

The Phenomenological Approach to Art Therapy

Joseph Guttman and Dafna Regev

The present paper discusses the phenomenological approach to art-therapy and suggests an operational terminology for its main theoretical concepts. First we present the general assumptions that underline art therapy. Definitions, leading approaches, and the therapeutic effect of artwork are considered. Next we indicate the need for relevant and particular theories of art therapy. Phenomenological theory is examined as a case in point because of its popularity among art therapists. Despite its philosophical appeal, however, we find phenomenological theory lacking the operational terminology that is essential to form a coherent and distinct school of therapy. In the present paper, we extract from phenomenological theory operational principles, which can be followed and applied by art therapists. In this analysis, we take into consideration Betensky's pioneer attempt to create the bridge between phenomenological theory as applied in verbal psychotherapy and art therapy. We end by discussing the urgent need to operationalize other verbal psychotherapeutic theories so they are relevant for art-therapy practice and may help create greater similarities among art therapists of the same school of psychotherapy.

KEY WORDS: phenomenological approach; art therapy.

Art therapy is a human service profession that utilizes art media, images, the creative art process, and patient/client responses to the created productions as reflections of an individual's development, abilities, personality, interests, concerns, and conflicts (Rubin, 1998).

By its nature, this definition presents only the very essence of art therapy, namely its unique way of blending art and therapy. One of the common definitions of art is: products of creative work; paintings statues, etc. One of the common definitions for psychotherapy is: the treatment of mental disorder or personal difficulties by any of various means including communication between a trained

Address correspondence to Dr. Joseph Guttman, Faculty of Education, University of Haifa, 31905 Haifa, Israel; e-mail: yossig@construct.haifa.ac.il.

person and the patient. The difficulties defining the particular ways of combining art and therapy to form art-therapy created the difficulties defining the profession. These definitions were summarized by Ulman (1975), who concluded that the only common component in all the various practices of art therapists is that patients' artwork serves as a means to gain integration or re-integration of the personality.

There exists profound disagreement among art therapists over the innermost nature of the relationship between art and verbal communication in art-therapy. Two different approaches are prevalent in this treatment's theory and practice. One argues that since artwork by and of itself entails therapeutic agents, the patient's act of creation and its products are the essence of the therapeutic process in art-therapy (see Kramer, 1958, 1971, 1979). The other viewpoint contends that the creative process and its results are only means to the verbal therapeutic process (Naumberg, 1953, 1966). According to Naumberg (1953) the emphasis in art therapy should still be on verbal reflections, analysis, and processing. Artwork, by this approach, has unique qualities to act as a powerful trigger and facilitator for an effective verbal therapeutic process. Therefore, it should hold a pivotal position in art-therapy.

By either approach, however, artwork is deemed to carry unique ingredients for an effective psychotherapy.

THE THERAPEUTIC EFFECT OF CREATIVE ART

The notion that engaging in creative work has psychological benefits has a long history. In 1841, for example, W. A. R. Browne, superintendent of Crichton Royal Hospital in Scotland, is quoted as saying that doing artwork "... contributes primarily to impart healthy vigour to the body and secondarily to expel delusions, and to establish the tranquillity which allows and facilitates the operation of rebuke, remonstrance, threats, encouragement or reasoning" (Hogan, 2001; p. 42). The source for these assumed effects is the hypothesis that creativity is a process of objectifying one's inner experience (Grainger, 1999) that is, artwork's healing effect stems from objectifying awareness that gives independent existence to a symbolic representation of one's self. The value of objectified self-expression is twofold. It enables an individual to make contact with his or her inner self while also bridging the gap from the private-self to the public-otherness. The idea is that once it is created, the "thing" and whatever psychologically it projects and represents has its own presence. The creator's inner world has a concrete existence and thus is accessible for analysis to the patient and therapist. In the context of art-therapy, therefore, art is a medium rather than a technique, and its products are presences rather than tools. Hence, individual art-therapy has three protagonists: therapist, patient, and the process and product of creativity.

This basic rationale assumes several forms in the writings of art therapists. Jung (1963), for example, who is often mentioned as a theoretical godfather in art

therapy, suggested that creative art represents a synthesis between the subjective inner world of the creator and the outside reality. Jung attested to the psychological benefits of artwork in his account of being drawn to painting in order to better understand and handle the dramatic psychological crises that he experienced during the latter years of his life. Following Jung, the presumption that artwork is an effective medium for transforming unconscious material to conscious awareness became the central theme in the theoreticians' discussion of the source of art's healing effects. For example, Naumburg (1966), a pioneer in the field of art-therapy, points to the great significant effect of unconscious material on the process and the product of art making. She also notes the enormous advantage of uncovering this material through the analysis of a patient's particular ways. According to her, this is the basic rationale, the core process, and the source of art therapy's effectiveness. For Kramer (1987) too, creation is a sublimate process, and if addressed according to the basic art-therapy principles it helps trigger the psychological forces that facilitate the individual's better psychological and social adjustment.

Kohut (1984) and Lachman-Chapin, (1987) point out that the power of art-making in helping one to reach self-awareness and self-reorientation stems from the direct line reaching from art-making to the core of the "self." Viewed that way, creation is an all-inclusive self-reflection and its analysis provides the opportunity for self-examination in all spheres of activities, emotional as well as cognitive (Rhyne, 1973). It holds, psychologically and therapeutically, a similar place to that of play. Dalley and colleagues (1995) made use of Winnicott's (1971) concept of "potential space" to argue that just like play, artwork too takes place in this protected, free, and potential space.

How to make the best use of this space is a point of contention among the various theories of art-therapy. Although they may agree on the above basic rationale, theories differ as to its therapeutic meaning in the context of established psychotherapy theories.

As a psychotherapeutic school of recent development, art-therapy faces many fundamental issues. One is that to date the theoretical approaches to its therapeutic techniques have been based on those that underline verbal therapeutic techniques. However, for the various art therapy techniques to be coherent and distinct, these theories need to be operationally translated, and specific operational principles need to be extracted.

The literature of art-therapy attests that many writers have attempted to deal with this issue (e.g., Betensky, 1995; Naumburg, 1966; Rubin, 1987) but their discussions remain theoretical. Art therapists, therefore, have to formulate and develop, each for himself/herself, the specific techniques they find congruent with their adopted psychotherapeutic theory. In the present paper we shall attempt to operationalize one of the most commonly adopted therapeutic approach among art therapists in Israel, namely the phenomenological approach.

OPERATIONALIZING PHENOMENOLOGICAL THEORY TO ART-THERAPY

In the case of the phenomenological approach, Betensky (1977) has already done some work. In her pioneering attempt to integrate the verbal-therapy approach into art-therapy, she outlined some general rules of practice (Betensky 1987; 1995). Because her emphasis was more to show the principles common to the two modes of therapy than to operationalize the phenomenological theory, she did not offer specific guidelines for an art therapist to follow, nor did she touch on all important areas in the practice of art-therapy. Although her notable work has indicated the direction, it lacks the operational terminology to constitute the needed *modus operandi* for art therapists.

The difficulty in operationalizing a theory stems from the fact that almost by definition a theory makes use of abstract concepts. However, to meet the challenge in the context of art therapy, one must first determine the basic components of art-therapy and then search for relevant links in the theory. These links, which are most often phrased in general psychological or philosophical terms, are then operationalized.

In our analysis of the practice of art-therapy we found the following eight parameters to constitute its essence and the uniqueness: therapeutic goals, the therapeutic contract, the role of the therapist, therapeutic intervention, stages of the therapeutic session, therapeutic emphasis (artistic creativity/verbal expression), the therapy room, and, finally, the materials used.

Therapeutic Goals

Although in phenomenological theory therapeutic goals cannot be operationally defined, wherever they are mentioned they are consistent with those of psychotherapy in general.

Several writers (Cohn, 1997; van Deurzen-Smith, 1988, 1996; Spinelli, 1989) have discussed the therapeutic goals of phenomenological therapy from the perspective of verbal-therapy. They assert that phenomenological therapy focuses on the particular way in which clients perceive the world, their lives, and themselves. Accordingly, the therapeutic goals are as follows: (1) to encourage clients to achieve more self awareness; (2) to help them view and evaluate their lives in new ways; (3) to help them to understand their lives and appreciate their and their world's real limitations; (4) to help clients build a new system of priorities based on a new belief system.

Betensky (1995) finds these therapeutic goals also applicable to the phenomenological approach in art-therapy. In phenomenological art-therapy it is assumed that the creation of an art object, and perceiving and analyzing it in novel ways, help the client achieve all these goals.

The Therapeutic Contract

Every therapeutic relationship is based on an explicit or implicit therapeutic contract. Although the concept of a therapeutic contract may seem to contradict the flexible and open spirit of the phenomenological approach, it still establishes a suitable and necessary framework for the client-therapist relationship. van Deurzen-Smith (1997) describes the elements included in the therapeutic contract in phenomenological verbal-therapy. It deals with issues of payments, length of sessions, cancellation conditions, vacations, the client's obligation to come on time, and other such practical matters. Since art therapy is not an armchair conversation situation, the therapeutic contract should be more inclusive. It should indicate the permissible materials for work, the allowed ways and places of using that material, and what will be done with the finished and unfinished art-work. In general, the contract should exclude the possibility of destructive behavior and should outline general rules of behavior.

The Role of the Therapist

Because the aim of phenomenological verbal-therapy is to help clients find their own ways to live authentic lives, the therapist's role is to create the psychological space in which they may take psychological risks and make their explorations (Spinelli, 1989). The therapist's role is to note the options, guide from a distance and allow free choice. In considering the therapists' role in art-therapy, Betensky (1987, 1995) asserts that it is basically a silent one: they should mainly create the therapeutic space and atmosphere for creative work, arrange the art materials, and observe the process of creation.

Therapeutic Intervention

In verbal psychotherapy the discourse is the focal point. In art-therapy it is the artwork. Despite this difference the various aspects of the therapist's interventions may nevertheless be similar, as noted below.

The Therapist's Involvement

The basic idea is that because clients ought to learn to make their own authentic choices in life, they should create their own artwork their own way. Therefore, in general, the therapist assumes active involvement only during the time of creation, and under certain conditions and in specific ways. The questions of when, how, and to what extent therapists should get involved remains open. For example, if the client seems to get stuck for various psychological or practical reasons, should

the therapist offer suggestions as to the subject of the artwork, the material to be used, or the solution to technical problems? And if the answer is affirmative, how should the therapist be involved in all this? Betensky (1995) suggests that in cases where clients find themselves in a difficult position, the therapist should only encourage them to describe the difficulties in detail and to find their own solutions. Spinelli (1989), who is a phenomenological verbal-therapist, would under such circumstances first have the clients suggest their ways of dealing with the problem, but then would allow the therapist to suggest his/her own.

The "Here and Now"

The phenomenological approach that focuses on the "here and now" is especially relevant to art therapy. Dwelling on the past and/or speculating about the future are strongly discouraged. In art therapy the creative work is very much in the "here and now," which makes the accompanying psychological processes "here and now" also. According to Spinelli (1989), this process increases the likelihood that the clients' experiences in the process of creation will be associated with and found relevant to his or her experiences in the outside world. For example, the experience of the flexibility with which clients handle artwork may trigger a re-examination of the way they handle other tasks in their real world. Note here that if there is a verbal component to the art-therapy session, this too should remain in the "here and now."

Asking Questions

The phenomenological verbal therapist should avoid asking "why" questions. The rationale for this rule is that in answering this type of question clients need to speculate on reasons and on their past, while they should focus on their immediate experience. If asked, questions should be of the "what" and "how" type, centering on the present. In this way clients are encouraged to notice the things they pay attention to, while ignoring others, and how they interpret and experience them (Plock, 1996; Spinelli, 1989). The same applies to art-therapy. Here too, "why" questions will lead to speculative interpretations, while "what" and "how" questions will encourage clients to describe their "here and now" experiences.

Interpretation

Although the phenomenological therapists attempt to uncover the full meaning of a phenomenon, (whether a symbol, a symptom, or a dream), they do not interpret it in the traditional way. That is, in this process too, the therapist encourages the client to stay in the "here and now" and relate whatever comes up in the

session to the present experiences. It is taken into account that the full meaning of a phenomenon may at first be hidden from client and therapist alike, and that a “deeper” exploration is needed. This is done by the client and only guided by the therapist. This unveiling process is essential in the verbal-phenomenological approach, and so it is in its art-therapy form.

Transference

Phenomenological verbal therapists view the use of transference as a concept describing the therapist-client relationship as highly problematic (Cohn, 1997; Malon & Hurley, 1992; Valle & King, 1978). In her later writings (1995), Betensky, representing art-therapy’s position, seems to agree. The phenomenological approach suggests that relationship between people in a meaningful encounter is always reciprocal, so to extract and characterize an aspect of it as transference is pointless. But since transfer has theoretical importance art therapists should be familiar with its meaning, although they should not encourage it or make it the focal point of the therapeutic process.

The Therapist’s Attitude to Silence

The issue of silence is particularly relevant to art-therapy. Writers not associated with art-therapy have dealt with what would constitute a therapist’s appropriate response to his/her client’s silence. Some argue that therapists should break the silence in order to reduce anxiety. Others assert that they should analyze and interpret it together with their clients. Phenomenological verbal therapists take a different approach. They tend to let silence be. They would not break it because they assume that it in fact opens the therapeutic space. It allows clients to focus on themselves, their thoughts, and feelings, the creative process in which they are engaged, and the meaning of it all (van Deurzen-Smith, 1997). For Betensky (1995), this way of responding to silence is most important during the creative process. Then, according to her, allowing large therapeutic space is particularly important for the artwork to be an effective therapeutic tool.

The Therapeutic Session

The art-therapy session differs greatly from the verbal in its structure. There is virtually no discussion in verbal-therapy literature on structuring a therapeutic session, as opposed to structuring the entire therapy process. Because of its unique features, an art-therapy session needs to be structured. Betensky (1995, p. 14–15) has suggested the following four different stages for each meeting: (1) “Pre-art play” with materials. (2) Creating a phenomenon (artwork). (3) “Phenomenological intuiting” (visual display, distancing, intentional looking,

etc.). (4) “What-do-you-see”: an in-depth study of the artwork that leads to phenomenological connecting and integration.

“Work or Talk”: The Essence of Art-Therapy

The question is where lies the essence, the vital therapeutic element, of art-therapy: in its creation or in its verbally extracted meaning. The answer, which carries major practical implications, should not be in terms of either/or but of emphasis. Those like Naumburg (1953, 1966), who emphasize the verbal component, would structure the therapeutic session differently from those like Kramer (1958, 1971, 1979), who view the creative process as the main therapeutic ingredient. The difference between these two approaches does not dictate only the amount of time the therapist delegates to each part of the therapy session, but also the nature of the session and the clients’ expectations.

Though Betensky (1987, 1995) does mention talking during the session (especially in stage 1 and stage 4), she seems to focus more on the creative process. In her own words, “Manipulating art materials and getting to know their nature and uses, making changes of color occur, arriving at decisions in art situations . . . all these lead the client in art-therapy to a renewed ability to look at and feel self-among-others in one’s own world and in the larger world” (Betensky, 1995, p. 13).

The Therapy Room

In Betensky’s writings (1995) there are two explicit references to the organization of the therapy room. The first suggests that the room should be big enough for both client and the therapist to be comfortable and able to observe the artwork from a distance. In the second reference she suggests that the materials should be organized in such a way that the client has choices of a place to work. The location of the client and the therapist during the therapeutic session is not mentioned directly. We believe, however, that the room should also be arranged so that it gives the client a feeling of quietude, stability, and privacy (Cohn, 1997; van Deurzen-Smith, 1997). It should allow some flexibility for the client and therapist to maneuver to suit the circumstances and position themselves comfortably during the session.

Materials Used

Betensky (1977, 1987, 1995) writes that since different materials have different implications and meaning for the clients it is of particular importance that they be able to choose freely from a large variety of materials. Equating the meaning of art material in art-therapy to content in verbal therapy, this is compatible with the general spirit of the phenomenological approach. The clients should be allowed

the choice of the materials they want to work with, just as they should have the opportunity of making their own choices in life. It is assumed, as mentioned before, that dealing with options, acknowledging them, making choices and handling their consequences is one of the main goals of psychotherapy.

DISCUSSION

To be useful for clinicians, psychotherapy theories need to describe, explain, and predict psychotherapeutic processes. In addition, they ought to prescribe operational principles that therapists may follow. Only through the fulfillment of this last function may a coherent and distinct school of therapy be established. This is important for the sake of practice and research. The well-known theories serve this function relatively well for the traditional verbal-therapeutic techniques. The problem for art-therapy is that its practice stems almost exclusively from theories of verbal-therapy (see McNiff, 1988; Robbins, 1994; Wadson, 1987). The only notable exceptions to this generalization are Simon's attempt (1992, 1996) to develop a unique theory for art-therapy and Rubin's attempt (1987) to put some order into the field of theory and its relevance to art-therapy. But despite its significance, Simon's theory did not fundamentally affect the way art therapists think, talk, and work, as reflected in the professional literature. The great majority of art therapists still adhere to the well-established psychotherapy theories. And seemingly for good reason. Practicing in accordance with a well-known theory facilitates communication with other professionals and helps the therapist to be understood by patients, colleagues, and the public. Despite these advantages, the difficulty of applying a coherent standard operating procedure that fits a theoretical framework remains a major issue for the profession. The need for a common denominator among art therapists who adhere to the same theory is real. Without it, everyone is on his/her own, and this reduces communication among therapists, lessons learned from others, improvement and development of art-therapy techniques, and the study of art-therapy.

The present paper suggests a step in the direction of operationalizing phenomenological theory for art-therapy practice. This is an open and flexible theoretical orientation, making the task even more complicated and its results debatable. One may consider different fundamental components from the eight we have considered here. Also, different practical applications may be suggested for these principles. Nevertheless, it seems to us that this kind of work and the issues it addresses lie at the heart of art-therapy as a profession and branch of psychotherapy.

REFERENCES

- Betensky, M. G. (1977). The phenomenological approach to art expression and art-therapy. *Art Psychotherapy, 4*, 173-179.

- Betensky, M. G. (1987). Phenomenology of therapeutic art expression and art-therapy. In J. A. Rubin (Ed.), *Approaches to art-therapy: Theory and technique*. New York: Brunner/Mazel.
- Betensky, M. G. (1995). *What do you see?—Phenomenology of therapeutic art expression*. London: Jessica Kingsley.
- Cohn, H. W. (1997). *Existential thought and therapeutic practice*. London: Sage.
- Dalley, T., Case, C., Schaverien, J., Halliday, D., Hall, P. N., & Waller, D. (1995). *Images of art therapy. New developments in theory and practice*. London & New York: Tavistock/Routledge.
- Grainger, R. (1999). *Researching the art therapists: A paratherapist's perspective*. London: Jessica Kingsley.
- Hogan, S. (2001). *Healing arts: The history of art therapy*. London: Jessica Kingsley.
- Hornby, A. S. (1991). *Oxford student's dictionary for Hebrew speakers*. Tel Aviv: Kernerman and Lonnie Kahn.
- Jung, C. (1963). *Memories, dreams, reflections*. London: Routledge & Kegan Paul.
- Kohut, H. (1984). *How does analysis cure?* Chicago: Chicago Press.
- Kramer, E. (1958). *Art-therapy in a children's community*. Chicago: Charles C. Thomas.
- Kramer, E. (1971). *Art as therapy with children*. New York: Schocken.
- Kramer, E. (1987). Sublimation and art therapy. In J. A. Rubin (Ed.), *Approaches to art therapy—Theory and technique* (pp. 26–43). New York: Brunner/Mazel.
- Kramer, E. (1979). *Childhood and art-therapy*. New York: Schocken.
- Lachman-Chapin, M. (1987). A self psychology approach to art therapy. In J. A. Rubin (Ed.), *Approaches to art therapy—theory and technique* (pp. 75–91). New York: Brunner/Mazel.
- Malon, D.W., & Hurley, W. (1992). Treating a self-disorder developmentally and phenomenologically. *Journal of Contemporary Psychotherapy*, 22(4), 247–261.
- McNiff, S. (1979). From Shamanism to art therapy. *Art Psychotherapy*, 6, 151–156.
- McNiff, S. (1988). *Fundamentals of art-therapy*. Chicago: Charles C. Thomas.
- McNiff, S. (1989). *Depth psychology of art*. Chicago: Charles C. Thomas.
- Naumburg, M. (1953). *Psychoneurotic art: Its function in psychotherapy*. New York: Grune & Stratton.
- Naumburg, M. (1966). *Dynamically oriented art-therapy: Its principles and practices*. New York and London: Grune & Stratton.
- Norcross, J. C. (1985). In defense of theoretical orientations for clinicians. *The Clinical Psychologist*, 38(1), 13–17.
- O'Hanlon, W. H., & Weiner-Davis, M. (1989). *In search of solutions*. New York: Norton.
- Plock, S. (1996). The existential–phenomenological movement. In W. Dryden (Ed.), *Developments in psychotherapy—historical perspectives*. London: Sage.
- Rhine, J. (1973). *The Gestalt art experience*. Monterey, CA: Brooks/Cole.
- Robbins, A. (1994). *A multi modal approach to creative art-therapy*. London: Jessica Kingsley.
- Rubin, J. A. (1984). *Child art therapy*. New York: Van Nostrand Reinhold.
- Rubin, J. A. (1987). *Approaches to art-therapy: Theory and technique*. New York: Brunner/ Mazel.
- Rubin, J. A. (1998). *Art therapy—an introduction*. New York: Brunner/ Mazel.
- Simon, R. M. (1992). *The symbolism of style*. London: Tavistock/ Routledge.
- Simon, R. M. (1996). *Symbolic images in art as therapy*. London: Routledge.
- Spinelli, E. (1989). *The interpreted world—an introduction to phenomenological psychology*. London: Sage.
- Storr, A. (1972). *The dynamics of creation*. Middlesex, England: Penguin.
- Ulman, E. (1975). *Art therapy—in theory and practice*. New York: Schocken.
- Valle, R. S., & King, M. (1978). *Existential–phenomenological alternatives for psychology*. New York: Oxford University Press.
- van Deurzen-Smith, E. (1988). *Existential counseling in practice*. London: Sage.
- van Deurzen-Smith, E. (1996). Existential therapy. In W. Dryden (Ed.), *Handbook of individual therapy*. London: Sage.
- van Deurzen-Smith, E. (1997). *Everyday mysteries—existential dimensions of psychotherapy*. London: Routledge.
- Wadson, H. (1987). *The dynamics of art psychotherapy*. New York: Wiley.
- Waller, D. (1991). *Becoming a profession: The history of art therapy in Britain 1940–82*. London and New York: Tavistock/Routledge.
- Winnicott, D. W. (1971). *Playing and reality*. London: Tavistock.