

Growing pains: The international development of art therapy

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Introduction

The British Association of Art Therapists (BAAT) and the American Art Therapy Association (AATA) represent art therapists in the two countries with the most developed standards for the profession of art therapy. Many of the world's art therapists have been educated and trained by art therapists from both nations who have been invited to present, educate, advise, recommend and supervise in countries wanting an introduction to art therapy or an expansion of an existing interest. In addition, many foreign students who study in American and British universities take their newly acquired knowledge of art therapy back to their homelands.

In the early 1980s, AATA received inquiries from many people interested in art therapy located in different countries around the world. Many of them wanted exposure to visiting art therapists. As AATA Public Information Chair (1981–1985), I appealed to the Board in 1984 “To actively pursue the development of and membership in an international art therapy association following a report on ways and means of establishing such an association and the benefits and liabilities of such membership.” The motion was approved and a follow-up report was requested (minutes, 1984 Fall Board meeting, American Art Therapy Association).

As a follow-up, 49 survey questionnaires were sent to four known art therapy associations and 45 individuals representing 7 countries. Recipients were asked to duplicate the questionnaire and distribute it to other art therapists. Over 200 responses received by spring 1985 revealed surprisingly widespread interest in the profession and the need for an international organization to overcome the isolation experienced by art therapists in countries where individuals were one of very few or sole representatives of the profession. One survey

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respondent summarized the consensus of all. “It is currently a need that professional people of all countries should come close to grow art therapy!”

Unfortunately, a serious financial crisis for AATA in 1985 necessitated abandoning international interests to commit resources to its own survival. Completed questionnaires continued to be received long after my term on AATA’s board ended and stimulated me to invite art therapists from 20 countries to participate in an international panel presentation at AATA’s 1989 Conference in San Francisco. Seventeen countries sent panelists or lengthy reports. Art therapists from every country represented at the conference met at a spontaneous luncheon on November 19, 1989 to network and discuss the need for ongoing international contact. The International Networking Group (ING) of Art Therapists was formed at that luncheon and has grown through word of mouth and a semi-annual newsletter to reach over 5000 art therapists in 80 countries. ING correspondents and other inquirers provided contacts for isolated art therapists desperately seeking colleagues, education, credentials, or peer support to develop training or establish an association (Stoll, 1991, pp. 27–32).

The ING archives have been enriched by 20 years of historical perspective of art therapy’s development, yet, information about art therapy in various nations, whether sparse or abundant, is now often outdated, incomplete or unreliable. The material in this article is based on personal contacts, observations during travel and the most recent communications. Sincere apologies are extended for inaccuracies and omissions and corrective correspondence is most welcome. Nonetheless, I believe a global picture of developing international trends will be evident.

Art therapy in the US and Britain

Early in the 20th century in the US, a psychologist began using art in psychotherapy while her artist-sister offered children’s art classes and witnessed social and academic gains made by her students. Supporters for each sister’s method factionalized the philosophic differences creating the distinction between art *in* psychotherapy versus art *as* therapy. AATA, incorporated in 1969, initially embodied the conflict and resolved the differences as the advantages accorded each were acknowledged.

Freudian theory continues to exert a strong influence in art psychotherapy graduate programs in the US with Jungian theory second in popularity. Some programs emphasize art-making as the therapeutic element. Whatever the theoretical foundation, all employ art techniques and materials and include working with media and all forms of art-making activities.

For mental health professionals in the US, state licensing is mandated in an increasing number of states. Because only one state, New Mexico, issues an art therapy license, other art therapists seek licenses as marriage and family therapists, social workers, psychologists, professional counselors or mental health counselors. Each of the 50 states has its own requirements and there is little reciprocity so moving from one state to another may render a licensed art therapist unemployable in the new state. Many states’ laws forbid hiring an unlicensed mental health clinician. Graduate art therapy programs have responded by adapting coursework to satisfy licensing requirements in their states. Art therapy in schools often requires pupil personnel certification or a state teaching credential. There are many rehabilitation settings, jails, socialization programs, private schools and programs for the elderly

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