

## **Women and Art Therapy**

**by Ellen Speert, M.Ed., A.T.R.**

*Ellen Speert is a registered art therapist in private practice in San Diego and past president of the San Diego Art Therapy Association. She teaches art therapy at the University of California in San Diego and in Switzerland, at Institut de Perfectionnement.*

*Psychological theory, like any other cultural institution, reflects the larger Western patriarchal culture in the unexamined assumption that the white, middle class, heterosexual "paradigm man" defines not just his own reality but human reality. Thus, without a critique of patriarchal bias in existing approaches to "human development," the experience of the "paradigm man" will be reified as "truth" while that of others will be distorted for not conforming to patriarchal dictates.*

*from Women's Growth in Connection*

In exploring the topic of women and art therapy, my goal is to provide an expanded context for the theoretical as well as for the practical work we do as therapists. I am not suggesting that the traditional constructs of human development upon which most psychological training is based are wrong, but merely limited. They need expansion in order to embrace the emerging research on female growth and development. I will be speaking in generalized terms about "women" and "men," but please keep in mind that this refers to the "feminine" and "masculine" in each of us. This paper is intended to widen our perspective, not substitute one sexist view for another.

I will first present a brief overview of some of the new theoretical work on women's psychological growth and development. This research is being conducted by women whose purpose is to break out of the psychological constructs of the "paradigm man" referred to in the opening



Fig. 4 A woman with her back to the telephone

the face of it), she is owning her own anger/power (the nuclear explosion), and recognizing her connection to everything (the umbilical cords). A subsequent image (not shown) of a woman with large spearheads at her waist, but not piercing her, and with a stream of water flowing through her from the starry sky onto the earth below, was ultimately cleansing and empowering.

"In the group art-making sessions I was able to form a bond with others by sharing a physical act, a non-verbal process, with them. Then I was drawn more and more into speaking about the work—no longer out of obligation—but giving myself permission. I found I had something to say. This transformation came about because of many things, but two of the more important were, first, from experiencing regular group sharing of personal concerns and, second, from a growing awareness of how people express themselves through art.

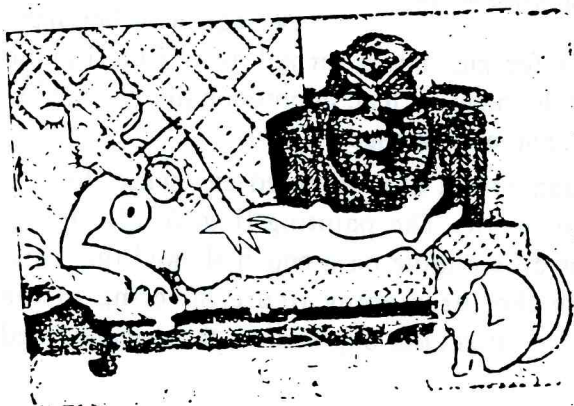


Fig. 5 Abandonment of a personally chosen direction in life

materialize, awaken, and take some control (saying 'STOP' and collaring the dog).

"From that image I was able to readdress the issues in 'Nature Abhors a Vacuum' (Fig. 1). In this new drawing, 'Yes' (Fig. 7), the central figure, is now embracing life in all its horror (not giving up in

"Meeting weekly in a small circle, telling one another about our lives through our art was a powerful experience, and I realized that I was not so isolated. I began to see patterns in our 'stories,' not just random events, and



Fig. 6 Woman materializes and starts taking control

"Finally, I want to stress the importance of the group context. Within a respectful, supportive non-invasive group environment, created by a sensitive therapist, I was able to define my own art and, consequently, myself. It allowed me to reconnect with my childhood feelings of well-being, to go on to



Fig. 7 'Yes' is now embracing life in all its horror

connected as we reflected upon the distance we had come together. Therefore our process in creating this chapter paralleled that of group art therapy. We began with a shared purpose, then created alone, but finally came back together to share what we had made, both being enriched by the experience.

#### 4. Directives and Guidelines

Following are a few guidelines to help you on your way to creating a feminist art therapy environment.

this new vision imparted a kind of significance to life. Watching other people make objects and then discover how deeply meaningful those objects were for them was also powerful. I was able to experience art-making as a self-defining process—not just making a beautiful object.

establish better relationships with the people in my life and to establish and accomplish my personal goals of full-time art-making and a mutually supportive marriage."

After writing her own 'story,' C. and I reviewed the great volume of artwork she had created and chose some to illustrate her journey. We thus become even more

- Pursue your own personal therapy and art so that you can safely join in the process with your clients and not get lost or overwhelmed.
- Design the physical therapeutic environment to accommodate comfortable interaction, reducing a sense of separateness. I choose to work on the floor, which is covered with industrial carpet and pillows. This affords a sense of shared open space and comfort. Tables seem to set boundaries between us.
- Provide materials which access the creativity, strength and playfulness of the young girl within. These include, but are not limited to, feathers, glitter, nature objects, colored tissue, pipe cleaners, finger paint and jewelry bits, as well as the standard clay, paint and drawing materials.
- Be sensitive to and encourage the emergence of group themes, stories and projects, as well as respect the uniqueness of each woman. Realize this may take a non-verbal form.
- Encourage the creation of group ritual. These rituals may be different for each group of clients and carry rich significance.

*"In imagery, women's world may be viewed as a web of connectedness in which a woman would attempt to mend tears."*

Wadeson

### Conclusion

Intuitively, many male as well as female art therapists have been working with and responding to their clients within the feminist paradigm of connection, empathy and mutual empowerment. Yet we as a field continue to formulate our research and treatment models on the traditional patriarchal psychotherapeutic designs. This chapter has outlined some of the elements inherent in women's growth and development and has illustrated how art therapy can reflect this model. Many thanks go to C. for adding her voice and images, deepening my experience as we worked together.

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quote. In the second part, I will discuss the use of this feminist perspective in art therapy and show how other art therapists (both male and female) work from this paradigm. The third section presents the voice and images of a client who, over the course of two years of group art therapy, exemplified this female model of growth. I choose to present her own words rather than describe her process. This illustrates the principle of shared power and knowledge in place of the traditional, hierarchical model of therapist/client knowing in which the therapist presents her/his "more objective" perspective of the client. The last section provides some guidelines and directives.

## **1. Women's Psychology**

The art therapy profession is practiced predominantly by women and the majority of our adult clients are women. In fact, to a great extent, we are the founders, clinicians, researchers, writers, and leaders as well as the consumers in this field. Despite this, our training programs and the structure of our research continue to reflect a framework based on psychological theories constructed by men, utilizing studies of male subjects (Wadeson, 1989, Talbott-Green, 1989). It is my feeling that trying to evaluate and treat women within these male constructs is no more appropriate than trying to sculpt a woman's body from a male model. There is more to it than adding breasts and deleting the penis...there is needed, in fact, a different basic structure upon which to build.

Similarly, we must base our therapeutic approaches on studies and theoretical constructs based on female development, sensitizing ourselves to the unique (although often pathologized) attributes inherent to women. Thanks to the recent writings emerging from the Stone Center colloquia, as well as the work of Jean Baker Miller (1976), Carol Gilligan (1982), Emily Hancock (1989) and others, we are able to broaden our perspective to include women-based models and thus more appropriately shape the therapy we practice as women, with women.

### **A. Development: A Look at Differences**

The value our Western culture places on individual accomplishments and the emphasis we put on development of the self is reflected in and reinforced by our psychological theories. The developmental stages outlined by Freud, Erikson and many other male researchers are structured by the concept of increasing levels of separation from others. Erikson (1950) saw human development begin with the establishment of basic trust in infancy and then move through the

progressive stages of autonomy, initiative, and industry (all solo tasks) before the issue of relationship (intimacy) reemerges in the young adult years. Freud (1905) also saw our development as a struggle for basic self mastery (over impulses), with relationship viewed in terms of drive gratification. Jean Baker Miller (1981), on the other hand, found that from infancy there is an emerging sense of self as "being in relationship," a dynamic interplay between caretaker and infant. She posits that corresponding to Erikson's stages of autonomy and initiative in boys, girls are developing "new configurations" and new understandings within relationships, based on greater levels of relationship complexity. From the quality of her emotional connections, a young girl's sense of self esteem, competence and effectiveness develops.

Adolescence, a time when boys are expanding into the world, tends to be a period of contraction and conformity for girls (Hancock, 1989). Despite an earlier sense of self confidence, creativity and vitality, the early adolescent girl finds herself trying desperately to conform, hiding her individuality and subverting her self confidence. Yet during this time, her sense of competence and self worth come from her ability to take care of relationships even at the expense of developing more individualistic skills (Kaplan, Klein & Gleason, 1985). Late adolescence is an important time of relational growth. During this period, greater flexibility, sensitivity, adaptability and tolerance for relational conflict is achieved in normal female development.

This new construct confronts the assumptions of female deficiencies as measured by the previously held standards of separation, individuation and autonomy. It is interesting to note that while certain qualities are societally encouraged in the adult female (care-taking, putting the needs of others above one's own and having weak boundaries), these are the same features we label "co-dependent" since they deviate from the male norm. This illustrates the need for the construction of new models of healthy female development which will differ dramatically from the ones presently held.

### **B. A New Developmental Paradigm**

In defining female identity, Miller (1976) identified the ability to form and maintain relationships as the organizing principle. Out of this paradigm, a body of theoretical work has emerged from the Stone Center colloquia and is collected in their book, *Women's Growth in Connection*. In this book Janet Surrey states that a female-centered theory would "...trace the development of identity through specific relationships and relational

networks...to examine the nature of cognitive and emotional internal capacities." She goes on to specify that this theory would not be based upon "developmental crises or fixed states" as in the male-based theories of Freud and Erikson (p. 38-39). She thus moves the model from "object-relations," based on human separateness, to "subject-relations" or a "self-in-relation" model.

This new paradigm, with its emphasis on interpersonal connection, leads us to explore more deeply the quality of empathy, both as a measure of maturation and as a significant factor in treatment.

### **C. Empathy**

Most clinical theories are based on the concept of ego strength which emphasizes the development of firm ego boundaries. Though seldom discussed as a criterion in the measurement of psychological maturity, empathy is also dependent upon a high degree of ego strength. Judith Jordan writes, "in order to empathize, one must have a well differentiated sense of self in addition to an appreciation of and sensitivity to the differences as well as the sameness of another person," (p. 89 in *Women's Growth in Connection*). She also describes the sequence of steps necessary for an empathic relationship. These are:

- cueing in to verbal and non-verbal affective states of others,
- surrendering to this affective arousal and identifying with this affective state as if it is one's own, and
- resolution—regaining a sense of separation and understanding.

Therefore one must have ego flexibility to be able to relax and then restructure the boundaries to accommodate an empathic response. Adolescent girls tend to involve themselves in the development of these skills, while their male peers are working on more externally focused tasks.

A second dynamic which tends to manifest itself differently in males than in females is one's relationship to power.

### **D. Power >> Empowerment**

The perspective of power as reflected in the traditional male paradigm is that of power over something or someone in the quest for self actualization. The female perspective of power has more often been lived out through the nurturance and empowerment of others. This has been seen most clearly in the traditional care-taking role of the home-maker.

Another relationship to power, and the basis on which I structure my therapeutic approach, is that of mutual empowerment. Through this, each

person feels more real, more energized, more able to respond and act. Mutual empowerment allows both people to feel greater personal clarity and affirmation. Janet Surrey (1986) writes of the creativity and energy aroused by mutual affective connection which leads to increased knowledge and awareness of both self and other. This concept of mutual empowerment is central to my focus on a group therapy format in working with women. I will say more about this in section two. I will now present the concepts of empathy and empowerment as they are reflected in the therapist-client relationship.

### **E. Therapeutic Distance**

The traditional stance, which has determined our view of the appropriate amount of distance between client and therapist, has been based upon two assumptions. The first is that we must remain objective, unemotional, relatively impersonal and not too involved. The second is to avoid gratifying the patient, in that frustration and deprivation lead to growth. This stance is based on a patriarchal perspective which places the therapist in the parental and, therefore, inherently superior role (Stiver, 1985).

The feminist model of treatment challenges these two assumptions, creating instead a relational matrix. It allows us to open ourselves to the client's experience, responding more authentically to their relational needs, reducing the neutral, objective position while expanding the frame of reference. One must, of course, continue to place the needs of the client as the focus of treatment. I believe that sharing ourselves to create a relational context often does just that. It has been my observation that empathy and connection meet a greater need than adherence to traditional roles, and add richness and depth to the experience for both client and therapist.

## **2. Art Therapy from a Feminist Perspective**

In this section I will discuss specific applications of women's psychology within the practice of art therapy. We will look at:

- a) perspectives on symbol interpretation
- b) therapeutic distance and use of self in treatment and
- c) the group therapy format

### **A. Symbol Interpretation**

In striving to be viewed as valid within the greater psychological community, many art therapists have, consciously or unconsciously, internalized the belief that validity of assessment, intervention and research must be based upon standardized, measurable graphic productions. A depersonalized approach to symbolic interpretation has logically ensued. In

some cases, this even includes the analysis of images in isolation from the artist and the artistic act. How can this serve the need for connection, empathy and empowerment which we have seen is integral to women's psychological development? A non-patriarchal perspective in the practice of art therapy has been reflected in the writings of male as well as female art therapists. Shaun McNiff (1989) and Bruce Moon (1991), for example, both refuse to label pathology or base their treatment on the dissection of imagery. As Moon (1991) writes, "Those who force visual symbols into verbal constructs may be guilty of 'imagicide', i.e., the murderous destruction of an image" (p. 28).

Indeed, our profession has long struggled over the accuracy with which we can assess an image separate from its creator, and yet we continue to conduct our research following traditional parameters in our quest for objectivity. Harriet Wadeson (1989) points out the irony that in our female-dominated field, we strive to emulate the male models of research and therapy (separating, cataloguing and quantifying), despite the inappropriateness of this approach. Marlene Talbott-Green (1989) enumerates the reasons for the exclusion of feminist psychological research in our journals (which in turn keeps it out of our practices).

My position, as an art therapist as well as an art therapy educator, is to de-emphasize the interpretation of symbols for and with clients. Instead, as a group, we connect with these symbolic expressions, breathing them into ourselves, rather than taking them apart. This joining is an empathic response to the art as well as to the artist. It also reduces the tendency to create "flat-feeling," easy-to-label, clichéd representations of feelings, since emphasis is not placed on the verbal explanation of the art's meaning. I do value the story each woman tells as it emerges from her art creation, but words never seem to fully honor or convey the depth of the actual art-making. I see the creative act carrying the healing, often telling the story without words, and truly connecting us. As Moon says, "Meaning is located in the context of relationship to others" (p.31).

### **B. Therapeutic Distance**

The second point of departure from the traditional therapeutic model is reflected in my perspective on therapeutic distance. In the art therapy groups I lead I am a full participant. I work on my own pieces and discuss them to the depth of my own understanding. My guidelines for this are:

- to use the group's needs to shape the themes within myself which I choose to explore
- to stay conscious of how my creations interact with theirs and

- when my issues are incompatible with those of the group, I save them for my own time outside the group

By participating on this level I attempt to "stay honest" with the process, modeling as well as giving permission to truly enter the art. I am not asking others to explore themselves in a way I, myself, would not. And, as Bruce Moon (1990) writes, "I believe that the most validating experience I can offer my patients is to respond to their (art)work with works of my own that resonate with and illuminate their struggle" (p. 62). This reduces the patriarchal structure, that of a therapist who is above or removed from the group. It also diminishes the sense that I am spying on the participants, although I do observe both the individual art-making and group process closely.

Pat Allen (1988) writes of a third significant factor, the issue of transference. She states, "In art therapy, remaining true to the art process can offer an alternative to transference as the operative principle" (p. 118). The art pieces, rather than exclusively the therapist, contain the transference, and thus the therapist is free to join the group in a more authentic way than the traditional transference relationship would dictate.

Martha Haeseler (1989) examines the appropriateness of therapists creating artwork alongside their clients. Although she sees many advantages (increased client participation, enhanced therapeutic alliance and mirroring), she also notes the countertransference problem. I find that this last factor further fuels authenticity and deep connection but requires experience and skill (and is greatly aided by supervision) in order to be utilized effectively.

### C. Group Work

Although in my practice I do see individuals and couples, I strongly believe in working with my female clients in groups whenever possible. Yalom (1975) has written at length of the advantages of group treatment. For women, this model becomes even more useful, based on the issues discussed in part one. I feel that the structure of our therapy should parallel the context of our lives as women. New self images emerge based on relational learning, which in turn throws light on previous relationships, enhancing further relational growth. "The more frequent mirroring, mutual identification and more accurate empathy may all strengthen the girl's sense of relatedness, connection, and a feeling of being directly, emotionally understood," says Jordan (p. 34).

The group naturally structures itself in a circle, within which each woman travels, starting with a sense of isolation, gradually growing into

connection with others, but then moving into a deeper appreciation of her own individuality. We have labored under the misconception that creativity is a solo act, yet the response of one image to another within the group, and the rituals that emerge from our group process, are more creative than the sum of our individual expressions.

Now I would like you to hear C's story and see some of her images as she describes her experience over a two-year period in a women's art therapy group.

### 3. C's Story

"When I began art therapy, the core difficulty that I faced was my unwillingness to participate in life. "Destroyer/Creator" (Fig. 1) expresses some of that struggle. This two-canvas image is a portrait of myself—both nurturing and devouring, in pain and in strength—and of my view of the

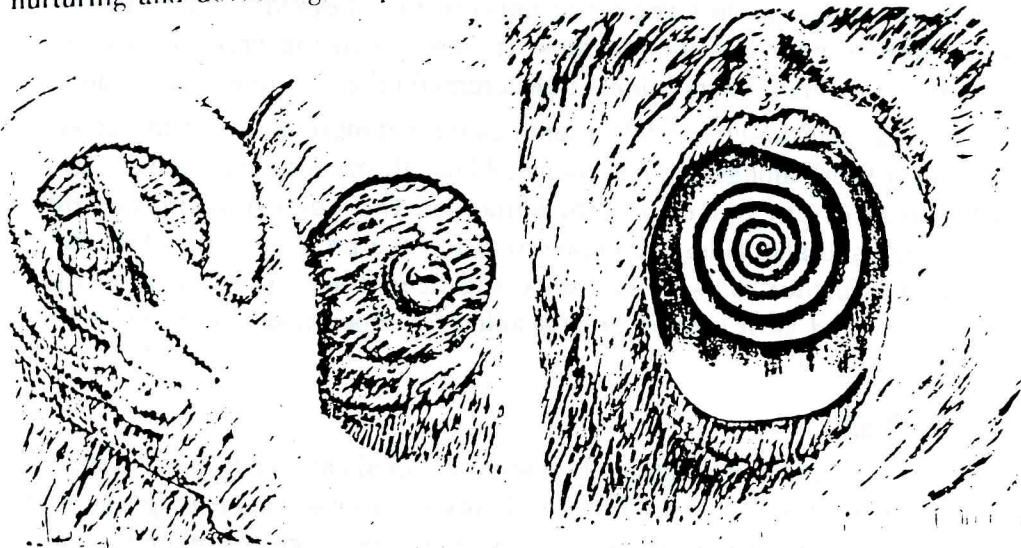


Fig. 1 Destroyer/Creator

universe—giving life and taking it away.

"Not wanting to be responsible for the consequences of my existence, I imagined other people and outside circumstances to be responsible. This posture gave me a strange form of negative power, but at the expense of my sense of self definition and, ultimately, of my self worth. "Nature Abhors a Vacuum" (Fig. 2) is the image that unveiled my awareness of the destructive 'power' I had generated by my posture of escape and resignation.

"My abdication also resulted in not wanting to be responsible for, or

even connected to, my body. A finger-painting (Fig. 3) revealed this

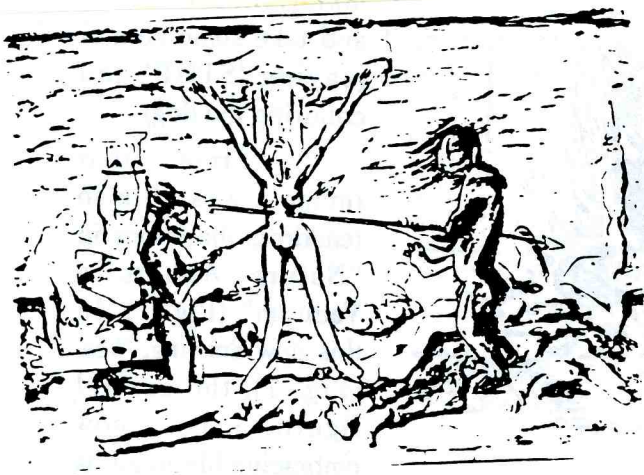


Fig. 2 "Nature Abhors a Vacuum"



Fig. 3 Fingerpainting of my abdication from my body

dislocation to me. The central figure (in red) is surrounded by flames (also red), except for her head, which is protected by a green 'helmet'—the ultimate mind/body split. In the upper right-hand corner I created a 'dream' image of what I was seeking/hoping for. It is all green—an integrated body, its posture transformed from 'hands thrown up in despair' to 'hands extended in strength,' within a ring of green flame.

'I also held myself away from genuine relationship by withdrawing from other people. The image (Fig. 4) of a woman with her back

to a telephone illustrated this for me. I had turned away from human interaction (symbolized by the telephone) in fear, depression (the 'helmet' in this picture is black, not green), and also in anger.

"My posture of self-abandonment also obscured any sense, for me, of personally chosen direction in life. The painting (Fig. 5) of a partly 'invisible' and unconscious woman reclining on a couch showed this lack. My anger/power is evident in the threatening figure hovering in the background and in the 'invisible' attacking dog next to the unconcerned dog.

"As I was able to internalize and transform the information in these (and other) images, I created a picture (Fig. 6) where the woman is able to