outlined.

Due to the unfolding nature of the inquiry and the scale of the field, identification of participants became more difficult to disguise. To manage this and to also provide a measure of verification and trustworthiness, all participants were later contacted with a draft of the content relating to their contribution for adjustment and feedback. At this stage they were also asked for permission to be acknowledged and directly quoted (see Appendix 9: Letter of further consent October 2010).

Participants were also informed of the potential benefits of participation to themselves. This included recognition of their work, views, and contribution to the field; development of greater awareness of art therapy education (from the interview discussion and process); the possibility of countering a sense of isolation (as most are sole practitioners); and an opportunity to contribute towards the development of knowledge and understanding of art therapy education which may lead to improved professional outcomes.

Benefits to the group the participants belong to included: contribution to new knowledge and understanding of the histories, theories and practices in art therapy education in Australia; increased professional awareness of art therapy education; contribution towards further study in art therapy education; and an improved evidence base for art therapy education.

Initially, it was intended to invite participants to make an art response as part of the research data after the interview. Although this was invited, and participants indicated willingness to contribute this quickly emerged as not so simple and no images were forthcoming. Therefore this was not actively pursued.

The following is an outline of the process that each participant experienced:

- Australia-based participants were contacted by email with information about the project and invited to participate in an interview or focus group with the researcher. This included: Letter of invitation - Appendix 4; Participant Information sheet – Appendix 5; Consent form –

Appendix 6; List of questions - Appendix 2, and instructions about arranging an interview with the researcher;

- Overseas based participants were similarly contacted by email with information about the project and invited to participate in an interview with the researcher. This included: Letter of invitation – Appendix 4, Participant Information sheet – Appendix 5 – with adjustments shown in Appendix 7 – Participant Information (Overseas); Consent form (Overseas)- Appendix 8; List of topics – shown in Appendix 7; and instructions about arranging an interview with the researcher;
- If participants were willing to participate, an interview or focus group was arranged at a mutually agreeable time and place or by telephone;
- At the interview or focus group the researcher led a discussion that covered responses to the questions which had been given to participants beforehand;
- The interview/focus group was audio recorded and transcribed;
- When all the interviews were completed and the information analysed, participants were recontacted with the sections related to their contribution. Their feedback and further consent was sought (Appendix 9). Once the study is completed participants will be informed of any findings by being sent a report by email or letter; and,
- At the interview/focus group it was stated at the beginning and the end that participants may withdraw at any stage if they are not comfortable. Participants were also advised of their rights and that their contributions will be kept confidential at all times unless otherwise negotiated.

5.8.3 Selection of participants and programs

Participants were found through searches on relevant tertiary educational institution websites that offer art therapy/arts therapies training and on the Australian & New Zealand Art Therapy Association (ANZATA), British Association of Art Therapists (BAAT) and American Art Therapy Association (AATA) websites, and also through professional networks or other interviews with art therapy/arts therapies educators.

In the event that there were several suitable educators at one institution, the interviews were confined to one interview, with the first preference being, with the Program Director or, with a focus group. Some expert/influential participants were selected by either being identified as significant influences on the educators in Australia, or able to provide an overview of art therapy education in the places where influences were traced, namely USA and UK.

The programs were similarly sourced and confined to recognized qualifications at diploma or masters level in accredited higher education or adult education institutes in Australia which identified art therapy as the main subject within the title of the qualification.

5.9 Stage 3: Interviews

The interviews were conducted between 5 August 2008 and 19 March 2009. There were 15 individual interviews and two focus groups, and 20 art therapy educators participated in total.

In Australia, seven programs were identified and all programs participated. This gathered information from 14 art therapy educators. The following table 7: Australia interviews, provides an overview of who was interviewed, from which program, and in what form (in person, by phone or focus group). It also indicates their status in relationship to the program.

Table 7: Australia interviews

ECU	Ikon	UWS	RMIT	MIECAT	La Trobe	UQ
David Harvey Director (by phone)	Dr Rafael Locke Director of Ikon (by phone)	Dr Sheridan Linnell Director/graduate (by phone)	Gerry Katz Director (by phone)	Dr Jan Allen Deputy Director (in person)	Focus Group 1: Hannah Menahemi Director; Patricia Fenner Lecturer/graduate; Juliet Walsh Lecturer/graduate; (in person)	Claire Edwards Director (by phone)
John Henzell Director (by phone)	Vicki Dean Director of program/graduate (by phone)				Focus Group 2: Camille McDonald Vicky Nicholls Casual Lecturers/ graduates (in person)	
Dr Tarquam McKenna Lecturer/graduate (in person)						

From these interviews six other key participants were identified in the USA and UK, three in each country. These were chosen to provide an expert overview of these contexts and where possible to trace genealogical influences through particular people. In order to contain the process it was decided to limit the interviews to six and to distribute them equally between the countries to maintain a balance in participation. Table 8: Overseas interviews, provides an overview of who was interviewed, in what form, and their relationship to the programs in Australia.

Table 8: Overseas interviews

USA	UK
Dr Harriet Wadeson – in person (named as influential to UWS)	Dr Andy Gilroy – in person (named as influential to UWS and UQ)
Dr Shaun McNiff – by phone (named as influential to ECU, La Trobe, Ikon)	Dr Sally Skaife (Expert) – in person
Dr Marcia Rosal (Expert) – by phone	Dr Chris Wood (Expert) – in person

All participants have given consent to be named as sources in this research and to be directly quoted from the interview transcripts.

5.10 Stage 4: Transcription and preliminary analysis

Following the interviews each recording was carefully transcribed verbatim.

These interviews were then processed and analysed in a number of ways.

- a) A table was constructed charting in brief the answers to the interview questions by each program. This provided a systematic review of all the responses against the questions. Not all questions collected responses. There is variability in the way the interviews gathered information and details. These findings are presented in Chapter 7 (Appendix 10: Table of responses).
- b) *Case summaries of each institution / program* were undertaken by a careful reading of the transcripts and listening to the original interviews. The case summaries were written with the intention of capturing the essential histories, facts, experiences and views, relevant to the research questions. This was a process of summarizing the information into the 'Institution Profiles' - these are presented in Chapter 7.
- c) *Educator profiles* were also produced, again from a careful reading of the transcripts and listening to the original interviews. These educator profiles were written with the intention of capturing the histories, facts, experiences and views, relevant to the research questions – these are presented in Chapter 7 alongside the institution profiles.
- d) *Case summaries of the broad field of art therapy education* in the USA and UK were also produced from the transcripts and reading and listening to the original interviews. These were written with the intention to capture the essential histories, facts, contexts and views, relevant to the research questions. This was a process of summarizing the information into two condensed 'Country Profiles' presented in Chapter 8.
- e) Each participant was then sent the relevant profiles for *verification* of the facts and the accuracy of the profile. Any feedback was then incorporated into the final profiles. At this stage participants were asked for permission to be acknowledged as a source and/or to be directly quoted. Either way this has been respected or the participant has been duly acknowledged.
- f) *An autobiographical, heuristic and visual account* was created in relationship to the research questions. It is an exposition of my own involvement in the subject of the research, and uses my immersion in the field of art therapy education as relevant material in the investigation, as an autoethnographic practice. This is presented in chapter 6.

5.11 Stage 5: Cumulative analysis of the data (Discussion and Conclusion)

In the discussion chapter 9 and conclusion chapter 10 a cumulative analysis is undertaken which gathers the various strands of the data and findings presented in chapters 6, 7, and 8.

These are:

- Table of responses;
- Institution profiles;
- Educator profiles;
- Country profiles; and
- Autobiographical and visual material.

An analysis of the themes within this combined material is presented relevant to the research questions. This is also referenced to the insights gleaned from the preceding literature review. The knowledge generated by this analysis is presented in formal statements, to understand the field of art therapy education in Australia, and provides informed responses to the original questions. The limitation of the research is discussed followed by future research directions and a conclusion.

5.12 Stage 6: Informing participants of findings

As planned in the ethics proposal, all participants will be informed of the findings once the study is completed.

This chapter has set out the methodology of the project and explained the process and the procedures that were designed and implemented to investigate the research questions. The following chapter presents the first layer of findings in the form of an autobiographical, heuristic and visual account.

Chapter 6: Intra-views:

Autoethnography and arts-based inquiry

6.1 Introduction to chapter 6 Intra-views

From the beginning of my experience of becoming an art therapy educator, I have made images as a way to explore the situation and develop some reflexivity. Reflexivity is about the capacity to notice what is thought, felt and imagined inside ourselves as we reflect upon and move between levels of our awareness (Etherington, 2004). It is about observation of our own responses and using this knowledge as information to understand the ways we interpret the world.

This chapter provides an autoethnographic, heuristic and visual perspective in relationship to the research questions. It is an exposition of my own involvement in the subject of the research, and uses my immersion in the field of art therapy education as relevant material in the investigation.

In taking such an approach, an opening for a dynamic exploration of various aspects relevant to the inquiry is provided. This is based on a developing relationship between my inner/personal experience and the external material. My subjectivity is a constantly developing filter that connects to the research questions and the way the findings have been distilled and produced. The act of doing this research has shaped and developed my understanding of theory, and opened up awareness of how theory is positioned in the art therapy education field in Australia. It has also enabled me to learn about the process of research. The process has changed my view and the way I see and understand this topic, the field and the people within it.

This chapter begins with a narrative of my background and how I have been led to the topic. It discusses how these experiences have shaped my own views on theory. This discussion is followed by a series of visual images that explore the research topic at various stages. These images reveal the journey of the research and contribute to the findings by providing reflexivity and a distillation of ideas. The images are described and are used as objects for reflection with an aim of making associations that yield further insight into the subject matter.

6.2 Autoethnographic material relevant to the research: Jill Westwood

I am a White English woman from a working class background and I grew up in the industrial heartlands of England in a region known as the Black Country, west of Birmingham. I was born in 1960 and lived for the first 18 years of my life in a suburban housing estate with my family. Extraordinarily, after having moved half-way around the world, this is the home where I now sit and write these words. My parents were both local to this area and left school at 14 years old to work in various factory jobs. Our family comprised my brother, three years older than me, and my parents, with extended family close by. I have been enabled to pursue my interests and education by a supportive and encouraging environment provided by them, and the socially minded society at the time; that provided grants to study. My family upbringing and the social context has contributed to my bias towards left-wing politics and social justice. I left school at 16 to go to Stourbridge Art College, fuelled by a desire to escape what I perceived as a confined situation towards creative

discovery of the wider world. This was a two-year foundation course designed to explore all areas of the visual and applied visual arts, to enable a direction to be chosen. My choice was fine art.

I left home at 18 to take a degree in fine art at Sheffield City Polytechnic. The pedagogical practice at the time was for self-directed studio practice. This meant I was immersed in an approach that encouraged me to pursue my own self expression and curiosity in any direction I chose. This resonates now with the approach I take in art therapy practice. At Sheffield, I gained 1st class honours degree with a body of multi-media art work that explored the existential themes of my experience and perceptions of place, time, being and feeling (Westwood, 1981). I went on to the Royal College of Art at 22, unaware of the privilege and opportunity that seemed to have easily come my way. Here again I was immersed in a self-directed studio practice where I produced a body of work that looked into the hidden aspects (unconscious) of self and other and human experience and relationships (Westwood, 1984). During my art school days I read philosophers such as Sartre, Camus, Huxley, Proust, Heidegger and Nietzsche amongst others. I am not sure I understood a fraction of this work, but I felt a curiosity for understanding and meaning which is essentially at the heart of theory. I was idealistic about art and intuitively distanced myself from art as a commodity. At that stage I had no interest in teaching and I struggled to find a way to earn a living which included art, which had become a core part of my identity.

In 1986 I discovered art therapy and took an evening class with Diana Halliday⁴ and a foundation course in art therapy at Goldsmiths College. From the first introductory art therapy group experience I was hooked by the compelling communication that opened up with myself and others about profound human struggles. It was a powerful and engaging experience of understanding self and other. This led me from a highly individualised 'artist' position to enter the health context and experience a completely different world of group collaboration and facilitation, with the focus on others, vulnerability and difference. I began working in adult psychiatry at St Mary Abbots Hospital.⁵ This environment exposed me to the medical model of mental health care and the various roles of the multidisciplinary team. I found my place within the occupational therapy department running various therapeutic and activity groups. At 28 I began the postgraduate diploma in art therapy at Goldsmiths College, part-time, while continuing to work in adult psychiatry at the hospital. My placement experience was at the Dartmouth House Centre, a residential service working with young women and children experiencing issues related to neglect and abuse. Here I began to develop specific art psychotherapeutic skills and knowledge. I qualified as an art therapist in 1990 and continued to work in adult psychiatry at the same hospital where I established an art therapy service.

During my own art therapy education, I was exposed to a particular perspective which was a psychodynamic, object relations and group analytic view. The form of education was problem-based, experiential learning within a cohort model. The art therapy literature that we were directed to, and immersed in, was almost exclusively from the UK, apart from the work of Kramer and Naumburg. The approach of the mental health centre where I worked was largely a socio-therapy model fashioned along the principles of a therapeutic community. There were large group community meetings every day for staff and patients. Additionally, staff were supported by large group

⁴ Diana Halliday was one of the first art therapists in the UK.

⁵ This is now known as South Kensington and Chelsea Mental Health Centre.

supervisory processes, which involved all the staff of the unit, with an outside group analyst, as well as individual and small group supervision. There was also openness to a range of interventions using many other approaches such as cognitive behavioural therapy, family systems, group analytic and, of course, art therapy. The prevailing psychotherapeutic approach of psychodynamic psychotherapy and group analytic/systems was present in both these influential experiences, and almost became a given. The placement experience at Dartmouth House was run along group community lines positioned in a non-medical social and psycho-educational frame. This provided another context, but with fairly similar theoretical underpinnings.

I worked for the next five years in the psychiatric context, developing skills and gaining experiences of operating in the large institutional system of the hospital, and the multi-disciplinary teams. As the context supported the theoretical views I had learnt, I did not encounter a great need to question the theoretical basis of my practice. My preoccupation was more towards trying to understand the theory I had learnt, and how it linked with practice. During the art therapy training I recall being very interested in the work of Joy Schaverien, and I concentrated on thinking about the concepts she had developed in my own final study, such as *'embodied and diagrammatic images; and the scapegoat transference'* (Schaverien, 1987, 1992, 1994, 2000). I remember feeling an inner sense of trust that art therapy had some important intrinsic contribution to knowledge (and theory) aside from drawing on other existing theories. This could be understood as tacit knowledge. Tacit knowledge is a principle concept in heuristic methodology, *"...we can know more than we can tell"* (Polyani, 1983, p. 4). During these years I took students on placement from Goldsmiths College, provided educational sessions to other staff and presented art therapy case work at seminars.

It was with this mix of experiences and theoretical views that I arrived on the other side of the world, to Sydney, Australia, at age 35. This was to a challenge beyond the scope of my understanding and knowledge at the time, and the task was to become an art therapy educator at the University of Western Sydney (UWS). First, and foremost, it was love that brought me to Australia, and it was a series of synchronistic connections that meant I also found a career opportunity beyond my conscious ambitions or expectations. I arrived in May 1995 to take up a full-time lecturer position on the third year of offer of the Master of Art Therapy at UWS. The previous years had been turbulent and I arrived to a pressured and conflicted situation. The institutional profile in Chapter 7 provides an account of the history of the program. However, to summarize, the first year was fraught with discontent; and a clash of views between staff, students and management resulted in new staff being employed for the second year. This brought Dr Andy Gilroy, one of my teachers from Goldsmiths College in the UK, Margarete Hanna from Concordia, Canada, and Julie Cowie from the USA. However, Julie Cowie left after six months due to further conflicts, and Andy Gilroy was only there for one year on sabbatical. So, when I arrived, Marga Hanna was holding the program together singlehandedly, and was under significant duress.

For me everything seemed new. I was plunged into a different context which shook up almost everything I knew. However I could find some recognizable reference points, except sometimes they were not what they seemed. I was struck by several things that relate to this inquiry. First, the curriculum was much more modularised into subjects or units and covered different specific topic areas such as abnormal psychology, human life span, aesthetics and culture and art therapy with different client groups etc. My previous education was of a much more integrated, experiential cohort-based model.

I was also immediately exposed to a whole range of literature from the USA that I had not encountered before. This included a wide range of theoretical views. I recall seeing Judith Rubin's book on theoretical approaches and being very intrigued and curious about all these different ideas (Rubin, 1987). This set me thinking about differences in theories in a way I had not considered before. Furthermore I was working with Marga Hanna from Canada, who used a much more varied approach in running experiential groups than I had experienced in the UK. Marga introduced me to using facilitator-directed experiential exercises, and role playing more often. This contrasted with my experience in the UK where a non-directed analytic model was used and boundaries were set between experiential groups and role playing activities. On reflection I see Marga's approach was responsive to the context and the learning needs of the students and this taught me about becoming an educator. This shift in role was a significant new experience amidst the backdrop of migration to a different cultural context and world view.

The broader field of the social, community and health contexts was also very different. There was little or no art therapy or psychotherapy practised in the public health system in the way I had become accustomed to in England. Generally, psychotherapy had a much more limited presence and was located in the private sector. The emphasis in psychiatry was for pharmacological, occupational therapy, cognitive behavioural and psycho-educational models. The form of intervention most often was short term group intervention. There were however some exceptions.

By the end of 1995 Marga had returned to Canada and I was left with a daunting task of keeping the program going in, for me, this very different environment. Several significant relationships and fortunate events developed my experience and importantly forged crucial relationships. Fortuitously within the university there were supportive figures: a key one was Dr Keith Bennett who had been part of the original advisory committee to establish the program. Bennett later became a champion and protector of the program when he became the head of school where it was located. His encouragement also enabled me to progress my own professional development. Another figure within the university was Dr Adrian Carr, a research fellow who had an interest in psychoanalysis and organizational management. His enthusiasm supported the development of art therapy research through the joint supervision of MA (Hons) and PhD student projects.⁶ His mentorship and support enabled me to consider undertaking a PhD and opened up my horizons towards consideration of art therapy and organizational management and other research projects (Westwood, 2007; Westwood, Keyzer & Evan, 2010). The other important person was Joanna Barnes, a psychoanalytic psychotherapist who was employed to teach the psychotherapy theory and provide clinical supervision to myself and the other casual contract staff. Joanna Barnes' wisdom and experience from a familiar theoretical view was a significant support throughout my whole time at UWS and particularly in what was then a new context for me. Later, as things developed, a talented team of art therapy graduates⁷ collaborated in teaching with me on the program. This network of support provided a facilitating environment even though it was a demanding situation.

However, two other key figures from outside of Australia are crucial in the account of my developing experience. The first auspicious encounter was a visit from Dr Harriet Wadeson from the University of Illinois, Chicago, USA, in November 1996. Harriet Wadeson's work was only something I became

⁶ Dr Adrian Carr and Jill Westwood have successfully jointly supervised several MA (Hons) and PhD art therapy projects.

⁷ Dr Sheridan Linnell, Suzanne Perry and Josephine Pretorius

aware of in Australia. It was quite by chance that she contacted me to arrange a visit which lasted for several weeks. During this time I experienced an informal mentorship which liberated my view of art therapy and opened up a creative perspective. Harriet included art-making in every aspect of the teaching and learning experience, and this injected a freedom and exploration, enlivening the learning process for me and the students. Harriet's use of art gave me permission to expand and integrate my own creativity and imagination into the education process in every dimension. Harriet's perspective was one that put art in the foreground and related to theory in an eclectic way drawing on various ideas that suited a situation, person or issue (Wadeson, 1987). This was also grounded in an understanding of psychodynamic theory. Harriet also introduced me to research and her work on this aspect of education (Wadeson, 1992). This was further developed on a second visit in November 2002.

The second significant event was a fellowship visit from Dr Andy Gilroy, in September 1997. Andy Gilroy had been my teacher at Goldsmiths in 1988-90, and as soon as I knew I was heading for the position at UWS, Andy offered support and guidance, and became a very important mentor and influence in my development. Andy's experience as an educator and knowing both contexts (UK and Australia) was invaluable. Andy's advice and guidance got me through many tough moments of crisis with the institution and the process of learning to be an educator. This shared experience has provided an ongoing dialogue about every aspect of art therapy education and developed a growing understanding of relevant theory, research and art, right up to and including this research project (Gilroy, 2006).

These experiences have enabled me to articulate my approach as located in a model of experiential, arts-based and problem-based learning. The psychological theories I am most familiar with, and naturally gravitate towards are a progressive psychodynamic and group analytic view, although, I am aware of and integrate many other aspects of theory depending on the situation or issue at hand. I am also deeply committed to art as a form of knowledge and process of discovery. Undertaking this research has also helped me to locate the underlying philosophy of my approach as grounded in a post modern, social constructionist perspective. Over the past decade my background in art has moved closer to my work as an art therapy educator, and art theory has become a relevant source of interest. The work of Cathy Hyland-Moon (2002) and theories of relational aesthetics (Bourriaud, 2002) are now shaping my views and practices.

My interest in theory has arisen from my curiosity to understand the meaning of what I am doing, and to become more aware of what I am passing on to others in my role as an educator. This testimony and the following art-based explorations are part of the inquiry and the unfolding of the research process. This process is based in a heuristic methodology developed by Moustakas (1990). It offers insights, and includes the voice of myself as the researcher in the process. It is intended to shed light on emerging themes and issues. It is a chronological overview of relevant visual material, unfolding a map of this research journey. Maps, landscapes and hybrid creatures have been recurring artistic themes.

6.3 Precursor to the research



Figure 2 Map of art therapy around the world: 1996 (120 x 120 cm)

Figure 2 is a map of art therapy around the world. It was made within the first year of my arrival in Australia. I was invited to give a presentation at the Network for Exploring Creativity in Therapy through the Arts (NECTA) conference, on an international view of art therapy. Inspired by Harriet Wadeson, I made an image to explore what I knew about art therapy around the world (1996). This image is structured as a view of the world with the centre being consciousness (probably mine). It attempts to make sense of the global scene, and is structured around night and day and the four cardinal directions on the points of a compass. In the lower quadrant I represented the UK as a giant, well-established yew tree in the darkness of night, lit by a full moon. This is a tree revered by pagans that can regenerate itself and its roots are strong. Having come from the UK, I felt this was my foundation and what was most strongly rooted within me. It is in darkness, as I was at that time very much located in the light of Australia, and always aware of the time difference between these places. Opposite in the upper quadrant is Australia represented by two slender white ghost gums, which are hardly visible in the midday sun. To the west is North America represented by pines; a cluster of three shows a range of different elements in this area which at the time I knew little

about. The boab tree in the east and the three small palms represent the Asian places I knew nothing about but where I thought art therapy may be emerging in different and unknown forms. I had no idea that I would be pursuing this research project at the time, but in retrospect it seems a relevant map that led me there. A way to organize, acknowledge and try to understand the differences between places and perspectives, including my own experience of migration.

6.4 Beginning the research: Mapping the scene

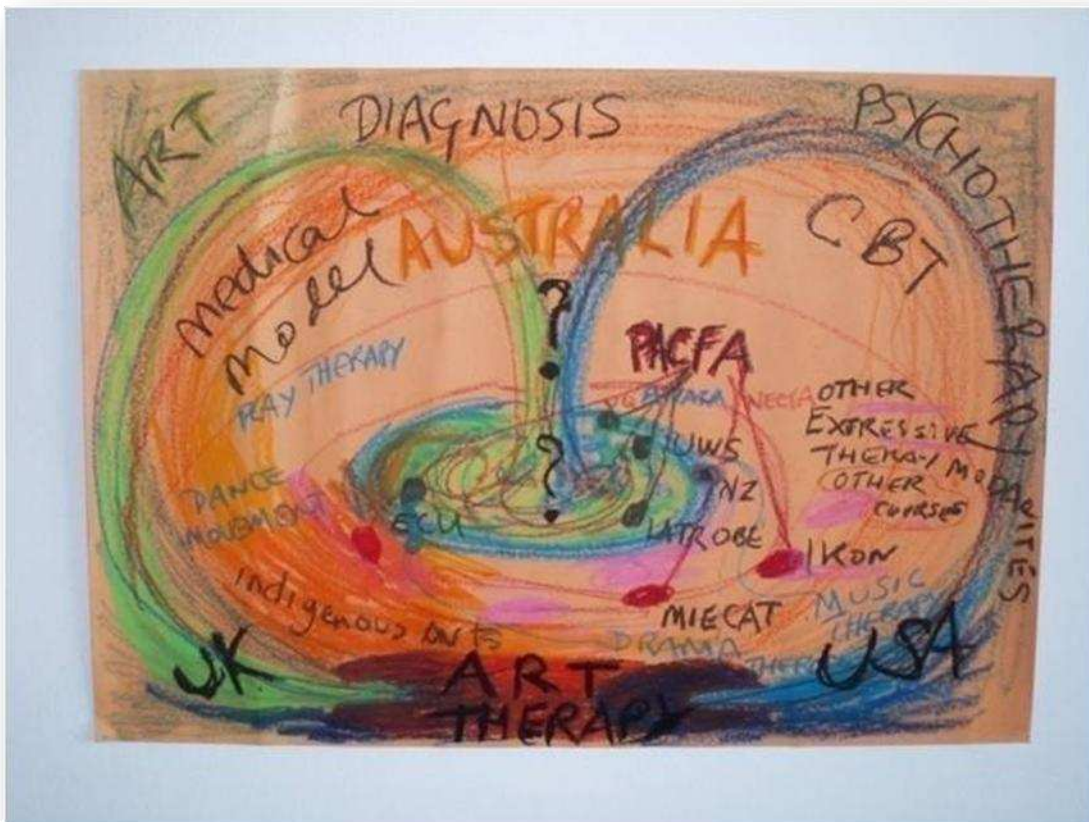


Figure 3 Map of the research topic: Art therapy education in Australia: 2003 (85 x 60 cm)

Once I began the research project, in 2003, I made Figure 3 'Map of the research topic'. This was to try to capture all the relevant aspects related to the area. This image is like a mind map dominated by word; however pictorially there is visual structure which is distinguished by a source or well at the base of the image, which is 'art therapy', and from either side colours and lines arc up and pour into a swirling central pool. The image reflects the two places where art therapy has developed most prominently (UK and USA) and suggests they are a source that feeds and pours into the pool of Australia. Surrounding these arcs are the words 'art', 'psychotherapy' and 'diagnosis' and inside the arcs are models which provide counterpoints to them, 'medical model' and 'CBT'. The pool is roughly conceptualized as a map of Australia and locations of art therapy education programs are marked (ECU, UWS, La Trobe, New Zealand, Ikon, MIECAT). Also included are the range of arts therapies (music therapy, expressive therapies, dramathery, dance movement therapy, play therapy) and

also the professional associations I knew of at the time (ANATA and PACFA). Also included are the Indigenous arts.

I wondered what this revealed to me? I noticed the UK and USA were featured as coming from different places or sides. It seemed important to try to make sense of the mix of elements that I had observed and was immersed in. The image helped me begin to think and map out the terrain and context.



Figure 4 A view of the landscape of the study: 2003 (85 x 60 cm)

Figure 4 'A view of the landscape of the study' was made shortly after Figure 3, at a research retreat facilitated by Andy Gilroy in 2003. At this retreat a small group of art therapy researchers used principles of art therapy processes involving image-making and group discussion to support our respective research. This image located me in the landscape of this study. It featured me on a path, which was dividing the image into two parts, an Australian landscape on the right and an English landscape on the left. The figure is situated on the edge of the path of the Australian side, looking over at a green English woodland. The path has two tributaries joining or diverging as it arcs towards the Australian side. The Australian scene is of a harsh, burnt, desert landscape with some broken trees. The English scene is contrastingly verdant. There is one silverly ghost gum reminiscent of the trees in Figure 2.

The symbols of the sun and moon are present, perhaps echoing the themes of the conscious and unconscious. The dominant all-seeing sun or 'god-like' eye has the qualities of a super ego which I also related to the process of research and trying to become more conscious and able to see the

landscape from a bird's eye perspective. This contrasted with the crescent moon and another wispy figure striding out perhaps off the edges of the image.

What did this image reveal? The large sun/eye motif with its rays penetrating the scene made me think of the process of looking/searching/researching to try to see the whole picture or see with a different eye or perspective. I noticed how this was looking from the English side. On the Australian side, I placed a moon - a more reflective symbol. In the first group discussion I received feedback which clarified my experience of feeling '**caught between 2 worlds**'. I reworked the image the next day and added a shadowy figure (myself) on the edge of the path (Australian side) looking at the more English side. The figure is carrying a briefcase. I wondered if it was mine or Adrian's (Adrian is my principal supervisor), or a desire to make the PhD 'brief' and manageable. How ironic as this has turned out to be the least brief and manageable thing I have ever undertaken.



Figure 5 Detail: Australian side

I noticed how I looked **quite alone and overshadowed** by this scene. Then up in the far corner where the moon and stars are placed, I spied a couple of marks that suggested another figure. I quickly brought this out more fully and it has the quality of someone gambolling with the moon (like a hoop) and possibly heading out of the picture (see Figure 5). This was a lighter more lyrical figure, perhaps a desire for more fun and not to be like the overwhelmed central figure. The group reflections were again very helpful in bringing the subtle qualities of the image to my attention. **I realized I needed to look more at the Australian side as my figure and attention predominantly focused on the English area.**

Following this I went on to write the PhD proposal more fully and defend it in front of a university panel. I found I was far more engaged and in touch with the topic having made the images. It also helped me begin to realize how much I was looking back to where I came from, and not what was going on in Australia more broadly. The process of research helped me begin to question and consider my context and become aware of how much I was blinkered in my university program bubble.



Figure 6 Explorations into the centre? 2003 (85 x 60 cm)

Figure 6 “Explorations into the centre?” was made as a follow on to the previous image. I had a frustrating start using the materials. The **chalks were dusty, dry and dirty**. This led me to think about the link to the **Australian land of desert and dryness**. I struggled to know where to start and felt I had no references that came easily, so I just started with the feeling of 'trust in the process'. I began with a tree and it became a version of both an English and an Australian tree, a green blossoming oak/gum hybrid with bright magenta blossoms. In the centre and to the other side of the picture I did a desert leading to the sea, with some greenery, but quite washed out and vague. Then, to try to resolve the image, I did something I thought would bring an Aboriginal perspective into the landscape. It was a circle with a black hole in the middle and appeared right in the centre of the image. Rather like an eye or a hole, it was to represent a different perspective. Then I added a big swirly blue question mark, to try to bring the image together, and express the overall feeling I had for making it. On reflection, with my art therapy colleagues, the image conjured associations of a **rainbow serpent**⁸ coming out of the hole in the desert. The presence of Aboriginal associations seemed to be strong and more apparent and it began to become clearer to me how significant this was for Australia and how important it would be in considering this thesis or in doing any thinking about Australia.

⁸ The Rainbow Serpent is a sacred figure in the creation story of Australian Aboriginal mythology.

6.5 Inside view of an art therapy program



Figure 7 A decade (1995-2005) as an art therapy educator at UWS, Australia: 2005 (65 x 50 cm)

In 2005, I had been in the role of an art therapy educator for 10 years, so to mark this occasion I created a 'Sistine Chapel' proportioned and inspired piece to capture and chronicle the process and achievements (Figure 7). It is a collage built around the Michelangelo masterpiece and the figure of the Libyan Sibyl⁹ and the work of other great artists of the Renaissance.

⁹ A prophetic priestess

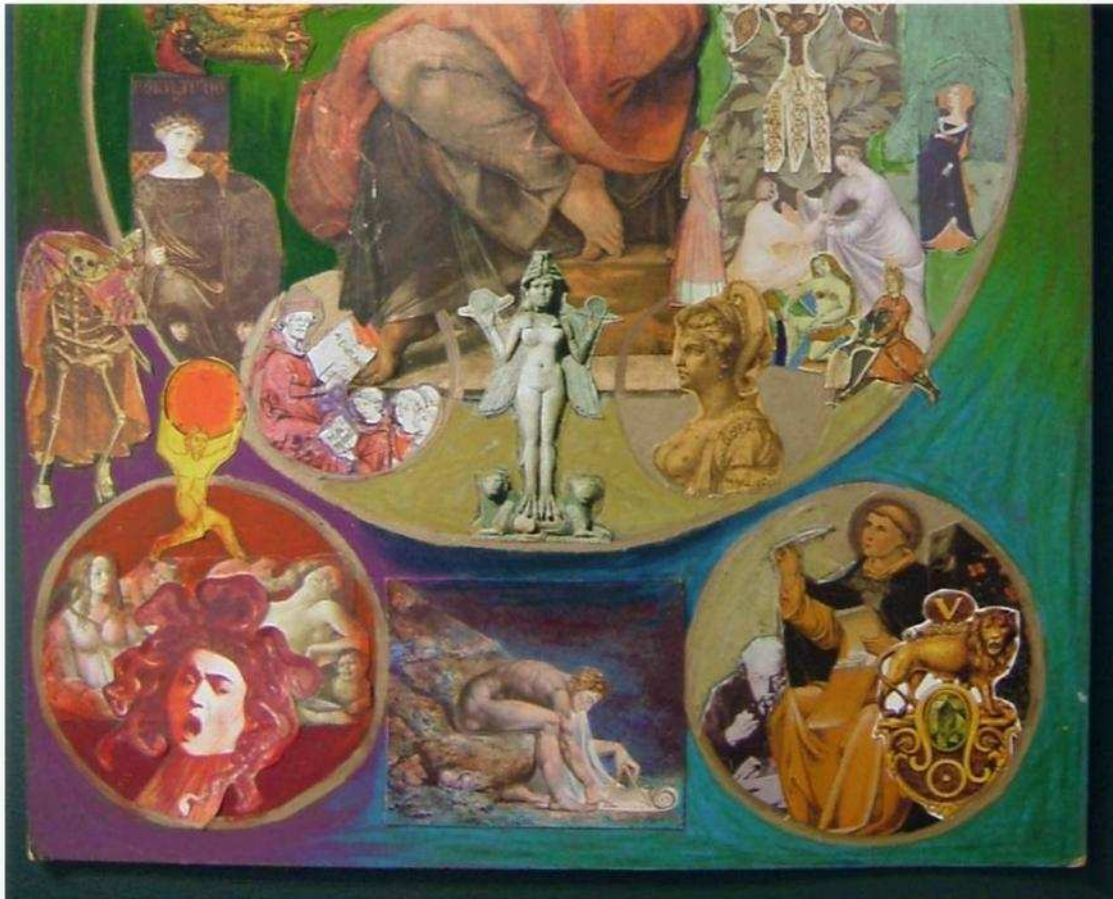


Figure 8 Detail: The lower section

Looking in detail, the lower section shows the roots of the enterprise (Figure 8). In the centre is an image of William Blake's Isaac Newton (1804), a lone figure like an architect is charting maps, behind the whole educational enterprise/scene. On the right a beneficent presence representing the guiding force of Keith Bennett¹⁰ (Head of School) with Jung in his circle and a royal seal of approval. This was associated with benign, intellectual organizing forces. On the left side a counter balance holding the more chaotic destructive forces. This is represented by Carravaggio's Medusa's head, overlaid onto Botticelli's ecstatic image of Venus and Mars, with an Atlas figure holding up the world on his shoulders. Standing just to the upper left, an image of death as a skeleton. This held the difficult material in the early days of the program. It speaks to the uncontrolled energies of the unconscious that had to be held and worked with and which often felt very threatening.

¹⁰ Dr Keith Bennett was the Head of School, had been involved in the creation of the program and was an enduring ally.

Above in the night sky, Halley's comet shoots by as an important cosmic sign. This is accompanied by angels as the wisdom shines forth into the universe. Pretty epic stuff!

This image is a kind of a map or cosmology of the enterprise of the program at UWS. It is a testament to the efforts of many people working together with a shared purpose. Although this image was not made directly about the research, it captures qualities of the work of an art therapy program and the nature of the experience of being an art therapy educator. It is interesting to note how the imagery is referencing **European** art history so strongly with some links to ancient mythology from the Middle East. But significantly no Australian images.

6.6 Landscape of the research project



Figure 10 Landscape of the research project: 2007 (85 x 60 cm)

In 2007 the project was progressing and this image was made to look more closely at the landscape of the project, and the experience of the research process (Figure 10). Using collage, the image is structured around a mighty river which cascades through the terrain cutting into and creating the geography with a strong perspective. There is one horizon covering a range of lands with settlements and farming. On the left side, flocks of livestock are herded and on the right, three kangaroos look out from a highly cultivated golf course, this leads to the foreground where some other scenes unfold. In the bottom right area, a man looks through a magnifying glass to inspect something very close up. A person is washed in the white foam of the cascading waters and is completely immersed. Next to them is a winter landscape which features a lone dog and a horse, right on the edge of the image. They are braving the icy terrain. On the other side the page is left vacant and undeveloped.



Figure 11 Detail: Three kangaroos

What does this image open up? It is an attempt to hold in view a panorama of the landscape of the project. It contrasts herding masses of animals for farming with the wild and indigenous kangaroos of Australia. However the kangaroos are in a highly cultivated urban environment of a golf course (Figure 11). This captures some qualities I have felt about the free and natural spirit I have found in Australia and the tension to fit into an imported and cultivated environment. The theme of contrasts and opposing positions and their reconciliation speak on many levels. In a broad sense it speaks of the political process of Aboriginal reconciliation and the reconciliation of colonial invasion. Parallels may also be found at the level of art therapy programs, which have evolved through the importation and adaptation of the different educators who are from different places, and bring different perspectives.



Figure 12 Detail: Right lower corner

Other aspects of the image speak about the experience of the research process. I see the river as symbolic of the journey of the research, coursing and cutting through the landscape and having a powerful momentum that carries you along, and can wash you up in a place you had not expected and could not control. The person immersed in the foamy waters echoes my experience of being engulfed by the process. This dynamic of moving between expanded exploratory spaces to focused attention on some tiny detail also captures the process. The presence of the dog and horse I associate with travelling in a lonely harsh environment and needing companionship on the journey (Figure 12).

6.7 Research dreaming

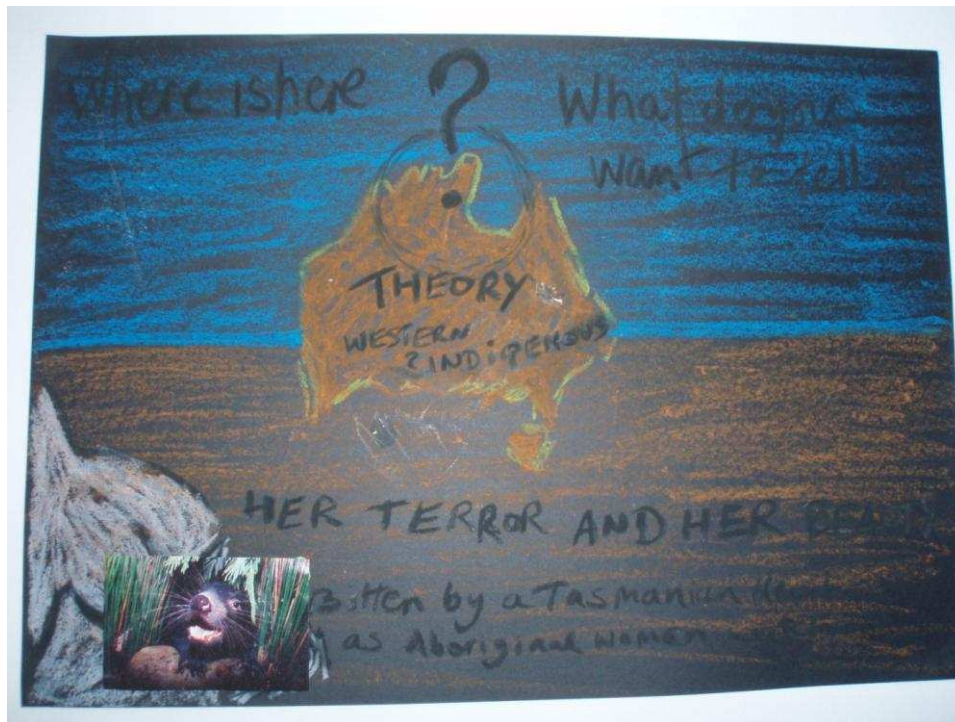


Figure 13 Research dreaming: 2008

In 2008 I embarked on the interviews and found that I dreamt about the research several times. Figure 13 is a visual sketch to try to capture one of these dreams and the converging ideas I was grappling with. I had found the process of doing the interviews profound. I was talking with people, some of whom I had never met before, who held important knowledge about the field. I heard about their experiences and views which included personal stories, and sometimes difficulties and conflicts. These meetings allowed me to join up pieces of information that shifted my perception and knowledge and gave me a new overview of the field. I became highly sensitized to my role and the effects of the research process. It caused me to think more about what it was I was asking of people. I noticed, without exception, I left each interview with a feeling of exhilaration and privilege, and that the information that had been shared with me was precious like gold.

In the dream I was to interview a participant but I could only ask one question. The question that came to me was: *“What do you want to tell me?”* In the dream this question was like an epiphany. It was as if this was a key to unlocking the research. However, ironically this did not ask anything specific about the research I was undertaking. This made me think about the power relationship between a researcher and a participant when in pursuit of a research question. In this dynamic, the researcher is taking up a receptive function to hear what is shared.

In another image from the same dream, I was suckling a Tasmanian devil¹² as some Aboriginal women watched. The animal suddenly bit me and it was shocking and painful. I wondered about the aggressive forces involved in the rearing of an animal (art therapy/program/research project) and of the inter-species relationship of a human and a Tasmanian devil (mixing between cultures,

¹² The Tasmanian devil is the world’s largest carnivorous marsupial found only in Tasmania, an island state of Australia. It is now an endangered species.

perspectives and theories). I also thought of the rivalry and competition that is part of the struggle of life and growth.

The other elements of the image are more conscious components which refer to ideas about migration and the history of Australia. The question of: *"Where is here?"* sits alongside the question: *"What do you want to tell me?"* A question mark hovers above a map of Australia with the word *'theory'* as a title and sub titles as *'Western'* and *'Indigenous'*. This is the key topic of the research and reminds me of its centrality.

The words of the famous poem about Australia, called *'My Country'* by Dorothea Mackellar are etched below; *"Her terror and her beauty"*. This echoes the spirit of the country and the context. However I had unconsciously switched the order of the words, which in the poem are *"Her beauty and her terror"*.

I love a sunburnt country,
A land of sweeping plains,
Of ragged mountain ranges,
Of droughts and flooding rains.
I love her far horizons,
I love her jewel-sea,
Her beauty and her terror-
The wide brown land for me!

The stark white ring-barked forests,
All tragic to the moon,
The sapphire-misted mountains,
The hot gold hush of noon,
Green tangle of the brushes
Where lithe lianas coil,
And orchids deck the tree-tops'
And ferns the warm dark soil.

Core of my heart, my country!
Her pitiless blue sky,
When, sick at heart, around us
We see the cattle die-
But then the grey clouds gather
And we can bless again
The drumming of an army,
The steady soaking rain.

6.8 Mapping art therapy education in Australia – a bestiary

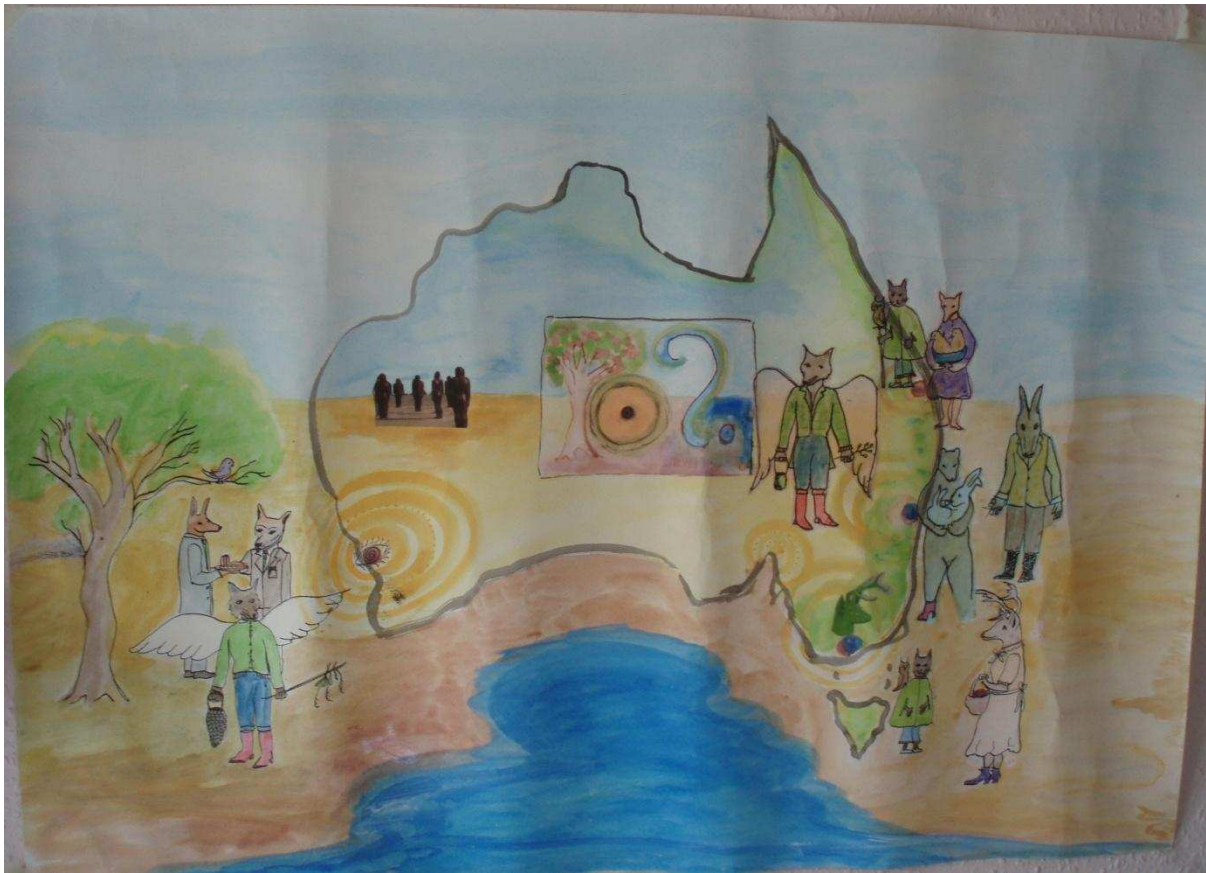


Figure 14 Map of art therapy education in Australia: 2009 (85cm x 60cm)

Figure 14, “Map of art therapy education in Australia” was made in July 2009. I had returned to the UK following changes in my circumstances in January 2009. All the interviews were completed and I was about to begin analysis and writing up of the whole study. I was now working back at Goldsmiths College in the UK where I had originally trained 20 years earlier. This gave me a different space from which to view everything. In some designated research studio time I produced this very tightly constructed, densely referenced image. My aim was to try to hold all the interviews that had been done in Australia and think about them as a whole.

An imaginary family or bestiary¹³ of hybrid creatures is pictured on the map of Australia with a new ink drawing representation of the image from near the beginning of the journey in the centre (Figure 6) titled “Explorations into the centre?”. This re-visited image featured the UK/Australian hybrid tree, the central dot/hole and the swirling question mark. It sits in the middle like a window set on the horizon.

All the creatures are loosely based on the different programs and a combination of the art therapy educators in the field. Some are interacting in small groups and others are in more than one place. A set of sculptures by Anthony Gormley appear in the WA desert¹⁴ (Anthony Gormley website, 2010).

¹³ A Bestiary is a compendium or summary of illustrations of beasts or animals which are usually accompanied by a moral lesson. These were popular in the Middle Ages.

¹⁴ Anthony Gormley UK artist did a project in the western desert with Aboriginal communities producing sculptures of the people in a remote desert location (Inside Australia 2002-2003). www.antonygormley.com

The process of the interviews had produced new connections and understanding for me. It stimulated a desire to link, and be in relationship with all the participants, rather than rivalry or opposition, which is a common process of groups. I experienced the richness of the variety and passion of the various educators and programs as enhancing and wanted the image to hold something of this varied and relational quality.



Figure 15 Detail: Western Australia (ECU, Ikon)

Taking a closer look at the detail on the Western Australia side of the image (Figure 15). There are several hybrid creatures. These characters are from my imagination and are linked to the information I absorbed from the stories¹⁵ that were shared from this region. I see this group as

¹⁵ These stories are told in the profiles in the next chapter.

holding qualities and dynamics of the two programs that have come from this region. The winged fox-coyote links to the transpersonal and spiritual aspects that began in this place. He holds sacred, shamanistic objects made of natural elements. The Ikon program was the most unknown of all the programs to me and the interviews with the contributors created new connections. This figure in the foreground is acknowledging this presence, which is now the only program of art therapy education in the region.

The kangaroo, dingo and bird creatures resonate with the program at ECU. The interaction between the three reflects some qualities of the interviews I experienced from the contributors of this program. There are two similar creatures sharing something on a plate. The bird is a separate creature, perched above them. I could only interview two of the three program leaders as one, Michael Campanelli, had passed away. The story of this program has elements of conflict, pain and loss which makes it sensitive to research. The quality of sensitivity is also present between the fox-coyote and this group. He stands apart, independent and perhaps feels excluded.

The image of the Anthony Gormley's statues in the Western desert speak to the Indigenous peoples and their presence which came through strongly in the interviews from this part of Australia.



Figure 16 Detail: Eastern Australia (La Trobe, RMIT, MIECAT)

Looking at the eastern side of Australia (Figure 16). There are many more creatures. The bear holding the rabbit who is sucking on a bottle of milk, is the spirit of the program at UWS in NSW. She is a creature who cares and can hold the vulnerable. She is missing one leg. The donkey is also part of this family group and has an ambiguous quality. He holds a pair of scissors and has qualities related to the tensions within the university system of whether he will be helpful and protective or snip away and disturb the mother and baby.

Above in Brisbane QLD are two different clusters. There is a fox-mother holding two chickens in her basket. They look plump and healthy. There is a tension between chickens and foxes in the natural world and the program at UQ is under the wing of mental health. Hopefully the tension will be held creatively.

Then there is a pretty cat in a green cape with an owl perched on her staff

which appears in two places. This is the presence of MIECAT in both Melbourne, VIC and Brisbane, QLD. The owl and the pussycat poem by Edward Lear resonated with me.

The Owl and the Pussy-cat went to sea
 In a beautiful pea green boat,
 They took some honey, and plenty of money,
 Wrapped up in a five pound note.
 The Owl looked up to the stars above,
 And sang to a small guitar,
 'O lovely Pussy! O Pussy my love,
 What a beautiful Pussy you are,
 You are,
 You are!
 What a beautiful Pussy you are!'

Pussy said to the Owl, 'You elegant fowl!
 How charmingly sweet you sing!
 O let us be married! too long we have tarried:
 But what shall we do for a ring?'
 They sailed away, for a year and a day,
 To the land where the Bong-tree grows
 And there in a wood a Piggy-wig stood
 With a ring at the end of his nose,
 His nose,
 His nose,
 With a ring at the end of his nose.

'Dear pig, are you willing to sell for one shilling
 Your ring?' Said the Piggy, 'I will.'
 So they took it away, and were married next day
 By the Turkey who lives on the hill.
 They dined on mince, and slices of quince,
 Which they ate with a runcible spoon;
 And hand in hand, on the edge of the sand,
 They danced by the light of the moon,
 The moon,
 The moon,
 They danced by the light of the moon.

This brings to mind the quality of wisdom, love and of seeing in the dark. The forging of a relationship between two creatures who in nature maybe antagonistic but somehow can form a strong alliance of togetherness. The fox-coyote from WA also has a strong independent presence on this side of the map, Ikon is present in SA, VIC, NSW and QLD.



Figure 17 Detail: (La Trobe, RMIT, MIECAT)

The deer-lady with antlers is looking at a green model of a head similar to her own. She is the energy of the La Trobe program (Figure 17). The essence of this creature is one of practical compassion. The MIECAT cat and owl are often in friendly exchange with the deer, and relations here seem more harmonious. I noticed later I had not created a creature for RMIT, which was an unconscious omission.



Figure 18 Duck-billed platypus: 2010

A few months later I made a duck-billed platypus in response to the energy of this program (Figure 18). The duck-billed platypus is native to Australia and a unique creature. It is a semi-aquatic mammal and the only one that lays eggs and produces milk to feed her young. Although she has no teats she secretes milk through her skin, which gathers in pools for the young to feed. This creature

is an important subject in evolutionary biology and an iconic symbol of Australia. I think this piece resonates with the position of the whole of the field in Australia. The object itself is made from discarded fabrics and stuffed with sponge. It is a kind of rugged soft toy. Its' beak is made of two pieces of soft, thin, painted wood and when the platypus is picked up the bill clacks as if it is talking. I noticed later that I had unconsciously omitted to include the tail of the animal. It is therefore an unintended docked¹⁶ duck-billed platypus. This is the last image I will discuss in this section. However two further images are shown and discussed later in chapter 9.

It is perhaps relevant to note that I see the art making as an ongoing dynamic process in the research and I intend to make an art piece (performance/installation) about the entire project once it is completed.

6.9 Discoveries of the intra-views

This chapter has presented an autoethnographic and visual approach to illuminate my position within the research and contribute relevant information. As a migrant I have a view from my home country, the UK as well as from within Australia. My biases have evolved towards art and experiential, arts-based learning and progressive psychodynamic, group systems perspectives. I have intended to make transparent how this has influenced the use of visual processes to explore and develop the project and open up ideas.

The discoveries in this chapter show the roots of the field of this research are shaped by the enduring dynamic between art and psychotherapy. This echoes the dynamic of 'caught between two worlds' that I experience as a migrant in the process. This also extends to the observation of different characters of art therapy in different places. This is held in the metaphor of art therapy and the trees. Art therapy is symbolized by trees, however there are different kinds of trees depending on geography and climate. The visual process directed my attention more to Australia, its mythology and spirit and to acknowledge the presence and importance of Indigenous people and their perspectives. It revealed the world inside an art therapy program, its aims, struggles and triumphs. Tensions were highlighted around issues of funding and other hostile and benign forces. The preoccupation with European images isolated from Indigenous images was also found.

The process of research was shown to move in a repeating dynamic of opening up and closing in, and of immersion and distance. It also revealed the change to the researcher and makes transparent this influence upon the research. Furthermore this process shows that art therapy in Australia is populated with many interesting and unique creatures (approaches). Some of these have hybrid qualities or resemble something particular to the place, rather like the duck-billed platypus. However a resounding factor is how grounded the field is in the relational, and how it is shaped by its people in its own context.

The following chapter will present the main findings.

¹⁶ Docking is a practice usually used on dogs to prevent painful tail damage when running through heavy vegetation or thick brambles while hunting.

Chapter 7: Inter-views: Australia - institution and educator profiles: ECU, IKON, UWS, RMIT, MIECAT, La Trobe, UQ

7.1 Introduction to chapter 7: Inter-views: Australia

This chapter sets out the main findings of the research. It is organized around seven institutional profiles and is accompanied by a table of responses (Appendix 10) that link the questions of the research to the responses found in the material. Several key educator profiles are also included. All of this is compiled from the interviews and other publicly available sources.

Key educators are identified at the beginning of each profile. These are educators who have led the program at the particular institution or had a major role. This is followed by keywords which have been distilled from each institutional profile to capture the essential themes, theoretical views and issues of each program. Within each profile are extracts from the interviews which give voice to the relevant themes, views and issues that arose. Following each institutional profile are key educator profiles which chart the background of their educational, professional and relevant personal influences. This begins to reveal genealogical material to flesh out the mapping of the influences. Each educator profile begins with a series of key words which have been distilled from the interviews to capture the essential features of their backgrounds, theoretical influences, views and key influential people. This is followed by brief commentaries on the interviews and my relationship to the participants.

7.2 Edith Cowan University (ECU), Perth, Western Australia

Master of Art Therapy

1992-2007

Key educators: David Harvey, Dr Michael Campanelli, John Henzell, Dr Tarquam McKenna

***Conflict** centred on theoretical/cultural view, method versus dynamic orientation, UK perspective versus USA perspective, Jungian influence, dramatherapy, later phase: movement towards art, UK, USA, Australia.*

This profile has been produced from several interviews with key participants. However there is a gap with regard to the input of Dr Michael Campanelli.

David Harvey initiated the Master of Art Therapy in 1992 at Edith Cowan University (ECU) in Perth, Western Australia. This was the first university-based program of its kind on art therapy in Australia. Harvey, originally from the UK with a background in art and art education, had undertaken the first art therapy training in the UK. This training was part of the Master of Art Education at Birmingham University in the early 1980s. Inspired by this study and working with the program leader Michael

Edwards,¹⁷ he put forward the idea of developing an art therapy program at ECU. At that time Harvey was working in the fine arts area of ECU and instigated a survey to canvas interest. This produced positive responses so the university sent him on a research mission to explore similar programs in Canada and USA. Harvey went as a visiting fellow to the art therapy program at Concordia University in Montreal, Canada. This was being led by Michael Edwards who had moved there to run the program after beginning the one in Birmingham, UK. Keen to extend his knowledge about the way art therapy programs were designed and run, Harvey also visited programs in Los Angeles and New York. In 1988, equipped with this knowledge he developed a trial unit in art therapy which ran successfully for three years. Building from this a masters program was designed which came on stream in 1992. Concurrently, Harvey was involved in an outreach role in Northbridge, at a drop-in centre for street people, many of whom were Indigenous. Here he made productive connections with government and non government agencies which opened up placement links for the new art therapy program.

The mission I felt, was to, not only introduce a solid training but also a community awareness (of art therapy). (Harvey, 2008)

Harvey led a small team in establishing the masters which included Annette Coulter (Art Therapist-trained in the UK) for one year, Leith Taylor (Dramatherapist-trained in the UK) and two psychotherapists, one who was trained at the Tavistock in UK (Judy Griffiths) and the other a Jungian training analyst, (Dr Sally Kester). The university gave Harvey the choice of where the program would be positioned. Out of all the options, which included Social Sciences, Education, Fine Arts and Art Education he chose the Western Australian Academy of Performing Arts (WAAPA). The academy was well funded from both federal and State sources and also had relative independence. The Master of Art Therapy was also the first masters program of the academy.

The first intake had 12 students who all completed the course. The program comprised 14 units in two stages. Stage 1 (1st year) was a Graduate Diploma in Art Therapy which involved a range of foundation studies in the subject, and stage 2 (2nd year) was a Master of Art Therapy which focused on the practicum and thesis components. The theoretical framework of the course was based on a model similar to the programs established in the UK (Goldsmiths College and St Albans College, Hertfordshire) which was dynamically oriented, favouring an object relations approach. There was also a Jungian perspective which was brought in by the Jungian training analyst, Dr Sally Kester. The program was made up of a combination of academic and clinical placement components with experiential groups and studio units. The theories taught included applied psychology, psychoanalysis, analytic psychology, humanistic, cognitive and behavioural theory, psychiatry and research methods. Additionally, there was a dramatherapy unit which proved popular, and eventually provided the opening to establish the first Master of Dramatherapy in Australia in 2003.

*We were following an English model for art therapy training similar to those established at Goldsmiths College and St Albans College both of which had a **psychodynamic orientation**. The ECU program included a **Jungian approach** through the influence of Sally Kester who practised as a Jungian analyst. Judy Griffiths the other psychotherapist was of an object relations persuasion. I was comfortable with this combination having been trained myself in both approaches within an art therapy framework. (Harvey, 2008)*

¹⁷ Michael Edwards was a seminal figure in the history of art therapy in the UK.

In these early days the education provider Ikon was also in Perth, offering training in the same subject area, in the private sector. However very little contact or interaction was reported and no particular view was offered about this parallel activity.

The program developed well in these first few years, led by David Harvey, with consistent input from the two psychotherapists, Judy Griffiths and Dr Sally Kester during 1992-1996. As the program became established the staff increased and Dr Michael Campanelli (art therapist) was appointed from the USA on a three year contract in 1994. Campanelli arrived shortly after Harvey went to England to do further training at Goldsmiths College, for a Postgraduate Diploma of Art Psychotherapy. Therefore Harvey and Campanelli did not meet until Harvey's return the following year. Campanelli, who had a background in clinical psychology, brought a strong North American approach to the program and what followed was a phase of **conflict**. The conflict centred on **differences between cultures and approaches**, and around issues of power and authority. Harvey was program leader and a permanent staff member who had come through early art therapy training in the UK. Campanelli held a doctorate and credentials in art therapy from the USA, which appeared to hold more authority. Campanelli was appointed after Harvey went on sabbatical to advance his expertise in art therapy, and while he was away Campanelli took over his position. Campanelli invited Dr Frances Kaplan from the USA to come for the year to cover the absence of Harvey. Kaplan had trained with Campanelli at Pratt University in the USA. This shift in personnel opened up the beginnings of a conflict, of which a key aspect was theoretical. Campanelli began to drive changes with which Harvey did not agree. Campanelli wanted to increase the research element of the program and reduce the experiential learning, to make it more **methods oriented** and linked to the medical sciences. This did not fit with the psychodynamic approach which was experientially focused and was at the heart of the program Harvey had established. These developments essentially changed the character of the program. It highlighted the differences between perceptions of art therapy in the UK and in the USA and also the formative nature of art therapy in Australia and how it was open to being shaped and influenced by key people. On Harvey's return, with Campanelli being supported by the university to develop the research component, Harvey essentially experienced the usurping of his position, and in 1997 he resigned. This was a very painful time which disturbed the program and was never really resolved.

*He (Michael Campanelli) wanted to make it (the program) much more research aligned – so the bulk of the qualification was research based...he questioned the strong element of experiential learning...so it (became) much more method oriented...some of the methods he was espousing didn't always fit with the psychodynamic approach...part of the struggles was probably a **clash of cultures**. (Harvey, 2008)*

Campanelli went on to lead the program with this more methods oriented and didactic approach until his untimely death in May 1999. His passing away left the program in a traumatic hiatus, and for the following year it was held by, Jane Armstrong, a supportive academic in another department, and some experienced graduates of the program. Then John Henzell was appointed in 2001.

With Henzell came a new direction to the program; in structure and philosophy. Henzell introduced a more psychodynamic arts-based, experiential approach, and instituted a cohort model. The cohort model is where a group of students (20) begin and travel through the various aspects of the training together. Henzell also reduced the amount of units from 14 to 6, to counter the problem of

students taking one or two units, and thus drawing out the time to complete the program, and the fragmentation and inconsistency this created. The program structure remained at two years full-time, three years part-time with two days of placements each week. Academic, experiential and clinical components were re-designed to be less didactic and more open ended, similar to the approaches used in the training programs in the UK and closer to the approach Harvey had begun.

*The course philosophy I tried to get going at ECU involved a very careful examination of psychoanalytical theories of various kinds. It also encouraged writing and thinking that was not just only within psychotherapy but out into literature and philosophy much more...The difference in my approach and I think of the people who joined in working with me was much more of a form of art therapy that was connected to the **art** – rather than one that was connected to the medical sciences – that was a very clear change of direction. (Henzell, 2008)*

An example of this more open-ended approach could be seen in an interesting unit called “*image seminars*”. Here the students would take turns in bringing in what might be loosely described as an image, and this would be the focus of exploration through image-making, writing and discussion. Various things were brought in such as a press cutting, a piece of writing; one student brought in a pair of her mother’s shoes, someone else brought in a kitchen spoon and, another, their dog. It was reported as “*astonishing what came out of these discussions*”. The students were encouraged to read literature and make their own art throughout the course. The emphasis Henzell encouraged was of interest in the phenomenology of art, and the differences between signifying via images or by words, and the translations of images into words.

Henzell also changed the dissertation from 15,000-20,000 words to a minor 10,000 research project and 10,000 words case study which were internally assessed. The longer case study, focused on practice skills and analysis, and is similar to the majority of programs in the UK. Also in line with UK standards, the importance of being in personal therapy was emphasized although, it was not possible for it to be made mandatory.

An atmosphere of disturbance and the trauma from Michael Campanelli’s loss were part of the legacy for the first couple of years of Henzell’s leadership. However, the following few years 2002-2004 saw stabilization and growth. The staff group expanded back to the equivalent of two full-time people and included Robyn Bett who established the first Master of Dramatherapy in the country in 2003. Other staff included Annie Henzell who had trained in the UK and Dr Tarquam McKenna (amongst others). McKenna also worked in the School of Education and had completed the art therapy program at ECU in the first wave of graduates. During these years the program was thriving, and gained recognition for teaching excellence, attracting international and Indigenous students. It was also financially viable.

At this time the program settled into graduating 20 students a year and, it is estimated, had graduated over 100 art therapists and dramatherapists. Unfortunately, significant managerial and economic changes occurred, which eventually resulted in a tougher funding arrangement for the program. New funding models were put in place by the university, such that it prevented profits flowing back to the program, leaving the program to run on 40% of its incoming monies. It is likely that this, alongside the loss of the earlier managerial allies, created a tipping point and in 2007 both the Master of Art Therapy and the Master of Dramatherapy were closed.

The views of the participants revealed a number of limits and tensions in the professional context and process of art therapy education. Significantly the closure has meant there are no university-based training programs in WA in art therapy at this time. This is a significant limitation to the development of the field. Alongside this, the lack of professional recognition of art therapy is seen as a major constraint.

Unless we get some recognition by health insurers, Medicare and professional authorities, we're going to be limited. (Harvey, 2008)

This presents challenges for the professional association ANZATA; namely, to increase its membership, develop a stronger profile and build a more cohesive professional group. Several points of tension and debate within the professional association (ANZATA) were raised in the interviews such as: the inclusion and position of other arts therapies such as drama, dance movement etc; the multi-modal or single art focus; and exploration of ways to enable the inclusion of other arts therapists or graduates from other courses such as RMIT or Ikon. Currently graduates of these programs (RMIT and Ikon) do not meet the membership standards. Options for additional study and training to make it possible for these graduates to join ANZATA were also raised as an issue.

I think ANZATA has done a remarkable job and it's got to continue to grow...there's a core of people with para-therapeutic art skills who need to find a way to belong. (McKenna, 2008)

One state in Australia is virtually as big as China - these distances pose great difficulties for a very small profession like art therapy...I think it's terribly hard for ANZATA to actually function coherently. (Henzell, 2008)

Tensions were identified around the effects of the organizational culture and resources. Within the training itself the tension between therapy and education was also discussed, and the struggles of students developing understanding of the process of self reflection as part of the education process. The issue of the gender imbalance was also raised - there being many more women than men within the program, and the minority group of men being in a leadership position.

A tension was often of a capacity to change - to self reflect...Tensions - explicit ones were in the organizational culture of time, money, resourcing...Another tension was where graduates would be located - of context...Another tension around gender - about men in leadership in art therapy. (McKenna, 2008)

In terms of the horizons, a shift towards the arts and wellness paradigm that may also be termed arts and health was seen. This was thought to be a positive shift that could benefit art therapy, enabling it to be 'naturalised' and understood more readily in society. It was suggested this could lead to the promotion of art as a way to find understanding more generally. This was also echoed in the shift that had been observed in the location of practice, away from hospitals and more towards schools and the community sector. This could be described as a *health* versus *social* location of employment and practice.

*I think the **art** model should be driving [the way forward]...I think we are talking about emotional wellness - emotional-literacy and people are naturalising art therapy and want to know more about it...the principle of art driving understanding. (McKenna, 2008)*

The possibility of opening up the practices to involve Indigenous students, and reach Indigenous people and Indigenous ways of knowing was also seen as important. It was thought that, generally, the Australian students demonstrated an attitude for openness, and a capacity for a big vision, and that these factors could work well together to progress and open up thinking, and create networks between different and related groups, professional or otherwise.

Australians and the students that I've got to know - at their best - are really game to try things and that's extraordinarily exciting. There's a kind of bigness of vision in some Australians. (Henzell, 2008)

It was seen as vital to generally increase and spread understanding of how important the image and imagining is for people, and the ways this may be done to make an impact on a large scale. It was felt that creating a cultural shift was necessary to open up the potential of what art therapy, and art therapists could contribute. A suggestion was to look to the model of the Balint groups which were started in the UK in the 1960s to spread the knowledge and understanding offered by psychoanalysis to a wide a group of the population as possible (Balint, 1993).

I think in Australia, it would be time better spent, to spread an understanding about how important the image and imagining is for people. By running short courses, writing and running groups, rather than by thinking that [it will be achieved by] graduating 20 art therapy students a year. How [is] that number of people ever going to be able to make a dent in Australia and in rather grand terms – to make any sort of impression on Australian suffering? (Henzell 2008)

7.2.1 David Harvey genealogy

Artist, educator, art psychotherapist, object relations, attachment theory, existential view, migrant to Australia from the UK, Goldsmiths training, an unsung hero of art therapy development in Australia, Michael Edwards.

Born in the UK, Harvey's educational relationship with art began at age 13 when he attended a secondary (high) school which specialized in art in Birmingham, England. This prepared him for entry to Harrow School of Art, London where he trained for a further six years. Following this Harvey gained a Diploma in Art Education from Birmingham and became an art teacher. He began as a peripatetic art teacher for the Local Education Authority (LEA) in Hertfordshire, travelling around setting up programs. He then went on to become a Head of Department in a couple of high schools, and eventually he returned to study an Advanced Diploma in Art Education at Birmingham which he did not complete at the time. This was during the era of 'Thatcher's Britain' where cut backs in education and teacher training were at their height. It was this backdrop that inspired Harvey to apply for a job in Australia and in 1975 he emigrated. The position he took was at Churchlands Teacher Training College, Perth, WA. This was a new facility which was well funded, and Harvey worked there from 1975-79. He then returned to Birmingham University to complete the Master of Art Education which included the first postgraduate option in art therapy in the UK run by Michael Edwards. Here Harvey produced a thesis titled "*Towards a concept of art therapy*" which inspired his interest and future role in developing art therapy in Australia. This looked at the emergence of art

therapy across UK and USA, and focused on the early art therapists' interest in children. Returning to Perth, Harvey began to work at ECU and developed the art therapy program which was the first university-based program in the country. He later returned to England to undertake a Postgraduate Diploma of Art Psychotherapy at Goldsmiths College where his interest in working with children was further developed (1995-96). In 1997, he left the position at ECU and developed his own practice specializing in working with Indigenous children and families. Harvey is now an art psychotherapy consultant to the department of child protection in Western Australia. The following dream image holds something significant of his work and the symbolic healing of a wounded country:

I had been in Australia for about six weeks and the dream always stayed with me. There is this huge hill and there was something like a castle or huge house on the hill, and the hill was dark brown, and the building a sort of greying brown. I'm not sure if the building was in ruins, or if it was being dismantled, or maybe it was being reconstructed. It was full of what I now understand were Indigenous citizens. They were burrowing and planting and doing things amongst the ruins of this place. (Harvey, 2008)

A note on the interview: I interviewed David Harvey on the phone (5 January 2009). He was in Perth I was in Sydney. I had not met or spoken with him before. I found the conversation delightful and poignant. He spoke with great sensitivity about his experience and was open to reflecting on what had been a period of great difficulty and struggle. I sensed the possibility of reparation in the process of witnessing and writing his contribution to the ECU story.

7.2.2 John Henzell genealogy

Artist, educator, art psychotherapist, philosophy, psychoanalysis, psychosis, Australian beginnings and endings, one of the early developers of art therapy in UK, Guy Grey-Smith, Jan Glass, R. D. Laing, Michael Edwards.

Henzell was born in England and came to Australia when he was two years old. He trained as an artist-painter in a technical college in Perth, Western Australia (WA) that later became part of ECU. Henzell first encountered art therapy through a family friend, Guy Grey-Smith. This connection was made through Henzell's father who was a doctor and specialist in the disease tuberculosis (TB). Guy Grey-Smith was shot down over Germany in WWII, and while in a POW camp he met WA painter Howard Taylor, and developed an interest in painting, but also contracted TB. Grey-Smith was repatriated to the King Edward VII Sanatorium in Godalming Surrey, where Adrian Hill was introducing art therapy. It was here that Grey-Smith became involved in art therapy as a patient and then as a practitioner. Grey-Smith went onto Chelsea School of Art and then came to Australia. He had a relapse of TB and this is how he met Henzell's father. Through this connection, Grey-Smith introduced art therapy to the Hollywood Repatriation and the Sir Charles Gairdner hospitals, in Perth. When Henzell was 19 years old, he took over some of these sessions. This was a very formative experience and at 21 Henzell went to England, where he worked in various psychiatric hospitals, and became part of the emergence of art therapy in the UK.

Henzell's first position in the UK was at the psychiatric hospital, Warlingham Park, with Jan Glass, who was one of the first art therapists. Henzell was apprentice to Glass for six months before he

went onto Napsbury Hospital in Hertfordshire, where he was part of a team which included the famous anti-psychiatrist R. D. Laing, amongst other eminent psychiatrists and psychoanalysts such as Aaron Esterton, Rosemary Gordon, Denis Scott and Tom Farewell. It was through these experiences that Henzell learnt about being an art therapist and developed an interest in working with people who have major psychosis. He later worked at Friern Barnet and St Bernard's hospitals and became involved with the formation and development of BAAT. Around this time Henzell studied a Postgraduate Diploma in Art Education followed by an M. Phil at Birmingham University with Michael Edwards, alongside other key people who emerged later in the art therapy education field (e.g. Andy Gilroy and Pete Byrne). This was the forerunner to the art therapy training option that eventually developed.

During this study, Henzell's research interest was the phenomenology of art, images and psychological work. He produced a survey on the history of art therapy for the Social Sciences Research Council and this helped him enter the field of art therapy education at the St Albans program (now University of Hertfordshire). Henzell worked there from 1976-1984, leading the program and working with other key people such as Joy Schaverien, Felicity Weir, Janek Dubowski, Diana Halliday, Caroline Case, Patsy Nowell-Hall and various consultants from the Tavistock.

In 1984 Henzell was part of the group who established a Postgraduate Diploma of Art Therapy at Sheffield University with Chris Wood, who had initiated the development, and the group also comprised Dave Edwards and Nick Howard. This development was supported by Professor Alec Jenner, who was an ally at the university. It began in the Department of Continuing Education and later moved to the Department of Psychiatry. When Alec Jenner retired, they together with Jim Gomersall and Tim Kendal formed a separate body called 'The Centre for Psychotherapeutic Studies'. Henzell also worked with David Maclagan and together they developed a Master of Art and Psychotherapy, for people interested in the subject, but not necessarily interested in training to be an art therapist. Issues of funding curtailed the program and around this time Henzell retired, but continued to do some teaching into the program, which was taken forward by Chris Wood. Henzell began to make forays to Australia, and was offered a position at ECU, which he began in 2001 till its closure in 2007. Henzell has published several chapters and articles (e.g. see Henzell, 1984, 1995, 1997a, 1997b, 2003, 2006) on his interests in art therapy and continues to actively contribute to the field.

It is interesting to note that both Henzell and Harvey began their studies in one of the first art therapy training options at Birmingham University with Michael Edwards in the 1980s. Both favoured a dynamic theoretical view which has become associated with a more British approach to art therapy.

Michael Edward's daughter, Claire Edwards, has become an educator in Australia, and is opening up questions of theoretical influence on practice.

Unfortunately it has not been possible, within the scope of this project, to gather a biography of Michael Campanelli; this is a limitation and there remains a missing piece to this institutional profile.

A note on the interview: I interviewed John Henzell on the phone (24 August 2008). He was in Perth and I was in Sydney. John and I already knew each other as we had an existing professional connection which began when he returned to Australia in 2001. Since then we had spoken many

times and met at conferences and visits. I have always enjoyed talking with John and I found this conversation particularly illuminating as I had not realized the extent to which he had played such a significant part in the beginning of art therapy in Perth and in the UK. John is a great raconteur and the breadth of his experiences and views rolled out a wealth of history and details of people and connections. John is an important figure of wisdom and experience in the art therapy field and it was a privilege to listen and try to capture some of the treasures of his experience in this ECU story. The sad part was the loss of the program and his experience of its closure; however, the interview provided a precious opportunity to reflect on the history and his contribution.

7.2.3 Dr Tarquam McKenna genealogy

Educator, art psychotherapist, psychodrama, Jungian, transpersonal, Australian, Shaun McNiff, Bob Frager.

Although McKenna has not held the leadership position of the program at ECU, he has known the life of it, from being one of the first cohort of students and then a part-time educator on the program through its various eras. McKenna has also been active in ANZATA holding key positions such as President, Vice President and Treasurer over several years.

McKenna was born and grew up in Tasmania, Australia. From an early age he experienced art as a way to know himself and the world. McKenna studied a Bachelors of Education with a focus on special education and arts and drama. He gained a scholarship in 1980 to study in the UK with Dorothy Heathcote, a pioneering drama therapy-oriented practitioner, who was influenced by Jungian theory. McKenna returned to Tasmania to complete a Master of Education and began working at Western Australia College of Advanced Education which later became part of ECU in 1987. McKenna studied the first Graduate Diploma in Art Therapy started by David Harvey 1987-89. In 1991 McKenna went to the USA to study and gain qualifications and experience in the fields of arts therapy and transpersonal practices. Here he worked with Shaun McNiff and Rob Frager. On returning to ECU he went on to complete the Master of Art Therapy and was one of the first four students to graduate in 1993. During the art therapy training an interest in Jung was inspired by one of the tutors, Dr Sally Kester. While employed in the Faculty of Education McKenna also taught in the Master of Art Therapy and Dramatherapy at ECU. McKenna began a PhD in religion at UQ on Javanese art-making. This led to many trips to Java to research the mystical practice of painting dreams, and other practices which paralleled processes of understanding, linked to art therapy. University pressures caused McKenna to shift his focus towards an education area, so he enrolled in the University of Western Australia, and began another PhD, in understanding the self through using role theory and psychodrama principles. The thesis examined how marginalized teachers perform their identities in the workplace. McKenna is interested in furthering understanding of sexualities, and invisible and silenced groups (McKenna, 2009, 2004; McKenna & Haynes, 2001).

As an educator McKenna favours the notion of the democratic curriculum with a collaborative approach for shared responsibility for learning. McKenna views his educator/therapist role as being a conduit for people to move through levels of understanding, towards wellness through creativity.

McKenna takes a syncretic¹⁸ view of what informs his practice; and identified the influence of many of his teachers who have included David Harvey, Michael Campanelli, Shaun McNiff, Bob Frager (1999), Sally Kester and Judy Griffiths.

The art therapy training groups – that’s where my deepest training and where my model of practice comes through...I realized there’s a combination of very significant influences around people...it’s a bit like parenting.

Creativity is the structure that informs my work and that work is now about wellness. (McKenna, 2008)

A note on the interview: I interviewed Tarquam McKenna in person in Melbourne (6 August 2008). Tarquam and I already knew each other as we had an existing, though limited, professional connection through the work of ANZATA and participation at conferences. This was one of the first interviews of the research, and I found this conversation particularly encouraging and stimulating, as I had not fully realized the variety and wealth of his experiences and areas of interest. I was also impressed with the openness, energy and vigour he brought to topic. I became more aware of the position he holds as an influential figure, with a vision for the future of art therapy in Australia and New Zealand and a voice for integration.

7.3 Ikon Institute

Diploma of Transpersonal Art Therapy 1995 to present (time of writing 2010)

Key educators: Dr Rafael Locke (Director), Vicki Dean (NSW)

Offered in Western Australia, South Australia, Queensland, New South Wales, Victoria

www.ikoninstitutesa.com www.ikoninstitute.com www.phoenixinstitute.com.au www.complementary.com.au

Transpersonal paradigm, neo-Jungian, art therapy, Australia, USA.

The Ikon Institute is a private educational organization established by Dr Rafael Locke in 1988, to offer professional education in transpersonal and psycho-spiritual approaches to counselling and psychotherapy. The Diploma of Transpersonal Art Therapy was first offered in Western Australia in 1995 and began with 18 students. Since then it has developed, and is now offered in five States through various partner organizations which have generated several hundred graduates. The program is currently nationally accredited through the Australian Quality Training Framework (AQTF) and recognized by the National Training Information Service (NTIS). The diploma is equivalent to a (vocational) TAFE diploma qualification and is offered in the form of a one year full-time or two year part-time course. On completion of the program; graduates can become members of the Australian Counselling Association (ACA) or Society for Natural Therapists and Researchers (SNTR).

¹⁸ Syncretism is the attempt to reconcile disparate or contrary beliefs of various schools of thought. Not to be confused with synthesis or eclecticism. In the syncretic context, extreme differences are upheld, each element enriching the others within the array of their differences. This is distinct from binary opposition.

The program consists of twelve modules offered in four day intensive blocks, followed by a series of evening sessions. The program culminates in the final module which is a practical placement experience of 50 hours. Studies include: the history and concepts of art therapy and transpersonal studies; professional practice; counselling skills; mental health issues; symbolism; and the life cycle and transitions. The practicum experience is individually designed by each student, to meet the required learning outcomes.

The development of transpersonal art therapy education in Australia has been driven by Locke who became interested in the transpersonal movement through his scientific research on the nature of consciousness and parapsychology in the USA. Later in his position as Director of the Community Skills Training Centre in Western Australia he introduced some transpersonal courses which included units on art therapy. From this experience, Locke established Ikon and began the transpersonal counselling program, which developed into the full Diploma of Transpersonal Counselling the following year in 1993. From this, the Diploma in Transpersonal Art Therapy evolved.

During the period 1992-1995 significant activities (projects, conferences) enabled the development of the transpersonal art therapy education. This included an Ikon project in the Western desert, and Eastern gold fields of Western Australia. The project focused on the rehabilitation and treatment of people with alcoholism in Aboriginal communities. The Aboriginal people were experiencing high mortality, violence, alcoholism and malnutrition. Funds from the federal government and State government were invested in the project, to develop the innovative use of art, story and healing, to help people to find their medicine, their dreaming and stories. One of the Ikon professionals involved was Mary Mclean who became a well-known Aboriginal artist (Australia Council website, 2010). Also, around this time (1993) there was an international conference on art, culture and healing titled "*Pathways to Healing*" in Kalgoorlie, WA. Through these activities some significant work was done. However, the project stalled because of political issues and tensions between groups. But much of what Ikon does currently is informed by the spirit of this work in the Western desert and a desire to integrate cultural materials and perspectives.

Concurrently Edith Cowan University (ECU), also in Perth, was interested and involved in developing art therapy education from within the public university system. It appears there were tensions between these two centres of activity and it is reported that criticisms were directed towards Ikon that alluded to a lack of professionalism. This created hurt and division which is still present between the university-based programs, the professional association (ANZATA) and the private institutes today and particularly felt by Ikon staff, students and graduates.

Locke intentionally positioned the Ikon enterprise outside of the university system to enable freedom to pursue an innovative education and practice. The teaching and learning model at Ikon had grown from Locke's experience of teaching at universities, where he had experienced the separation of theory from practice, and putting theory ahead of practice. Rather, Locke wanted to offer an alternative model, one of dialogue between research, theory and practice. Therefore an emphasis on an experiential approach was taken to the program, which views art as intrinsically helpful in a person's personal and spiritual development. The program positions education as an opportunity to explore creative potential as an enhancement process, as distinct from a psychological or pathologising perspective which takes the view of seeing things as 'problems'. The cultivation of the person in existential and transpersonal terms is an important aspect of the

program. The model of the shaman or a shamanic lens is used and is based on theories of altered states of consciousness, in order to obtain resources to heal or gain information. The education process calls upon different spiritual traditions, and their healing practices, and is based on the realization of the potential of the body, mind and spirit for healing. The diploma takes a cross-cultural view and focuses on symbolic systems, including Indigenous perspectives. It particularly focuses on how art has been instrumental in the formation of human consciousness.

We call upon different spiritual traditions and their influence in healing. We look at art, culture and healing...we go right into the symbol and the unfolding of the symbol...the symbol as an expression of our unconscious. (Dean, 2009)

The theorists of the transpersonal approach and other authors that inform the education include: Achterberg (1985), Adams (1996, 2001), Campbell (1990), Conrad (2008), Gurdjieff (1978), Jung (1969), McNiff (1992), Progoff (1975), Ullman (1996), Wilbur (2000) and Habermas (1962). Habermas was a German philosopher who viewed education as a cultivation of the person within a cultural context.

The training is held in the language of the imagination and the poetics of the life cycle, and Campbell's metaphor of the hero's journey is used in the process (Campbell, 1990). Reflection on the students' life and their journey begins with the entry process which involves writing an essay about why they want to do the program, and what their life is about. In the first eight weeks of the program students undertake a 'personal journey' process developed from the work of Ira Progoff (1975). This involves a life review to extract the symbolic and imagistic narrative aspects of their lives, identifying resources to bring them to the present, to have more effective decision-making, without focusing on the problematic. This self-reflective work is revisited over the course.

Entry to the course is not focused on a developed academic background, as this is not seen as an indicator of how effective a person will be as an art therapist. Appropriate motivation and interest are seen as more important factors to fit with the emphasis on an experiential approach. The program is taught by a team of lecturers with various relevant backgrounds in the field, such as psychology, counselling, education, remedial massage, yoga, hypnotherapy, etc. All have completed the diploma course itself, usually at least twice, in order to teach on it. Graduates of the program find work in various places connected to opportunities that they have opened up through placement sites and those with existing professional roles often expand their practice to include the knowledge gained.

The field of art therapy education in Australia was viewed as ensconced with individuals and small groups which are caught in professional differences and therefore continue to limit what is possible. The horizon of growth was seen as located in community building, particularly in regional communities with Indigenous and Aboriginal people. It was considered that art therapists could make an enormous contribution in this way. By harnessing the power of the image and the imagination it would be possible to generate a new culture of artistic sensibility that could bring together all forms of art, and cultural ceremony, to build better communities.

I think there's real potential in our country for more work with art therapy at the community level...the Aboriginal culture in the last fifteen to twenty years has signalled us to it...I think art therapists can contribute enormously to community building. (Locke, 2009)

It was noted, that the new category in the DSM-IV, on spiritual crisis and spiritual emergence, could herald a change that brings transpersonal practices and art therapy, which are currently seen as on the edge, closer to the mainstream (Lukoff, Lu & Turner, 1992).

Lukoff and colleagues proposed a new category called 'Religious and Spiritual Problems' for inclusion in DSM-IV. Whilst it was accepted it seems in Australia that many psychology educators and medical practitioners are not aware of or well versed in this area. However I believe this has potential to change the face of psychology, art therapy and all counselling practice - once people are able to distinguish between mental health and spiritual crisis...I think that it's on the edge at the moment but that the culture is moving towards it. (Dean, 2009)

The other view expressed reflected on the experience of the consumerist culture, and the crisis in the environment, which is thought to give rise to people seeking something more meaningful which may bring people closer to the spiritual sphere, and an affinity with a transpersonal view. In essence, that society may move closer to the position held by the transpersonal perspective:

People are wealthier than they ever would have believed they could have been and on a personal and a community level people are saying "now we have all this and we're not happy, now what?" Here is somewhere to turn, here is a resting place, here is an informing place, here is an opening, here is somewhere you can find real meaning in life and meaning that includes knowing that you are living on a living organism and it's not something just to consume. (Dean, 2009)

7.3.1 Dr Rafael Locke genealogy

Anthropology, medical science, natural science, psychology, psychoanalysis, transpersonal, Australian.

Rafael Locke was born in rural Queensland, Australia. He studied and trained in Australia and the USA in anthropology, psychology, medical and natural science. Beginning in Queensland with a degree in medical science, Locke went on to undertake postgraduate studies in social science at La Trobe, and a PhD in anthropology in Western Australia. From this Locke won a scholarship to MIT (Massachusetts Institute of Technology) Harvard as a post-doctoral fellow. This led to positions at Duke University, North Carolina and the University of North Carolina in Chapel Hill where Locke also practised clinically. At the time this area was a dynamic centre for people involved with research in human potential and work with Native Americans. Locke, who had begun psychoanalytic training in Australia, completed it at the William Alanson White Institute in New York, USA.

Locke's background in anthropology, psychology and medicine led him to an interest in the cultural history of art, and the way in which art enters into healing traditions worldwide. He has a particular interest in how art has been instrumental in the formation of human consciousness. From this perspective, he sees the primary practitioner as the shaman and works with this model as central in the transpersonal approach. Locke sees this position as opening up the limits of a purely psychological model in order to speak in a more relevant way to the human condition (Phoenix Institute, 2010).

A note on the interview: I interviewed Rafael Locke (29 Dec 2008) and Vicki Dean (7 Jan 2009) both by phone. I spoke with Rafael first, who was in Perth. About a week later I spoke with Vicki, who runs the program at a site in Sydney. I had not met or spoken with either of them before. I found both these conversations enlightening and momentous. Initially, both expressed some concerns in speaking with me based on previous hostile experiences of hearsay from graduates and students associated with university-based masters programs, and ANZATA. They raised this with me in an open and gracious way. I was surprised and disturbed to hear about these experiences and began to understand the power of feelings provoked by exclusion and marginalization directed towards Ikon. By speaking directly with each other about this hidden undercurrent in the field, it seemed to dispel and move this towards a fruitful dialogue and hopefully a new kind of exchange. It seemed the position of being a researcher opened up a possibility to shift this dynamic. From our conversations I saw the valuable contribution Ikon is making to art therapy education with its specialized, creative approach that had previously been hidden from my view.

7.4 University of Western Sydney (UWS), New South Wales

Master of Art Therapy 1993 to present (time of writing 2010)

Key educators: Annette Coulter, Dr Andy Gilroy, Margarete Hanna, Jill Westwood, Dr Sheridan Linnell

Survival through art, art-based learning, metaphor of practice as performance/installation art, move from psychodynamic to integrative-narrative post structural perspective, move from separate degree to shared degree with counselling and social science, expressive therapies, UK, Canada, Australia.

This is a story of survival through art and relationships, in the midst of relentless institutional changes, and turbulent beginnings.

The program at UWS was initiated in 1993 by motivated artists and UWS academics Dr Anne Graham and Dr Dennis Del Favero. They were working in the Faculty of Visual and Performing Arts in, the then, UWS Nepean. They shared an interest in the interface of art and the therapeutic sphere. This was facilitated by the conditions of the context at the time, which was for innovation and a need to increase student numbers. They pulled together an advisory committee which included a visionary social psychologist Dr Keith Bennett, from the Faculty of Health, who would prove to be a champion and protective force in the turbulent history of the program, and the many changes that occurred. Dr Anne Graham's own art practice was located in community spaces and engaged with people. Dr Dennis Del Favero work was concerned with internal emotional experiences and psychological traumas, and links with psychoanalysis. These two artists were drivers of the project and interviewed the first cohort of applicants.

The program was offered originally as two years full-time and student fees were subsidised by government funding. It was intended to include two options; art therapy and dramatherapy. There were not enough applicants to run the dramatherapy option. However the option in art therapy went ahead. In its first year it was led by Annette Coulter who was recruited as the program was about to commence. Coulter, an Australian, had trained in the UK and had been instrumental in

setting up ANATA in 1987. She had worked the previous year at ECU in its first year of offer. Two other staff, both Australian, who had also been trained in the UK, joined her (Susan Joyce and Maggie Wilson). The first year was difficult and conflicted, and by the end of it the student cohort had diminished from 27 to 14. A number of issues were responsible for this outcome. The program was very dense and took enormous commitment from students in terms of time and finance. The content of the program was predominantly based on a UK psychodynamic perspective, but with high levels of clinical experience, of the order required in the USA (900 hours). Part of the difficulties in this first year related to the style of training which presented, what has been described as a '*formal and removed approach*', which tended to cause polarization and division in the student group. The approach seemed to take up a hierarchical position and a conservative formalism that may have been accepted in the UK culture, but did not sit well in an Australian context. Many students were disconcerted and somewhat emotionally bruised by the experience. It was a traumatic beginning for all concerned.

It took an enormous personal commitment to do the training at that stage and it was extremely intense...there was a strong emphasis on psychodynamic thinking and on clinical knowledge, including knowledge on the DSM and knowledge in psychology...both sides of art therapy were acknowledged but they weren't, to my mind, especially integrated in those early days. (Linnell, 2008)

In 1994, new staff were recruited: Dr Andy Gilroy from Goldsmiths in the UK on a one year sabbatical; Margarete Hanna from Concordia, Canada where she had trained with Michael Edwards; and Julie Cowie who had trained in the USA. Also involved was Joanna Barnes¹⁹ a local psychoanalytic psychotherapist who began teaching the psychodynamic psychotherapy theory component part-way through 1993. The aftermath of the conflicted first year, and the transition to new staff, without any lead up time, was not easy and six months into that year Julie Cowie left. During this year Gilroy and Hanna who both had connections with Michael Edwards pulled together and revised the program into a more manageable form. They streamlined the units, reduced the amount of work, replaced the heavy emphasis on psychology with art therapy studies, and contained the trauma of the first year. This collaboration was enduring and significant in the history of the program. In 1995, Gilroy returned to the UK and Hanna was left holding the fort until new staff arrived. Only one arrived in May 1995 – Jill Westwood, from the UK and a graduate of Andy Gilroy's. By the end of 1995, conflicts with the management, and mounting expectations, saw Hanna negotiate out of her contract and return to Canada. At this point, the program could have easily folded. Westwood was the only remaining staff and at the time the most inexperienced. It was decided to put the program on hold and let Westwood teach the remaining students, and investigate if the program could be revised and re-offered as a full fee-paying option.

A series of fortunate events converged to enable a way forward. Westwood was successful in facilitating fellowship visits, at different and crucial times, from both Harriet Wadson (USA) and Andy Gilroy (UK). These two experienced educators had an important impact. Their input enabled Westwood in not only the revision of the program, but also a significant leap in integration of different perspectives and creative vision. However this would have been for nought, if not for

¹⁹ Joanna Barnes's presence and influence proved to be one of the most enduring and reliable throughout the years. Joanna provided the psychodynamic theory content and specialized clinical supervision to students and staff from 1993 until 2008.

events that were happening in the wider university, around a reorganization of the psychology area. Dr Keith Bennett, who had been involved in the program from the outset, was part of a group of radical, socially minded academics who formed a new school called 'Social Community and Organizational Studies'. Under Bennett's leadership, Westwood and the program were invited to join the school in 1997. This alliance proved to be of enormous benefit and paved the way for art therapy to continue. In 1998 a revised, full fee-paying, four year part-time, Master of Art Therapy was offered and taught by Westwood with the support of a group of casual staff. The revival of the program began with a small intake, and was carefully tended to ensure the turbulent issues of the past would not be repeated. In order to strengthen the viability of the program, and engage the vision of a broader field, a Graduate Diploma in Expressive Therapies was created in 1999. This offered a pathway to the master program, and opened up potential for the development of other arts therapies. UWS was also involved in music therapy with the Nordoff Robbins Foundation as a partner, and links were made between the programs.

In 2000 the masters program was offered as a full-time option, as well as part-time. Also around this time major changes were taking place in the wider university context, and the three federated universities of UWS (Hawkesbury, MacArthur, Nepean) amalgamated into one of the largest universities in the country. A massive process of reorganization and 'harmonization' began. Fortunately the home of the program remained under the leadership and protection of Bennett within a new school called 'The School of Applied Social and Human Sciences (SASHS)'. All programs went through a process of review, and in 2003 a new version of the program was launched. Alongside this, a research stream gained momentum and began to produce graduates with MA (Hons) research qualifications in art therapy. This was due to the efforts of and collaboration with Dr Adrian Carr, a research fellow within the school, and the managerial strategy of Dr Keith Bennett. Due to these developments and successes, more permanent staff were recruited, to the equivalent of 2.5 full time. This enabled the cultivation of a creative team of UWS graduates: Suzanne Perry, Josephine Pretorius and Sheridan Linnell, under the leadership of Westwood. These were halcyon days, where the creativity and artistic collaboration of the team went from strength to strength, evidenced by their many conference and artistic activities (Linnell, Perry, Pretorius & Westwood, 2005, 2006, 2007; Perry & Westwood, 2006, 2007; Linnell, Pretorius & Westwood, 2007).

In 2006, a further restructure occurred within the university, and SASHS was reorganized as a new 'School of Social Sciences' within the College of Arts. This change, coupled with, the retirement of Dr Keith Bennett, a new head of school appointment, and a revised funding model, meant severe cuts were imposed. Redundancies were necessary, and at this point Westwood, Perry and Pretorius opted to take them rather than face being axed. For Westwood it was too painful to return to being a sole educator and undo the program that had been so hard fought to develop. Faced with the realities of increased pressure and less space for completing her PhD, the redundancy offered Westwood a creative way forward towards research. Fortunately Linnell was in a different position; having just completed her PhD she was able, and willing to take things forward. Together Linnell and Westwood rewrote a program that would ensure its survival. The revisions were driven by the click of a calculator, and had to meet a strict financial bottom line. The continued existence of the program rested on joining with other postgraduate programs, and generic areas being taught together. Art therapy combined with counselling and a specialism in therapeutic studies in the Master of Social Science (MSS). This enabled sharing of some units and therefore costs. The core of the MSS also became part of the MAT. While this reduced the staff in art therapy to one, it enabled

survival and in some ways a new kind of flourishing. This change put social theory at the centre of the training, providing an in-depth perspective on context and issues of social justice, and conferred a status, by association to counselling and social science, which was more readily understood in the work place.

*One thing I think is very particular about the UWS course is – thinking practically and theoretically about how **creativity** and one’s practice as an artist can be integrated into every dimension of training as an art therapist – and how that has developed over the 14-15 years of the course. The other thing that typifies the course at UWS is its **survival** – I’ve noticed how the course has almost disappeared on a number of occasions and then had to be re-made...there was a lot of creativity and innovation in just keeping the course alive. (Linnell, 2008)*

Looking back over the teaching, learning and theoretical landscape of this program there has always been a psychodynamic framework, and a problem-based learning approach at the core. During the phase from 1998-2008 there was a distinct surge in the position of art-based learning and the integration of art and creativity into every dimension of the education process. This was reflected in the staff team who began to collaborate as artists and exhibit in contemporary art contexts (Linnell, Perry, Pretorius, Westwood, 2005, 2006, 2007). From this creative force a way of thinking about the practice as installation and performance art emerged, and this became a guiding metaphor of the program.

*We increasingly brought art practice into every dimension of teaching...so the dimensions of performance and visuality; music and dance; installations were all coming into transform the traditional seminar presentations to something that was much more like performance art...and we started to think about the metaphor of the **installation and performance** as **guiding metaphors** for the training we were offering. (Linnell, 2008)*

The staff changes and program revisions from 2008 onwards have resulted in a shift of the theoretical basis from a psychodynamic approach to a more integrative approach. This is due to the program having significant input by staff in social sciences and counselling, where social theory and a more humanistic view prevail. This is also shaped by Linnell’s research and commitment to feminist, post structural and narrative approaches to art therapy (Linnell, 2004, 2006, 2010).

The structure of the program has remained two years full-time with part-time equivalent throughout its life and has been structured around academic, experiential and clinical components that include 750 hours of supervised placement. Up until 2009 there was no formal research component. The culminating work comprised an in-depth case study, and a special project which were internally assessed. As part of the new program research methods are taught, and a minor research project has been introduced to fit with the MSS. This is assessed within the university. Alongside this an exhibition has been included, to balance the contraction of the opportunities for art-based work that had become a hallmark of the program. Personal therapy has always been strongly encouraged but not mandatory.

The constraints experienced in the education context were reported as becoming increasingly harsh, and driven by conservative economic rationalist principles, with little regard to the wider or long-term effects. The result is one of disadvantage to the mature age students, who are the main cohort

attracted to the program. The funding models and the way they are applied intensify the stresses on staff to operate programs. Programs have to be run entirely out of the fees that are generated from the students after a 50% contribution has been taken to pay for the university infrastructure. This produces a ruthless tension between the quality of education, and the need to be cost-effective.

The importance of the survival of the training in NSW was highlighted. There is a mass of graduates which number well over 100 who would be abandoned to the margins if the program were to fold. Therefore the program has a position of a beacon of inspiration, and it is now the longest surviving program in Australia. This is also in the context of the closure of an array of longstanding highly innovative arts departments within the university which now leave the population of western Sydney without these valuable opportunities and resources.

The importance of the development of research was considered as crucial in the growth of the work of the program and the broader field. Pragmatic thoughts about the context, and what is needed in order for the area to survive, led to discussion on the positives about the program being more closely aligned with the social sciences and counselling. With the new structure graduates are as well trained in counselling, as the Graduate Diploma of Counselling students. So skill in the verbal dimension of the practice is now clearly evidenced, and it is thought this will make graduates more employable. It was discussed that to survive in the Australian context it is necessary to be a “*Jill of all trades*” to have broad skills and to be able to work flexibly.

*In the community sector in Australia workers really do have to be, well, more a Jill, than a Jack of all trades - often you have to be involved in assessment, advocacy, case management – able to work between the longer view of how to support someone through an ongoing therapeutic relationship and process through the art and urgent short term issues...I think there are some benefits to producing very widely and flexibly skilled graduates...letting go of control of what theoretical basis people are going to emerge with...that means a move away from a more purely **psychodynamic approach to a more integrative approach.***
(Linnell, 2008)

The issue of placements relying on trainees and not employing people was also raised as a constraint. The diversity of art therapy practice, from, the clinically focused psychotherapy practice, to work in the community that is closer to a community arts approach, was reflected upon. It was thought that the most important response, as an educator, was to prepare graduates to exist along that spectrum, and produce high-quality thinking, to support the practice, in whatever form it takes. The necessity of standards was acknowledged. However, the longstanding tension of whether or not things are art therapy or not, was thought to be counterproductive. This echoed the view that a search for commonality, rather than difference, would be more productive in the wider context amongst various practitioners who use arts. Since the movement within ANZATA to including arts plural was accepted, it was thought it would be better to have equal status and not keep some arts on the margins. The program aims to continue and increase its staff.

7.4.1 Dr Sheridan Linnell genealogy

Writer, art psychotherapist, educator, literature, psychodrama, feminist, political, narrative post structural perspective, child migrant from UK to Australia, Michael White, Jill Westwood, Andy Gilroy, Harriet Wadeson.

Sheridan Linnell was born in London, UK and migrated with her family to suburban Victoria, Australia, when she was about 10 years old. As a child Linnell enjoyed writing and drama, and this passion has remained throughout her life. In late adolescence during the last year of the HSC²⁰ she became pregnant, got married and moved to Sydney. With ambitions towards a career in theatre, she auditioned for NIDA²¹, but parental practicalities meant she did not return to higher education until her mid-twenties, when she studied English literature, philosophy and languages at Sydney University. Linnell achieved a 1st class honours degree and went on to begin study for an MA (Hons) in literature, part-time, which she was not able to complete due to financial pressures. Around this time her marriage broke up and she began to work full-time as a tutor in the English Literature department of Sydney University. Linnell also became involved with various political movements, community radio, community choir, and organized conferences for the radical, feminist, gay and lesbian movement. This led to work in women's services and a shift towards counselling. The view at the time was that being politically aware was enough qualification for such a role; however Linnell discovered this had its limits and began training for a Diploma in Psychodrama, which included counselling and group psychotherapy with Dr Carlos Raimundo, a psychiatrist from Argentina, and his wife, Virginia Raimundo. The training involved the use of arts, puppetry and mask. Following this, Linnell's interest grew in narrative approaches, which drew on literary theory, post structural and feminist theory. This brought together all her previous interests and answered a lot of questions. Linnell became Clinical Coordinator at Dymrna House, a service for children and families who had experienced child sexual assault. In this role she was instrumental in initiating a narrative approach to therapy with women who experienced sexual assault, and wrote a book about it with a colleague (Linnell & Cora, 1993).

Fuelled by a desire for further training Linnell began to study psychology, but this did not suit her interests, and so when she heard about a new masters program in art and drama therapy at UWS she applied for the drama option. As this option did not go ahead, she was invited to join the art option and take visual arts studies in the first year. The experience of this first year of the program was a rocky ride, and highly conflicted. Linnell found a haven in the arts studios making work about her childhood memories. One of these involved a giant tortoise on a journey to find her, when she went on holiday to the Isle of Wight. This was how her mother explained her missing (probably departed) pet, when she returned from a holiday.

Linnell graduated from the first cohort of the UWS program and began tutoring on it the year after with Hanna and Westwood. Since then she has taught regularly on the program, and became permanently employed in 2003. She completed her PhD (Linnell, 2006), and in 2008 took leadership of the program. Linnell's PhD work takes up an approach to art therapy informed by theories of post-structural and literary theory, to consider art therapy as a kind of performative practice. This is a culmination of interests and knowledge, and offers an invigorating view to the field.

²⁰ High School Certificate.

²¹ National Institute of Dramatic Arts.

In discussion about the most significant aspects of the training, the importance of the arts was stressed in relationship to the clinical. It was thought that the clinical tends to narrow down and reinforce binaries of normal versus abnormal, whereas the arts open up and reinvigorate art therapy, and prevent it solidifying into a conservative clinical practice. Linnell's view of narrative theory is, as a lens to support therapeutic understanding, and her aim is to ground students in the visual arts and increase awareness of power in relationships.

In the clinical world I would often see a whole lot of narrowing down and a reinforcement of binaries; of people who help, and the people in need of help - normal - abnormal etc. I look at contemporary art and there was the space where what was abnormality in one state would be the ultimate creativity in the other. Contemporary art practice might keep re-invigorating art therapy and stopping it from solidifying into a conservative clinical practice...Another thing that's important is the colonial history of Australia...that dual potential of therapy to be a progressive practice or a colonising practice [highlighting the importance] to mediate the power relations in therapy. (Linnell, 2008)

A note on the interview: I interviewed Sheridan Linnell on the phone (2 January 2009). I was in Sydney and Sheridan was at her home in the Blue Mountains. As shown in the profile and background descriptions, Sheridan and I have known each other since my first day at UWS in May 1995. We have had an enduring and creative professional relationship which continues on today. Significantly, Sheridan has become involved as a panel supervisor on this project. Speaking with Sheridan a year after my leaving the position at UWS and her experience of a year of leadership was an extraordinary opportunity to review and reflect on the entirety of our respective journeys within the story of UWS. For both of us, I think the conversation was a golden opportunity, where our sense of working together through the storms shone through like a beacon. Listening to Sheridan's experience and her thoughtful and eloquent views reminded me of how talented she is, and what an extraordinary feat she has performed in ensuring the continuance of the program.

7.4.2 Jill Westwood genealogy

Artist, art psychotherapist, educator, relational aesthetics, psychodynamic, group systems, adult migrant from UK to Australia, Andy Gilroy, Harriet Wadeson.

See chapter 6.

7.5 Royal Melbourne Institute of Technology (RMIT), Victoria

Master of Creative Arts Therapy 1996 to 2007

Key educator: Ms Gerry Katz

Pedagogy, arts as therapy, multi-modal arts, humanistic paradigm, problem-based/collaborative learning, experiential/arts-based learning, Canada.

Located in the public university sector and driven by an innovative Dean of Education (Professor Martin Comte), the Master of Creative Arts Therapy was established at the Royal Melbourne Institute of Technology (RMIT) in 1996. It was a combined effort between the Faculties of Education, Nursing and the Arts. With a background in music education, Professor Martin Comte had studied his PhD in Michigan, USA and had the idea to develop a multi-modal arts therapy-based program at RMIT. Gerry Katz, an educator with a background in mental health nursing, and a passionate interest in the uses of imaginative literature as pathways to learning, was employed to develop the program shortly after it began. Katz originally came from Canada, although she had lived and worked in Australia on several occasions.

The program began with 16 students and ran for 12 years with Katz as the sole leader.²² The model of combining the various arts forms in a therapeutic training was unique at the time within Australia. The model of the program was largely developed and shaped as it was offered. Nothing like it had been available in Australia before, and Katz had not had any specific training in this particular therapeutic approach. Therefore an innovative pedagogical view was at the heart of the enterprise.

The program was offered as an articulated Masters program; two years full-time or as a three year part-time option. It included 80 hours of placement in the final year alongside a minor research project which was internally assessed. Eventually the program accepted approximately 25 students each year and graduated in the region of 92 students in total.

Generally the program took a broad view of the use of the arts in therapy, alongside specialist units in the therapeutic use of art, music, drama, storytelling and dance/movement. The overarching perspective was of 'arts as therapy', drawing on the work and theories of the art therapist, Kramer (2000), the person-centred psychotherapist Rogers (1965) and the humanistic group psychotherapist Yalom (1983, 1988, 2002).

*I am aware looking back that it was very much an evolving **pedagogy** – and it was a discovery for me – of people like Edith Kramer – who is so strong on the art, that it is not an adjunct to psychotherapy – art **is** the therapy...Within the first three to four years there was an emerging sense of wanting to put more emphasis on the arts and the **arts as therapy**...building a strong focus on the arts into everything. This focus became the *modus operandi* during the remaining years of the program. (Katz, 2009)*

²² Gerry Katz wishes to give enormous credit and kudos to the casual teaching staff whose enthusiasm and expertise sustained both her and the program and without which it would not have maintained its level of excellence.

The overall emphasis of the program was a humanistic oriented arts-based model, which developed an innovative pedagogy, built largely upon the practice of experiential learning. The learning perspective was conceived as a mirror to arts-based therapy practice; hence the use of art was foregrounded in all aspects of the program. For example, students concentrated on developing their relationship with the arts beginning in the first term of the program. This was in order to connect to and understand the arts process as the central aspect of the work. In the second term, when group processes and dynamics were the learning topics, art was used to enable learning.

For example, each student was to go to the National Gallery of Victoria in the city and choose a piece of art work they were drawn to for themselves. Several students would then be assigned to come together as a group and to select one of the art works chosen, and then to work with this as a group, in a variety of ways using art processes. This would be centred around working as a group, and reflecting on the processes.

The pedagogical view was experiential arts-based learning that incorporated aspects of problem-based, collaborative learning (Bruffee, 1999).

Students' learning was facilitated from the perspective that one cannot be taught how to be a therapist per se, but one can be guided and helped toward an articulation and a framing of one's own ideas. This is because there is not one single way in which creative arts therapy can be understood and practised; different clients and client groups will have particular sets of needs...Quite often it wasn't until the practicum experience that "the penny dropped" completely. This occurred at the masters level, in third year; that was a significant time in the consolidation of students' learning. (Katz, 2009)

The students were mostly very inspired and committed to the learning and the creative approach of the program, which enabled innovative ways of working to evolve. Several graduates have gone on to PhD study and have opened up innovative practices in the community as well as returning to teach on the program. They include: Carmella Grynberg, an artist who is undertaking a PhD that looks at her experience of being a child migrant through her own art and, Judy Lovell, a visual artist, who manages an Indigenous Arts Centre, Santa Theresa, South West Alice Springs (Keringke arts website, 2010). Lovell is involved in a PhD (University of Canberra) on Indigenous ways of passing on knowledge and learning through visual images. Lisa O'Beirne, another graduate, is now Director of Active Reconciliation, which is based at a centre in the Dandenong Ranges (RMIT website, 2010). This project brings together Indigenous and non-Indigenous community members in making art, music and dance work, inspired and led by local Indigenous artists. The aim is to facilitate reconciliation, community development, and support Indigenous artists through a process of acknowledgement and empathy for Indigenous social and spiritual constructs (RMIT website, 2010, Burringa website, 2010).

A PhD on Indigenous ways of knowing seems extraordinarily significant - as to what arts therapies broadly might produce or facilitate. (Katz, 2009)

Katz is also in the process of her own arts-based research, in a PhD which looks at arts-based learning and teaching through an imaginative reconstruction of the stories of people's experience of the learning events and encounters within the program at RMIT.

At the inception of the program, there was some resistance and criticism both within the university and out in the field. This concerned the professional outcomes for graduates, and the significance of combining several arts forms in therapy. The lack of designated positions in the field was countered by the determined view of Professor Comte, that if trained people were provided then the community would learn to use them, and employment would be created. There were also tensions in the field around multi-modal arts therapy practice and single art focus practices; such as art therapy and music therapy etc. The view was that the multi-modal use of arts was somehow insignificant, and in some instances the program was treated with a dismissive attitude by the various professional groups which focused on one specific art form. There were also problems with recognition between the different groups and associations, as these were based around single art forms rather than a multi-modal view. The graduates of the RMIT program responded by forming their own association in 2000 called the "Australian Creative Arts Therapy Association" (ACATA) and since establishment, graduates of the Melbourne Institute of Experiential Creative Arts Therapies (MIECAT) have also joined.

Those initial tensions between the art therapy association, the creative arts therapy association and the music therapy association seemed to have eased so that the business of specialization versus a more broad brush or conjoined arts approach has been largely set aside within the Australian community of practitioners. (Katz, 2009)

The university's decision to close the program was a traumatic event and the result of organizational changes and financial pressures within the university. The collaboration between the faculties changed as these financial pressures developed, particularly for the faculty of Nursing. The program ended up being solely within Education. Katz was presented with a non-negotiable position of closure, when the program was presented to her as being financially unviable. Katz, the students and other concerned parties, rallied support to enable the enrolled students to be offered the appropriate formats to complete their training. The program closed at the end of 2007.

In thinking about the tensions in the program itself, these were identified as centred on student expectations. The place of personal therapy and the students' own therapeutic needs and process was often a site for dissonance. As is often the case with applied therapy programs, a small number of students gravitated to the program to meet their own emotional or psychological needs. This created problems around students' capacity and availability to learn to become therapists to others. A related tension was some students' desire to have more emphasis on the psychotherapy aspects of the work, to counterbalance the emphasis on the arts as therapy. This was usually among students whose identity and training as an artist was often tenuous or lacking.

Hence it became clear that some students who enrolled to study creative arts therapy were really looking for, and wanted psychotherapy...As we came to understand the dynamics of this issue, we included a program disclaimer on every course; it spoke to the fact that these sorts of courses could raise significant personal issues for individuals – the arts evoke emotions. (Katz, 2009)

Other challenges included finding similar minded staff to teach on the program. Some difficulties had arisen when staff had very different views of the learning model. The struggle to find appropriately paid work was also identified as an ongoing challenge. It was noted that graduate arts therapists had a great deal to offer, however there was no easy path to employment.

If the profession of creative arts therapy is going to grow and expand there has to be a system in place wherein therapists are able to get reimbursement for the service they provide...and greater recognition otherwise it's a very limited client group...It still pains me to see arts therapists having to apply for diversional therapist positions when they've got so much more to offer in their own right. (Katz, 2009)

In balance to this, opportunities and potentials were identified as opening up due to the move towards a view of the 'arts for well-being', away from the deficit model of therapy, prevalent in the traditional health field. This shift was seen as producing opportunities in schools and communities and bringing together people in creative ways and for creative collaborative projects and activities.

It could be that people will come together as one voice in terms of the professional level of what they have to offer...Potential for the arts for wellbeing in schools and communities...people are discovering the ways in which the arts can bring together a community or family or can help engender positive energy. I think arts therapies still have a greater role to play. (Katz, 2009)

7.5.1 Gerry Katz genealogy

Educator, mental health nurse, family therapy, imaginative literature, storytelling, drama theatre, Canada, Virginia Satir, Edith Kramer.

Gerry Katz is originally from Canada. She has lived and worked for a time in the USA and first visited Australia in 1975-77. Katz moved between North America and Australia, and eventually spent a prolonged period in Melbourne when the program at RMIT began. Katz trained as a nurse with expertise in mental health and psychiatry in Montreal. She went on to train in family therapy with Virginia Satir, who was working at the time with Don Jackson and Gregory Bateson, at the Mental Research Institute in Palo Alto in California. Katz also undertook masters studies which focused on the ways in which imaginative literature allows a wider perspective and greater understanding of women's experience of madness.

Following her first visit to Australia in 1975, Katz returned several times in a professional capacity. In the 1980s Katz took up a position at Curtin University in Perth teaching mental health nursing. She then went onto Griffiths University, Brisbane, Queensland from 1990-93. The model of the Griffiths' nursing program was problem-based learning. The combination of this approach (problem-based learning) with her training in family therapy signalled a turning point in Katz's own education and development as an educator of health care practitioners. The notions of collaboration and the frame of learning around 'what you need to know', along with the teacher as facilitator, are at the heart of her practice and view of how to bring out the best in both students and their teachers. The opportunity to join the staff at RMIT came through the mental health nursing area. Katz's interests in creativity and mental health led her to become involved as both coordinator and teacher in the Master of Creative Arts Therapy for the life of the program.

Katz's own relationship to art is centred on imaginative literature. She is interested in all the arts but particularly drama, theatre and storytelling. Among her key influences are Robert Landy (1996), Sue Jennings (1994), Robert Coles (1989), Elliot Eisner (1998), Ann Cattanach (2002) and Gianni Rodari

(1973/1996). Katz reported an affinity with many of the British authors writing on their practices in the arts therapies. Katz is now a PhD candidate in the School of Education at RMIT. Her research is about arts-based and experiential learning as it evolved and became central to the RMIT Creative Arts Therapy program. Using the current discourse on fictionalizing research, her goal is to create an imaginative reconstruction in the form of a story, drawn from student and facilitator/teacher accounts of their experiences of the arts-based learning of the program. Thus, to mirror the arts-based learning with arts-based research.

A note on the interview: I interviewed Gerry Katz on the phone, the same day as Sheridan Linnell (2 January 2009). Gerry was in Victoria and I was in Sydney. I had met Gerry once before in the late 1990s when she came to visit me at UWS and we established a positive connection. I had not had much contact with her since then. We had a stimulating conversation and I was fascinated to hear of the emphasis of the use of arts-based learning and discourses on pedagogy. I was also made more aware of the isolated position of the RMIT program due to its difference of focusing on the arts (plural), and ‘arts as therapy’. It felt important to record the presence and ongoing impact of this program and its valuable contribution.

7.6 Melbourne Institute for Experiential Creative Arts Therapy (MIECAT), Victoria

Master of Arts by Supervision in Experiential and Creative Arts Therapy²³

1997 to present (time of writing 2010)

Key educators: Dr Warren Lett, Dr Jan Allen

www.miecat.org.au

Offered in Melbourne and Brisbane²⁴

Epistemology, experiential, multi-modal arts, post modern inquiry, phenomenology, inter-subjective, co-construction, relational – not aiming for a discipline-specific professional qualification, Australia.

The MIECAT program was initially set up by university lecturers Dr Warren Lett, Dr Jan Allen, Dr Jean Rumbold and Andrew Morrish. They came together to establish a centre outside a university system that was committed to high quality arts-based inquiry. All had experienced the effects of a reduction in funding for experiential, small group teaching and a lack of valuing of multi-modal forms of knowing, within the university systems. Their shared interest and commitment to continuing to develop this form of education inspired the establishment of MIECAT. Warren Lett had been involved in beginning a form of arts therapy education at La Trobe University in the early 1990s, and part of the history of MIECAT’s emergence comes from this source. There are connections between the two institutional stories of MIECAT and La Trobe, both situated in Melbourne.

In 1997, MIECAT began offering non accredited programs in experiential and creative arts therapy. This later developed into a Graduate Certificate, a Graduate Diploma, a Master of Arts by Supervision and a Master of Arts by Research accredited by the Victorian Government authority in

²³ Since the last accreditation in 2010 this changed to “Master of Arts by Supervision in Experiential and Creative Arts Practice”.

²⁴ At the time of data collection the program was offered in Brisbane, it is now no longer offered there.

1999 for delivery in Victoria and Queensland. This is a notable achievement as it is one of only a small number of higher education qualifications to be government-accredited outside of the university structures. MIECAT now provides a range of higher degree qualifications in experiential creative arts therapy,²⁵ including a doctorate which was accredited in 2004. The Master of Arts by supervision is the program that most closely compares with the other programs this research is seeking to explore. MIECAT provides experiential creative arts therapy education that is epistemologically based. Although it has within its name 'arts therapy', it is not aimed solely towards this professional discipline or outcome of an arts therapist. Rather the focus of the education is upon a way of working with the arts and to learn ways in which the arts can be used to enquire into meanings, and to support behavioural and attitudinal changes. The program attracts a diverse group of professionals and individuals who are interested in the MIECAT approach, and aims to develop their skills to enable them, whatever their professional naming might be, to work in a more ethical, rigorous and multi-modal way.

There was never an intention that MIECAT become an organization that would train people for a discrete profession – say of arts therapist. (Allen, 2008)

As the training is not concerned with alignment to a particular professional discipline, it occupies a different ground to the other masters programs which aim to educate people into the profession of art therapy. The creation of this niche program is grounded in a set of values that grew from the beginnings of the La Trobe program. The MIECAT program has evolved alongside post-modern inquiry methods and began with a focus on a phenomenological-based approach to arts (Merleau-Ponty, 1945/2005). This was initially located within the framework of counselling, and had strong links to the area of therapeutic practices.

It has since developed and now emphasizes an inter and cross disciplinary, inter-subjective co-constructed view of an inquiry process. This gives importance to the relational qualities inherent in the space of inquiry. It has shifted away from a therapy/counselling context and more towards working in communities and taking up a political view. This is reflective of the dynamic nature of the process of the development of the institute and its staff group.

*We began with (the) idea that we would explore ways of knowing and teach that, as opposed to teaching different approaches to art therapy for example...so we occupied that ground of methodology or **inquiry process** rather than an overview of a discipline. (Allen, 2008)*

The approach of MIECAT is epistemologically rather than theoretically led. It is interested in people's use of different forms of creative making, and what happens between people, and between pieces of artwork. It is guided by principles of post-modern research and concepts of co-construction. Essentially the approach is about a way of being with another, and using all the arts in making and in dialogue, to make sense of experience, and to affect change when desired. It is concerned with articulating the values that are embedded in knowing and being, and understanding these processes. MIECAT is currently interested in how their inquiry process can be used in whatever context presents itself. This might be in the context of a school, or it may be in the service of community development.

²⁵ Since data collection this is now titled "Practice" rather than "Therapy".

As the philosophical theory of knowledge (*epistemology*) is the prime focus of the MIECAT program it is not constrained in its operations by a particular educational or psychological framework, such as a Jungian or psychoanalytic perspective. Its focus is on kinds of knowing, being and values. It is essentially a relational multi-modal arts practice, which is structured by a series of procedures that together inform an inquiry process engaged with the other, as opposed to a framework for interpretation.

*We've created a niche position grounded in a set of values that encompass co-construction, multi-modality, emergent and embodied knowing...the **epistemology** is central to what it is we are doing. We are interested in ways of knowing, being and values...these lead a set of procedures for an inquiry. (Allen, 2008)*

The structure of the MA by supervision program is two years part-time and students usually enter from the Graduate Diploma, which is also a two year part-time program. Entry requirements for the MA include an undergraduate degree and extensive work experience. The learning is experiential and academic, and students are required to be in relevant work (either paid or voluntary) while they are studying, to have an arena to apply their learning. The aim of the education is to help students challenge their assumptions and belief systems, to see how flexible and fluid they can, or want to be, and to become aware of how they make judgements about other people.

Central to our procedures is that we find a way of companioning others as opposed to imposing a theoretical perspective and that's always a negotiation. (Allen, 2008)

The graduate diploma is a foundation of the masters and includes studies on experiencing, multi-modality, companioning, inquiry as research, working with emotions, adaptations in the field and working across a range of age groups and contexts. The masters study builds on this and includes study of companioning in groups; relational qualities in systems; deepening inter-subjective dialogue; co-construction with adolescents and adults; ethical considerations; energy, flow and stuckness; meaning making in contemporary psychoanalysis; assumptions, values and ethics of professional guidelines; existential companioning; research paradigms and methods; and multi-modal companioning in community contexts.

A key practice and concept is 'companioning' – of being with another. The method can be described as learning a process of slowing down through careful observation and description. To develop ways of being that enable a bracketing out of their assumptions and pre-judgements, and being able to be present to their own experience or story while being with another. In this process, the aim is to notice resonance and dissonance, and to remain open particularly when there is dissonance and conflict. Ultimately, the intention is to impart the process to others to enable new possibilities to emerge.

To support the experiential process, students are referred to publications by the staff of MIECAT (Allen & Rumbold, 2004; Lett, 1995, 1998, 2001) and other researchers/practitioners such as Damasio (2000), Heron and Reason (1997), Knowles and Cole (2008), Lincoln and Guba (1985), Moustakas (1994) and Stern (2004); amongst others.

Assessment is based on assignments for each core unit that include formal written papers and journal processes and a culminating research project of 15,000 words. These research papers are

assessed externally by two assessors who are usually mainstream university staff. The other course work papers are assessed internally, by either one or two assessors. Over 25 staff are employed at MIECAT, several are permanent part-time, and others are contracted. A number hold doctorates and all have MA or MEd qualifications and are researchers, arts practitioners, psychologists or art therapists.

As the focus of the program is not narrowly clinical or therapeutic, the position on students having their own personal therapy is only encouraged if staff considers there is a need. The intake each year into the MA by supervision is approximately 15 and there have been approximately 150 graduates from the program. Graduates find work in a range of sites, often building on their existing professional experiences or roles in places such as: private practice; schools; community health centres; drug and alcohol rehabilitation services; women's refuges etc.

The desired outcome of the education is for students to understand this particular way of working, and to go out into the world and make a difference. The aim is for a mutual flourishing. It was acknowledged that graduates are not equipped in the same way that graduates from a Master of Art Therapy would be to work within a highly clinical environment, and work safely as therapists. The aim therefore is to equip students to recognize their limits and what they are able to safely undertake.

When considering the broader field and the opportunities and constraints for graduates, it was noted that the model taught by MIECAT does not always fit into the prevailing value systems and paradigms of the mainstream. Therefore, the graduates are helped to be prepared to find and create niches where there might be a fit of values, and to convince organizations that subjective, descriptive accounts of people's experience, and how it changes over time, can be valuable and align with outcomes. The issue of the prevailing paradigm and funding for positions is considered a major constraint. However, MIECAT's work seeks to open up options and create potential change. Of significance is the development and growth of the professional doctorate (15 enrolled - 2008) that was accredited in 2003. This form of PhD education is innovative, and based on a process of dialogue which challenges the conventions that surround the PhD formats at this time. There are two strands: a doctorate by thesis, and a doctorate by exhibition and exegesis, which can be a multi-modal exploration of the topic. The aspiration MIECAT has for its graduates is to be strong enough to contribute to and influence the way MIECAT evolves and develops, as well as within the broad field.

It is relevant to note that because the professional aims of MIECAT are not aligned to ANZATA, there is no formal or active link between these two bodies. However some staff who teach at MIECAT are also professional members of ANZATA. In terms of the horizons a re-visioning was discussed that would see creative arts therapies becoming wellness-oriented rather than problem focused. That is, to enhance people's strengths as opposed to focusing on problems and difficulties.

*...to claim the ground of wellbeing of enhancing people's quality of life and community connectedness...this is the place where arts therapy can contribute most dynamically, most strongly, most innovatively...and then we don't have to compete with clinical psychologists.
(Allen, 2008)*

7.6.1 Dr Jan Allen genealogy

Educator, art education, experiential learning, phenomenology, post-modern inquiry, Australia.

Jan Allen's background is in arts education in Australia. After studying fine art and then an education degree, she taught in high school as an art teacher. Through this experience, Allen's interest in how we know things evolved. This interest was informed by the work of Heron and Reason (1997) on experiential knowing. Through her teaching experience, Allen noticed how children came to know things differently when they were involved in drawing, as contrasted with playing a sport, or talking. Her interest leaned towards the personal and relational, and she went on to work with young people who were unemployed and in prisons. Allen never saw herself as an art therapist, but as an educator interested in how people make sense of their lives through making and engaging with each other. This has been a constant thread in her work. Allen began working at La Trobe University in both the education and occupational therapy areas, where she taught experiential learning and worked with Dr Warren Lett and others. This work with like minded colleagues led towards the emergence of MIECAT where she is now Deputy Director.²⁶

In reflecting on the influences in Allen's approach, it appeared this had been a process of putting things together herself, rather than being influenced by a particular experience or educator. While in the OT area Allen became interested in 'meaningful activity' and how art-making was meaningful. This nurtured her interest in ways of knowing. Allen's PhD was about relational learning and inter-subjectivity. Particular philosophers, researchers and authors who have shaped and guided her work include Gilligan (2006), Giorgi (1985), Merleau-Ponty (1945/2005), Richardson (2005), Sommerville (2007) and Stern (2004). Themes of phenomenology, embodiment and post modern inquiry are at the heart of her concerns.

*I would describe myself as an educator interested in people making sense of their lives through making and engaging in other ways of being...that's been a constant thread.
(Allen, 2008)*

A note on the interview: I interviewed Jan Allen in person in Melbourne at the MIECAT facilities (7 August 2008). I had met Jan once before, when she came to stay with me for a conference in Sydney, on 'art and music therapy research' at UWS in Sept 1997. I had not had any contact with her since then. I found the meeting quite extraordinary, as I had not expected to discover such an innovative and developed approach to the use of arts. Jan presented such a different view to the mainstream of art therapy education. I was struck by Jan's deep and sensitive critical thinking and consideration of epistemology. It was a meeting that revealed a fascinating and uniquely Australian approach.

²⁶ Changes to note since the time of data collection: Allen went on to become Director and as of 2011 she is Director of Academic Studies.

7.7 La Trobe University, Melbourne, Victoria

Master of Art Therapy 1998 to present (time of writing 2010)

Key educators: Dr Nancy Slater, Hannah Menahemi (precursor - Dr Warren Lett)

Theory driven by context, humanistic, psychodynamic, Jungian, arts-based learning, cohort model, Australia, USA, Israel, Germany.

The story of the emergence of this program goes back to 1990 when Dr Warren Lett was working at La Trobe University, in the Department of Counselling Psychology, within the School of Education. At this time, Lett had developed and was running the MA in Counselling (Creative Arts Therapy), which had an experiential multi-modal focus. This was concerned with the therapeutic application of arts processes rather than training arts therapist at this stage. This initiative was unique in Australia at the time and several events mark the history of the emergence of art therapy education in Australia. In 1991, a successful international conference was held on Creative Arts Therapies Research with international guest presenters such as Harriet Wadeson (Lett, 1992). The program at this time was located within the School of Education. While focused on multi-modal arts, it particularly emphasized dance and movement. In 1996, Lett left La Trobe to move into the independent private sector. This was partly due to changing university management agendas and the economic climate which did not support the ways of teaching and learning favoured by Lett and his colleagues (Jan Allen, Jean Rumbold, Andrew Morrish). In 1997, they moved on and established MIECAT (see profile 7.6).

In 1997, Dr Peg Levine took up temporary leadership before she left for a position in Monash University. During that year, plans were put in place to employ an art therapist to establish a specialized Master of Art Therapy to meet international professional standards. In 1998, Dr Nancy Slater came from the USA to take up this position, and develop the program along these lines. In 2000, Hannah Menahemi was recruited as a senior lecturer to work alongside Slater in this purpose. Menahemi, originally from Australia, had studied and worked in the USA and Israel for many years. Slater and Menahemi worked together in establishing the Master of Art Therapy as the third specialized Master of Art Therapy in Australia at the time. In 2001, there were managerial changes, and the program moved with the Department of Counselling to the School of Public Health. In 2001, Slater left La Trobe and Menahemi was appointed in the leadership position. Her brief was to support the development of a culturally relevant Australian art therapy approach. Throughout this time, Dr Lawrie Moloney, Head of the Department of Counselling and Psychological Health, was a steady and supportive presence. In 2010, a new Head of Department was appointed, Professor Margot Schofield.

The principle aim of the program is to train students to become effective, professional, clinical art therapists in line with international standards. The main objective is the development of therapeutic skills to work competently with a range of different client groups, in order to prepare students for future employment. The program was also described more informally as a training that additionally equipped graduates as general mental health professionals.

We are training mental health professionals – not just teaching (to produce) good art therapists – so that makes it more broadly rounded. (Fenner, 2008)

The program comprises academic, experiential, clinical and research components, and emphasizes the personal as well as professional development involved in the training process. The theoretical approach is described as located within a humanistic and psychodynamic framework. There is an emphasis on linking theory and practice and understanding the art-making process within a psychotherapeutic relationship. Students are introduced to a range of theoretical approaches which include psychoanalytic, object relations, existential, humanistic, developmental, cognitive, behavioural and gestalt orientations to art therapy. There is also a strong focus on art-based approaches, and experiential learning.

Located in the Counselling Department which has a very clear humanistic orientation – students are attracted to our program because of that distinct orientation – however we do try to give students a broad base...so they become much more open to learning about different theories and models...I teach the unit Art Psychotherapy Practice which is basically an object relations approach linked to Jungian theory....I think there are many links between different theories...sometimes the language of one theory may use a particular term and another theory, other terms, but there are similar concepts. I like to help students see that - so they don't think that each theory or model is so separate. (Menahemi, 2008)

The program is part of a range of options which include: an introductory undergraduate elective in the School of Occupational Therapy; a summer school introduction to art therapy and counselling skills; and research options at MA and PhD level. The program is two years full-time which includes three semesters of clinical placement of 750 hours, with supervision and a final research project of 10,000 words. The Graduate Diploma is the first year of the two-year masters program. Each year, the intake is 18-22 students and at any one time there are usually approximately 60 students enrolled in the program. There have now been well over 100 graduates of the program.

Entry to the program requires an undergraduate degree, usually in the arts, education, social sciences, health or psychology. All students need some formal study in arts and psychology, human development and counselling, as well as a minimum of one year relevant work experience. Selection is made by written application, portfolio and interview.

The content of the program includes study of: formal art therapy assessment; theories of graphic development; human development; theoretical approaches in art therapy; creativity theories; theories of group art therapy; object relations theory; Jungian theory linked to art psychotherapeutic skills; methods of research; art-based inquiry; and some studies in psychodrama. Teaching is based on an integrative model that includes theoretical and experiential work, and linking theory and practice. Modes of learning include: lectures, instructor presentations, experiential art work in class, student presentations, course readings, written and experiential assignments, dyad and triad group learning and practice supervision groups. Art is often created in the classroom and used to directly learn therapeutic skills. Students are required to submit written assignments for assessment for each unit each semester, and other items may include presentations or interviews. The graduate diploma aims to develop research and writing skills that can be built upon in the masters year, for more developed qualitative inquiry. In 2006, requirements were adapted to be more consistent with a masters degree by course work as distinct from a masters degree by research. Prior to this a thesis as a formal piece of research was required that was externally assessed within a research framework. This was examined by two external assessors from a range of university academics and

experienced art therapists. Now the final project is a substantial, well-researched paper which focuses on a particular interest, or relevant issue in art therapy, usually an in-depth case study. This has realigned the final paper towards an understanding and integration of theory and practice, aimed at allowing the student to integrate their knowledge and skills of professional practice. It was noted that a significant area of interest supported in the program was a heuristic art-based inquiry approach (Fenner, 1996). Currently the final papers are examined internally by two examiners within the wider department.

With regard to personal therapy, students are strongly encouraged to undertake this during their training. Mandatory personal therapy is contrary to school and faculty policy on privacy. As such, the position on this subject is that personal therapy is on a recommendation rather than a requirement basis. The program is staffed by two full-time (Hannah Menahemi, Patricia Fenner), one part-time (Juliet Walsh) and several contract Lecturers.²⁷ It is relevant to note that all the lecturers, apart from Menahemi, are graduates of the program in its various eras. Their backgrounds cover a wide range of perspectives which include psychodynamic, humanistic, existential, phenomenological, attachment theory, narrative therapy, gestalt, anthroposophical (Steiner) and eclectic. They have also studied in other countries such as UK and Germany. Their contributions to the field include several publications (Bragge & Fenner, 2009; Fenner, 1996; Menahemi, 2006; Van Lith, Fenner & Schofield, 2009a, 2009b, 2010).

Their teaching method could be broadly described as an inquiry based or problem-based, experiential approach, with a prominent view that learning comes from doing, and is **context driven**. There is inclusion of a broad range of theoretical approaches which are supported by recent literature rather than a particular focus on theory or theorists.

*I believe that (the) theoretical approach is largely determined by the **context** of that therapy – whether you are looking at something that’s long-term psychotherapy or immediate symptom reduction or crisis intervention – so I wouldn’t say that I’m bound by any particular theory. (Walsh, 2008)*

*I tend to work mostly from a task focus – in other words – what is the purpose of what I’m doing? Whether it is teaching, supervising, therapy - and what is the environment – what is the task?...I’m visiting that term socio-analytic framework...so in that sense there is a theoretical underpinning to that sort of approach – I feel it keeps things **context driven**. I prefer the things (theories) I’ve ended up knowing most about. (Fenner, 2008)*

*It’s the **context** that drives me rather than the theory. (Menahemi, 2008)*

In terms of outcomes for graduates, due to the strong network of formal clinical placements that have developed over the years, employment opportunities have been advanced in a wide range of services in social, community, education and health contexts such as: early intervention and infant services; mother and baby units; special education; child and family services; mental health facilities; drug and alcohol services; physical disabilities; hospitals; palliative care; intellectual disabilities; forensic settings; geriatric care; and private practice. It was reported that the process of establishing

²⁷ Contract lecturers include: Camille McDonald, Vicky Nicholls and Zeb Brierley who are all art therapists; and Julie Lacy who is trained in psychodrama. Additionally, in 2010 Libby Byrnes became a part-time lecturer.

placements was getting easier, and that generally awareness of the practice had increased. A tension was identified where services rely on having students on placement each year. This can tend to fill an employment gap and curb the possibility of a position being opened up for a qualified art therapist.

The areas of development that were seen as important included the need to increase employment opportunities and broaden the visibility of art therapy generally. It was felt that recognition of art therapy as a profession, and awards for art therapy services were a priority. However, the relationship to the professional association ANZATA within Victoria was reported as diminishing since 2003-2004, when regular meetings had taken place in the region.

It is really important to have art therapy survive as a profession – I think that needs to be worked on...(It) feels like ANZATA doesn't have the same presence here – as it did at one time. (Menahemi, 2008)

In this context, a recent ACATA conference in 2007 was reported as bringing together 'close relatives' (different views, practices and professionals all using arts therapeutically) and forging an opportunity for collaboration. Particularly, a panel event which included Patricia Fenner (La Trobe), Dr Warren Lett (MIECAT), Gerry Katz (RMIT), Dr Eugen Koh (Cunningham-Dax Collection) and Dr Rose Williams, an art and dramatherapist trained at ECU Perth.

We live in a world where size matters – capacity to be a pressure group - to be represented and having clusters of people who really don't have much to do with each other - even though they are close – is not a helpful environment. (Fenner, 2008)

Issues of importance and/or tension were identified as located on the staff and student experience within the university system. For students, the personal process is considered at the heart of the learning experience. Therefore it was seen as important to foster a supportive rather than a competitive atmosphere. Working with a group cohort model was thought to support this aim. It was also considered that there is increasing demand made of students physically and emotionally, in terms of time, workload, finance, and in the process of self-awareness and reflection.

Students go through a lot of personal processes – it's not just theoretical learning...I think an important part of the training is the cohort model – where students are together for two years in every subject and there's a group process that's going on through all of our units...that works on a lot of different levels...The attitude that we aim to develop is a very supportive rather than a competitive kind of learning. (Menahemi, 2008)

Similarly for staff, as the university context responds to reforms and funding cuts in the sector, this creates pressures that cascade down to produce increasing demands on staff to maintain the economic viability of programs. This in turn produces mounting stress for staff to meet additional administration and other burdens with diminishing resources amidst ongoing restructures.

Students are trying to juggle the training, their lives and working and supporting themselves. It's getting harder and at the same time I think that we are actually demanding more from our students...universities are also becoming more demanding. (Menahemi, 2008)

The most pressing issue seen for art therapy education was the importance for art therapy to survive as a profession and for its recognition to increase in a formal industrial context. A priority task was therefore to forge a strong professional identity in the mental health system – currently dominated by the medical model view of psychiatry. Additionally, it was seen as a priority to manage the conflicts centred on different approaches and training standards in relationship to the professional association.

A significant development that was noted to inspire hope is a national government-funded research project: *Creative Network for Recovery*. This project is linking together researchers at La Trobe and the University of Queensland and involving staff from the respective art therapy programs. This is a broad-based project looking at art-making and health in the hospital sector with a focus on wellbeing and mental health (Van Lith, Fenner & Schofield, 2009a, 2009b, 2010). This was thought to augur well for the recognition of arts therapies in the field. It was also noted that within the faculty at La Trobe there has always been a strong interest on arts-based research which supports the turn towards qualitative, ‘lived experience’ research.

The Creative Network for Recovery – a research project...has grown like topsy...this says something about the related environment which is to do with wellbeing, mental health and creative processes. (Fenner, 2008)

7.7.1 Hannah Menahemi genealogy

Artist, art psychotherapist, object relations, psychodynamic, humanistic, psychodrama, Turtle Bay Music School, Lesley College-USA, Kibbutzim College of Education, Australia, USA, Israel, a compassionate approach, Shaun McNiff, Sadie Tee Dreikurs, Virginia Satir.

Hannah Menahemi has always been a painter and from her earliest childhood in Melbourne this was her guiding light. Although she was successful as an artist, Menahemi found the nature of the practice to be solitary, and was moved to explore beyond the studio. This led her to art therapy when in 1973 she read a three line advert in *Time* magazine for a program in New York, USA. Menahemi was inspired to relocate with her children to take up study at the Turtle Bay Music School, for a Diploma in Art Therapy. This was with educator Vera Ziltzer, a colleague of Edith Kramer, who worked from a psychoanalytic ‘art as therapy’ approach. Alongside this, Menahemi also studied an undergraduate degree in psychology and fine art at the Marymount Manhattan College, New York (1979), and psychodrama at the Institute of Socio-therapy with Bob and Jackie Siroka (1979). These studies introduced her to a range of perspectives which included: psychodynamic, object relations, existential and psychodrama. During her degree studies, which included independent study, Menahemi undertook placements in clinical settings with Martin Keller (psychotherapist) and Jean Peterson (art therapist) who were influential in these formative years in her becoming an art therapist. In 1982, Menahemi studied an MA at Lesley College in Massachusetts, which exposed her to an arts-based experiential model of learning, which embraced psychodynamic, Jungian, existential and gestalt perspectives. In this program, her teachers included Shaun McNiff, Paolo Knill and Laurie Rappaport. Menahemi also studied and worked with people such as: Virginia Satir – family therapy; Sadie Tee Dreikurs - an Adlerian art therapist; Richard Kopp -

metaphor therapy (1995); Mala Betensky – phenomenological art therapist; Joseph Singer; Annie Linden – Eriksonian hypnosis training; and Roger Solomon – EMDR PTSD training.

Menahemi's career then moved into art therapy teaching and education spanning three decades between USA, Israel and Australia. This began in the early 1980s in Israel, at the Art Teachers College, Ramat, Hasharon, then Bar Ilan University (1983-88) and Kibbutzim College of Education (1987-92). During this time, Menahemi was also involved with the Arts Institute Project in Israel, in association with Lesley College in the USA (1980-96). She also taught in the USA at Lesley College (1990-93), and Marymount Manhattan College (1990-91). Following this, Menahemi was mainly in Israel working at the Open University in Tel-Aviv and Kibbutzim College of Education (1995-99), and in 2000 she returned to Australia to take up her position at La Trobe.

Overall, the general philosophy of the programs Menahemi has taught on have been psychodynamic, object relations and Jungian in focus. Over the years, an accumulation of these theories and approaches has shaped her views and practices which she now uses to help students make links between different theoretical lenses. Menahemi's favoured theorists include Winnicott (1971), Wright (2009), Elkins (1996) and Hillman (1989).

There are many people who have influenced my development as an art therapist – the people who had a major influence were not only my teachers but also people I trained or worked with afterwards – particularly Sadie Tee Driekurs and Virginia Satir – I think her compassionate way of working with people was a major influence...Many other people from different fields...I feel a bit of them has come with me over the years and I've integrated that into my practice and teaching. (Menahemi, 2008)

Menahemi's own research interests include: the significance of art therapists' continuing involvement in their own creative work; group art therapy and experiential learning (Menahemi, 2006); visual culture and the experiences and rituals of viewing; looking and seeing; and the relationship of intimacy and distance. Also, Menahemi is interested in the development of an object relations model of art therapy practice built on experiential processes, and multi-level holding and containment in art therapy.

From this extensive background, an enduring interest in the healing power of creativity and the in-depth processes of art psychotherapy has been inspired. The knowledge from these experiences has cultivated a **compassionate approach** to the work of therapy and education.

Returning to Australia, after being away for many years, it has been particularly exciting for me to see the current developments in art therapy in Australia. Coming here, I have felt that I had to put aside much of what I previously knew about art therapy, to rediscover it anew, through the unique, culturally diverse Australian experience...I believe that a cross-culturation of ideas and a climate of inclusivity will encourage the development of a culturally relevant Australian art therapy approach...Art making is still the essence of my life, the way I find my personal balance and grounding. (Menahemi, 2008)

A note on the interview: The main interview (focus group) was the first one I undertook for this project and it was held in person at the La Trobe facilities in Melbourne. It was with Hannah Menahemi, Patricia Fenner and Juliet Walsh who were the main lecturers on the program (5 August

2008). The second focus group was with Camille McDonald and Vicki Nicholls (7 August 2008) graduates and casual lecturers of the program. I had previously met and spoken with Hannah many times since she took up her position in 2000. I had also briefly met Patricia and Camille before at conferences. It was illuminating to hear the views of similar colleagues, and I was conscious this was a rare and an unusual opportunity made possible by the research.

7.8 University of Queensland (UQ), Brisbane, Queensland

Master of Mental Health (Art Therapy) 2004 to present (time of writing 2010)

Key educators: Claire Edwards

Mental health, psychodynamic, broad view of psychotherapy theory, art therapy as a specialism within a Master of Mental Health, UK, Australia, USA.

The program at the University of Queensland (UQ) began in 2004 as part of the Masters of **Mental Health** (MMH), and is located in the School of Medicine, in the faculty of Health Sciences. It was the result of collaboration between art therapists Claire Edwards, Maggie Wilson, Jane O'Sullivan and Elaine Pollen, and academics on the MMH, Robert King (coordinator) and Tom O'Brien (lecturer). The program arose out of a perceived need in the community and the efforts of this group to create an opportunity to address such a need. A steering group was formed and they worked together with the guidance of King and O'Brien to successfully write, and mount, the program as a specialism within the MMH. The opening was created due to Edwards having supervision with O'Brien. Although several approaches had been made to different universities (QUT and Griffith) previously, having an interested party on the inside made all the difference. Furthermore as King was experienced in establishing new programs, his support was instrumental in getting the MMH (Art Therapy) off the ground.

It was a fortuitous conversation where Tom (O'Brien) was able to provide that link with Robert (King) and I was able to bring in the other art therapists to assist with teaching. (Edwards, 2009)

The program began as three years part time, equivalent to 1.5 years full-time. The aim of the program is to train students to meet the ANZATA requirements to become professional members. The program also aims to equip students with a broad range of art therapy and psychotherapy skills, to work in wide range of settings, and to use a range of approaches according to client need.

The content of the program is described as consisting of one third psychotherapy and mental health; which is taught generically, and two thirds art therapy. Students undertake 800 hours (increased in 2010 from 750 hours) of supervised placement. They undertake studies in: art therapy history and theory; psychotherapy theory and skills; experiential art therapy groups; professional practice; art therapy with various client populations; ethics; research skills; and art practice. A range of teaching methods are used which include a mixture of didactic and experiential processes, and problem-based learning, through the supervision of clinical placements. Students are assessed through the production of written assignments, visual presentations, case studies, art practice via visual journal, an exhibition and skills workshops. There is a culminating research project component which is

internally assessed by two staff members. Entry to the program is via a first degree in visual art or equivalent/or relevant degree and art skills, plus two years relevant experience paid or voluntary and an interview process and portfolio of artwork. In the beginning the program had a small intake of 6-10 and at the initial time of the data gathering 14 had graduated (Jan, 2009). There are now 37 graduates in 2010.

The theoretical approaches taught are a combination of the various schools of thought evident in literature from both UK and USA. The program is described as having a basic **psychodynamic** foundation with a pluralistic orientation. Students are exposed to a **broad range of psychotherapy theory** from three traditions (psychodynamic, systemic and cognitive behavioural) which is taught by the staff of the MMH. Students are encouraged to undertake personal therapy while studying but it is not mandatory. The program has only been running a relatively short time but the changes include the first intake of international students in 2007 and a restructure from three years part-time to two years full-time duration in 2008.

*It is **not** a Master of Art Therapy it's a Master of Mental Health (Art Therapy) in brackets – that is significant – it says something about how the whole course is structured – there is a generic component...that's about a third – that covers a lot of theory that would normally be taught within the AT program – but it's actually separate – it covers a **broad range of psychotherapy and mental health**– certainly not one specific school or approach...We are not primarily trying to teach about object relations or Winnicott or Freud or Jung – yes we talk about them – in the context of history of art therapy – so that it encompasses all those influences...one of the questions that we get the students to write an assignment about is taken from a Harriet Wadeson quote – where she's basically saying that art therapy doesn't have its own theory – (we ask the students to) - discuss. We put more emphasis on the triangular relationship and the different models of art therapy. (Edwards, 2009)*

Claire Edwards has been involved from the start and began as a casual lecturer and is now coordinator of the program on a casual contract basis. Wilson, O'Sullivan, Palethorpe and Drabant, who make up the art therapy teaching staff, are employed on a casual contract basis. O'Brien and King are permanent staff within the MMH and they teach the psychotherapy theories. O'Brien began as the art therapy coordinator in the first year to help with its establishment.

Edwards and Wilson are both graduates of the Goldsmiths program in the UK. O'Sullivan trained at Lesley College in the USA in an expressive therapies perspective, with an emphasis on art therapy. Other art therapy staff include Natasha Palethorpe, who trained in Australia, and Sandra Drabant, originally from Brisbane, who trained in the USA with Harriet Wadeson. The psychotherapy lecturers are all senior clinicians with social work, OT, psychology and psychotherapy backgrounds. Edwards' employment has gradually increased, but at the time of writing it was one day a week for the administration role with additional hours for teaching or other necessary activities. The program runs on a very tight budget but is now the most successful of the psychotherapies streams, attracting the largest percentage of students.

The development of a graduate's own personal approach was identified as an important aspect of training. It is hoped that through the program students will develop a way of working they feel comfortable with, and have good solid reasoning for it. This would include an interest in and understanding of theory, the importance of research, ethics and supervision. The ambassadorial role

of each graduate and student was highlighted, and therefore the aim to develop confidence to be on a par with other members of the multi-disciplinary team and to engage in the broader professional context was considered important. This was alongside engagement with their art practice. Although there had only been a small number of cohorts, it was observed that, the more cohesive the student groups, the more successful the outcomes in terms of peer support and learning.

Employment outcomes were described as varied and prospects as potentially challenging. However, it was noted that thus far there had only been a small number of graduates, many of whom were already in employment as social workers, psychologists or nurses and could expand their roles. Those without another qualification were perceived to be at a disadvantage. Areas of work included, child and youth mental health, drug and alcohol, generic counseling services, child safety and domestic violence services. Community organizations were perceived as more willing to employ art therapists than government agencies, and more open to explore different approaches. The political issue of availability of services was raised, as QLD has fewer infrastructures than other States such as Victoria and NSW, and this affects the opportunities for graduates. Generally a lack of research was identified as a major problem, particularly from an employers' perspective as well as a lack of funding in general.

I think research is key – I hear it all the time from other professions – what's the research base for art therapy - what's the evidence? I think until that is addressed we are going to continue to be in a fairly marginal position...In QLD there is less spending on health than in any other States (NSW, Victoria) – it's a political issue. (Edwards, 2009)

Thinking about the theoretical approach or philosophy of the program caused reflection on how little time there was to think about this. The practicalities of running the program had so far driven the situation.

It's such early days and we've so little time...having time to work out our philosophy – it almost hasn't happened yet. However, by default we have developed a pragmatic and theoretically sound approach and I believe we offer a responsive and contemporary training in art therapy. (Edwards, 2009)

It was thought that a coherent philosophy would take time to develop and would need to be a team process. A lack of time, for staff to meet together, impedes this kind of development. Other constraints within the program included the lack of a designated space or 'home' and the part-time casual employment of staff.

There is the constraint of not having a home (designated rooms in the university) and not having permanent staff. (Edwards, 2009)

Issues concerning the position of theory in art therapy brought themes of 'ownership' and territory to the fore, with questions such as, does art therapy have its own theory? What can be identified as belonging to art therapy? The fact was raised that art therapists do not own art and cannot claim to, and that art therapy consists in 'an uneasy partnership', as coined by Irene Champernowne (Champernowne, 1971).

We don't own art...it's more the unique combination of those factors – so it's always about the relationship between those different things – that uneasy partnership that Irene Champernowne talked about. (Edwards, 2009)

The most significant tension on the program was the issue of funding, and the most significant issue for progress in the broader field was seen as the development of research. Research developments in the field of the neuroscience, trauma and non-verbal interventions were seen as positive for the future of art therapy.

Financial – is at the top of the list of constraints...For support to occur more broadly there needs to be more general acceptance – it's always been my experience that the community sector – which is a lot less well paid has always been much more open to new approaches than the health and more statutory services but I think there are some little glimpses of hope...to do with advances in neurological brain-imaging and research into the importance of non-verbal processing of the effects of trauma, for example. (Edwards, 2009)

Update December 2010: Robert King has recently left to take up a position at another university in Queensland. This change is reported as likely to have a significant impact as he has been such a support to art therapy and the program.

7.8.1 Claire Edwards genealogy

Art psychotherapist, object relations, attachment theory, trauma theory, feminist theory, systems theory, research, adult migrant from UK to Australia, daughter of Michael Edwards (1930-2010).

Claire Edwards was originally from England and could be described as being born into art therapy, as, at the time, her father (Michael Edwards) was working at the Withymead Centre in Devon. This was a Jungian-based therapeutic community, a founding place in the history and development of art therapy in the UK. Both her parents were artists and met at art school. When Edwards was 10 years old her parents separated and subsequently she lived mainly with her mother. Edwards's first degree was in art history and literature and at that time she had not thought about doing art therapy. On finishing this degree, she began to find out more about art therapy through her own experience, and applied to Goldsmiths. Edwards was accepted onto the program, but needed to gather more experience before she could commence. She began working in Hackney Hospital in a mental health day program which was run by OTs, who had a leaning towards a psychodynamic approach. The work was mainly group-based and this has remained an enduring interest. Around this time, Edwards attended an intensive residential week of Jungian creative art therapy at Cumberland Lodge, Windsor Park, which was connected to her father. She trained at Goldsmiths 1982-84. On reflection, Edwards felt she was in quite a chaotic personal phase and being immersed in group dynamics was quite difficult. At the time she reacted against the object relations theory that was taught, but has later returned to it, and would now identify this as one of her strongest theoretical influences. On finishing the training, she still felt as if she did not really know how to work with people and put what she had learnt into practice. Edwards questioned the non-directive approach she had been immersed in at Goldsmiths, and thought it was not suitable for everyone,

and particularly not for the majority of the clients she worked with. Edwards thought that being given a broader approach would have been more helpful.

I think it (Goldsmiths training) was a very specific way of working that we were exposed to and I can understand why they were doing that – I suppose I thought a broader approach would have been more helpful. (Edwards, 2009)

Edwards was not able to get employment as an art therapist straight away, and took a position in a residential after care hostel for people transitioning from psychiatric hospital. It was rather similar to a therapeutic community environment, and she undertook further training in therapeutic community practice at the Royal College of Nursing. This involved a minor thesis where Edwards researched her work situation and brought together theory and practice. During this training Edwards was exposed to different therapeutic approaches, and engaged in small group experiential learning, which she found more supportive and positive than the experience at Goldsmiths. The difference was partly the approach of the facilitator, who was more personally engaged and open and generally intervened and spoke more in the process of the group.

In the late 1980s Edwards moved to Australia and found work in another therapeutic community for drug and alcohol rehabilitation, as a generic worker. Here Edwards was exposed to cognitive-behavioural therapy, and found there were merits in this approach that challenged some of the previously held views that she had absorbed. This shifted her thinking to be open to other approaches, and she observed through this work how significant the environmental context is, in supporting therapeutic work regardless of the approach.

Edwards became more interested in working with children, and worked in a community agency with a child safety focus. Edwards came across attachment theory at a conference in Sydney and wondered why she had not heard about it before. Her experience of being a parent contributed important learning to this work, and confirmed a belief in the importance of the parent-infant relationship. Edwards gained employment in the Mater Hospital in Brisbane as an art therapist in child and youth mental health, where she worked for six years. This had a significant impact of opening up the importance of a family systems view, and Edwards engaged in study and also sought supervision from a family therapist. Edwards currently (2010) works part-time in another community agency with a child safety focus.

This work with abused children and their families is where my heart is. (Edwards, 2010)

Edwards also became interested in a feminist perspective and the understanding of the dynamics in the external social sphere, and its impact on the individual person/woman. In 2005, Edwards completed a MA (Hons) research qualification at UWS with Dr Adrian Carr and Jill Westwood. The thesis was titled: *"I just want to melt away": 'Treatment' of women with eating issues: A critical feminist informed view of art therapy and the exploration of an alternative approach* (Edwards, 2005). This work reflected Edward's interests and concerns at the time. Edwards has also contributed to the field with several publications (Edwards, 2007a, 2007b, 2007c, 2009).

Edwards's theoretical preferences could be described as a matrix under pinned by a psychodynamic framework, with an interest in attachment theory and trauma theory, and a developing interest in

mindfulness based therapies such as Acceptance and Commitment Therapy. Her approach is strongly driven by context and the client needs. Edwards also has a strong interest in research. In terms of influences, these have been integrated over her career as part of a dynamic framework.

Everyone I've worked with in a meaningful way, clients, therapists and teachers have influenced me. (Edwards, 2009)

A note on the interview: I interviewed Claire Edwards on the phone (13 August 2008). She was in Brisbane, Queensland and I was in Sydney. Claire and I already knew each other, as we had an existing professional connection since she studied for her MA (Hons) at UWS in the late 1990s. We had spoken many times and met at conferences and visits. Our conversation was fascinating as Claire shared many aspects of her life journey revealing remarkable personal links with art therapy history through her father. We also shared the experiences of migrating from the UK and training at Goldsmiths. It was rewarding to hear of Claire's achievements in establishing the program and the development of her own independent views.

7.9 Summary of chapter: Inter-views: Australia

This chapter has provided institutional and educator profiles of the seven art therapy programs in Australia gathered from key art therapy educators in Australia. These profiles provide material to respond to the research questions. Brief commentaries on the interviews and my relationship to the participants also contribute a reflexive view. The following chapter presents further findings of the research from the interviews of the expert and influential educators in the USA and UK.

Chapter 8: Inter-views: USA and UK

8.1 Introduction to chapter 8: Inter-views: USA and UK

This chapter sets out further findings of the research from expert participants in the USA and UK. As previously outlined in the methodology, six educators (three from the USA and three from the UK) were selected in accordance with two areas; their experience and knowledge of art therapy education in the countries where the majority of Australian educators had gained their art therapy training (UK and USA), and possibly having been named as influential by Australian art therapy educators.

The chapter is organized as two country profiles; USA and UK. Each profile is compiled from the interviews and from publicly available sources. At the beginning of each profile there are keywords distilled from the interviews that capture the broad themes, theoretical views and issues of each country context. Within each profile are extracts from the interviews which give voice to the relevant themes, views and issues that arose.

8.2 Inter-views: USA

Apprenticeship beginnings, clinical emphasis, arts emphasis, diversity, eclecticism, economic pressures, licensure, effects of prescription/regulation, research, social action, neuroscience, ideology of trauma psychology, multiculturalism.

All the contributors to this profile became involved in the development of art therapy education in USA from its beginnings and have initiated, and/or led significant art therapy programs. Some were part of the emergence of the field and gained their knowledge through ‘**apprenticeship**’ before specific training programs were available. All are currently leaders in the field and hold a range of different positions and views. These expert views were provided by: **Dr Marcia Rosal**, **Dr Harriet Wadeson** and **Dr Shaun McNiff**.

Dr Marcia Rosal is an eminent art therapy educator and researcher in the USA with substantial experience of teaching on USA programs at Buffalo State University, University of Louisville and Florida State University. Rosal also studied her PhD in Australia and has extensive knowledge on the field of art therapy and art therapy education. **Dr Harriet Wadeson** is similarly distinguished as an art therapy educator and researcher in the USA. Wadeson has taught art therapy in the USA since 1978 at North Western University, University of Illinois and the University of Houston. Wadeson also has extensive knowledge of the field and a keen interest in other countries including Australia. Wadeson is identified as a significant influence on Jill Westwood and Sheridan Linnell. **Dr Shaun McNiff** like the other contributors is an equally celebrated arts therapies educator and researcher in the USA. McNiff has led and developed the program at Lesley College and taught throughout the USA. Hannah Menahemi studied and worked with McNiff, and several other Australian Educators have discussed McNiff as an important influence.

These contributors are well qualified to provide a current and historical view of art therapy education in the USA and to offer relevant views pertinent to the research.

The following overview is condensed from the interviews. It summarizes the contribution relevant to the research questions and reveals themes linked to changing social and cultural conditions and to the dynamic relationship between art therapy practice, the art therapy profession and the educational context.

From the interviews, art therapy education in the USA was said to have first emerged at the University of Louisville (UL) in the 1950s and grew out of the field of psychiatry. An innovative psychiatrist supported the use of art and helped art therapy education into existence, with studies being offered in 1954-56, several years before anywhere else in America. This initiative was not sustained and stalled after two years, until 1969 when, Dr Sandra Kagin²⁸ was hired to revitalize and develop a discrete program. This coincided with the beginning of the American Art Therapy Association (AATA) who held their inaugural meeting on the Louisville campus around the same time.

These events heralded the emergence of programs across the country from different areas, and presenting different perspectives. Programs arose in various university departments/schools such as art, art education, health and medicine, with a range of theoretical perspectives and emphases, and in some cases innovative models. There is a greater **diversity**, breadth and scale of programs in the USA compared to other places. The spectrum of programs is distinguished by many factors, one being the institutional department or place where it is located. This location affects the perspective of the program, the model/focus of teaching and learning, and its alignment towards particular employment outcomes, which range from medical/health to community and arts education/special education contexts.

The American Art Therapy Association (AATA) has developed criteria for the education of art therapists, and programs can gain approval through a formal process. All AATA-approved programs include the following study areas; however there is scope for each program to have its own creative interpretation:

- History and theory of art therapy;
- Techniques of practice in art therapy;
- Application of art therapy with people in different treatment settings;
- Group work;
- Art therapy assessment;
- Ethical/legal issues of art therapy practice;
- Standards of practice in art therapy;
- Cultural and social diversity;
- Thesis or culminating project;
- Practicum (placement), internship and supervision; and
- Content areas including: psychopathology, human growth and development, counselling and psychological theories, cultural and social diversity, assessment, research, studio art.

(AATA website, 2010)

Currently 33 masters programs are listed as approved on the AATA website. This means graduates of these programs meet the professional requirements for practice as art therapists. As well as the

²⁸ Now known as Dr Sandra Graves

masters programs, there are 29 undergraduate programs, and post masters courses, and a small number of developing PhD programs.²⁹ There are some masters programs that are not approved by AATA for various reasons, for instance, they do not meet the criteria through being new and/or not meeting a certain aspect of the requirements. Graduates from non-approved programs can become credentialed by AATA by meeting various post-qualification requirements. Due to the many programs, it is not feasible in this study to collate a table of all the programs and their theoretical or philosophical alignment. However, below is a list of approved programs from the AATA website (2010). The wide range of titles of these art therapy qualifications can be seen below (Table 9):

Table 9 List of AATA approved programs USA (AATA website, 2010)

Institute	Qualification
Loyola Marymount University	MA in Marital and Family Therapy: Specialization in Art Therapy.
Notre Dame de Namur University (formerly College of Notre Dame)	MA in Marriage and Family Therapy with Specialization in Art Therapy.
Phillips Graduate Institute	MA in Psychology with a major in Marriage and Family Therapy/Art Therapy.
Concordia University	MA in Creative Arts Therapies.
Naropa University	MA in Transpersonal Counseling Psychology, Concentration in Art Therapy.
Albertus Magnus College	MA in Art Therapy.
The George Washington University	MA in Art Therapy.
Florida State University	MS in Art Therapy.
Adler School of Professional Psychology	MA in Counseling Psychology: Art Therapy.
School of the Art Institute of Chicago	MA in Art Therapy.
Southern Illinois University at Edwardsville	MA in Art Therapy Counseling
Emporia State University	MS in Art Therapy.
University of Louisville	MEd in Counseling and Personnel Services with Concentration in Expressive Therapies.
Lesley University	MA in Expressive Therapies: Art Therapy and Mental Health Counseling.
Springfield College	MS in Art Therapy/Counseling.
Wayne State University	MEd in Art Education/Art Therapy Concentration, MA in Counseling with Art Therapy Concentration.
Caldwell College	MA in Counseling Psychology with Art Therapy Specialization.
Southwestern College	MA in Art Therapy/Counseling.
College of New Rochelle	MS in Art Therapy Counseling.
Hofstra University	MA in Creative Arts Therapy.
Long Island University - C.W. Post Campus	MA in Clinical Art Therapy.
Nazareth College of Rochester	MS in Art Therapy.
New York University	MA in Art Therapy.
Pratt Institute	MPS in Art Therapy and Creativity Development, MPS in Art Therapy/Special Education.
School of Visual Arts	MPS in Art Therapy.
Ursuline College	MA in Art Therapy and Counseling.
Marylhurst University	MA in Art Therapy Counseling.
Drexel University	MA Program in Art Therapy.
Marywood University	MA in Art Therapy.
Seton Hill University	MA in Art Therapy with Specialization in Counseling.
Eastern Virginia Medical School	MS in Art Therapy and Counseling.
Antioch University- Seattle	MA in Psychology: specialization in Child, Couple, and Family Therapy and Art Therapy; MA in Psychology: specialization in Mental Health Counseling and Art Therapy; MA in Psychology: specialization in Art Therapy.
Mount Mary College	MS in Art Therapy.
29 U/G programs	
Drexel University	PhD in Creative Arts Therapies.
Florida State University	PhD in Art Education with a specialization in Art Therapy.
Antioch University- Seattle	Psy.D. in Clinical Psychology includes MA in Psychology with a specialization in Art Therapy.

²⁹ There is also a PhD program at Lesley College

The system of licensing (or licensure, as it is known in the USA) is a distinguishing feature of the professional field in the USA, and each State has particular requirements which add to the shaping of the education programs. Hence the range of qualification titles, which are designed in some instances according to particular State requirements.

*A big influence in the United States that's probably different from other places or takes on a different caste is that there is **licensure** and the movement within the association to get licensure. (Wadeson, 2008)*

The numbers of programs and the different State requirements meant it was not possible for educators to be aware of all the programs, in the same way as in the UK or Australia, where the scale is much smaller.³⁰ However, a shared view was the importance of experiential and problem-based learning approaches and of the placement/internship experience in the education of art therapists.

Internship is the oven (where) the pudding gets baked and if the proof of the pudding is in the eating, the oven is really important. (Wadeson, 2008)

8.2.1 Theoretical views

The theoretical views that were described within programs ranged from specific perspectives, such as psychoanalytic, humanistic, and transpersonal, to **eclectic** views, where all the major psychological and psychotherapeutic theories would be taught and students enabled to find their own relationship to theory. There are also programs that are more arts-based, and draw their philosophy from the area of *arts and healing*, and integrated views of multi-modal arts therapies.

Art therapy doesn't have much theory of its own. I mean there are some theories of creativity that come into it, but for the most part art therapists sort of borrow their theoretical frameworks from other disciplines. (Wadeson, 2008)

Many programs...have one kind of theoretical model that they go by. There are a lot of differences in the programs. (Rosal, 2009)

An eclectic view of theory was evident in a number of programs.

We're eclectic, we don't espouse one theory and I think that's a little different from a lot of other programs that I know about. We want to encourage students to find a theory that matches who they are, their thinking and then the population they want to work with. (Rosal, 2009)

I really think that the way you work as any sort of psychotherapist, is that you utilize your whole self and your whole life experience in what you bring to your client, and that includes your belief system as well...It often doesn't make sense just to take someone else's belief system like Freud's or Jung's and make it your own, because your life experience differs from theirs, and your thinking might be different, which isn't to say that you can't learn from

³⁰ There are eight HPC approved programs in the UK.

these theorists...Students are given introductions to many of the prominent theories and then their challenge, as was mine, is to develop their own approach that's based on their own life experience, and how it might be informed by these theories, I see it as a never-ending process. (Wadeson, 2008)

There are also particular models and theories that have developed specifically from art therapy, such as the Expressive Therapies Continuum (ETC) developed by Dr Vija Lusebrink and Dr Sandra Kagin (Kagin & Lusebrink, 1978; Lusebrink, 1990) at the University of Louisville. ETC is a model and an approach to art therapy that offers a way to organize thinking that is not bound by a particular theoretical view. ETC is an "all purpose" approach that identifies levels of functioning along a continuum. This assists with understanding a client through the art media and process they use. It helps with formulating objectives and goals, to support integration across the dimensions of sensory, emotional and cognitive functioning. It is not identified with a particular existing psychological theory or perspective.

The beauty of the expressive therapies continuum is that any psychotherapy theory can actually fit into the model...kind of an all purpose model. (Rosal, 2009)

Another model is found in the Expressive Arts Therapies program at Lesley College, which began in 1974. This is based on a view that integrates all the arts forms in therapy and is based on traditional healing practices using arts across cultures throughout history (McNiff, 1981, 1992).

My belief is that artistic expression in every medium involves all of the senses and that every art form contains the others. The integrated arts approach focuses on the whole person and the total spectrum of communication. (McNiff, 2009)

8.2.2 Educational context

The range of places that house art therapy programs has a strong influence on the theories and views that are taught. As noted previously this can range from medical schools to arts institutes, and this influences the orientation of the program (medical, education, arts).

Medical schools have a different mission than say a program that's in a visual art environment...they have a very different feel to them. The Louisville program had some very specific course goals in mind...that focused on different theories of art therapy and how they would fit into the expressive therapies continuum, and then move into assessment and how to look at drawings, how to understand them and implement tools for assessing the needs of the client which was very different from the things that were taught at Buffalo...it came from a special education model – so classes were about children with special needs, adolescents, adults and older adults with special needs...a more developmental set of courses. (Rosal, 2009)

Also, in terms of accessibility and affordability, whether a program is within a public university or a private college can make a significant difference about who is able to access training.

Most of the programs are in private colleges or universities versus public universities...a lot of students who want to study art therapy cannot afford to go to a George Washington or a New York University. They are expensive, whereas public or State universities are much more affordable. (Rosal, 2009)

8.2.3 Economic and resource issues

Economic pressures and increasingly limited resources have resulted in the development of short-term, brief interventions and an emphasis on assessment, treatment planning and goal setting in the field. This has in turn shaped what is taught within art therapy education.

Teaching to the mental health system of the day where students assess the needs of the client...and come up with a solid treatment plan and implement it...we have a short-term model in most of our agencies. (Rosal, 2009)

The economic pressures felt throughout the USA have also resulted in diminishing resources being available to run programs. As a consequence there has been a loss of individual supervision within programs and reliance on group supervision. In some programs economic pressures have resulted in a reduction in staff.

The other thing that the University of Louisville program had – that I really liked, although I know how impractical it is now – especially in these tight budget times – is we did individual supervision...There are some obvious pluses to group supervision but there is nothing like that one hour a week where you focus on the specific needs of this person, not only client level but how they're (student) coping with it and how they're thinking about all their issues...there's nothing like it...We are having to change the models because there were so many demands for us educators and the time that we had to teach. (Rosal, 2009)

The qualification of staff running the programs was also raised as an issue that shaped the program. Where staff had PhD level expertise this was seen as an advantage in progressing education, and the development of research. This can be tied to resources and the culture of support and development within an institute, or lack of it.

Programs that aren't encouraging their faculty to lead their education (towards PhD study)...there's some limits to those programs. (Rosal, 2009)

It was noted that there are variations in the quality of programs even though they may have AATA approval. This can often be linked to the resources within an institution, and the culture of staff development, or lack of it.

The number of full-time faculty a program can have...the university administration...where the program is housed at the university can (impact the quality of a program). (Rosal, 2009)

8.2.4 Professional issues

University institutional issues and licensure requirements has shifted the positioning of art therapy in some areas to a specialty or sub group within other professional trainings such as counselling. This has caused some tensions and conflicts within the profession of art therapy about the preservation and development of art therapy's status as a discrete discipline.

(In order to get licensure)...a lot of art therapists are becoming counsellors now and that raises a lot of questions within the art therapy profession. Are people counsellors first? Is art therapy a sub-specialty of counselling? The leadership of AATA has urged counsellor licensure for art therapists, to which many art therapists object, as they believe that this policy negates the importance of art therapy as their primary discipline. (Wadeson, 2008)

8.2.5 Horizons and debates

- **Position of art**

Over the decades it was discussed that there had been a shift away from the 'interpretation' of clients' images by the art therapist. This was once quite common, but has now moved towards enabling the client to make their own interpretation. This has also been accompanied by a move of the art aspects to a more central position in the training and towards an integration of the arts forms.

In the early days of art therapy there was a lot of interpretation given to the artwork...(rather than) what it meant to the client or patient...I know in the past there were training programs where they didn't use art much. I think more and more training programs are utilizing the art. (Wadeson, 2008)

Many of what I consider to be the progressive art therapy programs are integrating the arts and increasingly so...Mount Mary College in Milwaukee, Ursuline College, Lesley College. (McNiff, 2009)

Generally, the interviews revealed a movement which has placed art in a more central position in the education process, even in the most conservative and clinically oriented programs.

Even in the most conservative programs there's a swelling interest and commitment to the art therapists' personal art expression. (McNiff, 2009)

- **Arts versus clinical emphasis**

Views about a dualism that impacts the field centred on what was called "a false dichotomy of art and the clinic." It was thought that there is a deep and ongoing clinical inferiority within a sector of art therapy – where there is an overcompensation to become extremely efficient, in what was termed by Pat Allen (2001) as 'clinification syndrome'. This can lead to the subjugation of art and the freedom it embodies. Rather than building on the uniqueness of artistic expression, there is often an over emphasis on the clinical. This could be seen as a tension within the heart of the profession.

The big dualism in the arts therapy community is between arts-based and what Pat Allen called the 'clinified' perspective. In my practice I have never felt any kind of opposition between artistic expression and clinical work – it's a false dichotomy that creates political splits within art therapy. Artistic expression can be profoundly clinical – when you look at clinical as being precise, aware and sensitive and doing assessments about what's happening. (McNiff, 2009)

- **Research**

Research was discussed as vital in the development of the field and the emergence of PhD programs such as that at Drexel University; this was seen as a significant and progressive development. It was thought that an important aspect of the education is to help students understand research in order to contribute to the development of the field and to be able to compete in the 'outcome' culture of medicine. However, the issue of gaining ethical approval for research projects was reported as becoming more challenging for students in terms of the time lines to process applications and complete research projects.

There wasn't time to get all the approvals from the university after they had set up their research design. (Wadeson, 2008)

- **Changes in approaches to mental health: Social action and neuroscience**

Changes in approaches to mental health have shaped art therapy practice to become more aligned with, and guided by, emerging theoretical trends, such as neuroscience, trauma psychology and the development of practice in community social contexts. To some extent this has changed the content of what is taught towards two opposite poles – one connected to the research in neurobiology and neuroscience (Hass-Cohen & Carr, 2008) and the other in the community which is more related to social action (Kaplan, 2007).

There are two sorts of almost opposite poles that are influencing art therapy currently: one is much more community art therapy – that isn't so therapy related - more social action related and then on the other hand a lot of interest in neuro-physiological research. So, on the one hand art therapy is moving in the direction of more social service kinds of therapy and on the other end in a more strict medical research approach. (Wadeson, 2008)

- **Diversity**

McNiff expressed misgivings about the way issues of diversity (race, class, gender, power, privilege, oppression) had become conceptualized in the curriculum, and the way it may be taught. This was thought to have become prescriptive and was criticized, from the position of the 'left', as being based on separation and division, a view that could solidify separation. The alternative view was to consider these issues as part of 'human variability' and to aim towards the universal and to introduce theology into the work and the dimension of the sacred.

Multiculturalism and I emphasize the 'ism', is now something every art therapy program has to teach and it's based on separation – which I think is the wrong direction. Of course we

must study cultures, history, and the endless similarities and differences of people. My studies of culture in relation to art therapy suggest that there are many commonalities to human experiences and creative expression. As Rudolph Arnheim said to me, "We all have the same pulse". I view my criticism of multiculturalism as coming from the left where the universal qualities and dignity of human beings are emphasized. The tendency to reduce everything to race, class, gender, power, privilege, oppression is divisive. Of course there is infinite human variability, and there tends to be greater differences within the groups of race, class and gender than between them. My life work has consistently addressed the problems of labelling people, placing them into fixed categories. (McNiff, 2009)

This brought to attention the debate centred on themes of multiculturalism, universality and power, which is ultimately linked with one's own theoretical view or belief system.

- **Ideology - Trauma psychology**

The influence of psychotherapeutic trends was discussed. McNiff drew attention to the prevalence of **trauma psychology** and the development of a language of 'victim psychology' which he criticized as reducing almost all pathology to some form of trauma. This was seen as a tendency towards reductionism, and **prescription** which does not further the practice of trying to understand human variability. The role of the professional association in setting training requirements was also identified as contributing to the production of a culture of prescription, which can oppress the freedom of programs.

I have a problem with the victim psychology that has developed over the past two decades. I take trauma and the difficult and bad things that happen to people very seriously and hopefully compassionately but I do not agree with the new tendency to attribute just about every psychological difficulty to a past trauma. It is a new form of reductionism with echoes of the old psycho-sexual psychology. The same applies to the tendency to break everything down to race, class, culture, gender, power, privilege and oppression, and I think these movements are allied. There is a problem with how psychological fads and changing political positions work their way into the making of educational standards prescribed by national associations. My bias is towards freedom, giving programs the ability to innovate, establish their unique programs of study, and respond to the needs of their students and the people they serve. National associations should require only those fundamental things that every art therapist agrees further quality and our accountability to society. (McNiff, 2009)

8.2.6 Summary of USA profile

The emergence of art therapy education in the USA can be seen to have arisen from an apprenticeship tradition in the 1950s and 1960s and developed into formal professional qualifications at masters degree level in a range of university locations. Depending on the location of the programs within the university, the theoretical flavour of the education can range from a clinical/medical to an arts emphasis. There is diversity in the theoretical views ranging from programs that teach a particular theoretical view and others that take an eclectic view of theory and approaches.

Various issues were discussed as influencing the development of the field, such as economic pressures and licensure. The horizons of development were seen to be in research and across areas as wide-ranging as social action and neuroscience. Issues of debate included the effects of regulation and prescription related to being a profession. This is tied in with the linking of art therapy to other professions such as counselling or psychology and the dangers of moving towards a sub group position within another profession. The influence of the discourses of trauma psychology and multiculturalism on contemporary art therapy education in the USA was also called into question in thinking about this field.

8.3 Inter-views: UK

People, literature, contexts, socio-economic austerity, generic practice, de-professionalization, evidence-based practice and research, regulation, potential in the education and community sectors, art theory.

All the contributors to this profile were part of the development of art therapy education in UK and undertook the first options and/or discrete diplomas in art therapy available in the mid to late 1970s. All became involved in art therapy education from its beginnings, have led programs for many decades, are currently leaders in the field and hold a range of different positions and views. These expert views were provided by: **Dr Andy Gilroy**, **Dr Sally Skaife** and **Dr Chris Wood**.

Dr Andy Gilroy is an eminent art therapy educator and researcher in the UK with substantial experience of teaching and leading the program at Goldsmiths College. Gilroy also led the program at UWS Australia (1994) and has a keen knowledge of and interest in Australia. Gilroy is also named as an influence on Jill Westwood and has taught several other Australian educators (Claire Edwards, David Harvey, Dr Sheridan Linnell). **Dr Sally Skaife** is similarly distinguished as an art therapy educator and researcher in the UK. Skaife has also taught for several decades on the program at Goldsmiths College and is its current convenor. **Dr Chris Wood** like the other contributors is an equally notable art therapy educator and researcher in the UK. Wood established and subsequently led the program at Sheffield since 1981. Wood provides a perspective from another program and point of view. These contributors are well qualified to provide a current and historical view of art therapy education in the UK and to offer relevant views pertinent to the research.

The following overview is condensed from the interviews and summarizes the contribution relevant to the research questions. It reveals themes linked to changing social and cultural conditions and to the dynamic relationship between art therapy practice, the art therapy profession and the educational context.

The first art therapy education programs began in the 1970s at Birmingham University, St Albans³¹ and at Goldsmiths College. The Birmingham and Goldsmiths programs evolved as part of art education, and, therefore had a strong art education emphasis. This also meant that at the time they were aligned with the National Union of Teachers (NUT) as a way to forge a professional presence in the field. St Albans evolved more from a medical arena within Occupational Therapy and was initially titled 'Remedial Art'. This meant its alignment was more towards work in the NHS, psychiatry and

³¹ Now known as the University of Hertfordshire.

the medical model. This followed in the tradition initiated by Edward Adamson, which positioned the practice in what has been described as a 'handmaiden' role to psychiatrists. Thus, to gain recognition in the field St Albans was more aligned with the union involved with medical professions, the Association of Scientific, Technical and Managerial Staff (ASTMS). In 1977, the British Association of Art Therapists (BAAT) produced the core course requirements which set out the content of the training programs. This began to define the theoretical landscape towards a psychotherapeutic view.

In 1979 there was a defining moment: Whether the profession would stay with an alignment with art education and NUT, or go with the clinical view and join ASTMS. The decision was taken to go with the clinical.

Within BAAT there was a very strong emphasis on belonging to a union and there was a big issue about what union it should be. At the time some art therapists were under NUT (National Union of Teachers) the other was the NHS union (ASTMS)...it meant there weren't significant numbers in either union in order to push things through - so there was a vote about which union people should join - about where did we want to see art therapy going? I remember being part of the decision to go with the clinical. I was employed as an art education tutor working in adult psychiatry and there was always confusion that I wasn't really a therapist...I wanted to change that. We were on this interesting cusp between education and therapy – which is a very creative place to be...It was a bit of a shame to have to opt wholeheartedly for one rather than the other. (Skaife, 2008)

In the early days, art therapy education largely evolved through a process of "doing" it. At Goldsmiths, right from the start, experiential learning was at the heart of the program, and the development of the education was influenced by running experiential groups. At Goldsmiths, the program was very much influenced by art education, open studio and theme-centred approaches.

The experiential learning was actually the heart of things but it was a very different kind of experiential learning to the way it developed and what it became (at Goldsmiths). It was moving between a kind of art education, art therapy, open studio, theme-centred approach. It wasn't analytic – really not at all. (Gilroy, 2008)

Within Goldsmiths the analytic approach, as it is known today, was not practised at the time. There was also very little literature as we know it today. There were a few key texts from the USA (Kramer, 1971; Naumburg, 1973; Ulman & Dachinger, 1975) and from the UK (Lyddiatt, 1971). As the literature developed in the UK, a psychoanalytic view prevailed (Case & Dalley, 1992; Schaverien, 1992) and this influenced the education more towards this theoretical perspective. At Goldsmiths, because so many staff had experienced group analytic training during the 1980s, it became a dominant driving force in the development of the program. The idea of systemic thinking and interlocking groups arose out of this experience, and is now one of the distinguishing features of the Goldsmiths program which is not shared to the same extent across other programs in the UK.

Di (Waller) having completed her group psychotherapy training was of course really influencing things. Joan (Woddis) was doing group psychotherapy training...then Gerry McNeilly joined us...so that's when it became quite heavily group analytic...that was the dominant drive and we started thinking more and more about systems and the whole thing about interlocking groups which was the flavour of the program. (Gilroy, 2008)

The program at Sheffield, which began in 1981, evolved from art therapy practice in the NHS and came together through the work of Dr Chris Wood, Nick Howard in Continuing Education and Professor Alec Jenner in the academic Department of Psychiatry. It appears each of the programs that have evolved since have come through equally particular connections and facilitating conditions, imprinting each with its own personality.

Two psychiatrists - Alec Jenner and Jim Gomersall - interested in Ronnie Laing's ideas-wanted to set up a democratic way of working with staff and clients in psychiatric hospitals. Professor Jenner was very enthusiastic about art therapy. He encouraged me to get the program up and running. (Wood, 2009)

The next major shift in education was in 1992, when there was the revision from a one year postgraduate diploma to two year diploma which was eventually recognized as an MA, and a mandatory requirement for personal therapy. This is reported to have made a positive and significant difference in the training process, in containing and working with the emotional process for students, deepening the learning in alignment with psychotherapy, and increasing the status of the training with employers.

We did argue for a long time it should have been an MA...when the training changed to becoming a two year postgraduate diploma...Gradually I think it became more structured...more academic and I think at that point more psychotherapeutically oriented. (Wood, 2009)

(Mandatory personal therapy)...made an enormous difference, the experiential groups started to really work, whereas before that they had been very tight – difficult actually because of the raw material coming up and people not feeling safe enough to work with it – so it just made a big difference to the training. (Skaife, 2008)

During the 1990s and beyond other programs have gradually emerged and offer a range of views (Table, 10). There are currently eight programs recognized by HPC and two others offered by private institutes and recognized by membership of the City and Guilds. The range includes psychodynamic, object relations, humanistic, systems theory, Jungian, transpersonal, integrative, multi-modal arts, arts therapies and anthroposophical. In 2000, when the profession became State-registered and under the regulation of HPC, this further defined the training requirements and the regulatory processes around the education of art therapists.

Table 10: Institutions offering Masters level education in art therapy in the UK:

Institution – HPC recognized	Degree	Validating Institute	Theory/View From promotional material and interviews
University of Hertfordshire Precursor began 1970	MA Art Therapy	University of Hertfordshire	Psychodynamic Humanistic
Goldsmiths College, University of London Precursor began 1974	MA Art Psychotherapy	Goldsmiths College, University of London	Systems theory Psychodynamic- Object Relations
The Art Therapy Northern Programme with Sheffield Health and Social Care Trust (in Sheffield) - 2002 Precursor began 1981 at the University of Sheffield	MA Art Psychotherapy Practice	Leeds Metropolitan University	Socio-political perspective (Public sector - social and health context)
Queen Margaret University	MSc Art Therapy	Queen Margaret University	Psychoanalytic Psychodynamic (Science context)
Centre for Psychotherapy (Belfast Health & Social Care Trust)	MSc Art Psychotherapy	University of East London	Psychoanalytic Psychotherapy - linked to psychotherapy training context
University of Derby	MA Art Therapy	University of Derby	Alongside other Arts Therapies
Roehampton University	MA Art Therapy	Roehampton University	Psychodynamic, Jungian Alongside other Arts Therapies
The Institute of Arts in Therapy & Education	MA Integrated Arts Psychotherapy	London Metropolitan University	Integrative – multi- modal arts
Other programs – equivalent to MA			
Tobias School of Art and Therapy (East Grinstead)	City & Guilds Membership Award, Level 7, Transpersonal Arts in Therapy	Recognized by City & Guilds Membership & British Accreditation Council	Transpersonal Anthroposophy
Hibernia College (Stroud)	City & Guilds Membership, Award, Level 7, Art Therapy	Recognized by City & Guilds Membership Medical Section of the Anthroposophical Society Goetheanum, Dornach, Switzerland & member of the European Academy for Anthroposophical Art Therapy Trainings	Anthroposophy Psychodynamic Integrative

The following themes arose from the interviews that related to the influences on the development of theories in art education in the UK:

8.3.1 People

- **Key people**

The names of Diane Waller and Michael Edwards were discussed as being important in shaping the education for the particular people interviewed. This was not only because they were the initiators and enduring practitioners of two of the first programs, but also because of the educational legacy they have passed on to people who completed those programs and have gone on to become educators themselves.

Personalities immediately come to mind, I immediately think of personalities and less about the roots of theory and how theory has moved around. Di's (Waller) input was the original ethos of the training. (Skaife, 2008)

- **The background training and interests of educators**

Several staff at Goldsmiths shared group-analytic training. This shared view has shaped the theoretical perspective of the program with its distinct emphasis on interlocking groups and systemic thinking. Similarly influences were indicated as likely in other programs resulting in particular leanings towards various theoretical positions.

Five of us had analytic group training - so that was quite a bias that influenced the model – very much about interlocking groups and systems thinking. (Skaife, 2008)

I see very much that we teach students a process and that they learn how to apply that process – the process is only known by the way it happens in a particular context. I fought hard against a training directed for specific client groups – rather to look closely at every specific situation for how that process is. (Skaife, 2008)

- **Staff changes and interests**

As educators have come and gone from programs this has led to shifts and changes in their theoretical emphasis, structure and organization. For example; in 2000 at Goldsmiths Kevin Jones was recruited who had training in both art psychotherapy and verbal psychotherapy. Jones began to teach the psychotherapy theory. This shifted the psychotherapy theory expertise from being external to within the core team, and understood directly from an art therapist perspective. This was seen as significant in terms of the relationship to theory within the program.

When Kevin (Jones) joined us the teaching of the psychotherapy was no longer taught by a psychotherapist, it was taught by an art therapist...there was something about the theory and the authority which always went to those theoretical lectures...it was like that knowledge and power was held by psychotherapy not art therapy so the whole shift of having an art therapist teaching it – that was really important. (Gilroy, 2008)

Also at Goldsmiths a research project on the experiential groups produced findings about the role of art in the teaching and learning which led to changes to the way art was considered and positioned in the program.

Andy (Gilroy), Jane (Dudley) and I did this piece of research on our experiential groups - we wanted to think about what we were teaching - one of our big findings was that we felt we were suppressing the artwork of the students. So we worked on counteracting that by deliberately foregrounding artwork wherever we could in the program and we set up our own art practice days. (Skaife, 2008)

- **Visiting educators**

The emergence of the art therapy large group at Goldsmiths evolved out of the consequence of several things, but one factor was a visit by Harriet Wadeson from the USA, who ran a workshop for all the students. Gathering the whole student group together, combined with institutional changes and staff training in group analysis, provided the conditions for the development of the art therapy

large group. This is now a distinguishing feature of the Goldsmiths program (Jones & Skaife, 2009; Skaife & Jones, 2009).

Doing large groups that was actually a consequence of Harriet Wadeson coming...she did an experiential thing with the whole course basically and they really liked it...and said can we do this more often. (Gilroy, 2008)

In the ten years the large group has become more and more prominent...and in thinking about the whole course. (Skaife, 2008)

8.3.2 Literature:

- **The development of literature**

During the 1980s more art therapy literature emerged from the UK context which promoted a psychoanalytic perspective. Following this the programs began to reflect this perspective more predominantly.

Psychotherapy and analytic theories in the art therapy literature became stronger and stronger as things started getting published in the late 80s and then early 90s. This meant that all the programs started to go that way and I think the differentiation between the programs became less and less although I think there are still differences. (Gilroy, 2008)

Now there is more literature covering a variety of perspectives, more programs are emerging that promote various theoretical positions. (See Table 10 above)

8.3.3 Contexts (Professional, Social, Economic):

- **Historical development of the professional field.**

The development of training from a one year Diploma to a two year MA and personal therapy becoming mandatory in 1992 had a big impact. State registration and the development of HPC have changed the status and organization of art therapy (2000). This has directly influenced art therapy programs to teach to the HPC requirements. State registration has created both positive and negative effects. There is increased status, but also greater regulation, and a further layer of bureaucratic process for educators. The evolving relationship between the various bodies (HPC, BAAT, educational institutions/educators) around power, control and consensus were discussed and tensions were highlighted.

The pressure to come up with categories of evidence...and make it all very cognitively explained. If you go down that road you destroy art therapy – it can't operate like that. The tide will turn and we won't be ready...So I think that is one of the tensions. (Skaife, 2008)

I think there is a bit of tension between what is being taught and what HPC requires us to teach – it's a bit of a paper game. (Gilroy, 2008)

It is probably in our best interests to have as many people as possible using these ways of working in order to get these ideas out there and available for more people, but I think there is also a need to protect the profession and its development and so the need to promote a way of working alongside protecting the profession can create tensions. (Wood, 2009)

- **Socio-economic issues**

Funding issues within universities have changed the way art therapy is taught due to the available resources. For example, before the year 2000, at Goldsmiths students would be supervised individually for one hour per fortnight at college in addition to the small groups. Economic issues meant this could not be sustained and this led to significant changes in the program, and the way supervision was organized. There has been a shift from individual to group supervision to cut costs. Similarly, funding issues in the wider field shape where employment opportunities lie, and what kinds of interventions are supported, and which theoretical views may be favoured. The socio-economic climate of **austerity** was thought to be responsible for a drive towards **generic practice** and **de-professionalization** of specialists, all of which reduce costs.

The loss of the individual tutorials – for years every student had an hour once a fortnight with a tutor and that was where the clinical supervision was held. Then the economic forces being as they are we had to lose it and then it moved to small groups. Gradually it's been cut more and more. (Gilroy, 2008)

With all these major cuts we had to re-think what we were doing and ask, what are the important things about this course? That's when we said "supervision and the large group" – these were the important things. So we got a facilitator to supervise the large group – this changed the whole way of thinking. Although it's all been quite gradual I'm now beginning to see how it's been shaped and the way the change of staff has affected that. (Skaife, 2008)

- **Health sector context**

In the UK the National Health Service (NHS) is the largest employer in the country and a major employer of art therapists. A recent 'Agenda for Change' process which involved the regrading of all the positions within the NHS saw art therapists highly graded. While this has some positive implications it has also resulted in significant job losses, as employing an art therapist is now more expensive. **Evidence-based practice** is now a fundamental part of the health context and art therapy interventions need to meet these requirements in order to survive and be recognized by National Institute for Clinical Excellence (NICE).

*The health service is being squeezed mightily and art therapists are really feeling that...so if you haven't got an **evidence-base** and you can't make a reasonable submission to NICE - then forget it. (Gilroy, 2008)*

Budgets are being squeezed and resources are less so that means the jobs are being lost when people leave a position, posts are being frozen and they are not being replaced. One hears of people being made redundant. However those (who do have jobs) many of them are actually much better off than they ever have been. (Gilroy, 2008)

Related to this a research project of significance is the MATISSE project led by Diane Waller, currently at Imperial College (Imperial College website, 2010). This is a government-funded randomized control trial (RCT) on the effects of art therapy groups for people with schizophrenia. Preliminary findings indicate effective results. This could impact positively on the development of art therapy as an intervention that will be supported systemically through NICE.

The most recent thing has been art therapy research in schizophrenia which has shown that art therapy works and that's going to have a really radical change to jobs – art therapy jobs in the NHS. (Skaife, 2008)

The big thing is this MATISSE project which Di (Waller) is involved with at Imperial. It's looking good and NICE have taken notice of that. (Gilroy, 2008)

8.3.4 Horizons and debates:

Generally, employment opportunities within the health sector were seen as contracting and only likely to advance through **evidence-based research** on art therapy interventions for treatment of specific conditions, such as the MATISSE project or other specially focused, short-term models.

In the main, opportunities for the profession were seen as located more towards the education and community sectors. It was perceived there were more openings for employment in these areas, as schools and community agencies have greater freedom to employ who they want.

People (art therapists) adapt what they are doing to the context in which they find themselves, whilst trying to keep in mind the basic principles of the practice (the relationship, the art-making and the context of client lives and practice). Adaptation is necessarily something that art therapists increasingly have to do in response to the needs of clients and services. I think as a result they sometimes imagine they are not doing proper therapy when actually what they are doing can be a skilled and fruitful process. (Wood, 2009)

There is this tension between the generic drive that the government wants - to de-professionalize things because it's cheaper – to do away with specialists, and get lower paid workers...Education is potentially a real opportunity, a lot of openings there. (Gilroy, 2008)

It was thought that the spaces between community arts, arts and health, and art therapy were fruitful places to focus with an entrepreneurial spirit. The idea of revisiting the areas of practice where art therapy first emerged, but to return with a theoretical eye, that was not developed at the time, may inform and open up possibilities. The notion of boundaries, transference and understanding of group processes and systems were not in place in those early days. Returning to those spaces and moving outside the tracks and becoming more flexible may be where the opportunities for development lie. It was also thought important to also bring the theories of art into the practice more fully, as art therapists seem to have become blinkered by psychotherapy theories. As revealed by the research of Karkou and Sanderson (2006), in the art therapy profession there is a concentration on psychotherapy theory and a neglect of **art theory**, compared to other arts therapies professions. Reflection on this and integrating the art side may yield valuable results and opportunities.

*I think Karkou and Sanderson are very interesting on this because what they say so clearly is that art therapy has really drawn on psychotherapy and psychoanalytic theory to the detriment of **art theory**...such as art history theory, visual culture etc...So my view is that art therapy has become quite limited and...it's kind of tunnel visioned...because it's all about psychotherapy and the relationship and transference and projections, and yes it is about that but it's about something else as well. In the spaces between community arts, arts and health and art therapy...art therapists are going to have to return to be the entrepreneurs that we once were and maybe going back to those practices but with a different eye...with a theoretical frame we never had in the beginning to inform what we are doing....I think we have to be rather more elastic. (Gilroy, 2008)*

8.3.5 Summary of UK profile

The emergence of art therapy education in the UK can be seen to have arisen from a small group of motivated people who carved out and established opportunities to develop formal professional qualifications first at postgraduate diploma level (one year) and then at masters degree level (two years) in a small number of university locations. Initially the education grew out of an experiential process which gradually developed an emphasis on psychoanalytic theory as the broad basis of the training programs. This has since extended as more programs have emerged. There are now eight programs in the UK which represent a diversity of theoretical views: psychodynamic, object relations, humanistic, systems theory, Jungian, transpersonal, integrative, multi-modal arts, arts therapies and anthroposophical.

Various issues were discussed as influencing the development of the field, such as economic pressures driving art therapists away from specialization towards a more generic practice, and the need to evolve an evidence-based practice to survive within the NHS. The horizons of development were seen to be in research and across areas such as education and social community contexts. Issues of debate included the changing power relationship between the professional association BAAT and the HPC, and the effects of regulation. Also there was an impetus to look more towards art theory to open up thinking and development in the scope of what art therapy can be.

8.4 Overview of chapter: Inter-views: USA and UK

This chapter has provided two profiles from the countries shown to be an influence within art therapy education in Australia. These summaries have been gathered from expert and influential art therapy educators from the USA and UK. These profiles provide a wider context from which to respond to the research questions. The following chapter discusses these findings in combination with the Australian program and educator profiles in chapter 7 and the autoethnographic perspective in chapter 6. The final chapter provides formal statements in response to the original questions of the research and discusses the ways the field has evolved and expanded.

Chapter 10: Conclusion

This study has investigated art therapy education in Australia with particular focus on the theoretical influences. Reflecting back on the research questions, this final chapter provides the conclusions of the exploration.

10.1 Review of the original questions

- **What is the art therapy education field in Australia?**

The field of art therapy education formally began in 1992 at ECU in Western Australia, and since then a total of seven programs have emerged. Five of these have been within the public university sector (ECU, UWS, RMIT, La Trobe, UQ) and two within the private sector (MIECAT, Ikon). Two have closed and both of these have been in the public university sector (RMIT, 2007 and ECU, 2007). Currently there are three programs within the public university sector (UWS, La Trobe, UQ). The two programs within the private sector have both endured and grown.

Within this range of programs, there has been a variety of views, from a single art focus (art therapy) to a multi-modal view (creative arts therapy). In overview there have been 4 Master of Art Therapy (ECU, UWS, La Trobe, UQ - University), 1 Master of Creative Arts Therapy (RMIT - University), 1 Master of Experiential Creative Arts Therapy (MIECAT - Private), and 1 Diploma of Transpersonal Art Therapy (Ikon- Private).

Although two programs have closed, the field is generally expanding and adapting in relation to the dynamic forces in this evolving context. However in some parts of the country there is no longer a university program available (Western Australia), and the possibility of studying a multi-modal approach has been reduced. Nevertheless, this array of programs shows a vibrant and varied field. Key words were distilled from the interviews and present an essence of what emerged from the seven profiles. These are: ECU-conflict; Ikon-transpersonal; UWS-survival through art; RMIT-pedagogy; MIECAT-epistemology; La Trobe-theory driven by context; and UQ-mental health.

- **What theories and practices are taught in the field of art therapy education in Australia?**

Theories and practices are closely linked and a range of theories and practices are taught in the programs. The university programs generally teach a range of the major theories of psychotherapy (psychoanalytic/psychodynamic; humanistic; developmental-learning, cognitive, behavioural; eclectic/integrative/other) underpinned with a psychodynamic or humanistic perspective. However, a movement towards a more integrative and eclectic approach is seen to be developing.

The private sector programs are much more distinctly grounded in teaching a particular theoretical perspective or philosophical view; however students are also exposed to a range of theories in these programs. The particular views taught are transpersonal (Ikon) and post-modern inquiry (MIECAT). These perspectives are generally more innovative and less mainstream than the university programs, and in the case of MIECAT a unique approach is offered. This range creates a diversity of options within art therapy education.

- **What are the theoretical influences and where are they coming from?**

The influences come from many sources: the people who teach the programs; the contexts where graduates find work (professional fields of health, arts and community welfare); and the prevailing views within these contexts, which are also driven by greater economic and socio-political forces.

Historically the educators have predominantly come from other places where art therapy is more established, such as the UK and USA. These background experiences have shaped the way they view art therapy and art therapy education. Historically this has led to a migration of ideas and views from their background experiences together with an adaptation to the Australian context. As there are now an increasing number of home-grown generations of art therapists to teach into the programs, this is gradually changing this earlier trend and has created a blend of views which has been discussed using the metaphor of **'hybridization'**.

As graduates carve out work opportunities in the field in roles that have not previously existed in Australia, the prevailing theories in those fields feed back into the education process. For example, in the health sector, evidence-based practice and research are a necessary part of this context. Within work with children and families, systems theories, family therapy theories, attachment theories, developmental theories and research in neuroscience are important. Within mental health, cognitive behavioural theories, dialectical behaviour theories and group systems theories are relevant. The wider economic and socio-political forces are also influencing theories towards more short-term interventions or towards wider participation in the form of community interventions. Reflections gathered between the contexts of USA and UK show some world trends towards inclusion of neuroscience, evidence-based practice and research, and social and community developments.

Another factor which influences the theoretical view is the location of the program. Within public university contexts, a range of the major theories are found with a leaning towards a psychodynamic or humanistic view. The particular university school or department will also impact the flavour of the theories taught. In the private institutions, specific theoretical views were found.

- **What broader influences are relevant to consider?**

The Australian context is unique, and the geography, colonial history of the place and the Indigenous communities are significant in shaping this uniqueness. This brings to attention the need to raise awareness and develop responses to engage with the physicality of the place, the consequences of colonization and the experience of migration. Taking a post-colonial perspective in order to question and understand this experience is indicated to better meet the needs of people in marginal groups and to work more effectively with all kinds of intercultural relationships. Economic issues pervade the broader context and drive a neo-liberal business/market agenda across the education and health sectors. Examining the effects of this on art therapy education could warrant further consideration. Discourses of arts and wellness are also increasing and this is an influence on how art therapy education and practice may evolve more towards a social rather than a medical/health view.

- **What kind of art therapy education is emerging in Australia?**

As discussed, art therapy education in Australia has been shaped by various forces: people, professional issues, the physical context and the broader socio-political and economic forces.

Within the university sector, a move towards a more generic rather than specialized view of theory and practice has been found. The history of the field has brought together theories, views and practices from other places which have mixed together in the Australian context. This has created a variety and openness in the field which has produced a freedom to explore, and in some cases invent approaches, particularly in the use and position of art. This emphasis on a creative, experiential view brings an innovative edge to explorations and developments of theory and practice. This has generally produced a leaning more towards the development of community applications, rather than within a health or clinical environment.

Opportunities for art therapy research are increasing through the various programs offering Masters (Honours) and PhD qualifications and from various projects. As the programs have become established, those taking higher research qualifications have developed, thus growing the presence and profile of the field and the development of research initiatives.

- **What might be effective, suitable or desired in art therapy education in the diverse culture of contemporary Australia?**

The metaphor that has developed from this investigation is of a world of varied hybrid creatures with their own particular characteristics that have evolved and adapted in response to this particular place. Reflecting on this metaphor, the process of adaptation becomes relevant. The various histories of the programs and educators have shown how each one has responded to the circumstances and context. In many cases, this has been based on experiences and views from other places that have been adapted in response to the context.

A major theme of this process is **working with difference**. This is in a variety of ways including race, culture and professional views. Therefore focusing on this broad issue of “difference” is something of particular relevance for contemporary Australia. In relationship to this theme, the development of understanding and engaging with Indigenous perspectives was also revealed as a significant and relevant issue for art therapy education. The development of more socially inclusive practices generally would be a benefit.

- **What might the art therapy education field in Australia contribute to art therapy education elsewhere?**

This investigation has shown how the field of art therapy education in Australia has evolved through its own experiential process and through building on and adapting different views and experiences from other places. It has a variety of flexible and innovative views that may be of interest to others in art therapy education elsewhere. Some of the perspectives and practices that are emerging in art therapy education in Australia might contribute to the development of more reflexivity in other places, where art therapy education is emerging or established. The findings related to the increase of discourses on arts and wellness; working with difference and the emphasis on experiential art processes may all resonate usefully elsewhere.

10.2 Limitations of the study

There are several limitations to note connected to researcher bias, range of participants, range of literature, volume of data and methodology.

Firstly, the study is limited by my own perspective as the researcher. I am immersed in the field of the research and as such have a partial and biased view. However, by revealing my background, views and experience, I have intended to make this bias transparent and hopefully have used my embodied perspective productively in the inquiry process.

The range of participants is another limitation. Unfortunately not all the significant educators were able to be interviewed; therefore some voices are absent from the profiles. This limits the views that are represented and therefore any interpretation made. This was noted and made explicit within the profiles. Additionally the limited number of interviews in the UK and USA may have given particular views more emphasis than might otherwise have been found. However, for the purposes of the comparison and the intention of tracing influential educators, I do not consider this a major problem.

The limited literature on art therapy education generally and particularly in Australia may mean that the variety of views and knowledge held more generally in the art therapy education field is not represented. Therefore the themes identified from small amounts of literature may have limited value and any conclusions drawn should hold this in mind.

Another limit is the volume of information gathered. The questions that were developed at the start of the project were wide-ranging and as such produced a large amount of information to organize. This was a challenge that highlighted a limit in the methodology and is perhaps reflective of an early researcher's inexperience. However, on balance I believe the study provides a defensible foundation on which future investigations can be made.

10.3 Implications for further research

This research has gathered together information from multiple sources and produced knowledge on art therapy education in Australia that did not previously exist. This provides a foundation for Australian art therapy education to reflect upon itself and its relationship to the broader professional context. It also provides a perspective for art therapy education and educators in other parts of the world to reflect upon their situation and to compare or contrast their history and experience.

This study produced a broad overview, and, from it, several issues have surfaced that could be the focus for further research (theories/philosophies; therapy/education tension; difference; art; gender).

The focus on theory in art therapy education revealed a range of different views and relationships to holding a philosophical position. Exploration of these different views and philosophies may assist in progressing high-level critical thinking in the field.

This study confirmed the intrinsic tension between therapy and education and how this is a central issue in art therapy education. Further research into how this tension is worked with would be a useful area to pursue and could also benefit the education of therapists more broadly.

Exploration of teaching and learning approaches related to difference and Indigenous perspectives could bring valuable insights and could lead to the development of an art therapy pedagogy that contributed to challenging the ongoing effects of colonization.

Further research on the position of art within art therapy programs and the way art-based learning is used in the education process would illuminate more knowledge and understanding about this aspect of education. The use of art in an education process to develop knowledge and understanding is a valuable and relatively unexplored area that would be of benefit to the field of art therapy education, and to pedagogy more broadly.

Finally, the study highlighted the issue of gender imbalance in the field. This is also a shared issue found across the world; therefore further exploration of this would promote understanding of this imbalance and how it might be redressed.

These are some of the areas where further research may be usefully directed.

10.4 Summary of the research

Chapter one introduced the study and set out an overview of the thesis. It described how the research project arose from my immersion in the field of art therapy education in Australia, and a desire to interrogate this experience. The aim was to survey the field and to theorize my own experience, with the intention it would be relevant to others. In this introduction, the research questions were discussed and definitions of art therapy, education, theory and genealogy were provided to guide the project.

Chapter two introduced a history of art therapy in Australia. This included a description of its context and charted key events in its evolution since 1950. Brief histories of art therapy in the USA and UK were included as significant influential places to Australia. The professional context of art therapy in Australia was described and an overview of art therapy theories and practices provided, before a specific focus was brought to an introduction to art therapy education. This chapter showed the relationship of the USA and UK to Australia and the factors found to influence theory in art therapy practice (context; client group; therapist theoretical orientation).

Chapter three focused specifically on art therapy education in Australia. A description of the art therapy programs, professional associations and the theoretical influences found in preliminary research were provided. A review of the literature on art therapy education in Australia was given which revealed links to the beginnings of art therapy across the world. This brought to attention the significance of intercultural issues and tensions between perspectives from the USA and UK. The themes of context, professional group processes and intercultural issues were found to be significant and the absence of any overview of art therapy education in Australia was shown.

Chapter four provided a review and analysis of the literature on art therapy education across the English-speaking world. The themes found included therapy/education tension, relationship to art and context (difference/culture/race). Consideration of similar research showed limited discussion on theoretical perspectives and a gap in the examination of the field in Australia. This supported the rationale to use interviews to investigate the influence of people and to use art to be reflexive in the process.

Chapter five presented the methodology of the project and described the process, procedures and design developed to investigate the research questions. As a qualitative inquiry, a combination of methods was employed in a 'bricolage' approach. This is based on a constructed view of the world and the use of several methods in response to the task. These methods included phenomenology, hermeneutics, heuristic method, autoethnography and visual methods. These methods and their philosophical underpinnings were discussed in relationship to a practical evaluation approach. Each stage of the research was described, beginning with design and preparation; ethics application and development of the interview questions; selection of participants; leading to semi-structured interviews; transcription and preliminary analysis (program and educator profiles); verification processes; concluding with a cumulative analysis.

Chapter six began to present the findings in the form of an "*intra-view*"- an autoethnographic, heuristic view based on my autobiographical experience. Visual images charted the exploration of the research topic at various stages, revealing the way the visual processes enabled the inquiry process. This chapter also made transparent my own bias from the UK and a leaning towards an experiential arts-based view. The recurring visual themes included maps, landscapes and hybrid creatures. The findings confirmed the dynamic interplay between art and psychotherapy. This *intra-view* also illuminated the experience of an art therapy educator from inside a program. It revealed a landscape of unique hybrid creatures in a complex relational matrix - shaped significantly by people and places.

Chapter seven presented the substantive findings of the research gathered from the "*inter-views*". These were in the form of seven institutional/program profiles and nine educator profiles generated from the interviews with the educators. The voices of the educators were presented and this material was verified as accurate by the contributors. Brief reflections by the researcher on the interviews accompanied this material. Additionally, a table summarized the responses to the questions from all the participants. Overall, this chapter showed the range of the programs; their particular stories, views, theories and qualities. These were distilled into the following themes: ECU-conflict; Ikon-transpersonal; UWS-survival through art; RMIT-pedagogy; MIECAT-epistemology; La Trobe-theory driven by context; and, UQ-mental health. This chapter also provided views on directions and horizons of development in the field.

Chapter eight presented findings in the form of two influential country profiles (USA and UK). These were distilled from interviews with expert and influential participants. The voices of the educators were presented and the material was verified as accurate by the contributors. These profiles provided a view to explore the influences that were indicated from the literature and personal experiences. These provided useful reflexive views on the current contexts in these places and offered points of comparison and difference.

Chapter nine provided a discussion of the findings in the previous three chapters and pulled together the themes of the research in a cumulative analysis through the use of two images, “A cosmology of art therapy education, Australia” (Figure 19) and “A genealogy of art therapy education, Australia” (Figure 25). This chapter provided an overview of the material in relationship to themes in the literature and developing edges and tensions.

Chapter ten presented the conclusions of the project. By reflecting back on the original research questions, formal statements were offered and a view was given on what the research has produced, and its limits and implications.

10.5 Epilogue

As I approach the end of this immense personal journey, I find there are some final thoughts to share amid the tumult of findings, theories, contexts and trends.

The research has described art therapy education in Australia, its unique history and mix of migration and adaptation. The research has been a mapping process that has exceeded its beginning point and opened up a reflexive view of art therapy education in Australia which may also be useful elsewhere. While the search for theoretical influence has been an organizing principle and a means of providing some structural limits to the enquiry, it has had its own dynamic life and captured a broader and more complex view. I hope I have honoured the contribution of the people (educators) who embody art therapy education and that I have done justice to Imagination and Art.

One significant trend that has come to light across all the countries of this research is a move towards what can be described as a generalization of practice that can be traced to the prevailing neo-liberal agendas impacting higher education and beyond. As I reflect on my journey, I recognize my interest in art therapy is due to its specialized nature immersed in the imaginative work of art and unconscious processes. It is a practice based in the emotional and relational that aims toward understanding, inclusion and wellbeing. The combination of these elements and my own experience leads me to believe art therapy has the potential to be a radical approach. To ensure this potential is not lost or diminished, vigilance is called for in protecting its numinous and mysterious nature.

As discussed in this research, art in its essence counters the tendency for reductive, limiting, prescriptive approaches at every turn and opens up thinking, expression and experience. Australia is a place where this idea is alive and where art therapy practices theories and education can evolve with this in mind (Linnell, 2008). Art therapists who concentrate on the art (Allen, Gilroy, Hyland-Moon, Kapitan, McNiff, Moon, Wadeson, and I include myself and my colleagues, Linnell, Perry, and Pretorius, amongst others) are leading a process that I believe will ensure art therapy’s future and capacity to make an enduring and relevant contribution. As economic, neo-liberal forces bear down upon us, it is the passion of the people and the value placed on the emotional, imaginative and relational that will help us preserve the special place of art in art therapy and to keep re-inventing this in practice.

Research has also been discussed as a vital part of the future success of art therapy. As Gerber’s doctoral research shows, this is needed to steer the profession and feed into the professional training process so that it remains responsive and alive to its context and does not diminish its

power (Gerber, 2006). This leads me to reflect on the importance of the philosophy underpinning art therapy education programs and their role in the development of in-depth critical thinking for working with highly vulnerable people in varied socio-political and cultural contexts. Difference is at the heart of the enterprise; whether the view of the program is of a particular theory or an eclectic approach; it is the understanding of the theoretical position of the work that will strengthen its place in the greater scheme of things.

I began as a curious art therapy educator who has been in a process of becoming a researcher. I have found I have gained a new perspective through listening to other fellow art therapy educators. This has dissolved barriers and generated understanding and empathy amongst those working in this imaginative, relational way. The relationship between thinking-doing (theory-practice) is a dynamic relationship and a complex one to unfold. The relational model that cascades between educator-student and therapist-client is a distinguishing and valuable feature of the work and one to be cherished.

I came across these words from James Hillman spoken in conversation with Shaun McNiff 25 years ago and even though they are not words of this century I think they still resonate today.

I have tremendous sympathy for the plight of art therapists...they could really be the carriers of imagination into the culture at the grassroots level. They have access that artists themselves don't and that psychologists have wasted. I really do want to encourage them with all my heart. (Hillman, 1986, p. 103)

Chapter 9

A cosmology and genealogy of art therapy education: Australia

9.1 Introduction to chapter 9

The previous three chapters (6, 7, and 8) set out different aspects of the findings of the research in the form of an autoethnographic review: seven Australian institution/program profiles, nine key educator profiles and two influential country profiles. These findings have been drawn from my own immersion in the field and from the interviews with educators in Australia, and more widely from expert participants from the two major countries of influence (USA and UK). In this chapter, the discoveries of this research will be described and discussed together with reflection on two images that have been made to process the entirety of the material. These images are in the form of a “cosmology of art therapy education in Australia” (Figure 19) and a “genealogy of art therapy education in Australia” (Figure 25). These images hold multiple layers of information and are used to support and develop the written discussion.

The first part of the discussion reflects on the images and tries to capture an overview of the whole project. This is followed by a summary and discussion about what has been found in the Australian profiles: the scope and character of art therapy education and the relationships found between the programs and educators. Themes from the literature review are woven through this discussion. These include: the significance of **context**; **professional group processes**; **intercultural issues** (difference and race); the tension between **therapy and education**; the position of and relationship to **art** in the education process; and **research**.

This leads to consideration of the **theoretical views** found within the art therapy programs in Australia and the **horizons** that have surfaced from all this material. This will also be considered in relationship to the findings from both the UK and USA.

9.2 A cosmology of art therapy education in Australia

Cosmology is the science or study of the universe in its totality which can be both physical and metaphysical. There is a long history of different types of cosmological maps that encompass all kinds of philosophical and religious views. I made an image of the cosmology of art therapy education in Australia to attempt to capture this particular research story (Figure 19). It takes the form of a map referencing both physical and imaginary or metaphysical aspects linked to ideas and structures that have been found in the world of art therapy education in Australia.



Figure 19 A cosmology of art therapy education in Australia: 2010 (120 x 85 cm)

I will begin by offering a description of the image. A map of Australia is at the heart of this scene amidst a collage of images positioned in relationship to this central focus. Several of these images are *imported* from earlier phases in the research process. The image can be read in many ways. There is a curving horizon positioned across the middle of the image and this goes through the centre of the map of Australia. Maps of the USA and UK are featured on each side and various elements of these places and their influences are symbolically represented. The swirling lines, perhaps reminiscent of songlines,³² suggest links between the areas that lead to a focal point in the middle of the image.

The focal point or vanishing point is aligned with the circle in the earlier image “Explorations into the centre?” (Figure 6). This suggests a path leading towards the centre which also opens out towards the viewer. This is symbolic of the research process and the focus around which everything is built. In and around the map of Australia, images of the people associated with the education programs in Australia are featured, and key factors about the context are named (colonization, post-colonial perspective, Indigenous Australia, the stolen generation, sorry, reconciliation, story of here). There is a tableau representative of this important story of Australia on the right side around the horizon

³² Songlines are part of an Australian Aboriginal Indigenous belief system. They are sacred paths across the land or sky followed by 'creator-beings' during the Creation or Dreaming. The paths of the songlines are recorded in traditional songs, stories, dance and painting.

line. It features the landing of Captain Cook and the first encounter with Indigenous Aboriginal people in 1770.

The images of the hybrid creatures are representative of the character of the programs that arose from the interviews with art therapy educators in Australia. They are held in a central position inside the swirling lines or songlines. The key words associated with these programs form an arc (like a bowl) beneath these figures in the earthy colored band beneath (Figure 20). The words are: conflict, transpersonal, pedagogy, epistemology, theory driven by context, survival through art and mental health. These words were distilled from the interviews and present an essence of what emerged from the seven profiles. Beneath this arc is a green band representative of the literature and the themes that were found which included: context; professional group processes; intercultural issues (difference and race); the tension between therapy and education; position of art; and research.



Figure 20 Detail of key words of programs

There is also an outer layer representative of the ancient history of the place, featuring fossils, ancient bones and Aboriginal rock art (Figure 21).



Figure 21 Detail of ancient history corners

In the foreground of the image and in relationship to the people and hybrid creatures is an abstracted diagram of the main elements of the subject under research (education, theories, context, professional association, art therapist, client, art/image – Figure 22). This diagram describes the relationship and tension between theory and practice. Practice is essentially a ‘doing’ process

that can be described as an embodied experience; and one which can be highly intuitive. It may only be in hindsight that a theoretical view can be clarified or developed. It may also be conceptualized as a continual dynamic process of dialogue between doing and thinking or reflection. I am also reminded of the iconic words of Alfred Korzybski who said: "The map is not the territory it represents" (Korzybski, 1933).

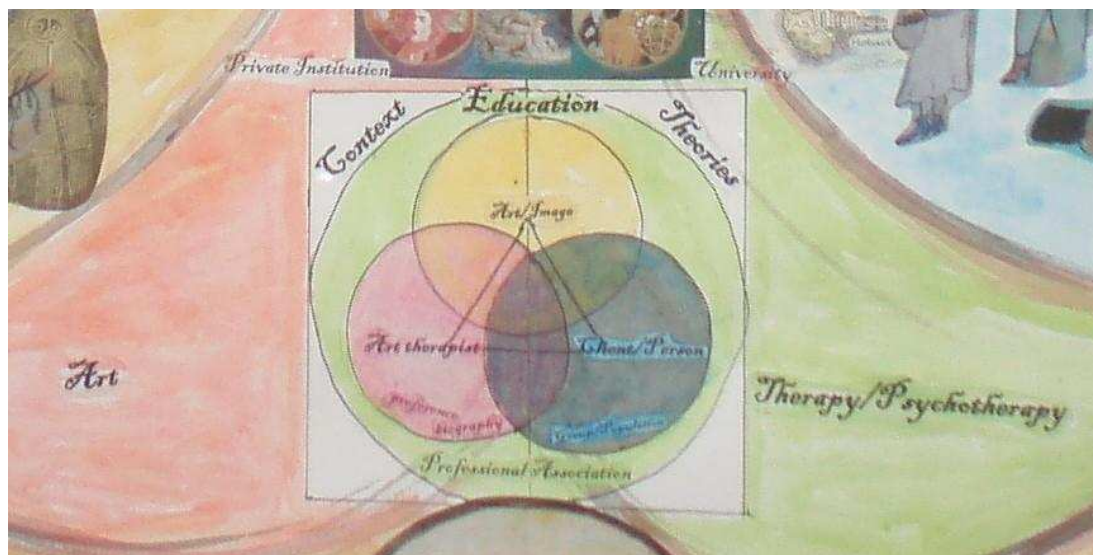


Figure 22 Diagram detail

I understand this as a useful metaphor of the relationship between theory and practice and the different experiences of thinking and doing. The diagram is an abstraction of the topic and a metaphor for my reflection upon it, as is the entire set of images. This diagram is formed of a square (context, theories) containing a circle (education, professional association) which contains three intersecting circles whose centre points form three points of a triangle. This represents the triangular relationship of art therapy practice (art therapist, client, art/image). This has a neat and organized quality. It is flanked on one side by 'Art' and on the other by 'Psychotherapy' which are not boxed in; rather they are held by the swirling songlines curling around Australia which converge up and behind the neat diagram, suggesting it leads to the vanishing point. The songlines define areas/aspects of the territory and suggest links and interconnecting multi-layered dynamics between place, history, culture, literature, professional and theoretical horizons, as seen from within the art therapy education field in Australia and from the perspectives of USA and UK. Throughout all the aspects of the project the "uneasy partnership" between art and psychotherapy was found to be an enduring and continual dynamic (Champernowne, 1971).



Figure 23 Detail of the centre

Returning to the surface of the diagram; in the foreground, on one side of the square are the words 'Private Institution' and on the other 'University'. The private and public sites were found to be a defining difference in the field. These two institutional locations are at the foot of the image "A decade (1995-2005) as an art therapy educator at UWS, Australia" (Figure 7). This dense image holds material of the experience inside an art therapy program from my own educator perspective. It is representative of the 'institution' in the cosmology and the struggles, challenges and ideals of the endeavor, whatever the location.



Figure 24 Details of UK and USA

The two countries of influence (UK and USA) are featured on either side of the image and the swirling songlines suggest their flow into the field in Australia (Figure 24). The nature of these places has shaped their particular perspectives. While these are complex and multi-faceted some characteristics were discernable. The UK emphasizes a psychodynamic/experiential view, while the USA has a greater diversity and includes a more distinct eclectic perspective. Iconic emblems of these places are featured to represent these views, particularly the animals (UK – lion and unicorn, USA - eagle and bear). Iconic figures are also included: for the UK it is “*Britannia*”; for the USA the “*Statue of Liberty*”. These are powerful feminine figures with archetypal resonances. Images of the people (educators) whose literature and work has influenced the development of the field in Australia are also featured. From the UK – Adrian Hill, Michael Edwards, Diane Waller and Andy Gilroy, and the USA – Margaret Naumburg, Edith Kramer, Shaun McNiff, Bruce Moon and Harriet Wadeson. These are all figures that were found as influential through the literature and the interviews.

Overall the image shows a complex world with its own unique creatures. Most of these creatures have hybrid qualities just like art therapy itself. It suggests they have evolved and adapted in response to this particular place and perhaps suggests this may also be the case elsewhere. To accompany this cosmology, a closer look at the people and the genealogical links seemed a natural progression.

representative of the educator influences from the USA. The right hand fork in the trunk is representative of influences from the USA and this major branch leads to the RMIT, La Trobe and Ikon programs. There is also a separate tall palm tree that grows close by in the background to the gum tree. This is representative of the MIECAT program which has its own unique view and purpose, closely related but distinct from what might be considered the 'species' of the other programs. Both the trees are filled with various birds, butterflies, bees, ladybirds and blossoms showing the rich variety and cross fertilization of ideas, views and practices. It also alludes to the migration of ideas and influences and how these travel from different places.

As two of the programs (ECU, RMIT) are now closed, they are positioned in the lower branches in the centre of the tree, while the five other programs (UQ, UWS, MIECAT, La Trobe, Ikon) all currently in existence are in the highest boughs. Ikon has some cascading roots from its high branches which is a feature of many native Australian trees. Ikon has not drawn on the legacy of earlier art therapists as much as the other programs.

The genealogical theme grew from the inter-connections found between people and places and views. It also linked with the comments from participants who spoke of influences of particular people and ideas which resonated strongly with my own experiences.

Everyone I've worked with in a meaningful way: clients, therapists and teachers have influenced me. (Edwards, 2009)

Many other people from different fields...I feel a bit of them has come with me over the years and I've integrated that into my practice and teaching. (Menahemi, 2008)

The art therapy training groups – that's where my deepest training and where my model of practice comes through...I realized there's a combination of very significant influences around people...it's a bit like parenting. (McKenna, 2008)

These images of a cosmology and genealogy are an attempt to hold all the pieces of the work together to support the following discussion.

9.4 Australian profiles

The institution/program profiles provided a view inside art therapy education in Australia. The following summary of each one draws out the pertinent features and discusses the issues and links that emerged alongside any connections to the themes found in the literature.

9.4.1 ECU (1992-2007)

Conflict *centred on theoretical/cultural view, method versus dynamic orientation, UK perspective versus USA perspective, Jungian influence, dramatherapy, later phase: movement towards art, UK, USA, Australia.*

The profile of the program at ECU revealed the theme of conflict between a clash of approaches and to some extent cultures and people. This echoed the complex issues of conflict found in the beginning of the profession's development and struggle for definition and recognition (Gilroy &

Hanna, 1998; Waller, 1991, 1998). Although there were shared aims and the importance of working with Indigenous communities, and understanding this aspect of the Australian context, was a common view between Harvey and Campanelli, underlying differences could not be resolved. However the program survived these struggles and tragic circumstances and entered a new phase in 2001, when Henzell came to lead the program, till its closure in 2007. Henzell, originally from Perth, had a strong connection and understanding of Australia and a notable historical link to Grey-Smith; who is arguably one of the earliest bonds to art therapy in Australia. It is also fascinating how both Henzell and Harvey had links with Michael Edwards in the UK. When Henzell returned to Australia to work at ECU he brought with him a connection to this historical background and one that is closely aligned with the perspective from the UK and fitted with Harvey's original approach. This seemed to bring stabilization and growth and the development of the first masters program in Dramatherapy in Australia. Despite this remarkable achievement harsh managerial and economic changes resulted in both the programs closing in 2007. This has demoralized all those involved and left a significant gap in opportunities to study in art therapy in Western Australia.

McKenna an Australian educator who studied in the first cohort at ECU and then taught on the program was another influential contributor throughout its life. McKenna has also had an active role in the development of the professional association (ANZATA). Reflecting on the themes of **professional group processes** and **intercultural issues** found in the literature, it seems McKenna may have played a valuable role (amongst others) in negotiating some of these difficult processes at the program and profession level. McKenna's background in both art therapy and dramatherapy, and his studies in Australia, the UK and USA, brought together a range of views and perspectives that have enabled different ideas, theories, practices and views to come together. McKenna's input seems to have supported working through these differences towards developing a more inclusive view within the association and driving towards integration.

Within the teaching and learning process the tension between **therapy and education** was identified as an important issue. This issue was revealed as a main feature of art therapy education from both the literature and the interviews in all three countries (McNiff, 1986; Dudley, Gilroy & Skaife, 2000; Menahemi, 2006; amongst others). This tension arises from the use of the self in the experience and the emotional processes involved as both a student and an educator. This is a particular challenge faced by art therapy education and other professional therapeutic education. The findings revealed this was a shared issue across all the countries and that a variety of resources are required to support the success of this kind of experiential teaching and learning process. These resources include staff, team work and managerial support and understanding. Adequate resources are needed to support the employment of experienced staff with expertise and capacity to hold and work with the therapy/education tension. Of equal importance is the presence of a shared perspective or view between staff and the capacity to work as a team. This does not mean there can be no differences, rather it means a capacity to develop a **shared view** or **guiding philosophy** will determine the extent to which a program can develop a meaningful and coherent experience for students. This is in order to work with the powerful emotional aspects that arise in the education. The other important factor is the extent to which the program has **managerial support** and **understanding** in the wider institution. That is an understanding of the complexity of this education process and capacity to support the educational model and its staff. Without these factors being sufficiently present programs face various difficulties in working with the therapy/education tension.

The **gender imbalance** was also raised as an area requiring further consideration and research. It is interesting to note that the program at ECU is one of the few in Australia that has been led and developed by men and further consideration about this issue and its impact may prove useful to art therapy more broadly.

In terms of the wider field, the need to develop the profile of art therapy as a profession was seen as a priority. This was a recurring theme in the Australian program interviews. The inclusion and position of the other arts therapies and the tension between a multi-modal or single art focus were identified as important issues of debate within the profession. Ways to include graduates of other programs that do not currently meet ANZATA standards was seen as an important question to progress to try to bring together the related groups. The experience of the educators from ECU has contributed energy towards reconciliation of these differences for a greater inclusion and integration of views.

While there is no longer a program at ECU, the legacy from its existence ripples on in many ways. The historical genealogical links to early founders of art therapy (Grey-Smith, Henzell, Harvey, Michael Edwards) and the movement between Australia and the UK provide a recurring thread through the migration and adaptation of ideas in those early stages. The subsequent clash of cultures and theoretical views centered on what may be perceived as differences between the UK and USA was lived through. While painful there may have been growth from the conflict. It is possible these early conflicts have forged a better understanding between different views and perhaps led to an integration of differences. It brings into focus the issue of difference and conflict more generally and how acknowledging, understanding and managing this is crucial to any constructive development.

9.4.2 Ikon (1995-present)

Transpersonal paradigm, neo-Jungian, art therapy, Australia, USA.

Ikon is a private provider offering diploma qualifications in transpersonal art therapy in five States in Australia. It began in Perth in 1995 and is currently the only provider of art therapy education in Western Australia. The success of Ikon is arguably to do with several factors: the vision of its founder Rafael Locke; its position as a private provider in the market place; the accessibility of its programs to a wider cohort; and the appeal of the transpersonal philosophy.

Locke is an accomplished leader with a wide range of experience across the fields of anthropology, medicine, and psychology in Australia and USA. He has a clear vision of the transpersonal perspective, the work of Ikon and its position in the private education sector. Compared to the university programs, Ikon is not as encumbered with institutional issues, dynamics and bureaucracy. Arguably this affords it greater freedom to offer and market its programs across the country to a wider cohort. Entry to the Ikon program is more accessible on a number of counts. Firstly, the entry requirements are not as extensive as the university and other masters programs. Secondly, the duration of study and costs are also less than the university and other masters programs. Of course the level and position of the qualification is different; however the graduates are equipped to work in various roles in the field and the qualification is recognized by various authorities and professional

groups/associations (Australian Counseling Association, Society of Natural Therapists and Researchers, International Institute for Complementary Therapists). Additionally it might be argued that the transpersonal philosophy has an appeal that other theoretical views may not possess. The transpersonal view is sympathetic to alternative views and aims to realize the potential of the person in their body, mind and spirit. The education process is conceived as a self-enhancement process and aims towards integrating all arts forms and cultural ceremony. This in itself may appeal to a different and perhaps wider group of students outside of the mainstream.

Another significant factor of Ikon and its transpersonal philosophy is that it embraces a cross cultural view, and this is particularly sympathetic to Indigenous perspectives. Much of the work of Ikon has grown from projects with Indigenous communities and this has a valuable part to play in the Australian field. This position is important in making useful and productive relationships with Indigenous communities by developing projects that benefit the communities or by Indigenous people accessing the education opportunities offered by Ikon, who have been systematically disadvantaged with regard to accessing university education.

Ikon has endured and grown but it has also suffered in how it has been perceived in relationship to the other masters programs and the professional association, ANZATA. Ikon graduates reported they received criticism that alluded to a lack of professionalism. This has created a difficult tension which became more apparent in the process of the research. The interviews illuminated the tensions produced by professional territory claims and how painful it can be to groups who are pushed out to the margins. By this coming to light, it is possible to build new understandings and more collegial relationships between all parties.

While Ikon holds a different position to the majority of the university programs, (private sector - diploma level) it has a significant place in art therapy education in Australia. It has established relationships with Indigenous communities and speaks a language perhaps more closely aligned to the Indigenous perspective. Building a relationship between Ikon, other programs and ANZATA may be to everyone's benefit. While the differences may not be easy to reconcile on a professional level, exploring the possibilities may be worth the effort. Working with intercultural issues and experiences of difference was shown as an important theme in the literature and one that it is important to progress at all levels.

9.4.3 UWS (1993-present)

Survival through art, art-based learning, metaphor of practice as performance/installation art, move from psychodynamic to integrative-narrative post-structural perspective, move from separate degree to shared degree with counselling and social science, expressive therapies, UK, Canada, Australia.

UWS is now the longest-running university program in Australia. Since its beginning in 1993 it has been through several changes and rather like the program at ECU it went through initiatory storms as a result of attempts to adapt practices and views from other places (USA and UK). It almost stalled within the first few years; however, experienced educators from the UK and Canada (Gilroy and Hanna) managed to steer the program forward and think about the implications of the migration of ideas and the dangers of academic imperialism and neo-colonial practices (Gilroy & Hanna, 1998;

Gilroy, 1998). The influence of Gilroy's critical thinking continued through the presence of Westwood for many years (1995-2007) and the psychodynamic and systems theory view absorbed from the UK. Also during this time fortunate opportunities resulted in influential experiences with Harriet Wadeson from the USA. This opened up the possibility of bringing theories and practices together from both UK and USA perspectives, and significantly, putting art in the centre of the education. This created an enduring flavour of the program that was also echoed in the development of the Graduate Diploma in Expressive Therapies (1999-2007). This saw a range of arts therapies being considered alongside each other and to some extent integrated.

The **position of art** within the education process was a theme that arose from the literature (Gilroy, 1992; McNiff, 1986; Moon, 1992/2003; Waller, 1992a). In the profile of UWS, art was central in its survival. The importance given to art was found in many of the other Australian profiles where there was an emphasis on creative approaches and arts-based learning (RMIT, ECU, UWS, MIECAT). This was echoed in the interviews with key educators in USA and UK who also spoke of the rise of valuing art in the education process. The position of art in art therapy education is receiving greater consideration across the field and recognition of this edge of development in Australia may have much to contribute.

The program at UWS has survived the economic pressures by sharing units with the Graduate Diploma in Counselling and the Master of Social Science with half of the program taught by social science and counselling staff. This has both positive and negative effects. The alignment with the social sciences is perceived as enhancing the status and understanding of the qualification and profession in the field. It has also equipped graduates with a broader view and knowledge of research and social issues. It is thought this could enable a greater employability in a field where flexibility and generic skills are valued. On the downside, there are fewer educators with art therapy expertise employed on the program, and less specialist input from this perspective. This is a significant adaptation which may ensure survival of the education; however, it may also dilute the special nature of art therapy and shape a particular view of theory and practice. One of the effects of this change is a shift from a psychodynamic view towards a more integrative or eclectic perspective.

Survival has been a key theme from the UWS profile and it is an example of resilience in the university sector where other similar programs (ECU, RMIT) have fallen foul of institutional changes and the funding issues of the sector. At crucial times the presence of supportive managerial allies was pivotal in UWS's survival and growth. This issue of presence or loss of managerial allies was also found to be vital in several other profiles (ECU, RMIT, La Trobe, UQ).

In terms of the development of the profession, Linnell supported the move towards a more inclusive professional association and recognition of a wide range of practices across all the arts modalities. Linnell also voiced the idea that the most important response of educators is to prepare graduates to work across the diverse spectrum of contexts (clinical to community arts) to produce high-quality thinking so graduates can meet whatever challenges arise. Linnell's views on the position of art as a crucial part of questioning practice and countering reductive tendencies raised a significant issue in the field. This regard of the position of art holds something indicative of an Australian perspective.

In the clinical world I would often see a whole lot of narrowing down and a reinforcement of binaries; of people who help, and the people in need of help - normal – abnormal etc. I look at contemporary art and there was the space where what was abnormality in one state would be the ultimate creativity in the other. Contemporary art practice might keep re-invigorating art therapy and stopping it from solidifying into a conservative clinical practice. (Linnell, 2008)

Linnell also brings into focus the importance of the colonial history of Australia and how this can sensitize us to thinking about power relations and intercultural issues.

Another thing that's important is the colonial history of Australia...that dual potential of therapy to be a progressive practice or a colonising practice [highlighting the importance] to mediate the power relations in therapy. (Linnell, 2008)

9.4.4 RMIT (1996-2007)

Pedagogy, arts as therapy, multi-modal arts, humanistic paradigm, problem-based/collaborative learning, experiential/arts-based learning, Canada.

The program at RMIT was unique and innovative and the first one in Australia to take a multi-modal focus on all the arts forms in a Master of Creative Arts Therapy. Led by an educator who had not undertaken any specific training as an arts therapist, it is reminiscent of the apprenticeship model of learning through doing, found in the early days of art therapy development in both the USA and UK. There are several distinguishing features of this profile; however, what stood out is the attention and emphasis given to pedagogy, particularly the emphasis on arts-based learning processes and the various teaching and learning frameworks that were used in the education. This program was developed from a process of discovery and exploration strongly grounded on these creative and problem-based, collaborative learning frameworks. Another distinguishing feature is the emphasis on the arts process itself. This is somewhat in contrast to the other masters programs that give equal or more weight to psychotherapeutic studies. Grounding the education in the arts processes could be regarded as inspired and this emphasis on pedagogy and arts brings these areas to special attention. The PhD Katz is currently undertaking will illuminate much of the creative spirit that is embodied in taking such a view of education and practice.

The effects of the arts emphasis might also be seen in the activities of graduates, who have gone on to develop various research projects related to Indigenous communities and perspectives. Another particular development has been the graduates forming their own professional association (ACATA). This speaks to a gap in the professional field where there was no existing place or association for multi-modal ways of working. Also the fewer clinical placement hours meant there was a disparity with meeting membership requirements for ANZATA. The difficult process of finding a place in the field and carving out a position continues to be tough but there is a sense this may be shifting. While ACATA continues (although its membership source from RMIT has now gone) ANZATA offers another option as it moves towards opening its membership to other arts therapies. It may be that these associations may find a way to relate in the future.

The closure of RMIT is a loss to the field. It means the only program that currently holds a multi-modal view is MIECAT. The arts-based learning emphasis is also a loss; however there is a strong presence of this perspective within UWS and many of the other programs include the art in an equal balance to the psychotherapy.

9.4.5 MIECAT (1997-present)

Epistemology, experiential, multi-modal arts, post-modern inquiry, phenomenology, inter-subjective, co-construction, relational – not aiming for a specific professional outcome, Australia.

MIECAT is another unique and innovative private education provider of arts therapy education in Australia. What I found at MIECAT was surprising and intriguing. While the title of the institute includes the words “*experiential creative arts therapies*” and the practice involves the use of arts to understand and work with people, the aims of the institute and the qualifications were clearly distinguished as **not** training graduates to take up the professional identity of an arts therapist, and art therapy as such is not on the curriculum. It is also not predominantly taught by staff educated as arts therapists or who identify as such.

MIECAT provides high level education opportunities at masters and PhD level based upon a particular view and philosophy (post modern inquiry). This is a relational multi-modal arts practice structured by a series of procedures that together inform an inquiry process engaged with the other: to enquire into meanings. It is grounded in a set of values and graduates are educated to understand and develop this approach and to adapt its use in various contexts. This distinction is significant and clearly defines MIECAT as holding a particular view and philosophical position in contrast to the other programs.

The distinguishing aspect revealed through the profile is ‘epistemology’. Epistemology is the philosophical theory of knowledge. By emphasizing the philosophical theory underpinning its particular practice, it brings this area to attention for consideration more broadly. The PhD research coming from MIECAT illuminates this particular view and practice and promises to push forward this depth of thinking. By taking up their particular position MIECAT provides a counterpoint to the mainstream view of art therapy practice and the profession. In doing so this allows consideration of different views and understandings of the complexities of working with people and arts processes. It also brings attention to the significance of grappling with understanding the epistemology of the various practices and views of art therapy education.

In response to this particular position in (Figure 25), “A genealogy of art therapy education, Australia” I depicted MIECAT as a different kind of tree, a tall straight palm tree, in contrast to the white gum which holds the branches of the other programs in Australia. In this way MIECAT can be seen as **a very particular species of education unique to the Australian context** and perhaps elsewhere in the world. This unique position is also related to MIECAT being a private provider and having the relative freedom to set and develop its own agenda. The private sector has provided the conditions needed to offer the kind of education which was under attack in the public university sector. This has allowed MIECAT a freedom to progress in a way that was not possible within the public university system.

9.4.6 La Trobe (1998-present)

Theory driven by context, humanistic, psychodynamic, Jungian, arts-based learning, cohort model, Australia, USA, Israel, Germany.

La Trobe is within the mainstream public university sector and developed from the work of educators who went on to form MIECAT. Menahemi, originally from Melbourne, is the main educator who has shaped the current Master of Art Therapy. She returned to lead the program after many years experience in the early development of art therapy in the USA and Israel. Her return has some similarities to that of John Henzell, who came back to Australia after his long career in the UK. Menahemi, like Henzell, had background knowledge of Australia to build on when coming to the position in the late 1990s.

La Trobe's profile revealed a relatively steady passage of progress during its years of development, although the issues of university funding and management pressures have been felt similarly to the other programs within the university system. One of the stated aims of the program to produce "mental health professionals" suggested an emphasis on the need to equip graduates in a generic as well as a specialized capacity. This is similar to the way things have recently developed at other university-based programs such as UWS and UQ; which is towards a more generic view and one where graduates are equipped to adapt to work in a spectrum of contexts. The distinguishing view revealed in the profile was "theory driven by context". This emphasized a position of flexibility and adaptation, rather than holding to a particular theoretical view. The staff group hold a variety of background experiences and theoretical views and successfully find a way to work with these differences. The pressure in the university system was seen as an ongoing issue in terms of the demands on both staff and students. The need to strengthen the status and profile of the profession was seen as a priority. Also it was considered crucial to find a way to reconcile the differences between the various arts therapies groups and organize into a more coherent force.

Melbourne is the only place in Australia where four different programs have co-existed (La Trobe, MIECAT, Ikon, RMIT). The graduates of all these programs share the field together more so than in any other part of Australia. Therefore the need to work through these issues is likely to be felt more strongly in this location. The presence of ANZATA was discussed as diminishing in Melbourne over the previous years and perhaps this also speaks to the struggle to relate across the differences between the various programs and views.

9.4.7 UQ (2004-present)

Mental health, psychodynamic, broad view of psychotherapy theory, art therapy as a specialism within a Master of Mental Health, UK, Australia, USA.

The program at UQ is the most recently developed program and its emergence has opened up access to university art therapy education in Queensland. Even though there have been two program closures (ECU in WA and RMIT in VIC) this indicates the potential for growth of art therapy. This program's position as part of a larger Master of Mental Health links with the situation at UWS, where the viable place for this kind of education within the university sector is as part of a larger cohort. However, in both cases the numbers of students in art therapy are the largest of the streams

of students coming into these qualifications. The reason to combine areas of study seems driven more by economic rather than educational factors. Similar to the UWS profile, the effect of being part of a larger group has both positive and negative consequences. The alignment with mental health within a school of medicine could enhance the status and understanding of the qualification and profession in the field. It may also enhance the possibility of employability in the health context. On the negative side, there is less specialist input from an art therapy perspective. One effect of this change is the way it steers graduates towards a more generic and broad view. The UQ program began from the position of being a specialism within a larger masters program, which was different to UWS. This meant that UQ had reduced resources which impacted on staffing and time to develop the program and form a philosophical view. This is in contrast to the program at UWS which had many years of consolidation as a relatively well-resourced program with a specialized staff group before becoming linked to other postgraduate degrees within the School of Social Sciences.

This profile also brought to attention politics and the resources for health, particularly between the different States. Queensland is not as well resourced as NSW and VIC and some disparities between the rural and city regions also play into the professional field and what opportunities may be available to graduates. The importance of **research** was discussed as a response to develop better understanding and equity of services for people. Another feature of the UQ program is the leadership of Claire Edwards, who is a direct descendant of Michael Edwards, a founding art therapy educator from the UK. It is also remarkable how Michael Edwards has emerged as a significant influence and link to many of the educators found in Australia (ECU - Henzell, Harvey; UWS - Gilroy, Hanna; and through Gilroy to Westwood and Linnell).

Discussion of these profiles draws out the complex nature of the field and the various sectors, positions and influences that were found. This next section discusses the findings from the profiles of the two major countries of influence.

9.5 USA and UK profiles

9.5.1 USA

The profile of art therapy education in the USA brought to attention the great diversity of the field and particularly the effect of the location of the program within the university context. The location affects several aspects: the perspective of the program; the model/focus of teaching and learning; and, its alignment towards particular employment outcomes, which range from medical/health to community, arts education/special education contexts. Additionally, the difference between the private or public location of the program can affect who accesses the education. Private universities tend to be more expensive than the public State universities.

The system of licensing is also a distinguishing feature of the professional field, where each State has particular requirements that influence the shape of the programs in different places. Within the diversity of approaches a strong presence of an eclectic view of theory was found. Learning about many different theories is encouraged rather than mastery or depth understanding of one particular view. This is possibly due to the insurance led health system, where specific short-term interventions are favoured and practitioners need to be flexible and responsive to different needs and contexts.

Economic issues and how health care is funded and developed were seen as significant factors in shaping the professional field. These changes and developments were seen as feeding into the education process. Across all three countries of this research the economic pressures were found to have generally reduced the resources to the university programs.

The influences from the USA on Australia can be seen directly through the educators who have trained or come from the USA and also through those influenced by ideas coming from this perspective. The influences, however, are as diverse as the field of practice in the USA. Direct genealogical connections have been found at ECU (Campanelli, Kaplan), UWS (Wadeson), La Trobe (Menahemi), Ikon (Locke), and staff at UQ (O'Sullivan, Drabant) and RMIT (Katz).

9.5.2 UK

The field of art therapy education in the UK is far smaller than the USA and historically has a particular emphasis on psychoanalytic theory as the broad basis of the training programs. This has since extended as more programs have emerged. There are now eight programs in the UK which represent a diversity of theoretical views ranging from psychodynamic, object relations, humanistic, systems theory, Jungian, transpersonal, integrative, multi-modal arts, arts therapies and anthroposophical.

Various issues were discussed as influencing the development of the field, such as, the unifying effect of the National Health Service and the single State registration process. Also the effects of economic pressures were seen as driving practice away from specialization and more towards a generic practice. Also raised was the need to evolve an evidence-based practice and research to survive within the National Health Service (NHS) and the wider field. The influences from the UK were found mainly in the university programs at ECU (Harvey, Henzell), UWS (Gilroy, Westwood), and UQ (Edwards). This influence has a focus on an experiential, psychodynamic and systems view of practice. Several of these educators trained at Goldsmiths (Harvey, Gilroy, Westwood, Claire Edwards) which teaches this particular depth view rather than an overview of different theories.

9.6 Theoretical views

Turning attention to the theoretical views found in the Australian programs, a combination of influences were shown, some of which could be traced from the USA and UK. It was found that each program had its own theoretical character and perspective shaped by many factors which included not only the people and histories but also the layers of context, from the institutional location of the program to broader professional, socio-political and economic contexts. These influences have contributed to a diverse field with a wide range of theoretical views.

Within university programs, the teaching of a range of major theoretical views (psychoanalytic/psychodynamic; humanistic; developmental-learning, cognitive, behavioural; eclectic/integrative/other) was found alongside an underpinning framework leaning towards a psychodynamic or humanistic view. However, a shift towards a more integrative view of theory was also revealed (La Trobe, UWS, UQ). This can be traced in the case of UQ and UWS to being part of

more general masters programs (mental health, UQ, social sciences, UWS). Economic issues are a significant driver of this trend. However, this is also coupled with developments in the professional field, and therapies in general, towards an integrative approach to theory opened up by post-modern thinking, diversity and flexibility (Karkou & Sanderson, 2006). On the upside this movement towards integration of a variety of ideas can open up thinking and extend theory and practice. On the downside it could have a diluting or reductive effect on the specialized nature of art therapy.

The two private sector programs teach particular models much more distinctly than the university programs, whilst also covering a range of psychotherapy theories. These models could be described as less mainstream and more specialized (transpersonal, post-modern inquiry), although these two programs are markedly different from each other. They bring diversity to the field and, in the case of MIECAT, a unique and innovative approach that raised epistemology as an important issue in the education process.

In the university context, issues around funding, resources and managerial support were shown to affect the shape of the education and the welfare of the staff. Increasing stresses on staff and students were discussed and two programs in Australia had been closed due to funding and managerial issues. There were also two instances of programs becoming more generic (UWS, UQ) due mainly to economic issues. This has an impact on the orientation of the program and the amount of input from art therapy staff. To some extent this change was also shown to be happening in USA and UK, although the presence and strength of the field in these places is possibly more robust to withstand such forces.

Historically the emergence of art therapy education in USA and UK arose from an experiential source of 'doing' and evolved through an apprenticeship process. This resonates with my own experience at UWS, with MIECAT and with the program at RMIT, which was strongly based in an experiential, arts-based learning model. This experiential approach could be seen as inspiring the development of creative imaginative approaches which can be seen to impact positively today in the work of the staff at UWS (Linnell, Perry, Pretorius & Westwood, 2007); RMIT graduates (Lovell; O'Beirne; and its program leader, Katz) and the work of MIECAT. Additionally, RMIT graduates have shown resourceful resilience in forging their own professional association.

The educator's personal journeys, countries of origin, and training experiences all shape their preferences and what they bring theoretically to the programs. A genealogy of influences has been shown; however there is also a dynamic and evolving relationship to contexts and the forces that are exerted on the people and the programs. These biographical elements hold a multilayered view of how things have evolved and how adaptations have come about. Increasingly, there are more Australian trained art therapy educators in the programs than there were in the 1990s. This seems to be lessening the impact of differences originally felt between perspectives from either the USA or UK. While theoretical influences in the early days may have come predominantly from other countries (external), these can be now be seen to also come from internal sources such as the **professional context** and working with different client groups and with Indigenous people or communities.

The complexity of the field and the variety of views that have been brought together in Australia could be described as forms of hybridization. The metaphor of "**hybrid**" can mean that the new hybrid forms are stronger and more adapted to the context. The variety of hybrids may also bring

new ways of thinking that contribute back to the places where they originated from. Or from another view hybrid can mean that eventually a pure species may be lost. This metaphor has sensitive and challenging connotations when thought about in relationship to Indigenous Australia and the threat posed to its survival.

9.7 Higher education and neo-liberal agendas

Reflection on these findings has surfaced a prevalence of issues related to economic and administrative issues within higher education. This calls into consideration the significance and impact of these forces, particularly in Australia but also in the USA and UK. The closure of programs (ECU, RMIT), the reduction in resources (UK, USA, UWS), the joining with more generic masters programs (UWS, UQ) and in some cases moving into the private sector (MIECAT) reflects a trend that can be seen across the globe in many other economically developed countries linked to neo-liberal agendas (Giroux, 2009; Lynch, 2006; Maguire, Shore & Wright, 2001; amongst others).

Vidovich and Currie (2010), Australian academics, are contributing to a discourse on governance and trust in higher education in Australia. They discuss how the prevailing neo-liberal agendas across the economically developed world have produced a market-driven approach to economic and social policy impacting on higher education. Neo-liberalism can be described as an ideological paradigm that seeks to maximize the role of the private sector and shift risk from governments and corporations onto individuals. This policy approach has brought changes to the governance of universities producing greater regulation and a reduction in government funding, thus creating a *“hidden privatization from within”* (p. 4). In their examination Vidovich and Currie show how these agendas have gradually marginalized the voices of academics and students, and opened up a rift between corporate-managerial culture and academic culture, privileging corporate modes of governance over academic modes. They argue that this is eroding the foundation of trust at the heart of academic freedom.

Linked with this issue of trust, Davies and Bansel (2005) also Australian, have discussed the personal impact and *“individualization of the problem”* of such neo-liberal agendas on academics (p. 57). They offer strategies of resistance to this through acts of imagination and invention. These and other authors based in education, such as Davies and Gannon (2009), are committed to resisting these neo-liberal agendas and maintaining the ideals of education through creating authentic learning encounters. These perspectives may be valuable to art therapy education which could be particularly vulnerable to such forces.

Awareness of these political, social and economic neo-liberal agendas throws light on understanding the findings of this research and the impact on art therapy education. The broad context of higher education is a critical factor in determining how art therapy education is shaped and may evolve not only in Australia but also across other economically developed countries affected by a process of neo-liberal globalization. Becoming more aware of this macro view may help equip art therapy educators to engage and work with these forces.

9.8 Horizons

Part of the findings included gathering views on the horizons of the field and the issues that were seen to be most current. These can be organized into three areas: arts and wellness; professional issues; and research.

9.8.1 Arts and wellness

Many of the profiles reported a general shift in the location of practice away from health and a deficit-model and more towards the social, education and community sectors and a strength-based model. This seemed to be in parallel with the increasing presence and significance given to discourses of arts and wellness in the wider field. Associated with this shift were employment opportunities which were seen to be expanding in the social and community areas.

Several of the educators also spoke of the importance of Indigenous perspectives, of working actively with this issue as a vital part of what is needed in the Australian context and how well placed art therapy might be to take this up. Associated with this was the need to develop understanding of working with broader intercultural issues and difference both in the education and professional areas (Holloway, 2009).

There was also a perceived need to promote greater understanding of art therapy and contribute to a culture shift in Australia towards the importance of the image and imagination for people's wellbeing.

9.8.2 Development of the profession

The development of the profession was highlighted as an important issue. The aim of the art therapy programs is almost exclusively directed towards the preparation of professionals to join the work force as art therapists. Therefore the development of the status and recognition of the profession was generally seen as a priority. Important factors in achieving this recognition include the need for a critical mass of professionals that are organized sufficiently to hold a shared view on standards of practice (Gilroy & Hanna, 1998; Waller, 1991). While the majority of programs share a similar view towards this aim there are some differences between the programs which have meant there are issues of conflict and disparity to reconcile, if this aim is to be progressed.

Many educators supported a move towards greater inclusion of other arts therapies within ANZATA and recognition of commonalities between graduates of different programs, and others who use art. However there were ambivalent feelings about the capacity of the association to manage these tasks and whether they are achievable.

In the USA profile, current issues of debate included the effects of professional regulation and how this can confine the freedom of educators, and the issue of art therapy moving towards a subgroup position of another profession. This is similar to the trend that may be arising in Australia through the location of programs within other masters qualifications. There was also a questioning of various ideologies around discourses in trauma psychology and multiculturalism. These were thought to be

important areas to open up thinking to counter the tendency of the effects of regulation towards prescription and the imposition of limits (interview, McNiff, 2009).

Similarly, in the profile of the UK the issue of the effects of regulation was also raised, particularly the shift in power of regulation from the professional association (BAAT) to the Health Professions Council. This has changed the role of BAAT and set up different power dynamics. This was seen as a double-edged sword, where greater professional recognition through regulation also increases the limits on the freedom of the education process and professional practice.

9.8.3 Research

The importance of **research** was voiced as an essential area of development across all three countries. In Australia the development of research was considered as vital in increasing the status of art therapy education within the university context and of art therapy as a profession in the wider socio-economic context. This was seen as a way to consolidate and expand the field and opportunities for employment. In the USA, development in research was reported as ranging across a wide spectrum of practice from social action through to neuroscience. In the UK, the horizons were similarly wide-ranging from evidence-based research involving randomised control trials (MATISSE project) to focusing more on art theory to open up thinking and development of art therapy.

9.9 Summary of the discussion

This chapter brought together the findings of the research in the form of two images: “A cosmology of art therapy education, Australia” (Figure 19); and “A genealogy of art therapy education, Australia” (Figure 25). The image depicted interconnecting multi-layered dynamics between the people, place, histories, cultures, literature, professional and theoretical horizons as seen from within Australia and from the perspectives of USA and UK. Overall the image shows a complex world with its own unique hybrid creatures that have evolved and adapted in response to this particular place.

The genealogical theme grew from the inter-connections found between people and places and views (Figure, 25). The image featured the educators and their various connections to each other. It showed the cross-fertilization of ideas, views and practices and the migration of ideas and influences from different places.

A discussion of the programs’ profiles was woven with links to the themes found in the literature. These themes included: context; professional group processes; intercultural issues (difference and race); the tension between therapy and education; position of art; and research.

The theme of “*conflict*” between a clash of approaches and cultures was discovered in the profile of ECU. This echoed the complex issues of conflict found in the beginnings of the profession’s development and struggle for definition and recognition (Gilroy & Hanna, 1998; Waller, 1991). It brought into focus the issue of difference and conflict and the need to understand and manage

these issues. McKenna was discussed as playing a valuable role in negotiating some of these difficult processes at the program and profession level.

IKON with its transpersonal philosophy was discussed as embracing a cross-cultural view which is particularly sympathetic to Indigenous perspectives. Differences between Ikon, other programs and ANZATA were highlighted and ways to work towards reconciling these were considered. At UWS the position of art was given consideration. Linnell's views on this issue and the importance of thinking about power relationships and intercultural issues were discussed as indicative of an Australian perspective. The significance of supportive managerial allies was also shown to be pivotal for many of the programs.

The interconnections between the four programs (RMIT, MIECAT, La Trobe, Ikon) located in Melbourne were reflected upon. At RMIT the focus on pedagogy and multi-modal arts-based learning brought these areas to attention. The complexity between different professional associations (ACATA and ANZATA) was considered, with a view towards a more cohesive field. MIECAT was seen as a counterpoint to the mainstream perspective of art therapy through its private provider position and its particular theoretical view (post-modern inquiry). It also brought to attention to the significance of understanding the epistemology of the various practices and views of art therapy education. At La Trobe the view of *"theory driven by context"* was discussed as reflecting a position of flexibility and adaptation. The most recent program at UQ which is aligned with mental health as part of a larger more generalist program was discussed, and the movement towards a more generic and broad theoretical view considered.

The profiles of the two countries of influence identified the flavours of these places. The USA was seen as being a place reflective of diversity and eclectic views on theory and practice shaped by the insurance system of health care and the licensing requirements of different States. In contrast the field in the UK has a particular emphasis on psychoanalytic theory, shaped to some extent by the unifying effect of the National Health Service and the single State registration process. Across all three countries of this research, economic pressures were found to have generally reduced the resources to the university programs and impacted the form of the education.

A review of the theoretical views showed that within the university programs a range of major theoretical views are taught alongside an underpinning framework leaning towards a psychodynamic or humanistic view. A trend was found towards a more integrative view of theory (La Trobe, UWS, UQ). This could be traced to being connected with general masters programs (mental health, UQ, social sciences, UWS) and to economic forces. The two private sector programs (MIECAT, Ikon) teach particular models that are more specialized and unique (transpersonal, post modern inquiry). Overall each program has its own theoretical character and perspective shaped by many factors which includes people, histories and contexts (professional, socio-political and economic).

Consideration of higher education and neo-liberal agendas threw light on understanding the findings related to the closure of programs (ECU, RMIT), the reduction in resources (UK, USA, UWS), the joining with more generic masters programs (UWS, UQ) and in some cases moving into the private sector (MIECAT). Strategies of resistance using imagination and invention offered by academics in education (Davies & Bansel, 2005; Davies & Gannon, 2009) were discussed as potentially useful to art therapy education in understanding and countering these forces.

Gathering views on the horizons of the field revealed the trend towards growth in opportunities in the social, education and community areas, driven by the increasing presence of discourses on arts and wellness. The other areas included the importance of developing the profile of the profession and reconciling differences towards a more inclusive view. Growth in research was also found as vital in this aim.

A variety of views and practices are found in Australia, some of which have migrated from other places. These have mixed together with local views and conditions. This can be described a form of hybridization. The metaphor of “hybrid” can conjure images of developing new adaptations to the context or of pure species being eroded. The idea of a variety of hybrids may bring new ways of thinking that can contribute ideas that will continue to migrate, develop and reflect back to the places where the seeds may have originated.

The following chapter provides a conclusion to this research project.

References

- Aach-Feldman, S., & Kunkle-Miller, C. (1987). A developmental approach to art therapy. In J. Rubin (Ed.), *Approaches to art therapy*, (pp. 251-274). New York, NY: Brunner Mazel.
- Acharyya, S. (1992). The doctor's dilemma: the practice of cultural psychiatry in multicultural Britain. In J. Kareem & R. Littlewood (Eds.), *Intercultural therapy, themes, interpretation and practice*, (74-82). Oxford: Blackwell Science Ltd.
- Achterberg, J. (1985). *Imagery in healing: Shamanism and modern medicine*. Boston: New Science Library, Shambala: New York.
- Adams, M. (1996). *The multicultural imagination: Race, colour, and the unconscious*. London, UK; New York, NY: Routledge.
- Adams, M. (2001). *The mythological unconscious*. New York & London: Other Press/Karnac.
- Adamson, E. (1990). *Art as healing*. London: Coventure.
- Allen, P. (2001) Art making as a spiritual path: The open studio process as a way to practice art therapy. In J. Rubin, (Ed.), *Approaches to art therapy*, (pp. 178-188). Philadelphia: Brunner-Routledge.
- Allen, J., & Rumbold, J. (2004). Postcard conversations: A dialogue about methodology. *Qualitative Research Journal*, 4(2), 100-142.
- Alter-Muri, S. (1998). Texture in the melting pot: Post modernist art and art therapy. *Art Therapy: Journal of the American Art Therapy Association*, 15(4), 245-251.
- American Art Therapy Association, (AATA), (2010). *List of AATA approved programs*. <http://www.americanarttherapyassociation.org/aata-educational-programs.html>
Retrieved 18 August 2010.
- American Art Therapy Association, (AATA), (2010). *Areas of study for approved programs*. <http://www.americanarttherapyassociation.org/aata-educational-programs.html>
Retrieved 18 August 2010.
- Andrus, L. (1995). Surviving elimination of a graduate program. *The Arts in Psychotherapy*, 12(4), 231-236.
- Antony Gormley, (2011). *Inside Australia*. <http://www.antonygormley.com/#/sculptures/projects/>
Retrieved 3 January 2011.
- Arnheim, R. (1954). *Art and visual perception*. Berkeley and Los Angeles: University of California.
- Arnheim, R. (1977). *Visual thinking*. Berkeley and Los Angeles: University of California.
- Atkinson, K., & Wells, C. (2000). *Creative therapies: A psychodynamic approach within OT*. Cheltenham: Stanley Thornes.

- Australian Bureau of Statistics, (2010). *Population of Australia*. <http://www.abs.gov.au/ausstats/>
Retrieved 18 August 2010.
- Australia Council, (2010). *Profile of artist Mary Mclean*.
http://www.australiacouncil.gov.au/the_arts/artists_and_orgs/artists/pantjit_mary_mclean
Retrieved 30 July 2010.
- Australia and New Zealand Art Therapy Association (ANZATA), (2010). *Number of members*.
<http://www.anzata.org/>. Retrieved 20 August 2010.
- Balint, E. (1993). *The doctor, the patient, and the group: Balint revisited*. London, UK; New York, NY: Routledge.
- Balmer, R. (1993). Therapeutic factors in group analysis: Meeting them in the block training setting. *Group Analysis*, 26(2), 139-145.
- Bateson, G. (1987). *Steps to an ecology of mind: Collected essays in anthropology, psychiatry, evolution, and epistemology*. Northvale, NJ: Aronson.
- Ben-David, J., & Collins, R. (1966). Social factors in the origins of a new science: the case of psychology, *American Journal of Sociology Review*, 31(4), 451-65.
- Berne, E. (1961). *Transactional analysis in psychotherapy: A systematic individual and social psychiatry*. London, UK: Souvenir Press.
- Betensky, M. G. (1987). Phenomenology of therapeutic art expression and art therapy. In J. Rubin (Ed.), *Approaches to Art Therapy*, (pp. 149-166). New York, NY: Brunner Mazel.
- Betensky, M. G. (1995) *What do you see?* London, UK: Jessica Kingsley Publishers.
- Bion, W. (1961). *Experiences in groups and other papers*. London: Tavistock.
- Birtchnell, J. (1998). The gestalt art therapy approach to family and other interpersonal problems. In D. Sandle (Ed.), *Development and diversity*, (pp. 142-153). London: Free Association Press.
- Blitz, L., & Greene, M. (Eds.) (2007). *Racism and racial identity: Reflections on urban practice in mental health and social services*. New York: HMTP.
- Bourriaud, N. (2002). *Relational aesthetics*. Les presses du reel.
- Bragge, A., & Fenner, P. (2009). The emergence of the 'Interactive Square' as an approach to art therapy with children on the autistic spectrum. *International Journal of Art Therapy*, 14(1), 17-28.
- British Association of Art Therapists, (2010). *Number of members*. <http://www.baat.org/>
Retrieved 20 August 2010.
- Brown, C., Meyerowitz-Katz, J., & Ryde, J. (2007). Thinking with image-making: Supervising student art therapists. In J. Schaverien & C. Case (Eds.), *Supervision of art psychotherapy: A theoretical and practical handbook*, (pp. 167-181). London & New York: Routledge.

- Brooks, F. (1998). A black perspective on art therapy training. In D. Docktor (Ed.), *Arts therapists, refugees and migrants: Reaching across borders* (pp. 275-286). London: Jessica Kingsley Publishers.
- Bruffee, K. (1999). *Collaborative learning: Higher education, interdependence and the authority of knowledge* (2nd ed.). Baltimore, MD: John Hopkins University Press.
- Bruner, J. (1964). The course of cognitive growth. *American Psychologist*, 19, 1-6.
- Bucher, R., & Strauss, A. (1961). Professions in process. *American Journal of Sociology*, 66.
- Burringa website, (2010). <http://www.drccc.org.au/>. Retrieved 10 September 2010.
- Byrne, P. (1987). Letter from LA. *Inscape*. Summer, 30-32.
- Byrne, P. (1995). From the depths to the surface: Art therapy as a discursive practice in the post modern era. *The Arts in Psychotherapy*, 22(3), 235-239.
- Calomaris, S., Coulter, A., Harvey, D., & Hogan, S. (1992). *Australian National Art Therapy Association Training Document*. Recommendations for art therapy clinical training programs at Masters degree level, East Brisbane, Queensland: ANATA
- Campanelli, M., & Kaplan, F. (1996). Art therapy in Oz: Report from Australia. *The Arts in Psychotherapy*, 23(1), 61-67.
- Campbell, J. (1990). *The hero's journey: Joseph Campbell on his life and work*. (P. Cousineau Ed.). New York, NY: Harper & Row.
- Campbell, J., Liebmann, M., Brooks, F., Jones, J., & Ward, C. (Eds.). (1999). *Art therapy, race and culture*. London: Jessica Kingsley Publishers.
- Cannan, C. (1972). Social work training and professionalism. In T. Pateman (Ed.), *Countercourse*. Harmondsworth: Penguin.
- Carolan, R. (2001). Models and paradigms of art therapy research. *Art Therapy: Journal of the American Art Therapy Association*, 18(4), 190-206.
- Carr-Saunders, A., & Wilson, P. (1933). *The professions*. Oxford: Clarendon Press.
- Case, C. (2000). 'Our lady of the queen': Journeys around the maternal object. In A. Gilroy and G. McNeilly (Eds.), *The changing shape of art therapy: New developments in theory and practice* (pp. 15-54). London, UK: Jessica Kingsley Publishers.
- Case, C., & Dalley, T. (Eds.). (1992). *The handbook of art therapy*. London, UK: Routledge.
- Cattanach, A. (Ed.). (2002). *The story so far: Play therapy narratives*. London, UK: Jessica Kingsley Publishers.
- Champernowne, I. (1971). Art and therapy: An uneasy partnership. *American Journal of Art Therapy*, 10(3), 131-143.

- Cohen, B. M. (1983). *The diagnostic drawing series handbook*. (Available from the author)
- Cohen, B. M., Hammer, J. S., & Singer, S. (1988). The diagnostic drawing series: A systematic approach to art therapy evaluation and research. *The Arts in Psychotherapy*, 15(1), 11-21.
- Coles, R. (1989). *The call of stories: Teaching and the moral imagination*. Boston, USA: Houghton Mifflin.
- Conrad, P. (2008). *Creation, artists, gods and origins*. London, UK: Thames & Hudson.
- Coulter, A. (1983). Report from the antipodes. *BAAT newsletter*, 10-11.
- Coulter, A. (2006). Art therapy in Australia: The extended family. *Australian & New Zealand Journal of Art Therapy*, 1(1), 8-18.
- Cunningham Dax, E. (1953). *Experimental studies in psychiatric art*. London: Faber & Faber.
- Dalal, F. (2002). *Race, colour and the processes of racialization: New perspectives from group analysis, psychoanalysis and sociology*. Hove: Brunner-Routledge.
- Damasio, A. (2000). *The feeling of what happens: Body and emotion in the making of consciousness*. London, UK: W. Heinemann.
- Damousi, J. (2005). *Freud in the antipodes: A cultural history of psychoanalysis in Australia*. Sydney, Australia: UNSW Press.
- Davies, B., & Bansel, P. (2005). The time of their lives? Academic workers in neo-liberal time(s). *Health Sociology Review*, 14(1), 47-58.
- Davies, B., & Gannon, S. (Eds.). (2009). *Pedagogical encounters*. New York: Peter Verlag
- Denzin, N., & Lincoln, Y. (Eds.). (2000). *Handbook of qualitative research*. Thousand Oaks, CA: Sage.
- Dewey, J. (1916/2007). *Democracy and education: an introduction to the philosophy of education*. Sioux Falls, SD: NuVision publications.
- Dissanayake, E. (1992). *Homo aestheticus: Where art comes from and why*. New York, NY: Free Press.
- Doktor, D. (1998). *Arts therapists, refugees, and migrants: Reaching across borders*. London, UK: Jessica Kingsley.
- Dubowski, J. (1990). Art versus language: Separate development during childhood. In C. Case & T. Dalley (Eds.), *Working with children in art therapy* (pp. 7-22). London: Routledge.
- Dudley, J., Gilroy, A., & Skaife, S. (2000). Changing gear in experiential art therapy groups. In A. Gilroy & G. McNeilly (Eds.), *The changing shape of art therapy* (pp. 172-199). London: Jessica Kingsley.
- Dyne, D. (1981). *Questions of training in psychotherapy*. *Free Associations*, 92-145.

- Edwards, C. (2005). "I just want to melt away": 'Treatment' of women with eating issues: A critical feminist informed view of art therapy and the exploration of an alternative approach. *MA (Hons) thesis*, University of Western Sydney, Australia.
- Edwards, C. (2007a). Thinking outside the frame: A systems approach to art therapy with children. In D. Spring (Ed.), *Art in treatment: Transatlantic dialogue*. Springfield, Illinois: Charles C. Thomas.
- Edwards, C. (2007b). Art as witness, art as evidence: A collaborative investigation into art therapy with adult survivors. In S. Brooke (Ed.), *The use of the creative therapies with sexual abuse survivors*. Springfield, Illinois: Charles. C. Thomas.
- Edwards, C. (2007c). Bringing 'the world' into the room: Art therapy, women and eating issues. In S. Brooke (Ed.), *The creative therapies and eating disorders*. Springfield, Illinois: Charles. C. Thomas.
- Edwards, C. (2009). Scribbling with Thomas: Art therapy with a non-verbal adolescent male living with Down syndrome and autistic behavioural features. In S. Brooke (Ed.), *The use of the creative therapies with autism spectrum disorders*. Springfield, Illinois: Charles. C. Thomas.
- Edwards, D. (1993). Learning about feelings: The role of supervision in art therapy training, *The Arts in Psychotherapy*, 20, 213-222.
- Edwards, D. (1994). On reflection: A note on supervision. *Inscape*, 1, 23-27.
- Edwards, D. (2004). *Art therapy*. London, UK: Sage.
- Edwards, M. (2010). *Ornithology for the birds: A Jungian circumambulation of art and therapy*. Exeter, UK: Insider Art.
- Eisdell, N., Shiell, M., & Westwood, J. (2007). *Health Services Union: Work value submission, art therapy profession*. Australia & New Zealand Art Therapy Association Inc.
- Eisner, E. (1998). *The enlightened eye: Qualitative inquiry and the enhancement of educational practice*. Columbus, OH: Prentice Hall.
- Ekstein, R., & Wallerstein, R. (1972). *The teaching and learning of psychotherapy*. New York: International Universities Press.
- Elkins, J. (1996). *The object stares back: On the nature of seeing*. New York, NY: Simon & Schuster.
- Elkins, D., & Stovall, K. (2000). American Art Therapy Association, Inc.: 1998-1999 Membership survey report. *Art Therapy: Journal of the American Art Therapy Association*, 17, 41-46.
- Ellis, C., & Bochner, A. (2000). Autoethnography, personal narrative, reflexivity: Researcher as subject. In N. Denzin & Y. Lincoln, *Handbook of qualitative research* (pp. 733-768). Thousand Oaks, CA: Sage.
- Etherington, K. (2004). *Becoming a reflexive researcher: Using ourselves in research*. London, UK: Jessica Kingsley Publishers.

- Fenner, P. (1996). Heuristic research study: Self-therapy using the brief image-making experience. *The Arts in Psychotherapy, 23*(1).
- Fragar, R. (1999). *Heart, self and soul: The Sufi psychology of growth, balance, and harmony*. Wheaton, IL, USA: The Theosophical Publishing House.
- Franklin, M., Farrelly-Hanson, M., Marek, B., Swan-Foster, N., & Wallingford, S. (2000). Transpersonal art therapy education. *Art Therapy: Journal of the American Art Therapy Association, 17*, 101-110.
- Freire, P. (1995). *Pedagogy of hope: Reliving pedagogy of the oppressed*. New York, NY: Continuum.
- Freud, S. (1971). *New Introductory Lectures Vol. 15*. London, UK: Hogarth Press. (Original work published in 1932).
- Freud, S. (1975). *The standard edition of the complete psychological works of Sigmund Freud*. (J. Strachey, Ed. and Trans.). London: Hogarth Press and the Institute of Psychoanalysis. (Original work published 1953-1964).
- Freud, S. (1900/1986). *The interpretation of dreams*. (J. Strachey, Ed. and Trans.). Vol. 4. Pelican Freud Library, Harmondsworth, England: Pelican. (Original work published 1900).
- Gantt, L. (2001). The formal elements art therapy scale: A measurement system for global variables in art. *Art Therapy: Journal of the American Art Therapy Association, 18*(1), 50-55.
- Gantt, L., & Tabone, C. (1998). *The Formal Elements Art Therapy Scale: The rating manual*. Morgantown, WV: Gargoyle Press.
- Gantt, L., & Tabone, C. (2003). The formal elements art therapy scale and "Draw a person picking an apple from a tree". In C. Malchiodi (Ed.), *Handbook of art therapy*, (pp. 420-427). New York, NY: The Guilford Press.
- Garai, J. (1987). A humanistic approach to art therapy. In J. Rubin (Ed.), *Approaches to art therapy*, (pp. 188-207). New York, NY: Brunner Mazel.
- Geertz, C. (1973). *The interpretation of culture*. New York: Basic Books.
- Gerber, N. (2006). The essential components of doctoral-level education for art therapists. *The Arts in Psychotherapy, 33*(2), 98-112.
- Gilligan, C., Spencer, R., Weinberg, M. K., & Bertsch, T. (2006). On the listening guide. In S.N. Hesse-Biber & P. Leavy (Eds.), *Emergent methods in social research* (pp. 253-272). Thousand Oaks, CA: Sage.
- Gilroy, A. (1989). On occasionally being able to paint. *Inscape, 1*, 2-9.
- Gilroy, A. (1992). *Art therapists and their art: A study of occupational choice and career development from the origins of an interest in art to occasionally being able to paint*. Unpublished D. Phil thesis, University of Sussex.

- Gilroy, A. (1995). Changes in art therapy groups. In A. Gilroy & C. Lee (Eds.), *Art and music, therapy and research* (pp. 66-81) London: Routledge.
- Gilroy, A. (1998). On being a temporary migrant to Australia: Reflections on art therapy education and practice. In D. Docktor (Ed.), *Arts therapists, refugees and migrants: Reaching across borders* (pp. 262-277). London, UK: Jessica Kingsley Publishers.
- Gilroy, A. (1999). In search of an Australian art therapy. *ANATA Newsletter*, 10(3), 3-9.
- Gilroy, A. (2004). Art therapy in Australia: A late 2003/early 2004 snapshot. *ANATA Newsletter*, 16(1), 14.
- Gilroy, A. (2006). *Art therapy, research and evidence-based practice*. London, UK: Sage.
- Gilroy, A., & Hanna, M. (1998). Conflict and culture in art therapy: an Australian perspective. In A. Calisch & A. Hiscox. A. (Eds.), *Tapestry of cultural issues in art therapy*, (pp. 249-275). London, UK: Jessica Kingsley Publishers.
- Gilroy, A., & Skaife, S. (1997). Taking the pulse of American art therapy: A report on the 27th Annual Conference of the American Art Therapy Association, November 13th – 17th 1996, Philadelphia, *Inscape* 2(2), 57-64.
- Giorgi, A. (Ed.). (1985). *Phenomenology and psychological research*. Pittsburgh: Duquesne University Press.
- Giroux, H. (2002). Neoliberalism, corporate culture and the promise of higher education: The university as a democratic public sphere. *Harvard Educational Review*, 72(4), 425-464.
- Glass, J. (1963). Art therapy. *Journal of the National Association for Mental Health*, 22(2).
- Glasser, B., & Strauss, A. (1967). *The discovery of grounded theory: strategies for qualitative research*. Chicago, IL: Aldine.
- Goodson, I. (1981). Becoming an academic subject: Patterns of explanation and evolution. *British Journal of Sociology of Education*, 2(2), 163-179.
- Greenberg, L. (2002). *Emotion-focused therapy: Coaching clients to work through feelings*. Washington, DC, USA: American Psychological Association.
- Grentz, S. (2006). *A primer on postmodernism*. Grand Rapids: MI: William B Eermans.
- Grotjahn, M., Kline, F., & Friedmann, C. (1983). *Handbook of group therapy*. New York: Van Nostrand Reinhold Co.
- Gurdjieff, G. (1978). *Meetings with remarkable men*. London, UK: Picador.
- Habermas, J. (1962). *The structural transformation of the public sphere: Inquiry into a category of bourgeois society*. Germany: Verlag.
- Hagood, M. H. (1992). Status of child sexual abuse in the United Kingdom and implications for British art therapists. *Inscape*, Spring, 27-33.

- Hagood, M.H. (1994). Letter. *Inscape*, 2, 55-57.
- Hass-Cohen, N., & Carr, R. (2008). *Art therapy and clinical neuroscience*. London, UK: Jessica Kingsley Publishers.
- Health Professions Council, (2010). *Number of registered Arts Therapists*.
<http://www.hpc-uk.org/aboutregistration/theregister/stats/> Retrieved 20 August 2010
- Health Professions Council, (2010). *Standards of Proficiency for Arts Therapists*.
http://www.hpcuk.org/assets/documents/100004FBStandards_of_Proficiency_Arts_Therapists.pdf
Retrieved 6 February 2010.
- Health Professions Council, (2010). *Standards of Education*.
[http://www.hpc-uk.org/assets/documents/10002C0EHPCStandardssofeducation\(A5\)\(final\).pdf](http://www.hpc-uk.org/assets/documents/10002C0EHPCStandardssofeducation(A5)(final).pdf)
Retrieved 6 February 2010.
- Heidegger, M. (1962). *Being and time*. Oxford, UK: Blackwell.
- Henzell, J. (1984). Art, psychotherapy, and symbol systems. In T. Dalley (Ed.), *Art as therapy* (pp. 15-29). London: Tavistock Publications.
- Henzell, J. (1995). Research and the particular. In A. Gilroy & C. Lee (Eds.), *Art and music: Therapy and research*, (pp. 185-205). London: Routledge.
- Henzell, J. (1997a). Art madness and anti-psychiatry: A memoir. In K. Killick & J. Schaverien (Eds.), *Art, psychotherapy and psychosis*, (pp. 177-197). London, UK: Routledge.
- Henzell, J. (1997b). The image's supervision. In G. Shipton (Ed.), *Supervision of psychotherapy and counselling: Making a place to think* (pp. 74-77). Buckingham & Philadelphia: Open University Press.
- Henzell, J. (2003). *Creating art psychotherapy training in Australia: Missing years 1959-1989* Conference paper, Melbourne. <http://www.ecu.edu.au/>. Retrieved ECU library website July 2009.
- Henzell, J. (2006). Unimaginable imaginings: Fantasies and works off the margin. *International Journal of Art Therapy: Inscape*, 11(1), 13-21.
- Henzell, J., Menahemi, H., O'Brien, T., & Westwood, J. (2005). Professional studies: Art therapy university degrees in Australia. *ANATA Newsletter*, 16(2), 10-20.
- Heron, J., & Reason, P. (1997). A participatory inquiry paradigm. *Qualitative Inquiry*, 3(3), 274-294.
- Herrmann, U. (2000). Developing in splendid isolation? A critical analysis of German art therapy approaches in key papers from 1990 to 1999. *Inscape* 5(1), 19-30.
- Hill, A. (1948). *Art versus illness*. London, UK: Allen & Unwin.
- Hillman, J. (1977). *Re-visioning psychology*. New York: Harper Collins.

- Hillman, J. (1978). *The myth of analysis: Three essays in archetypal psychology*. New York: Harper & Row.
- Hillman, J. (1986). A dialogue with James Hillman. *Art Therapy* Nov 99-110 American Association of Art Therapy.
- Hillman, J. (1989). *A blue fire*. New York, NY: Harper & Row.
- Hilpert, H. (1995). The place of the training group analyst and the problem of personal group analysis in block training. *Group Analysis*, 28(3), 301-311.
- Hiscox, A., & Calisch, A. (1998). *Tapestry of cultural issues in art therapy*. London: Jessica Kingsley Publishers.
- Hobbs, T. (1992). Skills of communication in counselling. In T.Hobbs (Ed.), *Experiential training: Practical guidelines*, (pp. 59-84). London: Routledge.
- Hogan, S. (2001). *Healing arts: The history of art therapy*. London, UK: Jessica Kingsley Publishers.
- Hogan, S. (2009). The art therapy continuum: A useful tool for envisaging the diversity of practice in British art therapy. *International Journal of Art Therapy: Inscape*, 14(1), 29-37.
- Holloway, M. (2009). British Australian: Art therapy, White racial identity and racism in Australia. *Australian & New Zealand Journal of Art Therapy*, 4(1), 62-67.
- Horgan, D. (1992). Bringing it all back home. *Inscape, Winter*, 2-5.
- Hoshino, J., & Kerr, C. (2008). *Family art therapy: Foundations of theory and practice*. New York. NY: Routledge.
- Hughes, R. (1987). *The fatal shore*. London, UK: Collins Harvill Press.
- Human Rights & Equal Opportunities Commission, (1997). *Bringing them home*. Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families. http://www.humanrights.gov.au/social_justice/bth_report/report/ch3.html Retrieved August 2009.
- Huss, E. (2009). "A coat of many colors": Towards an integrative multilayered model of art therapy. *The Arts in Psychotherapy*, 36, 154-160.
- Husserl, E. (1970). *Logical investigations*. (D. Carr, Trans.). New York, NY: Humanities Press.
- Hyland-Moon, C. (2002). *Studio art therapy: Cultivating the artist identity of the art therapist*. London, UK: Jessica Kingsley Publishers.
- Imperial College website (2010). *Matisse project*. http://www1.imperial.ac.uk/departmentofmedicine/divisions/experimentalmedicine/mentalhealth/matisse_project/ . Retrieved 10 September 2010.
- Ingram, D. (2010). *Habermas: Introduction and analysis*. Ithaca: Cornell University Press.

- Jennings, S. (1994). *The handbook of dramatherapy*. London, UK: Routledge.
- Jones, K., & Skaife, S. (2009). Under the cobblestones, the beach: the politics and possibilities of the art therapy large group. *Psychotherapy and Politics International*, 7(1), 18-27.
- Jung, C.G. (1968). *Analytical psychology: its theory and practice: The Tavistock lectures*. New York: Vintage, Random House.
- Jung, C. (1969). *The collected works of C.G. Jung* (2nd ed.). (R.F.C. Hull, Trans.). London, UK: Routledge & Kegan Paul.
- Junge, M. (1994). The formation of the American Art Therapy Association. *Art Therapy: Journal of the American Art Therapy Association*, 11, 175-179.
- Junge, M., & Asawa, P. (1994). *A history of art therapy in the United States*. Mundelein, IL: American Art Therapy Association.
- Kagin, S., & Lusebrink, V. (1978). The expressive therapies continuum. *The Arts in Psychotherapy*, 5, 171-180.
- Kapitan, L. (2010). *Introduction to art therapy research*. New York, NY: Taylor & Francis Group.
- Kaplan, F. (2007). *Art therapy and social action*. London & Philadelphia: Jessica Kingsley Publishers.
- Karkou, V. (1998). *A descriptive evaluation of the practice of arts therapies in the UK*. Unpublished PhD thesis, Research & Graduate School, Faculty of Education, University of Manchester, UK.
- Karkou, V. (1999). Art therapy in education. *Inscape*, 4(2), 62-70.
- Karkou, V., & Sanderson, P. (2006). *Arts therapies: A research based map of the field*. UK: Elsevier, Churchill, Livingstone.
- Kellogg, R. (1978). *Analyzing children's art*. Palo Alto, CA: Mayfield.
- Keringke arts website, (2010). <http://www.keringkearts.com.au/>. Retrieved 10 September 2010.
- Khaleelee, O. (1982). *Psychotherapy and the process of profession building*. London: OPUS.
- Killick, K. (2000). The art room as container in analytical art psychotherapy with patients in psychotic states. In A. Gilroy and G. McNeilly (Eds.), *The changing shape of art therapy: New developments in theory and practice* (pp. 99-114). London, UK: Jessica Kingsley Publishers.
- Klein, M. (1986). *The selected writings of Melanie Klein* (J. Mitchell, Ed.). UK: Harmondsworth.
- Knill, P., Levine, E., & Levine, S. (2005). *Principles and practice of expressive arts therapy*. London & Philadelphia: Jessica Kingsley Publishers.
- Knowles, G., & Cole, A. (2008). *Handbook of the arts in qualitative research: Perspectives, methodologies, examples, and issues*. Los Angeles, CAL: Sage Publications.

- Kopp, R. (1995). *Metaphor therapy: Using client-generated metaphors in psychotherapy*. Bristol, PA: Brunner Mazel.
- Korzybski, A. (1933). A non-Aristotelian system and its necessity for rigour in mathematics and physics. *Science and Sanity*, 747-761.
- Kramer, E. (1958). *Art therapy in a children's community*. Springfield, IL: Charles C Thomas.
- Kramer, E. (1971/1993). *Art as therapy with children*. New York: Schocken Books/Chicago: Magnolia Street.
- Kramer, E. (2000). *Art as therapy: Collected papers*. London, UK: Jessica Kingsley Publishers.
- Kwiatkowska, H. Y. (1978). *Family art therapy and evaluation through art*. Springfield, IL: Charles C. Thomas Publishers.
- Laing, R. D. (1959). *The divided self*. London, UK: Penguin Books.
- Landgarten, H. (1987). *Family art psychotherapy*. New York: Brunner Mazel.
- Landy, R. (1996). *Essays in dramatherapy: The double life*. London, UK: Jessica Kingsley Publishers.
- Larson, M. (1977). *The rise in professionalism: A sociological analysis*. London: University of California Press.
- Lawlis, F. (2007). *Mending the broken bond: The 90-day answer to developing a loving relationship with your child*. New York, NY: Viking.
- Lett, W. (Ed.). (1992). *How the arts make a difference in therapy*. Papers presented at the conference of the meeting of the Australian Dance Council (Victoria). La Trobe University Bundoora, Melbourne, Victoria, Australia.
- Lett, W. (1995). Experiential supervision through simultaneous drawing and talking. *The Arts in Psychotherapy*, 22(5), 315-328.
- Lett, W. (1998). Researching experiential self-knowing. *The Arts in Psychotherapy*, 25(5), 331-342.
- Lett, W. (2001). *Intersubjective and multimodal inquiry: The arts of resonance*. Melbourne, Australia: Melbourne Institute of Experiential and Creative Arts Therapy.
- Levick, M. (1983). *They could not talk so they drew: Children's styles of coping and thinking*. Springfield, IL: Charles C Thomas.
- Levine, S. (1969). Merleau-Ponty's philosophy of art. *Man and world*, 2(3), 438-452.
- Lewis, M. (1988). *Managing madness: Psychiatry & society in Australia 1788-1980*. Canberra: Australian Government Publishing Service.
- Liebmann, M. (1986). *Art therapy for group: a handbook of themes, games and exercises*. London, UK: Routledge.
- Lincoln, Y., & Guba, E. (1985). *Naturalistic inquiry*. Beverly Hills, CA: Sage Publications.

- Linesch, D. (2005). Supporting cultural competency in art therapy training. *The Arts in Psychotherapy*, 32(5), 382-394.
- Linnell, S. (2004). Towards a 'poethics' of therapeutic practice: extending the relationship of ethics and aesthetics in narrative therapies through a consideration of the late work of Michel Foucault. *The International Journal of Narrative Therapy and Community Work*, 4, 42-54.
- Linnell, S. (2006). *Towards ethical 'arts of existence': through art therapy and narrative therapy*. PhD thesis, University of Western Sydney, Australia.
- Linnell, S., & Cora, D. (1993). *Discoveries: A group resource guide for women who were sexually abused in childhood*. Sydney, Australia: Dymna House.
- Linnell, S., Perry, S., Pretorius, J., & Westwood, J. (2005). *The work of art is the work of embodiment*. Collaborative installation, video and performance. Australia & New Zealand Art Therapy Association Conference, Hobart, Tasmania, Australia, November.
- Linnell, S., Perry, S., Pretorius, J., & Westwood, J. (2006). *The work of art is the work of embodiment*. Collaborative installation, video and performance. The Art Therapy Cottage, University of Western Sydney, NSW, Australia, March.
- Linnell, S., Perry, S., Pretorius, J., Westwood, J. (2007). *Where knowing and not knowing touch (Art and the unconscious)*. At The Vanishing Point Contemporary Art - Exhibition and catalogue.
- Linnell, S., Pretorius, J., & Westwood, J. (2007). *Performance of 'Ethical arts of existence', S.Linnell doctoral project*. Australia & New Zealand Art Therapy Association Conference, Treacy Centre, Melbourne, Victoria, Australia, (10-12 Aug).
- Littlewood, R. (1992). Towards an intercultural therapy. In J. Kareem & R. Littlewood (Eds.). *Intercultural therapy, Themes, interpretation and practice*, (pp. 3-13). Oxford, UK: Blackwell Science Ltd.
- Loth Rozum, A., & Malchiodi, C. (2003). Cognitive-behavioural approaches. In C. Malchiodi (Ed.), *Handbook of art therapy* (pp. 72-81). New York: The Guilford Press.
- Lukoff, D., Lu, F., & Turner, R. (1992). Towards a more culturally sensitive DSM-IV, psycho-religious and psycho-spiritual problems. *Journal of Nervous and Mental Disease*. 180(11), 673-82.
- Lusebrink, V. (1990). *Imagery and visual expression in therapy*. New York, NY: Plenum Press
- Lyddiatt, E.M. (1971). *Spontaneous painting and modelling: A practical approach in therapy*. London, UK: Constable.
- Lynch, K. (2006). Neo-liberalism and marketization: The implications for higher education. *European Educational Research Journal*, 5(1), 1-17.
- Lyotard, J. F. (1984). *The postmodern condition*. Manchester, UK: Manchester University Press.
- Macdonald, K. (1995). *The sociology of professions*. London: Sage.

- Macintyre, S. (2004). *Concise history of Australia*. (2nd ed.). Cambridge, UK: Cambridge University Press.
- Maclagan, D. (1997). Fantasy, play and the image in supervision. In G. Shipton (Ed.), *Supervision of psychotherapy and counselling: Making a place to think*. Buckingham & Philadelphia: Open University Press.
- Madge, C., & Weinberger, B. (1973). *Art students observed*. London: Faber.
- Maguire, M., Shore, C., & Wright, S. (2001). Audit culture and anthropology: Neo-liberalism in British higher education. *Journal of the Royal Anthropological Institute*, 7(4), 759-763.
- Malchiodi, C. (1998). *The art therapy sourcebook*. Los Angeles: Lowell House.
- Malchiodi, C. (Ed.). (2003). *Handbook of art therapy*. New York, NY: The Guilford Press.
- Malchiodi, C. (2003). Using art therapy in medical support groups. In C. Malchiodi (Ed.), *Handbook of Art Therapy* (pp. 352-361). New York, NY: The Guilford Press.
- Malchiodi, C. (2005). *Expressive arts therapies*. New York: The Guilford Press.
- Malchiodi, C., & Riley, S. (1994). *Integrative approaches to family art therapy*. Chicago, IL: Magnolia Street.
- Matarazzo, R., & Paterson, D. (1986). Methods of teaching therapeutic skill. In S. Garfield & A. Bergin (Eds.), *Handbook of psychotherapy and behaviour change*, (pp. 821-843). Canada: John Wiley.
- May, R. (1961). *Existential psychology*. New York: Basic Books.
- McCarley, T., Yamamoto, J., Steinberg, A., & Anker, M. (1983). Teaching group psychotherapy. In M. Grotjahn, F. Kline & T. Friedmann (Eds.), *Handbook of group therapy*. New York: Van Nostrand Reinhold.
- McKenna, T. (2004). *Heteronormativity and rituals of difference for gay and lesbian educators*. PhD Thesis: University of Western Australia.
- McKenna, T. (2009). *Heteronormativity - work place discrimination in Australian schools: Gay and lesbian teachers in Australia*. Germany: VDM Verlag.
- McKenna, T., & Haynes, F. (2001). *Unseen genders: beyond the binaries*. Peter Lang: New York.
- McLeod, J. (2006). *Qualitative research in counselling and psychotherapy*. London, UK: Sage.
- McNeilly, G. (1984). Group-analytic art therapy. *Group Analysis*, 17(3), 204-210.
- McNiff, S. (1981). *The arts and psychotherapy*. Springfield, IL: Charles. C. Thomas.
- McNiff, S. (1986). *Educating the creative arts therapist: A profile of the profession*. Springfield IL: Charles C Thomas.
- McNiff, S. (1992). *Art as medicine*. Boston & London: Shambala.

- McNiff, S. (1998). *Arts-based research*. Philadelphia, PA: Jessica Kingsley Publishers.
- Meares, A. (1958). *The door to serenity*. London: Faber & Faber.
- Menahemi, H. (2006). Experience and dilemmas of experiential group art therapy in art therapy training programs. *Australian and New Zealand Journal of Art Therapy*, 1(1), 19-24.
- Merleau-Ponty, M. (1945/2005). *The phenomenology of perception*. London, UK, New York: Routledge Classics. First published, Gallimard: Paris.
- Merleau-Ponty, M. (2004). *The world of perception*. London, UK; New York, NY: Routledge.
- Milner, M. (1950). *On not being able to paint*. London: Heinemann.
- Mills, T. (1964). *Group transformation: An analysis of a learning group*. New Jersey: Prentice Hall.
- Moon, B. (1992/2003). *Essentials of art therapy education and practice*. Springfield IL: Charles C. Thomas.
- Moreno, J. (1973). *The theatre of spontaneity*. Beacon New York: Beacon House.
- Mottram, P. (2000). Assessment and treatment in brief art therapy. In T. Wigram (Ed.), *Assessment and evaluation in the arts therapies: art therapy, music therapy, dramatherapy* (pp. 9-19). Radlett, UK: Harper House Publications.
- Mottram, P. (2001). 1+1+1...a model of art therapy for an assessment and treatment unit for adults with learning disability and mental health illness. In L. Kossolapow, S. Scoble & D.Waller (Eds.), *Arts therapies communication: On the way to a communicative European arts therapy* (pp. 199-206). Munster: Lit Verlag.
- Moustakas, C. (1990). *Heuristic research: Design, methodology and applications*. USA: Sage Publications
- Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks, CA: Sage.
- Munich, R. (1983). Variations of learning in an experiential group. *International Journal of Group Psychotherapy*, 43(3), 346-361.
- Naumburg, M. (1947). *Studies in the free art expression of behaviour disturbed children as a means of diagnosis and therapy*. Nervous and mental diseases monographs, New York, NY: Coolidge Foundation.
- Naumburg, M. (1950/1973). *Introduction to art therapy: Studies of the free art expression of behaviour problem children and adolescents as a means of diagnosis and therapy*. New York: Teachers College Press / Chicago: Magnolia Street.
- Naumburg, M. (1958/1966). *Dynamically oriented art therapy*. New York: Grune & Stratton / Chicago: Magnolia Street.
- Nitsun, M. (1996). *The anti-group: Destructive forces in the group and their creative potential*. London: Routledge.

- Nucho, A. (2003). *The psychocybernetic model of art therapy*. Springfield IL: C. C. Thomas.
- Online Etymology Dictionary website, (2010). *Definition and origin of the term "Theory"*. <http://www.etymonline.com/index.php?l=t&p=13> Retrieved 28 December 2010.
- Pateman, T. (Ed.). (1972). *Countercourse*. Harmondsworth: Penguin.
- Patton, M. Q. (1982). *Practical evaluation*. Newbury Park, CA: Sage.
- Patton, M. Q. (1990/2002). *Qualitative research and evaluation methods*. (3rd Edn.). Thousand Oaks, CA: Sage.
- Perls, F., Hefferline, R., & Goodman, P. (1969). *Gestalt therapy: Excitement and growth in the human personality*. New York, NY: Julian Press.
- Perry, S., & Westwood, J. (2006). *The work of art is the work of embodiment*. Presentation, installation, film. Australia & New Zealand Art Therapy Association, inaugural conference. Manly, NSW, Australia.
- Perry, S., & Westwood, J. (2007). *The work of art is the work of embodiment*. Presentation, installation, film and performance. American Art Therapy Association 38th Annual Conference, Albuquerque, New Mexico, USA (14-18 Nov)
- Petrie, M. (1946). *Art and regeneration*. London: Elek.
- Phoenix Institute, (2010). *Profile of Dr Rafael Locke*. <http://www.phoenixinstitute.com.au/staff.html>. Retrieved 30 July 2010.
- Piaget, J. (1951). *Plays, dreams, and imitation in childhood*. New York, NY. Norton.
- Polanyi, M. (1969). *Knowing and being*. Chicago, IL: University of Chicago Press.
- Polanyi, M. (1983). *The tacit dimension*. Gloucester, MA: Peter Smith.
- Progoff, I. (1975). *At a journal workshop: The basic text and guide for using the intensive journal*. New York, NY: Dialogue House Library.
- Reason, P. (Ed.). (1988). *Human inquiry in action: Developments in new paradigm research*. London: Sage.
- Reason, P. (1994). *Participation in human inquiry*. London: Sage Publications.
- Reason, P., & Rowan, J. (Eds.). (1981). *Human inquiry: A source book of new paradigm inquiry*. Chichester: John Wiley.
- Rees, M. (1998). Clinical supervision in art therapy: Is it really super? In M. Rees (Ed.), *Drawing on difference: Art therapy with people who have learning difficulties*, (pp. 222-243). London: Routledge.
- Reik, H. (1993). The creative capacity of boundaries within the block training experience. *Group Analysis*, 26(2), 157-161.

- Reynolds, H. (2001). *An indelible stain? The question of genocide in Australia's history*. Ringwood, Victoria, Australia: Viking.
- Richardson, L., & Pierre, E. (2005). A method of inquiry. In N. Denzin & Y. Lincoln, *Qualitative research third edition* (pp. 959-978). Thousand Oaks, CA: Sage.
- Riley, S. (1994). *Integrative approaches to family art therapy*. Chicago IL: Magnolia Street Publishers.
- Riley, S., & Malchiodi, C. (2003). Solution-focused and narrative approaches. In C. Malchiodi (Ed.), *Handbook of art therapy* (pp. 82-92). New York, NY: The Guilford Press.
- RMIT website, (2010). *Profile of Lisa O'Beirne, Active Reconciliation project*.
<http://www.alumni.rmit.edu.au/NetCommunity/Page.aspx?pid=910>
<http://www.rmit.edu.au/browse;ID=50lx8rw0kxam1;STATUS=A?QRY=master%20of%20creative%20arts%20therapy&STYPE=ENTIRE>. Retrieved 10 September 2010.
- Robbins, A. (1987). An object relations approach to art therapy. In J. Rubin (Ed.), *Approaches to art therapy* (pp. 63-74). New York, NY: Brunner Mazel.
- Robbins, A. (1994). *A multi-modal approach to creative art therapy*. London, Bristol, PA: Jessica Kingsley.
- Robson, B. (2006). *Recovering art: A history of the Cunningham Dax Collection*. Melbourne, VIC, Australia: The Cunningham Dax Collection.
- Rodari, G. (1973/1996). *The grammar of fantasy: An introduction to the art of inventing stories*. New York, NY: Teachers and Writers Collaborative.
- Rogers, C. (1965). *Client-centered therapy: Its current practice, implications and theory*. Boston: Houghton Mifflin Company.
- Rosal, M. (1985). *The use of art therapy to modify the locus of control and adaptive behaviour of behaviour disordered students*. Unpublished doctoral thesis, University of Queensland, Brisbane, Australia.
- Rosal, M. (2001). Cognitive-behavioural art therapy. In J. Rubin (Ed.), *Approaches to art therapy*, (pp. 210-225). Philadelphia: Brunner-Routledge.
- Rossman, G., & Rallis, S. (2003). *Learning in the field: An introduction to qualitative research*. Thousand Oaks, CA: Sage.
- Roth, E. (1987). A behavioural approach to art therapy. In J. Rubin (Ed.), *Approaches to art therapy*, (pp. 213-231). New York, NY: Brunner Mazel.
- Rubin, J. (Ed.). (1987/2001). *Approaches to art therapy: Theory and technique*. Philadelphia: Brunner-Routledge.
- Rubin, J. (1999). *Art therapy: An introduction*. Philadelphia: Brunner/Mazel.
- Rhyne, J. (1987). Gestalt art therapy. In J. Rubin (Ed.), *Approaches to art therapy*, (pp. 167-187). New York, NY: Brunner Mazel.

- Rhyne, J. (1995). *The gestalt art experience*. Chicago, IL: Magnolia Street.
- Satir, V. (1991). *The Satir model: Family therapy and beyond*. Palo Alto, California: Science and Behaviour Books.
- Schaverien, J. (1987). The scapegoat and talisman: Transference in art therapy. In T. Dalley, C. Case, J. Schaverien, F. Weir, D. Halliday, P. Nowell-Hall & D. Waller, *Images of art therapy: New developments in theory and practice* (pp. 74-108). London: Tavistock Publications.
- Schaverien, J. (1992). *The revealing image: Analytic art psychotherapy in theory and practice*. London: Routledge.
- Schaverien, J. (1994). Analytical art psychotherapy: Further reflections on theory and practice. *Inscape 2*, 41-49
- Schaverien, J. (2000). The triangular relationship and the aesthetic countertransference in analytic art psychotherapy. In A. Gilroy & G. McNeilly (Eds.), *The changing shape of art therapy: New developments in theory and practice*, (pp. 55-83). London, UK: Jessica Kingsley Publishers.
- Schur, Y. (1998). The personal artistic process of the art therapist as a basis for supervision, *International Journal of Art Therapy*, 4, 32-36.
- Segal, A. (1942). *Art and psychotherapy*. London: Guild of Pastoral Psychology.
- Shaw, J. (1986a). *Letter to Harriet Wadeson* (February), College of Advanced Education, Brisbane, QLD, Australia. (unpublished – available from A. Coulter)
- Shaw, J. (1986b). *Memorandum from School of Arts to Department of Health and Welfare Studies*, (December) Brisbane College of Advanced Education, QLD, Australia. (Unpublished - available from A. Coulter).
- Silver, R. (1990/1996). *Silver drawing test of cognition & emotion* (3rd ed.). Sarasota FL: Ablin Press.
- Silver, R. (1998). *Updating the Silver drawing test and draw a story manuals: New studies and summaries of previous research*. Sarasota FL: Ablin Press.
- Silver, R. (2001). *Art as language: Access to thoughts and feelings through stimulus drawings*. Philadelphia, PA: Brunner-Routledge Psychology Press.
- Silver, R. (2002). *Three art assessments: Silver drawing test of cognition and emotion, draw a story, screening for depression and stimulus drawings and techniques*. New York, NY: Brunner-Routledge.
- Silverstone, L. (1997). *Art therapy: The person-centred way* (2nd ed.). London, UK: Jessica Kingsley Publishers.
- Simon, R. (1992). *The symbolism of style: Art as therapy*. London, UK: Routledge.
- Simon, R. (1997). *Symbolic images in art as therapy*. London, UK: Routledge:

- Skaife, S. (2007). Working in black and white: An art therapy supervision group. In J. Schaverien & C. Case (Eds.), *Supervision of art psychotherapy: A theoretical and practical handbook* (pp. 139-152). London & New York: Routledge.
- Skaife, S., & Huet, V. (1998). Dissonance and harmony: Theoretical issues in art psychotherapy groups. In S. Skaife & V. Huet (Eds.), *Art psychotherapy groups: Between pictures and words*, (pp. 17-44). London, UK: Brunner-Routledge.
- Skaife, S., & Jones, K. (2009). The art therapy large group as a teaching method for the institutional and political aspects of professional training. *Learning in Health and Social Health Care*, 8(3), 200-209.
- Smith, B. (1994). Training student counsellors: The hidden agenda. *Group Analysis*, 27(2), 173-181.
- Sobol, B. (1982). Art therapy and strategic family therapy. *American Journal of Art Therapy*, 21, 43-52.
- Sommerville, M. (2007). Postmodern emergence. *International Journal of Qualitative Studies in Education*, 20(2), 225-243.
- Stern, D. (2004). *The present moment in psychotherapy and everyday life*. New York, NY: WW Norton.
- Swan-Foster, N., Lawlor, M., Scott, L., Angel, D., Ruiz, C., & Mana, M. (2001). Inside an art therapy group: the student perspective. *The Arts in Psychotherapy*, 28, 161-174.
- Sobol, B. S. (1982). Art therapy and strategic family therapy. *American Journal of Art Therapy*, 21, 43-52.
- Spring, D. (1994). Progress or politics. *Art Therapy, Journal of the American Art Therapy Association*, 2(4) 282-288.
- Sullivan, H. S. (1955). *The interpersonal theory of psychiatry*. New York, NY: WW Norton.
- Teasdale, C. (1993). The role of clinical placement in art therapy training, *The Arts in Psychotherapy*, 20(3), 205-212.
- Tsegos, I. (1995). Further thoughts on group analytic training. *Group Analysis*, 28(3), 313-326.
- Ullman, M. (1996). *Appreciating dreams: A group approach*. Thousand Oaks, CA: Sage Publishers.
- Ulman, E. (1987/2001). Variations on a Freudian theme: Three art therapy theorists. In J. Rubin (Ed.), *Approaches to art therapy*, (pp. 277-298). New York, NY: Brunner Mazel.
- Ulman, E., & Dachinger, P. (1975). *Art therapy in theory and practice*. New York, NY: Schocken Books.
- Van Lith T., Fenner P., & Schofield M. (2009a). Art therapy in rehabilitation. In J.H. Stone & M Blouin (Eds.), *International encyclopedia of rehabilitation*.

- Van Lith, T., Fenner, P., & Schofield, M. (2009b). Toward an understanding of how art making can facilitate mental health recovery. *Australian e-Journal for the Advancement of Mental Health (AeJAMH)*, 8(2).
- Van Lith, T., Fenner, P., & Schofield, M. (2010). The lived experience of art making as a companion to the mental health recovery process. *Disability and Rehabilitation*, Online 1-9.
- Vick, R. (2003). A brief history of art therapy. In C. Malchiodi (Ed.), *Handbook of art therapy* (pp. 5-15). New York, NY: The Guilford Press.
- Vidovich, L., & Currie, J. (2010). Governance and trust in higher education. *Studies in Higher Education*, 1, 1-14.
- Vygotsky, L. (1978). *Mind in society: Development of higher psychological processes*. Cambridge, USA: Harvard University Press.
- Wadeson, H. (1980/2010). *Art psychotherapy*. New York, NY: Brunner-Mazel.
- Wadeson, H. (1987). An eclectic approach to art therapy. In J. Rubin (Ed.), *Approaches to art therapy*, (pp. 299-313). New York, NY: Brunner Mazel.
- Wadeson, H. (Ed). (1992). *A guide to conducting art therapy research*. The American Art Therapy Association. Mundelein, Illinois, USA.
- Waller, D. (1987). Art therapy in adolescence. In T. Dalley, C. Case, J. Schaverien, F. Weir, D. Halliday, P. Nowell-Hall & D. Waller (Eds.), *Images of art therapy: New developments in theory and practice* (pp. 188-213). London: Tavistock Publications.
- Waller, D. (1991). *Becoming a profession: The history of art therapy in Britain 1940-1982*. London, UK: Tavistock/Routledge.
- Waller, D. (1992a). The training of art therapists, past, present and future issues. In D. Waller & A. Gilroy (Eds.), *Art therapy: A handbook* (pp. 211-228). Buckingham, Philadelphia: Open University Press.
- Waller, D. (1992b). Different things to different people: Art therapy in Britain-a brief survey of its history and current development. *The Arts in Psychotherapy*, 19, 87-92.
- Waller, D. (1993). *Group interactive art therapy*. London, UK: Routledge.
- Waller, D. (1998). *Towards a European art therapy*. Buckingham, UK: Open University Press.
- Waller, D., & James, K. (1984). Training in art therapy. In T. Dalley (Ed.), *Art as therapy*, (pp. 191-201). London: Tavistock.
- Ward, C. (1998). Art therapy training and race and culture. In D. Docktor (Ed.), *Arts therapists, refugees and migrants: Reaching across borders*, (pp. 287-305). London: Jessica Kingsley Publishers.

- Watkins, M. M. (1981). Six approaches to the image in art therapy. *An Annual of Archetypal Psychology and Jungian Thought*, Spring 107-125.
- Weir, F. (1987). The role of symbolic expression in its relation to art therapy: A Kleinian approach, in T. Dalley, C. Case, J. Schaverien, F. Weir, D. Halliday, P. Nowell-Hall & D. Waller (Eds.), *Images of art therapy: New developments in theory and practice*, (pp. 109-127). London, UK: Tavistock Publications.
- Westwood, J. (1981). BA (Hons) Degree Show. Video/Film & Slide Installation: 'A place where I lived alone'. Sheffield City Polytechnic, Psalter Lane Art College, UK.
- Westwood, J. (1984). MA Degree Show. Photographs and film show: 'Skinheads and roses' and 'The wound'. Royal College of Art, London.
- Westwood, J. (2007) Picturing Organizations: A visual exploration of the unconscious at work. *Tamara Journal for Critical Organization Inquiry*, 6(1), 36-57.
- Westwood, J., Keyzer, C. & Evans, J. (2010) Art therapy, children 0-6 years and their families: A research project surveying the Sydney region of New South Wales, Australia. *The Australian & New Zealand Journal of Art Therapy*, 5(1), 17-28.
- Wilbur, K. (2000). *A theory of everything: An integral vision for business, politics, science and spirituality*. Boston: Shambala.
- Williams, G., & Wood, M. (1977). *Developmental art therapy*. Baltimore, MD: University Park Press.
- Wilson, L. (1987). Symbolism and art therapy: Theory and clinical practice. In J. Rubin (Ed.), *Approaches to Art Therapy*, (pp. 44-62). New York, NY: Brunner Mazel.
- Wilson, M. (2003). Art therapy in addictions treatment: Creativity and shame reduction. In C. Malchiodi (Ed.), *Handbook of art therapy* (pp. 281-293). New York, NY: The Guilford Press.
- Winnicott, D. (1971). *Playing and reality*. London, UK: Tavistock Publications.
- Woddis, J. (1986). Judging by appearances. *The Arts in Psychotherapy*, 13, 147-149.
- Wood, C. (2000). The significance of studios. *Inscape*, 1(1), 13-19.
- Woolfe, R. (1992). Experiential learning in workshops. In T. Hobbs (Ed.), *Experiential training practical guidelines*, (pp. 1-13). London: Routledge.
- Wright, K. (2009). *Mirroring and attunement: Self realisation in psychoanalysis and art*. London & New York: Routledge.
- Yalom, I. (1975). *The theory and practice of group psychotherapy*. New York, NY: Basic Books.
- Yalom, I. (1983). *In-patient group psychotherapy*. New York, NY: Basic Books.
- Yalom, I. (1988). *The Yalom reader*. New York, NY: Basic Books.
- Yalom, I. (2002). *The gift of therapy*. New York, NY: Perennial/Harper Collins.

Appendix 1: Letter to program coordinators (July, 2006)

Dear Program Coordinator

Art Therapy Education in Australia

I am writing to you in your capacity as an educator in the field of arts therapies and in connection to my PhD. I am studying at the University of Western Sydney under the supervision of Dr Adrian Carr (UWS) and Dr Andrea Gilroy (University of London).

The working title of my PhD is: *An investigation and analysis of the theories that influence the shape of art therapy education in Australia*

Part of the study is to survey and review the literature that influences this field of education. As such one of my research aims is to ascertain what literature is most commonly used in the education of arts and expressive therapists in Australia in order to identify and analyse the training field in some depth.

In this initial survey I would be grateful if you could provide me with the following information. (By email is fine)

1. A list of set texts books or readings that are used in your program/s.
2. A list of recommended text books or readings that are used in your program/s.
3. A list of the 10 most essential books or readings used in your program/s.

I have distinguished between set and recommended texts as this is a practice of many universities but if this does not apply to your program then one list is fine.

I would be very grateful for your time and effort to supply me with this information. I hope it may contribute to a useful survey and analysis of the field and the theoretical discourses that underpin its education and practice.

If you have any questions or you would like more information about this part of the research, do let me know. I intend to contact you again at a later stage about conducting an interview with you as part of this project if you are amenable to this.

I would be happy to share and discuss the outcomes of the research as this eventuates.

Many thanks for your time and consideration.

Regards, Jill Westwood

Jill Westwood

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Appendix 2: List of Questions for Art Therapy/Arts Therapies Educators

Information about the Art Therapy Program or Arts Therapies related Program

Background/History

1. When did the program begin?
2. Who was involved in getting the program started?
3. What motivated the initiation of the program?
4. What do you know about the history of the program?
5. Can you elaborate on the background?
6. How has the program evolved?
7. Have there been significant changes or developments?
8. How long have you been involved or employed in the program?
9. Where is the program located? E.g. Faculty, School?

Program Structure/Aims/Content

10. What is the duration and structure of the program?
11. What is the aim/purpose of the program?
12. What is the ethos or philosophy of the program?
13. What are the entry requirements?
14. What theoretical approaches are taught or emphasized?
15. What components of study comprise the program? E.g. Academic, Clinical, Experiential etc
16. What areas of content are studied? E.g. Theories of art therapy, group work, professional practice, ethics etc.
17. What teaching methods are used?
18. What items of assessment are students required to produce?
19. How are these items assessed?
20. Is there a research component to the program?
21. If so, how is this taught?
22. Are the theses assessed externally?
23. If so, by who? Where?
24. What is the position of students undertaking personal therapy while studying?

Student Cohort practices

25. How many students do you have in a cohort each year?
26. Approximately how many have graduated from the program since it began?
27. What are the employment outcomes for graduates? Where employed?
28. What do you see as opportunities/constraints for employment for graduates?

Staff

29. What staff is employed to run the program?
30. On what basis? Permanent, casual, contract?
31. What are their backgrounds?

Information about the Program Educators

32. What is your background- culture, experience, identity, training?
33. How did you become interested in art therapy/arts therapies?
34. Have you completed Art/Expressive Therapies training? If so, where, when?
35. What was the ethos or philosophy of the program?
36. What models of theory and practice were taught or emphasized?
37. Who were your teachers?
38. What were their favored models of theory and practice?
39. Are they a significant influence on your current practice as an educator?
40. If so how? If not why is that?
41. Where else if anywhere have you taught art therapy/arts therapies?
42. If so, what was the ethos or philosophy of the program?
43. What models of theory and practice were taught or emphasized?
44. What if any are your research interests?

Views/Preferences

45. What theoretical approaches do you favor? Can you expand on reasons for this?
46. What theoretical approaches do you teach in the program?
47. Is this in response to anything in particular?
48. How do you see your own preferences about theories interfacing with teaching?
49. What influences do you see in the program currently? (Theoretically, or other)
50. How do you understand or account for these influences?
51. What do you consider to be the most important aspect in the training?
52. What do you consider are the most significant struggles or tensions in the training?
53. More generally what do you see developing in the art therapy field in the Australian context?
54. Particularly what do you see as the opportunities and constraints of the development of art therapy in the professional context?
55. What do you see as the major influences in your practice as an Art Therapy/Arts Therapies educator?
56. If possible can you name the most influential Art Therapy educator to your practice?

Questions 1-31: It was noted that not all questions would be relevant to all participants. Therefore participants were asked to respond accordingly and email responses prior to the interview or focus group.

Questions 32-56: Similarly it was noted that not all questions would be relevant to all participants therefore the interview discussion was guided by participant responses.

Appendix 3: Interview Questions Plan – linked to overall Key Questions Plan (Table 6)

The colour code tracks the link between the research questions and interview questions

Key Question	Main Questions	Sub Questions to be asked at interviews with Educators	Assumptions
<p>What (constitutes) / is the field of Art Therapy Education in Australia?</p>	<p>What theories and practices are taught in the field of AT Education?</p> <p>What are the theoretical influences?</p> <p>Where are the theoretical influences coming from?</p> <p>How can we understand or account for these influences?</p>	<p><u>Background/History</u></p> <ol style="list-style-type: none"> 1. When did the program begin? 2. Who was involved in getting the program started? 3. What motivated the initiation of the program? 4. What do you know about the history of the program? 5. Can you elaborate on the background? 6. How has the program evolved? 7. Have there been significant changes or developments? 8. How long have you been involved or employed in the program? 9. Where is the program located, E.g. Faculty, School? <p><u>Program Structure/Aims/Content</u></p> <ol style="list-style-type: none"> 10. What is the duration and structure of the program? 11. What is the aim/purpose of the program? 12. What is the ethos or philosophy of the program? 13. What are the entry requirements? 14. What theoretical approaches are taught or emphasized? 15. What components of study comprise the program? E.g. Academic, Clinical, Experiential etc 16. What areas of content are studied? E.g. Theories of art therapy, group work, professional practice, ethics etc. 17. What teaching methods are used? 18. What items of assessment are students required to produce? 19. How are these items assessed? 20. Is there a research component to the program? 21. If so, how is this taught? 22. Are the theses assessed externally? 23. If so, by who? Where? 24. What is the position of students undertaking personal therapy while studying? <p><u>Student Cohort practices</u></p> <ol style="list-style-type: none"> 25. How many students do you have in a cohort each year? 26. Approximately how many have graduated from the program since it began? 27. What are the employment outcomes for graduates? Where employed? 28. What do you see as opportunities/constraints for employment for graduates? <p><u>Staff</u></p> <ol style="list-style-type: none"> 29. What staff is employed to run the program? 30. On what basis? Permanent, casual, contract? 31. What are their backgrounds? <p>Information about the Program Educators</p>	<p>That the Educators of programs are in a position to provide relevant information on this investigation to contribute towards a ‘thick’ description of the AT education field. ***</p> <p>That the historical facts will hold relevant information about what theories/practices are being used in AT education and how this may have evolved. ***</p> <p>That other sources need to be included to provide a broader view of the field, such as professional association histories through newsletters, minutes of meetings etc. (ANATA & ANZATA). Published articles/books. ***</p> <p>That the background culture, experience and training of the Educators may have significant bearing on the theoretical influences present in the courses. ***</p> <p>That the Educators views and experiences in/of the field may hold significant keys to trace and account for the development of theoretical dynamics and influences in the field and provide material to build responses to the research questions. This may open up the horizons on this topic.</p>

		<p>32. What is your background- culture, experience, identity, training?</p> <p>33. How did you become interested in art therapy/arts therapies?</p> <p>34. Have you completed Art/Expressive Therapies training? If so, where, when?</p> <p>35. What was the ethos or philosophy of the program?</p> <p>36. What models of theory and practice were taught or emphasized?</p> <p>37. Who were your teachers?</p> <p>38. What were their favored models of theory and practice?</p> <p>39. Are they a significant influence on your current practice as an educator?</p> <p>40. If so how? If not why is that?</p> <p>41. Where else if anywhere have you taught art therapy/arts therapies?</p> <p>42. If so, what was the ethos or philosophy of the program?</p> <p>43. What models of theory and practice were taught or emphasized?</p> <p>44. What, if any are your research interests?</p> <p><u>Views/Preferences</u></p> <p>45. What theoretical approaches do you favor? Can you expand on reasons for this?</p> <p>46. What theoretical approaches do you teach in the program?</p> <p>47. Is this in response to anything in particular?</p> <p>48. How do you see your own preferences about theories interfacing with teaching?</p> <p>49. What influences do you see in the program currently? (Theoretically, or other)</p> <p>50. How do you understand or account for these influences?</p> <p>51. What do you consider to be the most important aspect in the training?</p> <p>52. What do you consider are the most significant struggles or tensions in the training?</p> <p>53. More generally what do you see developing in the art therapy field in the Australian context?</p> <p>54. Particularly what do you see as the opportunities and constraints of the development of art therapy in the professional context?</p> <p>55. What do you see as the major influences in your practice as an Art Therapy/Arts Therapies educator?</p> <p>56. If possible can you name the most influential Art Therapy educator to your practice?</p> <p>All questions are listed above. Below are specific sub-questions that address the main questions in the left hand column</p>	
	<p>What theories and practices are taught in the field of AT Education?</p>	<p>Facts about the Programs</p> <p><u>Program structure/aims/content</u></p> <p>12. What is the ethos or philosophy of the program?</p> <p>14. What theoretical approaches are taught or emphasized?</p> <p>15. What components of study comprise the program? E.g. Academic, Clinical, Experiential etc</p> <p>16. What areas of content are studied? E.g.Theories of art therapy, group work, professional practice, ethics etc.</p> <p>17. What teaching methods are used?</p>	

		<p>18. What items of assessment are students required to produce?</p> <p>19. How are these items assessed?</p> <p>20. Is there a research component to the program?</p> <p>21. If so, how is this taught?</p> <p>22. Are the theses assessed externally?</p> <p>23. If so, by who? Where?</p> <p>24. What is the position of students undertaking personal therapy while studying?</p>	
	<p>What are the theoretical influences?</p>	<p>Facts about the Program Educators Background/History</p> <p>32. What is your background- culture, experience, identity, training?</p> <p>33. How did you become interested in art therapy/arts therapies?</p> <p>34. Have you completed Art/Expressive Therapies training? If so, where, when?</p> <p>35. What was the ethos or philosophy of the program?</p> <p>36. What models of theory and practice were taught or emphasized?</p> <p>37. Who were your teachers?</p> <p>38. What were their favored models of theory and practice?</p> <p>39. Are they a significant influence on your current practice as an educator?</p> <p>40. If so how? If not why is that?</p> <p>41. Where else if anywhere have you taught art therapy/arts therapies?</p> <p>42. If so, what was the ethos or philosophy of the program?</p> <p>43. What models of theory and practice were taught or emphasized?</p> <p>44. What, if any are your research interests?</p>	<p>That the Educator and their experience is a significant influence on the theoretical model taught/emphasized and may have been influenced by past training experiences.</p>
	<p>Where are the theoretical influences coming from?</p> <p>How can we understand or account for these influences?</p>	<p>Views/Preferences</p> <p>45. What theoretical approaches do you favour? Can you expand on reasons for this?</p> <p>46. What theoretical approaches do you teach in the program?</p> <p>47. Is this in response to anything in particular?</p> <p>48. How do you see your own preferences about theories interfacing with teaching?</p> <p>49. What influences do you see in the program currently? (Theoretically, or other)</p> <p>50. How do you understand or account for these influences?</p> <p>51. What do you consider to be the most important aspect in the training?</p> <p>52. What do you consider are the most significant struggles or tensions in the training?</p> <p>53. More generally what do you see developing in the art therapy field in the Australian context?</p> <p>54. Particularly what do you see as the opportunities and constraints of the development of art therapy in the professional context?</p> <p>55. What do you see as the major influences in your practice as an Art Therapy/Arts Therapies educator?</p> <p>56. If possible can you name the most influential Art Therapy educator to your practice</p>	<p>That the Educator and their experience and views are a significant influence on the theoretical model taught/emphasized and that they may hold significant keys to trace and account for the development of theoretical dynamics and influences in the field and provide material to build responses to the research questions. This may open up horizons on this topic.</p>

Appendix 4: Letter of invitation to participate in the research

H6191: Art Therapy Education in Australia: An investigation and analysis of the theories that influence the shape of art therapy education in Australia.

Dear Colleague,

You are invited to participate in a PhD research project supported by University of Western Sydney, Research Centre for Social Justice & Social Change and supervised by Dr Adrian Carr (Principal Supervisor) and Dr Andrea Gilroy (Associate Supervisor).

The project is to investigate the theories that influence the shape of art therapy education in Australia.

The objectives of the project are:

- To survey the field of art therapy education in Australia.
- To gather information on the histories, theories, practices of the Art Therapy/Arts Therapies programs and the views of Art Therapy/Arts Therapies Educators
- To review relevant literature
- To identify theoretical influences and inform an analysis of the theories that shapes the education of Art Therapists in Australia.
- This will inform the development of an organized map of the field of art therapy education in Australia.

This project will contribute knowledge and understanding of the theories, practices and influences in art therapy education in Australia and this may have relevance to the wider field of art therapy and art therapy education elsewhere in the world. Furthermore it will consequently benefit the health and wellbeing of people in society.

The project includes gathering information from key people (Art Therapy/Arts Therapies Educators) through small focus groups or semi-structured interviews. These will include discussion and subsequent art responses on the topic. To discover information on the histories, theories, practices in relevant programs and the views of the Art Therapy/Arts Therapies Educators.

The project also includes examination and review of the literature and an autobiographical interrogation of my own histories, theories, practices and views of art therapy education.

I am seeking your participation in either a small focus group or a semi-structured interview to gather information relevant to this investigation. Enclosed is an information sheet explaining the details of the study and participation, a consent form which explains the voluntary nature of any participation and your rights, and the list of questions that will be discussed in an interview.

If you are interested in participating or have any questions about this invitation please let me know. I appreciate your consideration.

Yours sincerely, Jill Westwood

Appendix 5: Participant information sheet

Participant Information Sheet

H6191: Art Therapy Education in Australia: An investigation and analysis of the theories that influence the shape of art therapy education in Australia. May 2008 – Dec 2010

This information sheet outlines the intention of the research and the requirements of your involvement. Please read it carefully and be confident that you understand its content before deciding whether to participate.

Research Project, H6191:

The aim of this PhD project is to survey art therapy education in Australia with a view to the analysis of the theories that influence the shape of this emerging field. Information will be gathered on the theories and practices of the various art therapy training programs in Australia and potentially North America and Britain, as these places are likely to be identified as sources of influence on Australian art therapy education. A review of literature, interviews and an autobiographical investigation will also be undertaken. From this study a body of knowledge will be developed to provide understanding of the theoretical influences in art therapy education. This will provide the first organised view of the emerging and developing field in Australia. The findings will contribute knowledge and understanding of the theories, practices and influences in art therapy education in Australia and this may have relevance to the wider field of art therapy education elsewhere in the world. To fulfil these aims interviews with Art Therapy/Arts Therapies Educators will document various histories, theories, practices and views on the topic under investigation. This will support the development of art therapy education and the profession of Art Therapy and will bring greater knowledge to the training of Art Therapists to provide effective and innovative interventions in community and health services to benefit the health and wellbeing of people in society.

Name & contact details of the researchers:

Jill Westwood: Principal Researcher: j.westwood@uws.edu.au

Dr Adrian Carr: Associate Researcher/ Principal Supervisor at the Research Centre for Social Justice & Social Change, University of Western Sydney: a.carr@uws.edu.au

Dr Andrea Gilroy: Associate Researcher/ Associate Supervisor. University of London, Goldsmiths College, Unit of Psychotherapeutic Studies: A.Gilroy@gold.ac.uk

Why you are being approached? How you were selected?

The project is specifically focused on Art Therapy Education in Australia. Therefore I am interested to involve practising Art Therapy/Arts Therapies Educators who currently or previously worked in the Art Therapy/Arts Therapies Education field. You were selected by either a search of relevant tertiary education institute web sites that offer Art Therapy /Arts Therapies programs, the Australia and New Zealand Art Therapy Association (ANZATA) register, through professional networks or through interviews/focus groups with other Art Therapy/Arts Therapies Educators.

What does your participation involve?

Participation involves the following:

- Questionnaire.
- A small focus group with other Educators or a semi-structured interview of approx 1-2 hours with the researcher.
- Contribution of an art response on the topic.

The interview will be either in person or by telephone. An overview of the questions is provided on another sheet. On this sheet the questions to be gathered by written questionnaire are identified separately to the questions that will be discussed in a focus group or interview. It would be helpful to review these questions in preparation for the interview and subsequently if you are amenable to contribute an art response of your view of the research topic and particularly the questions for focus group or interview discussion. This preparation and subsequent art response may take some additional time to the 1-2 hours of the focus group or interview itself.

The focus group or interview will be audio recorded and transcribed. Any images will be photographed with permission. Participants will be consulted about their contribution and given opportunity to verify the accuracy of the information and to advise of any revision or amendment to ensure their agreement with the material provided. When the information has been gathered and analysed participants will be sent a summary of the findings that will be produced.

Will the study be of benefit to participants or others?

There is no payment for participation but I anticipate you may benefit in the following ways:

- Opportunity to discuss and share your work experiences, practices and views.
- Awareness of theories and practices in art therapy/arts therapies education may be developed.
- Contribution to the knowledge and understanding of the theories, practices and influences in art therapy education in Australia and its relevance to the wider field of art therapy education elsewhere in the world.
- Contribution to raising understanding of art therapy in the professional field which could lead to improved professional outcomes and the development of knowledge and understanding of art therapy as a contribution to the health and wellbeing of people in society.

What are the possible risks and disadvantages associated with participation?

Your professional histories, theories, practices, experiences and views will be discussed therefore it is possible you may experience some discomfort in this process. This potential risk is minimised by ensuring you are informed of this risk before agreeing to proceed. The list of the questions that will be discussed in the interview and the process of the project are provided in advance as part of this material. Your participation is entirely voluntary and you may withdraw at any time without prejudice. If you do participate you may halt the interview at any time, ask for the audio tape to be

turned off or choose not to answer particular questions. Your responses will be treated with confidentiality throughout the information gathering process and in any report or publication. That is unless you specifically request otherwise.

What will happen to the information provided?

The information provided by participants will be used to form the basis of the survey of art therapy education in Australia. Consideration and analysis of the information will inform development of the PhD thesis. Only the named researchers will have access to the information you provide. Your anonymity will be preserved unless you request otherwise. All transcripts and images will be kept private and will be stored without your name. At the completion of the project the information will be stored in a protected computer environment at the Research Centre for Social Justice & Social Change for a period of 5 years from publication as advised in the Joint NHMRC/AVCC Statement and Guidelines on Research Practice 1997. After this time it will be securely disposed of.

How will you be informed of the outcome?

When the information has been gathered and analysed participants will be sent a summary of the findings.

What are your rights as a participant?

Taking part in this project is completely voluntary. You are under no obligation to consent to participate and you may withdraw your consent at any stage without prejudice. If you do participate you may halt the interview at any time, ask for the audio tape to be turned off or choose not to answer particular question/s.

If you have questions, concerns or would like further explanation please do not hesitate to contact me: Jill Westwood: j.westwood@uws.edu.au

NOTE: This study has been approved by the University of Western Sydney Human Research Ethics Committee or the University of Western Sydney Human Research Ethics Panel. If you have any complaints or reservations about the ethical conduct of this research, you may contact the Ethics Committee: humanethics@uws.edu.au (tel: 02 47 360 883). Any issues you raise will be treated in confidence and investigated fully, and you will be informed of the outcome.

Appendix 6: Consent Form (Australia)

Consent Form

CONSENT to participate in Research Project H6191:

**Title: Art Therapy Education in Australia: An investigation and analysis of the theories that influence the shape of art therapy education in Australia.
May 2008 – Dec 2010**

University of Western Sydney, Research Centre for Social Justice & Social Change

Jill Westwood PhD student 15010793

Dr Adrian Carr (Principal Supervisor) & Dr Andrea Gilroy (Associate Supervisor)

I confirm my consent to participate in this project. I have read and understood the participant information sheet and I understand my involvement will be:

- To participate in either a small focus group or an interview of between 1-2 hours with the researcher that will be audio recorded. The interview may be face to face or by telephone.
- To contribute an art response on the topic that may be photographed.

I understand the information I contribute may be used in educational forums, conference papers, funding submissions and published journal articles or books.

I understand my identity will be kept confidential unless specifically requested otherwise.

I give permission for the use of the information I contribute for these purposes.

I have had all my questions and concerns answered by the researchers.

I understand that I may withdraw from the research at any time without providing an explanation or to decline any aspects of participation.

I understand if I have any complaints or reservations about the ethical conduct of this research, I may contact the Ethics Committee: humanethics@uws.edu.au (tel: 02 47 360 883).

Signed _____

Print Name _____

Dated _____

Appendix 7: Participant Information (Overseas)

What does your participation involve?

Participation involves a semi-structured interview of approx 1-2 hours with the researcher. The interview will be either in person or by telephone. An overview of the questions is provided below. The interview will be audio recorded and transcribed. Participants will be consulted about their contribution and given opportunity to verify the accuracy of the information and to advise of any revision or amendment to ensure their agreement with the material provided. When the information has been gathered and analysed participants will be sent a summary of the findings that will be produced.

Questions

Questions on the following topics are designed to provide information on the context of art therapy education in relevant places of influence and information on Educators background, views and preferences.

Please note not all questions will be relevant to all participants therefore the discussion will be guided by participant responses.

Topics

Information about Art Therapy Program/s

Program/s participants have been involved in; the history, developments & context

The program/s, duration, structure, philosophy, theoretical approaches, teaching/learning strategies, assessment, research component

Student cohort, graduations, employment opportunities, constraints

Staffing

Wider field of Art Therapy; educational structures, recognition of qualifications, professional systems and how non-registered courses are managed or positioned

Information about Art Therapy Educator

Background training, experience, teachers and influences

Theoretical preferences, interfaces with teaching/learning, research interests

Most important aspect of the training

Personal perspectives and views on the theoretical landscape in Art Therapy

Influences, struggles, tensions opportunities in the field

Most important influence; theory, person, experience etc

Appendix 8: Consent Form (Overseas)

Consent Form

CONSENT to participate in Research Project H6191:

**Title: Art Therapy Education in Australia: An investigation and analysis of the theories that influence the shape of art therapy education in Australia.
May 2008 – Dec 2010**

University of Western Sydney, Research Centre for Social Justice & Social Change

Jill Westwood PhD student 15010793

Dr Adrian Carr (Principal Supervisor) & Dr Andrea Gilroy (Associate Supervisor)

I confirm my consent to participate in this project. I have read and understood the participant information sheet and I understand my involvement will be:

- To participate in an interview of between 1-2 hours with the researcher that will be audio recorded. The interview may be face to face or by telephone.

I understand the information I contribute may be used in educational forums, conference papers, funding submissions and published journal articles or books.

I understand my identity will be kept confidential unless specifically requested otherwise.

I give permission for the use of the information I contribute for these purposes.

I have had all my questions and concerns answered by the researchers.

I understand that I may withdraw from the research at any time without providing an explanation or to decline any aspects of participation.

I understand if I have any complaints or reservations about the ethical conduct of this research, I may contact the Ethics Committee: humanethics@uws.edu.au (tel: 02 47 360 883).

Signed _____

Print Name _____

Dated _____

Appendix 9: Letter of further consent (October 2010)

October 2010

Dear Participant,

Research Project H6191: Title: Art Therapy Education in Australia: May 2008-Dec 2010

Thank you for your involvement in this research project. I hope this finds you well. It has been a while since I have been in touch and I am nearing the end of the project.

I am contacting you to negotiate a further development of the work. Below is an extract of the thesis which refers to the material from our interview in the form of an institutional and personal profile. I would be grateful if you could review this for accuracy and let me know if you have any feedback, corrections or suggested adjustments on the content related to your contribution.

You will see I have also included some direct quotes taken from your interview. In the original consent (see attachments: Appendices 4, 5, 6, 7, 8) your anonymity is to be kept secure and this will continue to be respected. However due to the limited people who could contribute this information your identity may be able to be deduced or inferred therefore I would like to negotiate an extension of your consent and ask if you agree to be acknowledged as a source in the final thesis and additionally if you agree to be directly acknowledged in the selected quotes?

Please indicate your preference or let me know your view on this.

I agree to be acknowledged as a general source in this thesis	YES	NO
---	-----	----

I agree to being attributed to the quotes identified in the draft below	YES	NO
---	-----	----

I have provided these two options so you can choose the level of acknowledgement and attribution preferred. Please be assured if you prefer to remain anonymous this will also be respected and you will not be named directly as a source.

I would be grateful if you could let me know your feedback and preference as soon as possible as I am aiming to submit the thesis by 31 December 2010.

Many thanks for your contribution I look forward to hearing back from you and sharing the findings when it is completed.

Best wishes, Jill.

Jill Westwood
 PhD Candidate
 University of Western Sydney
 Research Centre for Social Justice and Social Change

Questions	RMIT Pedagogy	IKON Transpersonal	MIECAT Epistemology	ECU Conflict	UWS Survival/Art	La Trobe Context driven	UQ Mental health
6. How has the program evolved?	Through doing	From some units into a discrete diploma.	Moved from emphasis on arts therapy towards post modern inquiry methods and the importance of relational qualities inherent in the space of inquiry.	Several phases: Early: 1992-1996 Harvey – dynamically-oriented, Object relations – experiential approach Middle: 1996-1999 Campanelli – methods and research focused Final: 2001-2007 Henzell - Return to psychodynamic perspective.	Several phases Early: 1993-1997 Turbulent Middle: 1998-2007 Consolidation 1998: Full fee paying option introduced 1999: Grad Dip Exp. Th. introduced 2003: Restructure staff expansion Current: 2008 - Staff changes restructure - closure of GD Exp Th Integration with Master of Social Science and shared with Counselling	2000 Hannah Menahemi joined the program. 2001: Program moved from Department of Counselling & Psychological Health, to the School of Public Health. 2001: Menahemi appointed as Coordinator. Restructured to support the development of a culturally relevant Australian art therapy approach.	2009 re-structured from 3 to 2 years duration.
7. Have there been significant changes or developments?	Closure 2007	Expanding into 5 states (WA, SA, NSW, VIC, QLD)	Shift from phenomenological towards post modern inquiry. Shift away from therapy	Closure Personnel changes reflect shifts in perspectives	Shift back to one staff member 2008 and joined with Master of Social Sciences and Counselling	See above	Taking first international students in 2007.
8. How long have you been involved or employed in the program?	1996-2007	Since 1988	From the beginnings	Various - several interviews	Since 1993 – SL 1995- 2007- JW	Since 2000	Since 2004
9. Where is the program located? E.g. Faculty, School?	Public University: Began as joint project between Nursing, Education & Arts, moved to Education eventually.	Private Institute Complementary Therapies sector.	Private not affiliated with any University Programs in Melbourne, Brisbane, Singapore.	Public University WAAPA School of Art.	Public University School of Social Sciences, Coll. of Arts Previously in Visual and Performing Arts, and Social Sciences Schools.	Public University Department of Counselling and Psychological Health School of Public Health.	Public University School of Medicine. Faculty of Health Sciences.

Questions	RMIT Pedagogy	IKON Transpersonal	MIECAT Epistemology	ECU Conflict	UWS Survival/Art	La Trobe Context driven	UQ Mental health
Program Structure/Aims/Content							
10. What is the duration and structure of the program?	2 years full time 3 years part time	1 year full time 2 years part time	G. Dip 2 years p/t MA Sup 2 years p/t MA Res 2 years p/t Prof Doc 4 years	2 year full time Or part time equivalent.	2 year full time Or part time equivalent	2 year full time Or part time equivalent.	3 years p/t Equivalent 18 months f/t
11. What is the aim/purpose of the program?	To educate prospective Creative Arts Therapists for professional practice in their communities.	To acquire professional and personal life skills. For contribution to the community or for personal development or life transition.	MA Sup: For practitioners to develop their professional skills and work therapeutically using phenomenological, experiential and multi-modal methods of counselling.	To provide students with a broad knowledge base for effective art therapy practice and be competent to work as an Art Therapist	To provide students with a broad knowledge base for effective art therapy practice and be competent to work as an Art Therapist	To provide students with a broad knowledge base for effective art therapy practice and be competent to work as an Art Therapist.	To enable graduates to become registered Art Therapists with ANZATA. Preparation for work in wide range of settings and have a broad range of AT and psychotherapy skills.
12. What is the ethos or philosophy of the program?	Arts based multi-modal approach, humanistic philosophy	Transpersonal	Post modern inquiry methods inter-subjective co-construction, relational approach (Multi modal arts)	Shifted from psychodynamic to method oriented back to psychodynamic	Psychodynamic shifting towards more integrative view	Humanistic and psychodynamic	Psychodynamic
13. What are the entry requirements?	Undergraduate tertiary degree from any field advantageous but not essential plus life experience working with clients or client groups of volunteering, or community work.	Adequate general education and appropriate suitability	MA Sup-extensive work experience, MIECAT Grad Dip or other tertiary qualifications of equivalence.	Undergraduate degree in art or equivalent/or relevant degree plus work experience, portfolio and interview.	Undergraduate degree in art or equivalent/or relevant degree plus work experience, portfolio and interview.	Undergraduate degree in art or equivalent/or relevant degree plus work experience, portfolio and interview.	Undergraduate degree in art or equivalent/or relevant degree and art skills, plus 2 years relevant experience paid or voluntary and to present portfolio at interview.

Questions	RMIT Pedagogy	IKON Transpersonal	MIECAT Epistemology	ECU Conflict	UWS Survival/Art	La Trobe Context driven	UQ Mental health
14. What theoretical approaches are taught or emphasized?	Humanistic arts based approach Arts as therapy: engagement with the arts is therapeutic, and that such experience is transformative, educative and life-enhancing. Theorists:; Edith Kramer, Phil Jones, Bernie Warren, Roger Grainger, Edith Kaplan, John Dewey, Irvin Yalom, Carl Rogers	Transpersonal approach	Post modern inquiry inter-subjective co-construction, relational approach MIECAT inquiry is epistemological rather than theoretical – Articles written by staff/students plus: Heron & Reason (1997) Stern (2004) Lincoln & Guba (1987) Greenberg (2002) Damasio (2000) Moustakas (1994) Knowles & Cole (2008)	Range in different phases	Previously psychodynamic and broad overview Arts based perspective Shifting to social theory and humanistic integrative view	Humanistic and psychodynamic framework. Theoretical and experiential learning	Psychodynamic foundation with broad view of theory and art therapy approaches from Britain and America Much of the theoretical material not taught by Art Therapists.
15. What components of study comprise the program? E.g. Academic, Clinical, Experiential etc	Academic, experiential and placement component 80 hours	Experiential, placement 50 hours	Experiential plus academic – students are required to be in relevant work (either paid or voluntary)	Academic, experiential, clinical 750 hours placement	Academic, experiential, clinical 750 hours placement	Academic, experiential, clinical, research. 750 hours placement + minor thesis (10,000 words)	Academic, experiential, clinical 750 hours placement
16. What areas of content are studied? E.g.Theories of art therapy, group work, professional practice, ethics etc	Emphasis on studio work especially in the masters year	Transpersonal art therapy theory, history, concepts, poetics of the life cycle, life transitions, mental health, counselling skills, professional practice and practicum.	Experiencing Multi-modality Companioning Inquiry as research Post modern paradigms. Working with emotions Co-construction Ethical considerations Research paradigms and methods Research and Practice Working Multi-modally Supervised Practice	Art therapy theory and practice, applied psychology, psychoanalysis, analytic psychology, humanistic, cognitive behavioural theory, psychiatry, research methods.	Social theory Research Counselling skills Art therapy theory and practice Experiential group work.	Assessment, theories of graphic development, human development, theoretical approaches in art therapy, creativity theories , theories of group art therapy, object relations theory, Jungian theory linked to art psychotherapeutic skills, methods of research, art based inquiry.	1/3 content psychotherapy; 2/3 content AT. Research Theories of art therapy, group work, professional practice, ethics etc. history of AT/theories/client populations/ethics/ research/ supervision/art practice

Questions	RMIT Pedagogy	IKON Transpersonal	MIECAT Epistemology	ECU Conflict	UWS Survival/Art	La Trobe Context driven	UQ Mental health
17. What teaching methods are used?	Experiential studio; Interactive discussion; collaborative learning; field work; practicum placements	Experiential	Experiential teaching/learning	Lectures, presentations experiential workshops, supervision of clinical placements.	Lectures, presentations experiential workshops, supervision of clinical placements.	Integrative model theoretical and experiential work linking theory and practice. Modes of learning include: lectures, presentations, art, written and experiential assignments, supervision.	Lectures, presentations by AT's, experiential workshops, supervision of clinical placements.
18. What items of assessment are students required to produce?	Essays; Fieldwork; Reports; Literature reviews;	Various written and experiential solutions	Various written papers 2 x 3,000 words papers, 1 x 5,000 word paper and research project 15,000 words.	Written assignments, student visual presentations (case studies etc), art practice via visual journal etc	Written assignments, student visual presentations (case studies etc), art practice - exhibition	Various; 4000 words or each unit each semester. Minor thesis (10,000 words)	Written assignments, student visual presentations, art practice via visual journal and exhibition, research project , skills workshops
19. How are these items assessed?	Mainly by the course facilitator; some peer assessment.	Mainly by the course facilitator	Course work papers are assessed internally either by one or two assessors	Course work papers are assessed internally either by one or two assessors	Course work papers are assessed internally either by one or two assessors	See Q.23	Course coordinator, research project, assessed by at least 2 staff members.
20. Is there a research component to the program?	Minor research project	N/A	Yes	Yes	Prior to 2008 – not specifically Since 2008-Yes	2006 requirements were adapted to an art therapy final project consistent with a master's by course work rather than a minor research thesis.	Yes
21. If so, how is this taught?	One semester unit on Qualitative Research with relevant assessment item, plus a final research project.	N/A	Experientially and through units on research paradigms and methods	Not clear	Research methods as part of the Master of Social Science – generic unit	Not clear	Research methods part of Masters of Mental Health
22. Are the theses assessed externally?	No	N/A	Yes	Not clear	No	Yes & No	No

Questions	RMIT Pedagogy	IKON Transpersonal	MIECAT Epistemology	ECU Conflict	UWS Survival/Art	La Trobe Context driven	UQ Mental health
23. If so, by who? Where?	N/A	N/A	Externally by 2 assessors - Usually mainstream university staff.	Not clear	N/A	Minor theses (being taught out) are examined by two external examiners Final Projects are examined internally by two examiners within the University Department	N/A
24. What is the position of students undertaking personal therapy while studying?	Encouraged but optional	The course is an opportunity for self development	It is encouraged if staff feels there is a need – not demanded.	Strongly encouraged but not mandatory	Strongly encouraged but not mandatory	Strongly encouraged but not mandatory.	Encouraged but not mandatory
Student Cohort practices							
25. How many students do you have in a cohort each year?	20-30	Not clear	Grad Dip 20 MA supervision 15 MA research 7 Prof Doc cohort 15	20-25	25	18 - 22	6-10
26. Approximately how many have graduated from the program since it began?	92	300-500 approx	150 approx	100+	100+	82 18-20 in final stages of theses/projects	14
27. What are the employment outcomes for graduates? Where employed?	Mixed but gaining in numbers and strength. Graduates employed in a wide variety of community agencies; a few in hospitals, and some in mainstream schools.	Varied	Private practice, schools, community health centres, drug and alcohol rehab, women's refuges.	Wide range of positions in a variety of clinical, community and social settings.	Wide range of positions in a variety of clinical, community and social settings.	Wide range of positions in a variety of clinical settings. Healthy take up in Melbourne services	Only few graduates A range of positions in a variety of clinical, community and social settings.

Questions	RMIT Pedagogy	IKON Transpersonal	MIECAT Epistemology	ECU Conflict	UWS Survival/Art	La Trobe Context driven	UQ Mental health
28. What do you see as opportunities/ constraints for employment for graduates	<p>Opportunities: Community sector, arts for well being</p> <p>Constraints: funding, employment and lack of community awareness of the potential advantages of creative arts therapy.</p>	<p>Opportunities: Community building, arts for well being, particularly Indigenous communities,</p> <p>Constraints: Limited view of professional association – excluding position.</p>	<p>Opportunities: Working with people's strengths rather than focussing on problems, deficits.</p> <p>Constraints: Funding , dominant medical/psychological paradigm</p>	<p>Opportunities: Arts and wellness paradigm – arts and health, Indigenous communities.</p> <p>Constraints: Lack of awareness of art therapy.</p>	<p>Opportunities: Development of research, new links with social sciences thought to make graduates more employable.</p> <p>Constraints: Placements relying on students inhibits employment of qualified AT</p>	<p>Opportunities: Strong relationships with major public health service providers, advancing employment outcomes. Increased interest in arts based methods in research at La Trobe.</p> <p>Constraints: Need for greater professional recognition by government.</p>	<p>Opportunities: Quality of graduates, ambassadors of the profession, research generally and specific mention of link to neuroscience.</p> <p>Constraints: Lack of research. Lack of funds. QLD less resources than other States (NSW, VIC)</p>
Staff							
29. What staff is employed to run the program	1 f/t staff + several casual and contract facilitators.	1 program leader with casuals	25 staff	On average equivalent 2 f/t + casuals	Since 2008 1 f/t 2003- 2007 1 f/t + 3 p/t 1996-2003 1 f/t + casuals	2 f/t 1 p/t 4 casual staff + guest lecturers	1 p/t 2 perm academics in mental health teach into the program
30. On what basis? Permanent, casual, contract?	One permanent coordinator and 10-12 casuals	Not clear	Some part time permanent, others casual contract.	2 ft to begin with plus casuals. Reduced to 1 ft plus casuals	Since 2008 1 permanent (As above)	3 permanent 4 casuals	1 p/t contract 2 permanent academics in MMH.
31. What are their backgrounds?	Program Leader Music Education; Coordinator MA in Psychotherapy and Family Therapy; others Arts Therapists from healthcare or education, and many who graduated from the RMIT.	Psychology, counselling, education, remedial massage, yoga, hypnotherapy, all completed the transpersonal art therapy program at least twice.	6 have PhD's they are <i>either/and</i> researchers, arts practitioners, psychologists, art therapists – all others have MA's or M Ed.	Experienced art therapists and psychotherapists, trained in UK, USA & Australia.	Australian trained Prior to 2007 – UK trained.	Experienced art therapists practicing in the field.	UK, US and Australian trained Art Therapists. Psychotherapy lecturers are all experienced and senior clinicians: social workers, OT's psychologists and psychotherapists.

Questions	RMIT Pedagogy	IKON Transpersonal	MIECAT Epistemology	ECU Conflict	UWS Survival/Art	La Trobe Context driven	UQ Mental health
Program Educators							
32. What is your background- culture, experience, identity, training?	Canadian -Mental Health Nursing, Family Therapy, Imaginative literature	Australian- Anthropology, medical science, psychology, psychoanalysis, transpersonal training.	Australian - art education	Various DH – UK trained art, art education, art therapy (Birmingham/ Goldsmiths) JH Australian – art therapy UK – Herts, Sheffield etc MC – USA – Pratt University	SL – Australian trained UWS, psychodrama, narrative approach JW – UK trained, Goldsmiths - artist background	Australian - Artist, painting. Trained in New York, USA. Lived worked in Israel, USA.	Australia migrant - trained in UK, Goldsmiths
33. How did you become interested in art therapy/arts therapies?	See profile	See profile	Through education experiences	See profile	See profile and chapter 5	See profile	See profile
34. Have you completed Art/Expressive Therapies training? If so, where, when?	No	Ikon program twice	No	Yes – all – see Q. 32	Yes - all – see Q. 32	M.A. Lesley College, USA. Arts Therapies Psychodrama New York; B.A. Psychodynamic, Existential NY Diploma of Art Therapy. Turtle Bay Music School. New York	Yes - Goldsmiths
35. What was the ethos or philosophy of the program?	N/A	Transpersonal	N/A	Psychodynamic	Psychodynamic	Lesley College: art based experiential psychodynamic, Jungian, Existential, Gestalt Psychodrama-Moreno	Psychodynamic
36. What models of theory and practice were taught or emphasized?	N/A	Transpersonal	N/A	Psychodynamic	Psychodynamic	Various – see above	Psychodynamic

Questions	RMIT Pedagogy	IKON Transpersonal	MIECAT Epistemology	ECU Conflict	UWS Survival/Art	La Trobe Context driven	UQ Mental health
37. Who were your teachers?	N/A	Not clear	N/A	Michael Edwards	Andy Gilroy Harriet Wadeson	Vera Ziltzer, a colleague of Edith Kramer Shaun McNiff, Paulo Knill, Laurie Rappaport, Sadie Tee Dreikurs Virginia Satir, Bob & Jackie Siroka	Andy Gilroy
38. What were their favored models of theory and practice?	N/A	Not clear	N/A	Psychodynamic Jungian	Psychodynamic	Various – see above	Psychodynamic
39. Are they a significant influence on your current practice as an educator?	N/A	Not clear	N/A	DH - yes	JW – yes SL - yes	HM - yes	CE - yes
40. If so how? If not why is that?	N/A	N/A	N/A	See profile	See profile	See profile	See profile
41. Where else if anywhere have you taught art therapy/arts therapies?	N/A	N/A	N/A	JH – Herts, Sheffield	JW – Goldsmiths UK	ISRAEL: Kibbutzim College of Education, Haifa University, Open University Arts Institute Project in Israel, Bar Ilan University, Art Teachers College, Ramat Hasharon USA, Lesley College Graduate School, Marymount Manhattan College,	N/A
42. If so, what was the ethos or philosophy of the program?	N/A	N/A	N/A	Psychodynamic	Psychodynamic – group systems	Mainly psychodynamic, object relations Jungian focus	N/A

Questions	RMIT Pedagogy	IKON Transpersonal	MIECAT Epistemology	ECU Conflict	UWS Survival/Art	La Trobe Context driven	UQ Mental health
43. What models of theory and practice were taught or emphasized?	N/A	N/A	N/A	Psychodynamic	Psychodynamic – group systems	Various - Profession of AT changed over years from limited literature, where educators needed to be inventive to a more developed field.	N/A
44. What if any are your research interests?	Arts based learning – PhD project	Human consciousness	Ways of knowing through art	DH – Indigenous Child Protection -art therapy JH – phenomenology of art TM- Invisible communities	SL – post structural narrative approaches JW – art therapy education	Therapist’s own personal creativity Visual culture , vision and ‘insight’ Intimacy and distance.	Feminist perspectives, group work, eating issues
Views and Preferences							
45. What theoretical approaches do you favor? Can you expand on reasons for this?	Arts therapy	Transpersonal	Post modern inquiry method	Psychodynamic	Post structural narrative approaches	Winnicott, Wright, Elkins, Hillman	Psychodynamic, systems, attachment theory
46. What theoretical approaches do you teach in the program?	PBL, Collaborative learning, arts based learning	Transpersonal	Epistemologically led rather than theoretically Post modern inquiry method	Psychodynamic	Broad range including psychodynamic	Broad range including psychodynamic	Broad range including psychodynamic
47. Is this in response to anything in particular?	Not clear	Not clear	Not clear	Not clear	Not clear	Student feedback, learning styles, pragmatic needs and developments in the field.	Not clear
48. How do you see your own preferences about theories interfacing with teaching	Closely aligned	Closely aligned	Closely aligned	Depending on educator and era	Shaped by practical constraints	Closely aligned	Evolving
49. What influences do you see in the program currently? (Theoretically, or other)	N/A	Transpersonal	Post modern inquiry methods	N/A	Move towards social theory	Cross curation of ideas - climate of inclusivity- development of a culturally relevant Australian art therapy approach.	Early days

Questions	RMIT Pedagogy	IKON Transpersonal	MIECAT Epistemology	ECU Conflict	UWS Survival/Art	La Trobe Context driven	UQ Mental health
50. How do you understand or account for these influences?	N/A		Developing interests of educators in collaboration with students	N/A	Changes in University agendas driven by funding, integration into Master of Social Sciences	Reflects development in the culture of AT training in Australia and worldwide.	Early days
51. What do you consider to be the most important aspect in the training?	Relationship to art and placement consolidation	Experiential	Experiential	The integration of intellectual, practical, research skills, personal development.	All round integration and development of all aspects to think into range of contexts and approaches – experiential, arts focus.	Broad knowledge base for effective art therapy practice. The integration of intellectual, practical, research skills, personal development.	The integration of intellectual, practical, research skills, personal development.
52. What do you consider are the most significant struggles or tensions in the training?	Personal issues impeding education process Therapy/education tension. Staff sharing same view of training. Funding	Not clear	Not clear	Differences of philosophical and theoretical views between staff.	Funding, resources, staffing. Therapy/education tension.	Developing professional identity in a mental health system. Professional conflicts about differing approaches and training standards.	Funding, resources.
53. More generally what do you see developing in the art therapy field in the Australian context?	Wellbeing community possibilities and with Indigenous communities	Wellbeing community possibilities and with Indigenous communities	PhD doctoral studies development.	ANZATA –expanding and including arts plural therapies and ways to include other arts therapy programs. Art therapy with Indigenous communities.	Need to keep program alive in NSW. Inclusive move towards other arts therapies within ANZATA	Increasing development of graduates in employment.	Research

Questions	RMIT Pedagogy	IKON Transpersonal	MIECAT Epistemology	ECU Conflict	UWS Survival/Art	La Trobe Context driven	UQ Mental health
54. Particularly what do you see as the opportunities and constraints of the development of art therapy in the professional context?	<p>Opportunities: Community sector, arts for well being</p> <p>Constraints: Funding, employment and lack of community awareness of the potential advantages of creative arts therapy.</p>	<p>Opportunities: DSM IV – spiritual crisis category development. Society moving closer to the transpersonal view.</p> <p>Constraints: Prevailing medical paradigm.</p>	<p>Opportunities: Well being ground could be claimed.</p> <p>Constraints: Prevailing medical paradigm. Funding.</p>	<p>Opportunities: Arts and health community well being sector.</p> <p>Constraints: Recognition of the importance of the imagination for well being.</p>	<p>Opportunities: Research, new links with social sciences thought to make graduates more employable.</p> <p>Constraints: Funding, resources, prevailing paradigm.</p>	<p>Opportunities: Graduates engaging in professional context.</p> <p>Constraints: Reforms in Universities economic issues, restructuring, burgeoning bureaucracy and diminishing resources.</p>	<p>Opportunities: Research</p> <p>Constraints: Lack of research. Lack of funds. QLD less resources than other States (NSW, VIC)</p>
55. What do you see as the major influences in your practice as an Art Therapy/Arts Therapies educator?	Call to Stories Virginia Satir	Transpersonal perspective.	Merleau Ponty Heron & Reason (1997) Stern (2004) amongst others	Various	Various Feminism, narrative post structural, psychodynamic, group systems. Art making	Working with students, returning to Australia Own art making	Many
56. If possible can you name the most influential Art Therapy educator to your practice?	Kramer	McNiff	Has not been taught by any arts therapy educators	Edwards (DH, JH) McNiff (TM) Grey Smith (JH)	Gilroy (JW, SL) Wadeson (JW, SL) Michael White (SL)	Many educators integrated into my current practice.	Many

NB. Five programs provided written responses (RMIT, MIECAT, ECU, La Trobe, UQ). Of those that responded level of detail was variable and in some cases only represented a limited view. Therefore the information gathered was inconsistent and is reflected in the details of the results table.

Results table USA & UK Educators

Questions		UK AG	UK SS	UK CW	USA HW	USA SM	USA MR
Information about Art Therapy Program/s	Program/s participants have been involved in; the history, developments & context	Goldsmiths –UK 1979- UWS – Australia 1995 Object relations, neo-Freudian – dynamically oriented psychotherapy view which is held within a group analytic systems framework	Goldsmiths – UK since 1986 Object relations, neo-Freudian – dynamically oriented psychotherapy view which is held within a group analytic systems framework	University of Sheffield- UK 1981 2004 – became Northern Program – based in Sheffield Health & Social Service Trust accredited by Leeds Metropolitan University Psychodynamic – socio-political view	University of Houston 1978-1980 University of Illinois 1981-2003 North Western 2003 –	Lesley College	Buffalo State University of Louisville Florida State Uni
	Student cohort, graduations, employment opportunities, constraints	Agenda for change NHS Highly graded fewer jobs in health Education and community opportunities	85 students 1992 – became MA 2 year program - Personal therapy required	60 students	Not clear	Not clear	Not clear
	Staffing	Waller, McNeilly, Woddis, Skaife, Molloy, Jones, Dudley, Shared group analytic view	Waller, McNeilly, Woddis, Skaife, Molloy, Jones, Dudley, Shared group analytic view	Henzell, Schaverien, David Edwards at beginning – MacLagan, Case and many others. Range of views	Not clear	Not clear	Various Lusebrink, Kagin
	Wider field of Art Therapy; educational structures, recognition of qualifications, professional systems and how non-registered courses are managed or positioned.	Birmingham – art ed St Albans/Herts - medical Goldsmiths – art ed Sheffield - social Edinburgh – social Derby- arts therapies u/g Roehampton - Jungian IATE - integrative Hibernia – Anthroposophical Tobias Institute Anthroposophical	See profile	Began in medical faculty of University due to wider forces and move away from vocational degrees – shift to partnership between Sheffield Health and Social Trust and Leeds Metropolitan University -2004	See profile	See profile	See profile

Questions		UK AG	UK SS	UK CW	USA HW	USA SM	USA MR
Information about Art Therapy Educator	Background training, experience, teachers and influences.	Art, art education, PG Dip art therapy – Birmingham - Edwards	Art, art education, PG Dip AT Goldsmiths, Group Analytic Training Diane Waller	Communications degree, Dip art therapy Goldsmiths 1978, PhD	Apprenticeship NIH medical research environment	Apprenticeship in clinical environment	Art education, Louisville University, Vija Lusebrink
	Theoretical preferences, interfaces with teaching/learning, research interests.	Psychoanalytic, art theory, research, methodology, Piero Della Francesca	Intersubjectivity Group systems Psychodynamic Socio-political	Psychoanalytic Socio-political	Eclectic	Expressive arts therapies – integrated arts	Eclectic
	Most important aspect of the training.	Experiential learning and art	Interlocking group model – Large art psychotherapy group	Not clear	Art - Placement Experiential learning	Art - integration	Experiential learning
	Personal perspectives and views on the theoretical landscape in Art Therapy.	Blinkered in the direction of analytic views. Movement towards art theory – looking and seeing.	Noticing changes towards range of perspectives, integrative arts and towards opportunities in the community and education sector.	Having to adapt to context becoming more skilled in applying principles	Towards two opposite poles: Neurobiology and social action	Advocate of a turn to art and the sacred.	Eclectic Enabling students to find own relationship to theory.
	Influences, struggles, tensions opportunities in the field.	Drive towards generic skills, de-professionalization EBP – Research HPC – BAAT – Regulation – control. Opportunities in community, art, arts health spaces with theoretical eye we didn't have before.	Agenda for change NHS Highly graded fewer jobs in health. Tensions between professional association and HPC – shift of power towards regulation.	Proliferation of programs and people working with art versus protection of specialization	Research	Critical of prescriptive reductionist tendencies	Research
	Most important influence; theory, person, experience etc.	PhD, own therapy, learning through doing, Working with Gerry McNeilly & Joan Woddis in experiential groups, own art, Piero Della Francesca Art theory (Michael Edwards, Diane Waller)	Art, art education, therapeutic communities, group systems, socialist-Marxist politics, anti-psychiatry, creative process, inter-subjectivity, Diane Waller	Michael Edwards, Joy Schaverien, Caroline Case, Andy Gilroy, Diane Waller	Hanna Kwiatkowska amongst others	Rudolph Arnhem amongst others	Vija Lusebrink amongst others