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Art Therapy and Art History Theories, an Inquiry

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Abstract

This research uses critical theory inquiry with interviews and arts-based research to explore biases about art making in clinical art therapy practice. The literature review establishes an historical link between theoretical tenets in fields of art therapy and art history. Participants are chosen from experts in the fields of art therapy and art history. Interviews explore what art making means to each participant, utilizing both verbal and arts-based processing. The data is condensed through coding and arts-based reflection, and seven emergent themes are identified. The themes are checked with the participants for accuracy. The findings of the paper integrate the insight from the literature review with the expressed views of the participants to illuminate meaning-making processes of art. The paper concludes with identification of an "art historical lens" for practicing art therapy and discussion of treatment considerations, limitations of the study, and suggestions for further research.

To Matthew, for your unerring love, support, and grounding as I descended, and often disappeared, into this inquiry.

1. Introduction

    a. Study Topic

        This research project studies the cross-pollination of ideas between two academic

    fields that centralize the visual arts. Both art therapy and art history understand art

    making as a meaningful practice for humans, and adoption of terminology from the

    other field happens in the literature for both disciplines. Despite common interests,

    academic development of each field has failed to embark on an in-depth

    understanding of the influences from the other. This research looks at current

    academic and practical sides of each field in an attempt to identify theoretical

    concepts that inform both fields. This critical theory study includes an in-depth

    literature review that summarizes the historical context for current academic lenses,

    verbal interviews with experts from each field, and art-based responses from

    participants and the researcher throughout.

    Research question: How is art making presented as a meaning-making process in both art

    therapy and art history fields? (What is the language used to describe these processes, and

    how might integration between the fields inform the clinical practices of art therapy?)

    b. Significance of the Study

        This study serves as the culminating piece of work for the researcher's academic

    career to date, integrating a BA in Art History from the University of Florida with MA

    work in Art Therapy at Loyola Marymount University. As the culminating project of the

    researcher's Master's degree, this project reflects attitudes and biases of an art therapist

    trained in art history, possibly revealing an art historical lens for practicing art therapy.

    Previous literature has already identified dual influences in the art historical and art

therapeutic worlds with some consideration, and this research could provide a link that deepens the investigation of art making practices across academic silos. By establishing connections between two fields that have historically worked separately, this project could open a pathway to new theories of art therapy or new lenses of interpretation for art historians. This research could potentially define a "historical lens" for the practice of art therapy, especially for those who have been trained in Western art-making practices, including Eurocentric art history. By defining this lens, this research provides a structure for art therapists and art therapy clients with similar training or experiences to understand their attitudes, biases, and beliefs about art as they potentially inform the clinical practice of art therapy.

2. Background of the Study Topic

The literature review outlines the history and development of theories in both art therapy and art history that ascribe meaning-making significance to the creation of art. The review presents the history of art therapy, some critical sources for art history, and theories of art therapy that are informed by the homogenous, western understanding of the history of art.

The published literature that connects art therapy to art history is focused primarily on clinical practice or theoretical development. Miller (1993 and 1998) presents case studies of historically-enriched art therapy programs in a day hospital setting. She concludes (1993) that an "art therapy program with art history enrichment is successful in helping patients … spend a sustained period of time at a task and to be satisfied and pleased with their art products" (p. 200). She demonstrates (1998) that the structure provided by historical enrichment is helpful for successfully engaging severely mentally ill clients. Muri (1996) presents two case studies in which she utilized historical biographies, images, museums, and gallery visits in her work with young adults with severe diagnoses. Haslam (2005 and 2011) takes a more theoretical approach to understanding how history influences art therapy practices. He presents the argument that "Art therapy is a realization of Modernist ideals" (Haslam, 2005, p. 20). He then goes on to explore how "contemporary art therapy represent[s] a return to an ancient and global tradition of symbolic healing" (Haslam, 2011, p. 10). His focus on two turning points in the history of art, the birth of art in the Paleolithic era and the evolution from representational to abstract in the Modernist movement, provides a framework for understanding how art historical pedagogy influences our collective understanding of art, especially when it is used in a clinical practice.

The history of art therapy has an archetypical story that served as the foundation for the field in America. This story involves the work of a few practitioners at a time when art therapy was being discovered or invented at independent sites across the country, and these few are named as the pillars of the field in modern art therapy training. Contemporary art therapy research offers examples of art therapy practice that provide another lens for understanding historical influences. Potash (2013) presents the story of Wayne Ramirez as an example of one subjugated narrative from the founding of the field that highlights problematic exclusions from the history of art therapy. Cattaneo (1994) addresses culture and values in the training of art therapists, defining potential biases that art therapists may bring to their interpretations of artwork made in sessions. Spaniol and Cattaneo (1994) offer a framework for art therapists to critically view their practice in relation to cultural competency – understanding language as a "dynamic social instrument" with "roots in personal and cultural experiences" (Spaniol and Cattaneo, 1994, p. 266-268).

Elkins (2002) provides a framework for viewing the vast history of art in a condensed space. He reviews the major art historical influencers through time, from ancient civilizations to the modern era, with the intention of challenging a singular, dominant story of art (Elkins, 2002). Pollock (1980) and Jones (2004) provide an historical perspective that includes both feminist ideology as well as a focus on the psychodynamic influences of prominent artists of the 19th and 20th centuries.

Theoretical overlaps are presented as the culmination of these dual histories. Barthes (2009), Foucalt (1977), and Lacan (presented through the feminist lens of Grosz (2005)) provide the framework for understanding feminist and critical theories of art

history. Art therapy theories that utilize Freudian, Jungian, or feminist ideologies are

defined (Hogan, 2016).

3. Literature Review –

Introduction

This literature review outlines the history and development of theories in both art therapy and art history that ascribe meaning-making significance to the creation of art. First, art therapy history is outlined, with discussions of early practitioners, the founding of the American Art Therapy Association (AATA), and the current state of the field. The long relationship between art therapy clinical practice and research is discussed. Next, a brief description of current art historical theories is offered. Because of the relatively vast scale of art historical resources compared to art therapy resources, the art history review is condensed to a degree that equal attention might be paid to each area of focus in this paper. Thus, the discussion of art history includes a survey of art history as it is taught in most universities, a review of the influence of Modernism, and an examination of how non-Western art history is incorporated into current academic discourse. The depths of study available to art historians, as well as the breadth of art history as a field, are referenced but intentionally omitted from the scope of this study. Despite the global scope of art therapy practice and art history research, this project is contained to the United States in order to reflect the training of the researcher. Postmodernism in the United States is discussed at length, as it is a pivotal period that paved the way for the birth of a hybrid field such as art therapy (Haslam, 2005). Feminist theories are also discussed, as this lens is one of the most recent waves of social and academic influence in both art therapy and art history. Cultural phenomena within the scope of the literature review are reviewed throughout this paper from a critical theory lens. Finally, theoretical

overlaps between art therapy and art history are discussed in detail, with historical, embodied examples of theoreticians who regard art making and psychology to be intimately connected. This review includes Freudian theories from the lens of Jacques Lacan and, subsequently, feminist historian Elizabeth Grosz; Jungian theories and the centrality of the image or symbol; constructivist theories that utilize language to make meaning from a work of art; and, lastly, feminist theories which present the overlapping positions of women in psychodynamic history, art therapy history, and art history.

The final part of this review cites previous inclusion of art historical influence on art therapy education and practice. The use of art historical imagery in art therapy training is reviewed. Then, the clinical use of art historical influence – in art therapeutic imagery or verbal discourse- is discussed.

Summary of art therapy history

Art therapy as a profession in the United States was founded with a coming-together of artists, art-makers, psychologists, and psychiatrists who were developing independent practices and each naming their work "art therapy". This history is presented as a collection of biographies, chronologies, and personal accounts in Maxine Borowsky Junge's book *The Modern History of Art Therapy in the United States*. Junge authors the stories of Margaret Naumburg and Edith Kramer, considered to be the two founders of American Art Therapy, who were both working in New York City in the 1950s (Junge, 2010). Naumburg is cited as "the mother of us all" (Junge, 2010, p. 31-34) because she was the first to define art therapy as a separate mental health profession. Her work began in New York City in 1914, with the establishment of the Walden School and the inclusion

of her sister, Florence Cane, an adamant supporter of the arts, art teacher, and art therapist (Junge, 2010). Naumburg went on to work in the New York State Pyschiatric Institute from 1941- 1947, utilizing art as a method of symbolization and communication within verbal psychodynamic treatment. She published her first book, *Studies of the "Free" Expression of Behavior Problem Children as a Means of Diagnosis and Therapy*, in 1947 (Junge, 2010, p. 41).

Edith Kramer was born in Austria in 1916 (Junge, 2010). She received a formal art education before losing her teacher, Friedl Dicker, to the Holocaust. Kramer fled Europe for New York City, where she then began working as an art educator at the Wiltwyck School for Boys. She received the title of "art therapist" (Junge, 2010, p. 44-45) from the school for her ability to work with the most challenging students. Edith Kramer's first book, *Art Therapy in a Children's Community*, was published in 1958 (Junge, 2010). Kramer, at the end of her life, stated, "Art therapists forget 'what they can do best, which is work with art materials' when they try to become 'baby psychoanalysts… which you can never do as well as the one really trained to do it'" (Wix, 2010, p. 179).

Junge writes that "the theoretical tenets of the profession spring from very different milieus and orientations—that of psychoanalytic psychotherapy and that of psychologically informed art education. With its two major theoreticians—Margaret Naumburg and Edith Kramer—promoting these differing views [respectively]" (Junge, 2010 p. 165). As described by Junge, the overlapping work of both Naumburg and Kramer laid the foundation for a group of fledgling art therapists to establish themselves in the following decades. Many early practitioners working in the 1950s and 60s were

responding to the pain and trauma caused by war, social upheaval, and turbulent American politics of the time. The first art therapists worked in hospitals, psychiatric institutes, and well-known clinics under the mentorship of established psychologists or psychiatrists who believed in the healing power of art (Junge, 2010). The first consumers of art therapy services were primarily veterans, children, and severely mentally ill patients (Junge, 2010). Art therapy was being presented, written about, and practiced clinically across America by the mid-1960s. In the Midwest, art therapists worked within their respective states to legitimize the field. The Buckeye Art Therapy Association in Ohio and the Wisconsin Art Therapy Association were both founded in 1967. In 1961, Elinor Ulman established the *Bulletin of Art Therapy*, and changed its name in 1970 to *The American Journal of Art Therapy*. This journal is still publishing contemporary art therapy research to date, but in the founding years it served as a means for art therapists across America to connect, communicate, and document and legitimize their work (Junge, 2010).

The American Art Therapy Association (AATA) was founded in 1969 (Feen-Calligan, 2009), and it is the archived story of the founding of AATA which generally serves as the narrative for the founding of art therapy. Many barriers to establishment are documented in early art therapy writings, due to the unruly American political climate of the late 1960s combined with the limited communication – phone and mail – available to founders (Feen-Calligan, 2009). Junge (2010) theorizes that formalization of art therapy was instigated in some way by President Kennedy's Community Mental Health Act of 1963, which closed psychiatric hospitals across America in order to open community mental health clinics. Junge (2010) also stresses the importance of Humanistic

psychology and includes the influence of the American Civil Rights Movement as an impetus for establishing art therapy practices (p. 87-91). Recently, art therapists have been researching more deeply the influence of art therapists of color on the inception of the field, as this history has been written off as undocumented and, therefore, unknowable (Junge, 2010). The collection of individual histories that frame the beginnings of AATA is dense and varied, but each individual maintained a simultaneous love of art making, fascination with people, and pursuit of education and training (Junge, 2010). Currently, the field of art therapy in the United States is made up of primarily white, female practitioners, perhaps as a reflection of the demographic pillars that founded the field and curated its development to the present day (Junge, 2010).

AATA has been responsible for enforcing standards in clinical practice, advocating for services in high-need areas, facilitating public awareness of art therapy, and providing global access to scholarly articles relating to art therapy theory and practice (Feen-Calligan, 2009). The organization still provides these services today, with a stated mission of "[expanding] access to professional art therapists and lead[ing] the nation in the advancement of art therapy as a regulated mental health and human services profession" (American Art Therapy Association, 2017). Kapitan (2006) cites the phases of growth that art therapy has gone through, from the founding of AATA until now: expanding art therapy from individual treatment to couples and families, the inclusion of diverse voices and a focus on cultural competency, and looking forward to the marriage of art therapy theories with new discoveries in neuroscience. She stated that, "*Art Therapy* is created from many years of these and other voices intersecting" (Kapitan, 2006, p. 2), referring to the clinical journal published by AATA. Despite many voices

being represented in art therapy history, not all of these voices have been included in the dominant conversation (Potash, 2013).

Potash (2013) is one art therapist who has worked to contextualize the dominant narrative of AATA by highlighting missing stories from the birth of the field. Potash tells the story of Wayne Ramirez, founding president of Wisconsin Art Therapy Association (WATA), who was in attendance at the earliest meetings of AATA. Ramirez was an early advocate of art therapy services offered in schools and in response to community needs following disaster and trauma (Potash, 2013). As Potash describes it, the story of Wayne Ramirez sheds additional light on many of the early battles of AATA. The organization was strongly divided according to the historical theoretical split between Naumberg and Kramer, hosting two poles of opinion on questions of certification, definition, and scope of practice. Ramirez was an early advocate of art therapy services offered in schools and in response to community needs following disaster and trauma, but "Ramirez limited his involvement as a member in AATA due to differences between his views and those held by the people who formed the dominant narrative within the organization" (Potash, 2013, p. 174). Though Ramirez is just one example of art therapists who were present for the founding of the field but lost in recorded history, there are unrecognized practitioners scattered through time and geography in the history of art therapy.

The strong, often polarized, opinions that formed the field of art therapy are affecting current educational programs because early practitioners founded graduate degrees, teaching primarily the theory that they espoused (Junge, 2010, p. 181-187). Today, burgeoning art therapists are given a myriad of theoretical options, many of which developed after the field coalesced in the late 1960s. Research became paramount to the

field at the turn of the 21st century, when AATA established a task force to update the research literature of the field as a way to further legitimize and establish art therapy (Kapitan, 2010). The expressive arts therapies continuum was established by a new generation of art therapy leaders, based on the idea that the primacy of the work should not be disrupted by limitations in medium or expression (Junge, 2010, p. 207).

Today, the field of art therapy continues to expand and invite new, curious clinicians to experience the power of expressive, creative therapy. Educational programs are spread across the United States, connected by AATA-approval status that allows new clinicians easier access to registration with AATA. AATA registration is not without complications, however, as it limits the accessibility of ATR credentials to only those who hold a masters-level degree in art therapy (Junge, 2010, p. 184-185). Graduate programs focus on clinical training and research to develop the field, and professional clinical licensure has become a standard practice for many art therapists. Published research related to art therapy is vast and covers myriad clinical experiences, theoretical expansions, historical re-evaluations, community art therapy, developing technologies, and many additional topics. Art therapy as a field has coalesced into one body of many diverse voices, accepting the tumultuous history of the field and looking forward to a future where past differences lend strength and flexibility.

Summation of art historical development

To outline a brief overview of the history of art history is a very different task than outlining art therapy history or even the dominant narrative of art history itself. The history must be condensed exponentially because of the influence of thousands of years

of material. This condensation is coupled with an attempt to capture and understand the history of art history, placing authors of the dominant texts into their personal and individual contexts. Additionally, any one view of art history is bound to exclude various cultures of creation because of the diversity of human history as well as the innately infinite nature of creativity. The combination of longevity, context, and malleability has assured art history of its academic clout and has given present-day thinkers reason to assume that art making, throughout history, is a powerful personal and social practice.

James Elkins describes the practice of writing art history as a "continuous reshaping of the past, an ongoing attempt to keep it relevant and infuse it with meaning and purpose." (Elkins, 2002, p. xii-xiii). His book, *Stories of Art*, will provide the foundation for this section of the literature review because it provides a telling of art history that includes contextual information about how each authoritative art history text came to be. Elkins identifies Helen Gardner's *Art Through the Ages* (1970) as the most frequently utilized art history text across the United States and beyond. Therefore, Gardner will be referenced to provide examples of the dominant art historical narrative. Additional survey texts will be cited to demonstrate consistencies in the narrative across prominent sources.

Art history places the beginnings of art making in a variety of locations across Europe during the Upper Paleolithic Period, approximately 32,000 B.C. (Gardner, 1970, p. 14). Rough-hewn cave drawings of people and animals provide evidence of the representational drives of ancient human. To make art is a uniquely human expression of self, a way of communicating meaning to oneself and others throughout time and space (Haslam, 2011, p. 13). Art therapist Haslam (2011) postulates that art making began in

response to the first human experiences of existentialism, about 500,000 years ago (p. 13). "Art making thickened the present experience of Paleolithic human by allowing greater temporal, emotional, and cognitive awareness" (Haslam 2011, p. 13), and was likely a pathway for early human to develop the idea of a spirit or a soul, because art functioned as a "social and psychological bio-feedback system" (Haslam 2011, p. 13) that allowed humans to conceptualize themselves as independent of their bodies and begin to wonder about the conditions of death. Creativity is programmed into our evolutionary biology because art making provided a means to document and communicate information, lending humans a survival advantage that, perhaps, is a critical reason for human survival today (Haslam, 2011, p. 10). Art pieces from the Paleolithic through the Neolithic era that have survived for study today include the cave paintings at Lascaux and Altamira, the Venus of Willendorf, and Stonehenge (Gardner, 1970, p. 14-27).

From this point forward, Elkins describes the prototypical story of art as following a linear geographical and chronological trajectory from the Fertile Crescent northwest across Europe and over into America: ancient works of Egypt, Greece, and Rome, moving into Europe with the Christian Middle Ages, the Renaissance and Baroque periods, and onto Modernism and Postmodernism in America and Europe (Elkins, 2002, p. 75). This timeline excludes a variety of cultures, both ancient and contemporary, that lie outside of the approximate space and time across which this history of art moves. These groups are generally clumped together and referred to as "non-Western art", and they are often included sparsely throughout the dominant narrative, primarily as a means to reinforce the legitimacy of Western art practices (Elkins, 2002, p. 75). Elkins defines this dominant Western narrative as the search for realism, with the "standard story of art

history" heralding one central message across time: "the discovery, triumph, and abandonment of naturalistic skill" (Elkins, 2002, p. 80). Various art history texts, and their associated curriculums, typically include a selection of cultures from the "non-Western" category as a sporadic interjection into the dominant story.

Gardner's text will be explored as a general example of the presentation of the dominant art historical narrative. The single-volume text follows the development of art from the Neolithic era to Akkadian, Sumerian, and Assyrian art in the Near East, then Egyptian art, followed by the early Aegean cultures of Mycenean and Minoan art, then Greek art, Etruscan and Roman art, and Early Christian and Byzantine art to conclude Part 1 on page 274. Part 2 begins with a brief introduction, and follows the Middle Ages through Early Medieval art, Romanesque art, and Gothic art to conclude on page 367. Part 3 introduces the Renaissance with a 7-page essay, and it focuses on the Renaissance and includes the "Proto-Renaissance" 15th century, followed by 16th century Italian art, Northern Europe in the time of the Renaissance, and finally Baroque art. Part 3 is 251 pages long. Part 4 introduces the modern art world in two pages, and includes 19th century Romanticism and Impressionism, and then 20th century art divided into Painting Before World War II, Sculpture Before World War II, Painting and Sculpture after World War II, and Architecture. Part 4 covers Modernism in 127 pages. The total text (Fifth Edition) is a hefty 800 pages, but merely grazes the tip of each iceberg floating in the cultural sea of art history. Gardner's account fails to include arts of Southeast Asia, Chinese practices both ancient and modern, Islamic art and arts of the Middle East, African art, arts of the Americas including Mayan, Aztec, Pre- Colombian, and Incan art,

arts of native island cultures including Pacific Islander, and countless other indigenous art cultures (Gardner, 1970).

In comparison, Marilyn Stokstad's *Art History* provides the dominant narrative of art in a 1,167-page text that covers a similar geographic and chronological scope to Gardner's. Elkins describes Stokstad's attempt to condense the entire history of art as "advance[ing] the problem of integrating Western and non-Western material by dividing the non-Western histories in half and putting them at two different places in the book" (Elkins, 2002, p. 74) but still separate from, and in service to, the dominant narrative. The Stokstad book is intentionally designed to be easily utilized in survey courses, including color-coded text boxes, slide sets, and CD-ROMs to support professors and students alike (Elkins, 2002, p. 74). The tone of the book attempts to be absent of critical judgement, which Elkins asserts as problematic because it promotes "an emotionally uniform picture of artworks that were never – in their maker's eyes, or in the judgments of historians – the objects of dispassionate description" (Elkins, 2002, p. 78).

The works of Gardner, Stokstad, and other comparable works are presented by Elkins as inevitable products of the development of art history as a field. While art making may have begun in the Stone Age, art history was first practiced in the Renaissance with the work of Giorgio Vasari, a painter who collected biographies of artists as a documentation of their making. Elkins describes Vasari's attempt to codify the history of art as working from the organic model: in which the course of art is equated to the course of the maker's life span (Elkins, 2002, p. 42). Vasari's model inspired a cast of art writers to join his efforts, including Giovanni Bellori's *Lives of the Modern Painters, Sculptors, and Architects* (1672) and Karel van Mander's *Book of Picturing* (1603-1604),

which aims to complete Vasari's account by including the work of contemporary Netherlandish painters (Elkins, 2002, p. 48).

From its roots in the organic model, twentieth century art history has expanded on the idea of a singular, linear, story of art centered around makers and their contexts. Elkins cites Gombrich's *Story of Art*, first published in 1950, as the primary text to assert this dominant art historical narrative, centered on the search for realism and widening the fissure between Western and non-Western originally created amongst Renaissance writers (Elkins, 2002, p. 57-63). Gardner and Stokstad follow suit, complicating the implications of their work by asserting that their densely-packed texts tell the *whole* story of art (emphasis added, Elkins, 2002, p. 69). Elkins acknowledges that, while these "big telephone-book surveys of art" are created for university education, they also exist to "promote a certain understanding of culture" (Elkins, 2002, p. 85-86). Elkins acknowledges that art history is written to serve partisan and political purposes, but does not specify which.

One theory proposed by Elkins for the coalescence of art history into a singular, dominant story is the modeling of Hegelian ideals. Hegel's primary concern was the revelation of "the essential Spirit or Idea of culture" (Elkins, 2002, p. 52), including works of art and writings of art history. Hegel made two claims that were foundational to the development of art history: "the claim that art moves forward through time in accord with certain specifiable laws; and the claim that at any given time, all the arts of a culture are in harmony" (Elkins, 2002, p. 52). Elkins argues that without the Hegelian concept of one harmonious Zeitgeist, the story of art would dissipate into countless incoherent submissions that would overwhelm students and teachers alike (Elkins, 2002, p. 55). The

structure of Hegelian-inspired art history exists to the present day, positioning contemporary art-making as a simultaneous "exhilarating ending of a long history" and a "conceptual disarray of writing" (Elkins, 2002, p. 80) that dissolves coherence into an ambiguous soup of traditions. We look to Modernism and Postmodernism as crucial periods in art history that inform how the narrative will continue, or perhaps conclude.

After humanity's Paleolithic and biological connection to art, the next period in art history that demonstrates psychodynamic influences in art making is Modernism. Prior to the modern era, much art produced was commissioned for documentary or religious use. Elkins acknowledges that many contemporary art historians will include information about "the artist's social milieu, or the artwork's gender constructions, or the psychoanalytic theories embedded in the work", but he asserts that this practice has only recently replaced the tendency of historians to prize the most realistic works (Elkins, 2002, p. 76). This shift in focus from realistic to theoretical is the threshold in art history that marks the development of post-modern thinking.

Modernist art is first seen in the early 19th century across Europe, developing independently in a variety of countries. Cubism and Abstract Expressionism are regarded as two movements that marked the beginning of the Modern era (Haslam, 2005, p. 21). Other camps assert that "photography, Surrealism, Dada, and contemporary conceptual feminist and gender work" (Elkins, 2002, p. 81) are the pivotal movements. Regardless of location or artistic style, the tendencies of Modernism were to believe in progress through the application of new technologies, to house a determined anti-classist stance, to be skeptical of traditional beliefs, to favor direct experience as the source of true knowledge, and to recognize the importance of imagination in the realization of human

potential (Haslam, 2005, p. 21). These beliefs can be seen in the use of technologically-assisted art materials such as photography and collage, the challenging of class structures inherent in Dada, German Expressionism, and Russian Constructivist movements, and the depiction of deeply personal experiences with war, loss, and existential exploration (Gardner, 1970, p. 692-713). The tenets of Modernism provided fertile ground in academia, politics, and society to plant the idea that art making, often portrayed as a state of histrionic madness, could be a healing therapeutic process. Gardner cites that this idea is "associated in its early development with Freud" (Gardner, 1970, p. 690).

The advent of Modernism was propelled by the unique conditions of rapid advancement in technology, scientific research, and communications (Gardner, 1970, p. 690). Gardner states that "the success of experimental science has had everything to do with making meaning and truth into functions of instruments and languages" (Gardner, 1970, p. 691). She defines the role of the artist as "living in the avant-garde of society, his very life a model of defiant freedom from spirit-destroying convention" (Gardner, 1970, p. 692). This definition of the artist as outsider is a resonant example of how the climate of Modernism was ripe for the marriage of psychological and creative urges into one milieu. Both art history and art therapy attempted to move into this newly created space, each pushing their conception of how art making communicates meaning relative to the dynamics of the human mind.

Despite its expansive, conceptual nature, Modernism continued to maintain the narrow focus of art history on a Western discourse. The development of Modern art was named the crowning achievement of all art making, placing it in line at the end of the Euro-centric account of art history (Elkins, 2002, p. 81). It is only recently, as part of a

societal shift toward acceptance of diversity and multiculturalism, that some art historians are returning to the examination of familiar historical works, artifacts, and texts in order to contextualize art making with the inclusion of a multicultural lens. Elkins (2002) offers examples of art historical writing from completely non-Western lenses, including Russian, Islamic, and Indian texts that purport to tell the history of art. Elkins acknowledges that studying these texts reveals how "America's apparently nonjudgmental survey texts not only are deeply biased toward the West… but are in parts virtually capitalist manifestos" (Elkins, 2002, p. 99) in the same way that the Russian account of art is a Stalinist narrative, Islamic stories of art focus solely on Islam , and Indian art history is not even recognizable as historical writing because of its odd division between India and the West, a reflection of British colonialism in India (p. 89-103).

Contemporary art history is faced with a new dilemma: how to move forward in the present moment, with the full history of the field laid behind it. Elkins proposes that there is no satisfactory way to value all stories of art as equally matched when presenting art history as a congruent story (Elkins, 2002, p. 117). He cites that a perfect text would satisfy "twelve different, often mutually incompatible goals for an optimal book of art history" (Elkins, 2002, p. 118). These goals are to:

> reduce the emphasis on European art and acquire some principle of fair representation; open the question of gender, and privilege female artists where they had been omitted or marginalized; speak in a responsible manner about race and minority artists; avoid the emphasis on the major media of paintings, sculpture, and architecture; critique the canon of masterpieces; find places for visual theories such as psychoanalysis, semiotics, and deconstruction; escape

from a history of style by telling the history of societies, patronage, and the relation between private and public life; avoid the appearance of ideological neutrality by honestly praising or critiquing artworks; create smoother transitions between the chronological sections of the book and also among the descriptions of technique, symbolism, style, and social meaning; maximize the number of images and the amount of text that can be meaningfully compressed into a single volume; efface the remains of Hegelian thinking, so that periods are not presented as links in a chain and artworks are not described as spokes in the wheel of the unified Zeitgeist; and finally treat art made up to the very date of publication, instead of stopping in the late twentieth century (Elkins, 2002, p. 118-119).

Theoretical overlaps

Theoretical overlaps between these two academic practices might, at first, seem obvious. With both fields placing art as a central mechanism of modern human existential questioning, it is logical that some overlap would occur. However, the literature that indubitably connects these practices is sparse. Perhaps it is because of the nature of modern academic research, and its funding sources, that interdisciplinary work is challenging to pursue. To witness instances where art history practices and theories of art therapy join together, we must refer to thinkers who were beyond their times, challenging normative epistemological views and willing to take a leap into unquantifiable and intuitive knowledge.

Psychoanalytic and psychodynamic theories will be explored, revealed in art historical references, and then applied to clinical art therapy. Then, Jungian analysis will

be explored due to its central posturing of the image as well as its chronology in history, after the explosion of Freudian thinking and before postmodernism. Postmodern theory will be introduced through the works of two influential philosophers from the 1960s and 70s: Michel Foucalt and Roland Barthes. Postmodernism in art therapy is illuminated through an exploration of Rogerian art therapy and phenomenological art therapy. Lastly, feminist theories in both art history and art therapy will be presented, alongside discussion of historical influence and examples of academic work from both fields.

Perhaps the most well-known psychological theory utilized in art therapy practice is the psychodynamic theory of Freudian analysis. As it is practiced in the present day and even at the time of its inception, psychodynamic theory is different from the clinical practice of Sigmund Freud himself. Psychodynamic therapy has evolved to better meet the needs and sensibilities of modern people. However, one divergent thinker at the time of Freud was willing to accept his theories as radically intact, and practiced them as such. Jaques Lacan has maintained that psychodynamic theory is the one correct way to understand the human condition, including conditions of creation. Through the life and work of Lacan, Freudian theories were preserved in their purest form, and the intersection of theory, practice, and creativity can be observed.

Lacan embraced Freudian theory at the time of its inception because he was a man who "always had an element of drama, a flair for attracting attention and provoking controversy" (Grosz, 1990, p. 14). Freud's theories provoked thinkers of the time for asserting the radical idea that an unconscious motivator was the source of all human drive, and Lacan dedicated his work to providing the language of the unconscious so as to further affirm the concept that human behavior was motivated by a subconscious mind.

He "cultivates a deliberate obscurity" in his work that mirrors the subconscious processes he so revered (Grosz, 1990, p. 13). His dissertation focused on two features: his understanding of the roles of image and social context in the development of personality, and his analysis of the similarities between paranoid persecutory figures and the subject's ego-ideal (Grosz, 1990). Lacan developed the idea of the inherently split subject [ego] almost simultaneously to Freud's discovery and publication of splitting in the process of defense. Lacan's view of the ego includes two extremes, formed as a consequence of projection onto the body, that "illustrate the ego's dependence on its libidinal investments in others – falling in love and illness" (Grosz, 1990, p. 29-32). It is during the mirror phase, when an infant is first learning to recognize its gestalt image in a mirror, that the ego is able to establish the pre-conditions of self and other required for language (Grosz, 1990, p. 177). Lacan teaches that the ego is established through fantasized identification with the mother or with the self (Grosz, 1990, p. 32). This phenomenon can possibly be seen in art practices throughout history that emphasize reverence for Madonna/mother/female images as well as those that place great value in accurate self-portraiture.

Grosz's reading of Lacan provides a linguistic view of psychoanalysis that is relevant to art therapy practices today. Most art therapists utilize language in conjunction with artistic expression to create metaphors for internal conflict. In the Lacanian conceptualization of language, there is an opportunity for infinite metaphor to become linked to unconscious processes. Lacan taught the unconscious as structured like a language of its own, based in signifiers, metaphor, and metonymy. He wrote that, "the conscious presentation comprises the presentation of the thing plus the presentation of the

word belonging to it, while the *unconscious* presentation is the presentation of the thing alone" (Grosz, 1990, p. 92, emphasis added). Grosz points out that, for Lacan, the subject is not communicating their ideas with language but rather being communicated as a subject through language.

Metaphor, a central function in art therapeutic interpretation of creative work, is defined by Lacan as "the relation between two terms linked by similarity where one takes the place of the other" (Grosz, 1990, p. 99). This offers the chance for metaphor to be repressive, by replacing a signifier that is intolerable. However, Lacan describes an ideal psychoanalyst who is "uniquely uninterested in meaning per se, but must instead address the fluid ambiguity and multiple meaning of terms" (Grosz, 1990, p. 98). In her discussion of language according to Lacan, Grosz asserts that symbolic language is inherently male because it is fixed, functioning much like repressive metaphorical language to hold socially-constructed modes of expression in place and provide fixed structure within the unconscious. Alternately, semiotics are the inherently feminine opposite because they provide the flexible rhythm, intonation, syntactic, and rhetorical transformation of language that births the symbolic (Grosz, 1990, p. 153). Through the art therapy process, much like Lacan's ideal psychoanalyst, the semiotic and symbolic combine to shift metaphors and change the structure of the unconscious.

Psychodynamic theory was a catalyst for the birth of art therapy, as the basis for the practice of founder Margaret Naumburg. In psychodynamic art therapy, art therapists utilize the dynamic forces of ego, superego, and id established by Freud to allow the therapeutic art making process to produce symbols of repressed content that confront the client with their own internal conflict (Hogan 2016). Often, these inner conflicts are so

intolerable that they are strongly defended against and calcified in the unconscious, much like Lacan's use of metaphor (Huss, 2015, p. 23) In psychodynamic art therapy treatment, art is used as a potentially regressive activity that allows the client to reach unconscious material and process it through art process as well as projection onto the final product (Huss, 2015, p. 24). Regression into libidinal urges is characteristic of Freudian theory, and noted by Haslam (2011) as an acknowledgment of humanity's evolutionary connection to art making.

Freud's theories served to incite a curiosity amongst the general public about psychology, and public opinion in the early 20th century began to shift away from demonizing mental illness toward curiosity about anyone who excelled while outside of the norm. The psychodynamic influence on modern art history is visible in a variety of texts from the early 20th century that denote artists as "mad geniuses". Griselda Pollock (1980) offers a critical examination of this practice, and she concludes that "… notions of madness and art which produce the category 'mad genius' have little to do with clinical pathology or definitions of sanity, but circle around categories of difference, otherness, excess" (Pollock, 1980, p.65) that are utilized to increase the economic value of a work of art. She identifies that art critics risk the loss of power to control what is said about works of art, a risk that she defines as frightening because both art and "madness" are socially disruptive forces (Pollock, 1980). Pollock is writing almost 100 years after the inception of Freudian theory, but the ideology of othering that she studies possibly developed as a direct reaction to the birth of psychodynamic theory. She asserts that within art history, "the art… is examined not only for confirming signs of madness as a general condition of

being an artist, but the particular styles and meanings of the art are seen to result exclusively from the maddened state of the producer" (Pollock, 1980, p. 70).

Jungian analysis is another dominant theoretical field of mental health that informs art therapy practices, and often serves as an expansion of the intra-psychic theories of Freud to include the effects of culture on the client (Huss, 2015, p. 44). Carl Gustav Jung began working with Freud, but broke away and began publishing his own distinct ideas in 1913 (Hogan, 2016, p. 38). Art therapy founder Margaret Naumburg and her sister Florence Cane both underwent individual Jungian analysis, later espousing Freudian theory for their clinical work (Junge, 2010, p. 218). Jung gave art imagery a central position in his life, and thus art expression serves an important purpose in Jungian therapy (Huss, 2015, p. 44). The foundational theoretical concept of the collective unconscious provides the ground for archetypes and universal symbolism, images often evoked during art therapy sessions (Huss, 2015, p. 45). Jung taught that the collective unconscious was expressed through the personal unconscious, which was expressed through art (Huss, 2015, p. 45). Jung often used a mandala exercise in his treatment, a practice that is still relevant to some art therapy cases today (Junge, 2010, p. 220). Despite its cultural focus, Jungian theory has been criticized for promoting the idea that Western symbols and archetypes are applicable to all people (Huss, 2015, p. 48). It is possible that this was a popular idea in the Hegelian zeitgeist at the time of Jung's practice, as colonialism abounded in the early half of the 20th century. As the modern academics have shifted their focus toward diversity, inclusion, and humility, other theories have emerged that uniquely address the way that art is understood as a meaning-making practice in clinical art therapy.

Michel Foucalt is one postmodern thinker who, in his work, embodied an epistemological blend that straddled creative and historical. In his 1969 discourse, "What is an author?", he asserts that the author and the work in combination supersede all categories of history, genre, or philosophy (Foucalt, 1977). He describes the moment of authorship with a sense of critical awe known to those who undertake creative tasks, the moment of completion when the work takes on a self-referential quality and a life of its own (Foucalt, 1977). Foucalt describes this dynamic relationship between author and text as that of life and death, the text comes alive and effectively murders the author by turning him or her into a signifier, an icon of status, and designation of reference. Similar to the Lacanian concept of the subject as defined by their language, the meaning lies in the effect of the discourse as opposed to the cause, Foucalt further progresses the idea that language/text/work is a signifier of the subject rather than of any real object (Foucalt, 1977). This idea challenges previous art historical views of works being identified by their authorship, implying exactly the opposite: that the author is identified by the work.

Foucalt describes the "author function" – the connection of authorship that exists between texts and sets up expectations and parameters for what defines a work, thus providing credence to the full body of works by the same creator (Foucalt, 1977, p. 125). This function also exists in the works of prolific artists through the Renaissance and Baroque periods, with apprentices in workshops creating paintings for the master to finish and sign. The title of artists such as "Rembrandt" or "Caravaggio" becomes interchangeable with "the workshop of - ". Thus, the name of the creator is used to contain and classify the work, and anonymity is intolerable at the top of this social schema. Most apprentices remained anonymous. Foucalt states that, "Nevertheless, these

aspects of an individual, which we designate as an author… are projections, in terms always more or less psychological, of our way of handling texts [or works]" (Foucalt, 1977, p. 127)

This fascination with life and death, of the work and author, creates a paradox for Foucalt that is defined by the work simultaneously "killing" or subsuming the individual person that created it only to secure a place in history for the name of that person, creating an alternate history for that person that overwrites their individuality, which was initially a condition for the creation of the work (Foucalt, 1977). In this absence of the individual person responsible for the work, Foucalt inserts three simultaneous persons who come alive in the authoring and reading of work: the individual who undertook the task of writing a text at a specific time and place; an instance of demonstration in which any individual could perform the writing if he accepted the same system of symbols, play of axioms, and set of previous demonstrations; and a self that speaks to tell the work's meaning, the present moment reader (Foucalt, 1977). This triad unintentionally mirrors the art therapeutic triad of client-therapist-work, respectively, that exists in any session where artwork is created and subsequently explored verbally between client and therapist (Junge, 2010, p. 39). Foucalt proposes a time when the author function will disappear almost entirely, and texts will be placed under different systems of constraint. It is possible that the time he foretells is now, the Internet age, in which online information can be proliferated so quickly that authorship might be lost immediately upon publishing. Art therapists working at the time of this essay's dissemination were developing clinical practices based on a myriad of both time-honored and nascent theories, including

humanistic theories of Carl Rogers, phenomenological theories, and feminist theories alongside established psychodynamic or psychoanalytic practices.

Foucalt demonstrates a fascination with Freudian thinking in this essay, a possible indication of how the early twentieth century influenced later thinkers, who influence dominant ideas of the present. Foucalt appropriates Freud as an example of discursive practices "returning to the origin" to deepen ideologies, such that a "re-examination of the books of Freud…can transform our understanding of psychoanalysis…" (Foucalt, 1977, p. 136). He suggests that "Bringing to light…*An Outline of Pychoanalysis*, to the extent that we recognize it as a book by Freud, can transform not only our historical knowledge, but the field of psychoanalytic theory…" (Foucalt, 1977, p. 136). Foucalt's reference to past Hegelian influences like Freudian theory demonstrates how deeply the Western cultural narrative is influenced by Freudian theory, even in its rapid evolution into postmodernism.

Another such thinker, who came slightly after and built on the ideas of Foucalt, is Roland Barthes. His essays informed modern thinkers in a way that is, perhaps, more accessible than Foucalt. His pivotal 1977 essay "The Death of the Author" references a similar phenomenon to Foucalt's loss of the author function, described by Barthes as "a tissue of quotations drawn from the innumerable centres of culture" (Barthes, 2009, p. 146). Barthes asserts that this conception of authorless work suits modern critical practices, like art history, because researchers can then take as their primary task the discovery of the author (Barthes, 2009, p. 147). However, Barthes proposes that this practice of discovering the author is problematic because "… the reader is the space on which all the quotation that make up a writing are inscribed without any of them being

lost; a text's unity lies not in its origin but it is in its destination. Yet this destination cannot any longer be personal: the reader is a man without history…" (Barthes, 2009, p. 148). Barthes' valuation of the reader mimics Margaret Naumburg's view of the art therapy client as the primary interpreter of their artwork (Junge, 2010, p. 39).

Both Barthes and Foucalt maintain a focus on the present moment, despite employing dense metaphorical language that transports the reader into the text. Each of their works are demonstrations of the very phenomena that they are naming. The reader is placed in the present moment, but transported by authorship, and both thinkers have achieved renown that has robbed their names of individuality only to place them at the crux of a societal shift toward postmodern thinking. In their writing, they grapple with paradoxes that set the creator and viewer/reader at odds because each experience of relating to the work is fundamentally different and equally important to the understanding of creative practices.

As part of the cultural shift stimulated by postmodernism, humanistic psychology arose during the late 20th century as a "third force" of therapeutic training that offers a theory counter to psychodynamic/psychoanalytic or behavioral models (Hogan, 2016, p. 66). Huss (2015) describes humanistic psychology as informed by existential and phenomenological theories, inspired by post-world war optimism and affluence in America (p. 55-56). Carl Rogers was an American psychotherapist who developed his humanistic theories based on principles of humans superseding the sum of their parts, living in an interpersonal context, capable of self-awareness and choice, and living with inherent intent, purpose, and value (Hogan, 2016, p. 66). Rogerian therapists are concerned with creating a safe environment marked by unconditional positive regard,

which then allows the client to grow. Rogers' daughter, Natalie, studied how her father's theories inform our understanding of creativity. She proposes that creative individuals will have an openness to experience, an internal locus of evaluation, and an ability to play with elements or concepts (Hogan, 2016, p. 73). These conditions are visible in the work of postmodern artists who were interested in abstraction, expressionism, and the inclusion of conceptual discourse in the art-making process. When applied to an arts-based clinical space, Rogerian theory implies a therapist who is unconditionally positive toward both the client and their art exploration, non-directive and neutral in reflecting the art-making process, and void of interpretation so that the client may unearth their subconscious independently (Hogan, 2016).

Postmodern discourses also inform the epistemological basis for phenomenological art therapy, a practice in which the client is both creator and viewer of a work in session. Phenomenological art therapy was developed within the humanistic psychology movement, equally inspired by phenomenological and existential theories (Junge, 2010, p. 172). The clinical space holds paradox of the client as simultaneous creator and viewer, similar to the paradox of author and reader presented by Foucault and Barthes. With a clinical attitude of discovery, the client is repeatedly asked, "What do you see?" in order to identify and assess the changing relationship that they have toward their artwork. Phenomenological theory is recommended for art therapists across America to practice in a way that is culturally humble, "to elicit the client's own interpretations and meaning from each art piece" in a way that assures the art therapist's voice is removed from the client's process (Spaniol and Cattaneo, 1994).

Feminist perspectives in theoretical interpretation have come to light presently, as part of the most recent wave of feminism in America. Both art historians and art therapists are overtly including feminist voices in the present growth of each field. Art historian Amelia Jones takes this perspective in her text, *Irrational Modernism*, a discussion of Dadaism in New York City through the life of the Baroness Elsa von Freytag-Loringhoven. Jones takes a distinctly postmodern stance in this text, placing herself within the discourse, connected to the Baroness through their shared experiences of being "neurasthenic", anxiety-ridden individuals (Jones, 2004). Jones' perspective of over-identification leads her to discuss the implications of psychological strife on creative works of Dadaists and her own creative work as an historian (Jones, 2004).

Feminist theory of art therapy builds upon the psychodynamic roots of the field. It is important to note here that psychoanalysis is typically seen as a patriarchal practice that subjugates women by articulating the myriad ways in which women are culturally constructed by negative definitions (Grosz, 1990). However, Freud's initial client base was almost entirely female, and modern feminists have postulated that, perhaps, it is not the theory itself that is patriarchal, but the phenomena of a system of analysis that blatantly reveals patriarchal processes in the dominant culture (Grosz, 1990). Feminist art therapy is seen as an implicit practice, and it is in the subtleties of language used by the art therapist with their client that the feminist theory comes to light (Hogan, 2016, p. 125).

Each of these embodied theories challenged the normative assumptions for expression in their respective fields for the time and place of the author. The modern development of art therapy theory begins with Freudian psychoanalysis, evolves into a

split between psychodynamic theory and Jungian psychoanalysis, moves into the modern era with humanistic psychology and phenomenological theories informed by postmodernism, and finally contemporary theories are represented with feminist work, just one axis of understanding in the age of globalization and technology. Together, these collected writings which frame the theoretical overlap between art therapy and art history focus on constructivist effects of language, symbolism, and creative expression on the individual and, by extension, on society. Both therapists and clients are subject to holding assumptions, biases, and beliefs that stem from this constructed reality which places art in a position of mystical othering, projective identification, and representation of subconscious material.

Clinical Inclusion of Combined Theories

There is no published literature recording the use of art historical lessons in graduate programs to train art therapists. However, art historical references are brought into the classroom when studying art, typically as a demonstration of style or technique, and each art therapy program in the United States includes a class on art making practices and modalities. The field of art education served as a partial, historical foundation for the birth of art therapy, as founder Edith Kramer always considered herself an art teacher rather than a clinician (Junge, 2010). Most art therapy graduate students are trained in art making prior to becoming art therapy students in Western universities. Education in the arts can include art historical referencing, survey classes, or even higher-level art history classes. The dominant narrative of Western art is typically what is presented at this level. Pollock describes this overt presentation of the dominant narrative as "the regulated,

institutionally trained, professional literature of art history us[ing] its own words to produce a notion of art as ineffable, pristine, discreet – a non-verbal experience rooted in the difference of the artist, who is simultaneously distinct from other men and yet the epitome of universal man" (Pollock, 1980, p. 64). In this quote, she highlights the pervasive, Western understanding of art as a paradoxical practice that can only be understood by those who speak its language. This understanding, provided for fledgling art therapists during their undergraduate training, will invariably inform clinical practice, especially when art objects are included in the therapy sessions. Additionally, clients will enter the therapeutic space with their own understanding of the language of art, and their beliefs may or may not align with those of the trained therapist.

Pat Allen is one art therapist whose clinical work provides an example of Western art practices and clinical practices colliding. Her Open Studio method is based on the structure of a typical artist's studio, intended to be a response to the "over-clarification" of art therapy practices (Junge, 2010, p. 171). Clients are invited to create art with a focus on the creative process, and the therapist is considered to the "artist in residence" (Junge, 2010, p. 171). Clients who have no formal art training will engage with open studio treatment through a different lens than those who hold biases about what art making means.

There is a brief published history of art historical influences being utilized as a clinical tool for art therapy practice in traditional medical settings. Carol Miller completed two research projects to support her work in multiple settings using art historical influences to motivate clients toward therapeutic art making. In her 1993 study, she worked to demonstrate that prompting with historical influences will increase

attendance, concentration, and participation within an art therapy group (Miller, 1993).

She measured the "quality" of client's artwork, albeit somewhat arbitrarily, as data that

demonstrates the efficacy of art historical prompts (Miller, 1993). In her later study,

Miller utilized art historical prompts in a day hospital setting with severely mentally ill

clients, and she found that the structure of the group was aided by the scaffolding of

historical presentations at the outset of each meeting (Miller, 1998). The results of each

of these studies are minimally significant, possibly implying that including art history

may not have affected the clients directly but did affect treatment outcomes by providing

a structure for the therapist and a means to contextualize the therapeutic work.

Despite relatively few clinical examples, art history is present as a social construct

in each art therapy session. Clients and therapists both look at the elements of a

completed work with their own ideas of what art making means and the significance of

the art object. It is possible that their collective subconscious hold references to great

works of art through time, as representational objects of the larger concept of art as a

meaning-making practice. In all, the purpose of understanding how academic art history

plays a role in the training of clinicians is to allow a more accurate understanding of these

biases. With the field of art therapy increasing focus on multicultural humility, clinicians

may be able to utilize an exploration of their own art historical biases to ensure that

clients are receiving appropriate treatment.

Conclusion

This literature review has followed published writings that connect practices of art

history and practices of art therapy from a chronological and then a theoretical

standpoint. Each field experienced rapid, simultaneous development through the 20th

century, and growth concentrated during the decades from 1960 – 1980 following large

scale social changes in America, the birth of postmodern thought and humanistic theories,

and rapid developments in technology that characterize our modern world. During this

time, works of art were utilized in popular culture to sensationalize and reinforce stigma

around mental illness in the caricature of the "mad artist". Art therapists were working in

small pockets across the country to approach mental illness from a compassionate place

of healing through expression. Attitudes of the time affected both fields in different ways,

and it is possible that these attitudes have permeated into the treatment milieu of

practicing art therapists, whether that influence is intentional, conscious, or subconscious.

4. Research Approach

   This study integrates qualitative, arts-based research with critical theory inquiry. Critical theory methods are used across the social sciences to shine a light onto social constructs that reinforce dominant cultural norms (Rexhepi and Torres, 2011). Born from the Frankfurt school, with a focus on reinterpreting Marx's work for the modern era, critical theorists focus on identifying, challenging, and changing the ways in which a society uses dominant narratives to reinforce the idea that inequity is a social norm (Brookfield, 2014). Primary writers of critical theory include Herbert Marcuse, Eric Fromm, Max Horkenheimer, and Walter Benjamin, writing after Marxist and Hegelian ideals (Rexhepi and Torres, 2011). Critical theory is applicable in studying humanities or social sciences that explore systems of culture and constructs of power (Brookfield, 2014). Critical theory supports an "intersectional framework" that aligns closely with the contemporary work of MFT art therapists who see "how social and cultural contexts experienced as internal and external oppression impact the issues clients bring to therapy" (Nolan, 2013, p. 178). Critical theory frames the interconnection of ideology and power, or the intersection between knowledge and power, as the operating social system that maintains a dominant set of beliefs that serve the interests of the powerful (Brookfield, 2014). This intersection of knowledge and power is visible in higher education settings. Systems of power within universities create a type of 'academic tribalism' identified by Rexhepi and Torres as self-identification through reference to, or closeness with, elite academics (Rexhepi and Torres, 2011). Divisive in nature, this clique-based model of academia is the foundation of this study, as this research proposes to bridge a gap between related fields. Critical theory is further applicable to the content of this study

because it supports a practice of art therapy in which "awareness and dialogue about power [are] an explicit part" (Nolan, 2013, p. 179). Lastly, critical theory ideals are applicable to a primary assumption of this project, that Eurocentric training in art history has an effect on the clinical practice of art therapy in America. Critical theory was written by a collection of European, mostly French and German, men who were responding to oppressive capitalist practices in 20th century America and Europe (Rexhepi and Torres, 2011, p. 684). The theory is limited by its highly intellectual posturing and Eurocentric worldview, but still serves as a strong explanatory force for how systems of oppression present themselves. When applied to the languages of art, clinical art therapy, and academic views on art, critical theory may provide an accurate lens for understanding dominant views on the meaning of art.

The integration of an arts-based epistemological approach with critical theory methodology exemplifies how the theory informs the project. In order to remain cognizant of the implications of critical theory ideals throughout this study, it is necessary to practice epistemological approaches that deviate from the dominant norm, such as arts-based research. This project focuses on language as a critical aspect of both art therapy and art history. However, language is also an aspect of critical theory, presented by Horkenheimer and Adorno as the primary means of promoting thoughts-as-commodities in an oppressive capitalist system (Brookfield, 2014). The combination of arts-based knowing with a focus on understanding language allows an inductive process of cross-referencing words to images that may lead to deeper levels of qualitative understanding of the topic. The critical theory approach provides a methodological scaffolding that encompasses all aspects of the study.

5. Methods

   a. Definition of Terms

      i. Art Therapy – This term is used to refer to the practice of clinical art therapy as defined by the American Art Therapy Association on their website, "… an integrative mental health and human services profession that enriches the lives of individuals, families, and communities through active art-making, creative process, applied psychological theory, and human experience within a psychotherapeutic relationship" (American Art Therapy Association, 2017).

      ii. Art History – This term is used to define the study of the history of art, as it is promoted by universities across America. The Loyola Marymount University College of Fine Arts website defines art history as "[to] study both the meaning and purpose of the visual arts, their development through history, their role in society, and their relationship with other expressions of a culture…. [to] gain a keen perception and understanding of art and its visual and symbolic language" (Loyola Marymount University, 2018).

      iii. Academic Orientation – This term refers to the publication history and current work of each participant. Academic orientation in this study will only be either art therapist or art historian. Those who cross the boundary between art therapist and art historian in their work will be oriented based on the majority of their past work.

      iv. Clinical Perspectives – This term refers to the tendency in western cultures for academicians who are not clinicians to apply a psychodynamic lens to the interpretation of biographical information.

v.   Art Culture – This term refers to the collective ideas, language, and experiences of people who participate in art-making education and professional practices. Art cultures exist worldwide in diverse forms, and a homogenous art culture exists that binds international art-making. In this study, art culture refers to American attitudes, experiences, and ideas because the scope of the study is limited to the United States.

vi.   Art Object – This term refers to an object that was created with art-making intent. Art-making intent can vary from personal to social, secular to religious, and on a variety of additional axes. Therefore, an art object can be a myriad of things, spaces, or experiences to which a person assigns the label "art".

b.   Design of the Study

i.   Sampling –

This study uses purposive sampling to identify participants, recruited based on their work in the field of art therapy or art history. Between 2 and 5 participants are chosen from a pool of colleagues known to the research advisor and primary researcher. Participants are initially contacted via email by the P.I. to inquire about willingness to participate, availability for interview, and interest in the project. The P.I. selected four participants with the goal of establishing a diverse subject pool in terms of clinical/research experience, education, and culture.

ii.   Gathering of Data –

After the participants have consented to participation in the study, an individual interview time is appointed. The P.I. follows the same interview and observational protocol with each participant. Interview protocol includes a standardized verbal introduction, reading of each question verbatim to each participant, and a standardized verbal closure. Protocol includes standardized presentation of the art media and separation of descriptive and reflective notes by the researcher. All interviews are recorded for audio.

The interview questions are listed below:

- Describe your relationship to art (personal or professional).

- How has your work (academic orientation) affected your understanding of what art making means?

- How do you think the history of art has informed the clinical practice of art therapy?

  OR

- How do you think the development of clinical perspectives on artists has affected the history of art?

  Participants are then asked to make an art piece based on the following three-part prompts:

- Depict your relationship with art making.

  THEN

- Depict how your current work/practice/research influences this landscape.

  THEN

- Add the influences of the academic orientation that you work from.

Participants are provided art materials including: paper, markers, paints and paintbrushes, scissors, tape and glue, string or fabric pieces, and small found objects. Participants are asked to describe their artwork to their comfort level, and data collection concludes.

Participants receive email from the P.I. thanking them for their participation in the research.

Approximately one month after interviews, participants are invited to LMU for a focus group in which the data is presented to the participants. Participants are prompted to react to the data and discuss the findings, leading toward saturation of the data (Creswell, p. 189). The focus group supports discussion regarding the clinical implications of the data for art therapists. Art materials are provided, and participants have the option to create a second art piece to express their experiences in the focus group. This focus group is audio recorded, supplemented by handwritten notes. If the focus group is not attainable, a digital response opportunity will be organized.

Validity and reliability is maintained in this study through a variety of measures. Qualitative validity is maintained through triangulation of the data among multiple perspectives of the participants, using member checking in the form of the participant focus group, clarifying the bias of the researcher through self-directed reflective art making during the data analysis process, presentation of discrepant information that arises in the literature or data, and peer debriefing with art historians who review the accuracy of the history presented in the literature. Qualitative reliability is maintained by adhering to interview protocols and documenting all happenings within the interview frame, checking transcripts closely for clerical errors,

maintaining a focus on the definitions themes throughout the data analysis process so

that no shift in meaning takes place during analysis, and referencing previous art

therapists who have engaged in critical theory research for reference to independently

derived themes that overlap with this study. During analysis, themes are cross-checked

between the researcher and advisors or peers to confirm intercoder agreement

(Creswell, 2014).

iii. Analysis of Data –

Data is analyzed using transcription and coding, with the intent to identify

themes that arise in the data. All interviews are transcribed by the P.I.

Transcriptions are reviewed and checked by the P.I. Artwork is photographed and

then safely stored. Data goes through two stages of analyzation – the primary

stage occurs after the interviews and before the focus group; the secondary stage

occurs after the focus group concludes.

1. In the primary stage, transcribed data from the interviews is coded for each

participant's meanings. Significant words or phrases are identified by context and

frequency. Through inductive data analysis with constant reference to the data,

these significant words or phrases are condensed into categories, and then themes

that describe common experiences for the participants. After themes have been

identified, the P.I. returns to the data to identify additional evidence for each

theme, focusing on the meaning of the participants and intentionally withholding

the bias of the researcher or the implications of the literature (Creswell, 2014).

Artwork is reviewed alongside each interview. The themes are cross-checked for

intercoder agreement by the research advisor. All initial data is summarized into a presentation for member checking in the focus group.

2. In the secondary stage, the data is confirmed through member checking. Participants are presented with the themes identified in the primary stage, asked if they feel accurately represented, and given opportunity to correct any misinterpretation of their contribution. Member checking will occur in the form of a focus group, in which participants may discuss the findings with the researcher and with one another. In the event that a focus group is unattainable, a digital response option will be provided. The ability for participants to react as a group is lost with a digital response, but member checking can still occur.

6. Results

Presentation of Data

Summaries of the Interviews

#1 –

Interview #1 with participant M (art historian) developed in a non-linear way. The setting was silent, isolated, and institutional, in the LMU Art Therapy Suite late in the day. The participant and researcher have a limited prior relationship, becoming acquainted when the researcher assisted them as part of a Graduate Assistantship. Awkward at first, the participant and the researcher became entangled with words and struggled to communicate. The interview moved forward by going around difficult questions and returning to them at the end of the conversation. We communicated verbally, and the participant also requested to write down the prompts as they were dictated. M reported some anxiety about the unexpectedness of the questions and lack of familiarity with the research topic.

M defined themself as "not a practitioner of art, [but] simply study[ing] objects of art". The content of the interview revealed a family connection to art culture through their grandfather, an artist for the king of Thailand, and the casual conversations surrounding interview content revealed an interest in how the research may apply to M's own children. The interview highlighted a grappling with the language that we use to talk about art. M expressed that they believe that indigenous art making is used as a means to commune with and control the spiritual world. M shared a curiosity about the multiple meanings that can arise when diverse people view the same art. They expressed a belief

that "the practice of [art] can be a reflection or a reaction to things happening in society…

to an individual… in a community."

      M's art process was swift and decisive, bypassing most materials for collage. The

created art piece utilized collage and ball point pen, including written words and an ink

line as a border. The collage contains two images, one represents universal art themes and

one represents personally significant art references. The piece had a left-to-right

movement from universal to specific that reportedly matched M's trajectory of

understanding within their field. After art making, the participant expressed that the piece

was indicative of their current work with cultural repatriation, depicting a binary

relationship between marginalized people and their oppressors. M reported discovering

that their relationship with art was not based in objects, as they had assumed, but rather in

text.
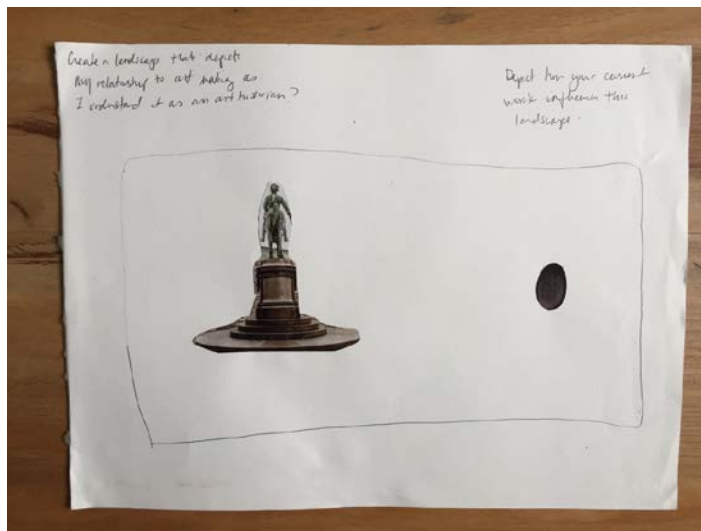
#2 –

The texture of interview #2 was academic and professional. Participant L (art therapist) seemed comfortable with the space and the topic of the research. The conversation felt focused, but not necessarily limited. The participant and researcher have a prior relationship of professor and student, respectively. The setting was comfortable, midday in the LMU Art Therapy Department Library with voices of students trickling through the closed door. The art supplies held the space, with myself and participant L nestled within a table full of media. As we talked, they responded directly to questions, explaining their experiences in measured monologues. L spoke about professional and educational experiences, referencing how their work, personal evolution, and cumulative educational experiences are intimately connected.

The content of the interview covered graduate school experiences learning about art history. L described the differences for them between looking at art as a fine artist or as an art therapist, and the differences between practicing art as an artist compared to as an art therapist. L reported that they began to see additional depth in historical works of art that they previously would have exclusively viewed aesthetically. L expressed that their training has deepened their art practice at every advancement, allowing both a cathartic art experience and a structure with which to understand those experiences for themself. L described their artwork as an innate practice and a process of illumination, particularly when the content of the art making is self-reflective. L identified that art making gives them the power to externalize the internal experience. The art process for L was fluid and engaged. They used a variety of media, including markers, pastels, layers of collage, pom-poms, and liquid glue. L built up a tableau with a central figure, a

radiating orange ring and yellow lines, surrounded by floating embellishments and collage images. L expressed that their art product reveals how their relationship to art has changed over time: first, reflecting self then adding the growth of knowledge stimulated by academic work and finally returning to a central heart image that represents their "center heart, that piece of coming from a place of love and caring".

3 –

The texture of interview #3 with participant A (art therapist) had a sense of exploration. A identified themself as a "practicing artist" who uses art as a tool in art therapy practice. The space was open, in the LMU Art Therapy Department Library with the door open to the hall and students walking by. The participant and researcher have a prior relationship of professor and student, respectively. A answered interview questions

with a stream-of-consciousness style, frequent starts and stops, self-corrections and self-reflections. They provided colorful examples to illuminate concepts and beliefs related to the meaning of art. The overall interview felt like a processing or working space.

The content of the interview covered a variety of ideas on art. A expressed that they see art as a modality of thinking that exists in the space between object and viewer. A defines their relationship to art as a relationship to self, that fluctuates and changes like most interpersonal relationships. A expressed that the art object is not an important concept to them, and that most of their art exists only for a specific space. There is a sense of multiple spaces existing at once in A's art-based practices, in that "there is [not] such a clear distinction" between their various art identities. A expressed an interest in contemporary and modern art, referencing the socially-focused work of artist Lygia Clark and reporting that "contemporary art is kind of showing what is being talked about in the historical art zeitgeist". A identified art in therapy as a tool or resource for self-care and self-reflection, allowing the client to make manifest their intentions. A expressed a sense that art therapists aren't necessarily connected to the historical context of art making. A identified a stereotypical "art of art therapists" as utilizing an archetypical, organic, stream-of-consciousness process that excludes ideas of mastery. A reported that, "Being an art therapist helped me understand my relationship more to art making, as opposed to my relationship with the products that I make." A defined their art therapy practice as working from a narrative lens because it allows the client an opportunity to use art combined with language to externalize and experience control over their problem.

A's art process was fluid and spontaneous. They explored the materials spread out on the table and then chose pipe cleaners, rubber bands, paper, and scissors. In the first

step, A constructed a woven black and white pipe cleaner circle, connected by tied rubber bands. In two steps, they constructed a paper sculpture that jutted up from the table in a brightly colored peak. A placed the pipe cleaner circle with rubber bands on top. The base of the triangle had two parallel strips of paper hovering about 1-2 inches above the table. A smiled while making art, and seemed to enjoy the exploration. They expressed that the art product was meant to be a simple reflection of the artistic space that they are currently working within. A expressed, "the belief I have about art making is sort of meaning making, and… like magic changes reality, I think that creative acts change reality, as do the way we speak about and relate to things." The product served as a stripped-down metaphor for the magical space of being both an art therapist and artist. A expressed intent for the piece to be destroyed after the interview.

#4 –

The texture of interview #4 with participant S (art historian) was modern and academic. The space was S's office, a light-filled and white-walled space with bright

splashes of color. The space was uncluttered but filled with art supplies brought in for the research. The overall tone of S's responses was focused exploratory thoughts colored by academic jargon. The interview was preceded by several scheduling emails, but no prior relationship. Participant and researcher spoke comfortably, and shared information easily. S shared both professional and personal experiences that relate to their understanding of art. S shared extensively their research and previous work, expressing a desire to move forward with a more comprehensive lens that includes both art historical and art therapeutic training.

The content of the interview covered S's past and present work. S identified themself as "not …a maker, but … a writer", a holder of context through words. S expressed a current curiosity about intentionality in art making, and tied that curiosity to current trends in art writing that focus on empathy in understanding artistic works. Their work focuses on contemporary art, and they expressed that their art historical education has provided a sense that "the contemporary and the historical [are] mutually constitutive… [and] important to hold together."

S referenced Robert Ryman, whom they have previously studied at length. S reported that the study of his life led them to be curious about institutional structures "sanctioning creativity as part of a cultural good", including art classes in a museum context. S discovered the history of the People's Art Center at MOMA, which began with therapeutic intent as a veterans' service that included art making, occupational therapy, and support from the Red Cross. S reported that although the classes were transferred out of the museum as it grew, the People's Art Center has the exact same curriculum and remains to fill a social niche within the contemporary art institutional milieu. S identified

an overall sense of trends in the contemporary art world that were "all coming from therapy", but without a strong connecter in published research.

S reported that they feel a sense of purpose to help artists understand the context within which they create, especially because "not enough people … understand this history to be… able to enter into a public discourse about it". S reported that their work primarily focuses on outsider art. S identified that they are currently studying the history of art therapy, and discovering a "trans-historical" narrative that fails to incorporate "changing ideas about the nature of thinking about images or representation." S commented on the development of clinical perspectives on artists, identifying that the historical embeddedness of clinical theories is a "symptom of a cultural movement" from a period in which prominent artists were interested in the structure and theory of psychology. S commented on more recent perspectives, stating that engaging with outsider art can be like a "narrative of finding" that reveals the various cultures of art making, and the boundaries that maintain power in these cultures. While an artist may exist outside of these cultures of art, S expressed that one cannot be an outsider relative to their own making because "if you're making your own work, you are present to yourself in that encounter."

S's art process was swift and decisive. They chose two collage images at first, and then added a third in the final portion of art making. S left the images in a loose arrangement on the table to talk about their piece. The art product reportedly represents a movement between order and chaos that classifies S's work. This movement is reflected in the juxtaposition of plant imagery and a linear photo of a skyscraper. The third image shows a half-open door, which S identified as the portal of art history into an enchanted

space that is created through representation and illusion. Their artwork conveys a sense of

multiplicity, defining each side as "two halves of the same thing."

The interview process incited a self-reflective response in me that stimulated clinical, personal, and creative growth. By hosting conversations with thinkers in both of my fields of study, I was catalyzed into considering my own biases as an art therapist related to my BA in Art History. I began to notice assumptions about art that arose while sitting with clients, as well as a nascent tendency to make assumptions about artists while looking at art in a non-clinical space. I noticed myself responding to all creative works with increased empathy toward and respect for the act of creation.

After hosting and transcribing interview #1, I painted this watercolor of a lantern (see below) with a brain inside. The process for this piece was intuitive and reactionary to my experience as the interviewer. Because this was the first of my interviews, I left feeling like my brain was on fire with questions, realizations, and insight for future interviews. Most of the knowledge gained from this experience was applicable in the clinical space as well. The insight gained from interview #1 could be summarized as "Tread slowly when walking into the darkness". The image of the lantern is a direct reference to a comment made during the interview, when the participant was asking about the role of the art therapist and I responded that it is like "holding a lantern in the dark". By depicting the lantern as half-lit, I was able to concretely depict the fledgling stage of my understanding. Only one side is illuminated because I made efforts throughout this project to remember that, despite my art historical training, I am approaching this research from the role of art therapist. It is possible that the back half of the brain is alight as an indicator of the anxiety I felt during the interview, a reflection of the way that our primal brain takes over from the prefrontal cortices when fear is present. The lantern

floats without context or ground line, becoming a symbol of the interview that stands without context because it was the first.

After hosting and transcribing interview #2, I created another reactionary art piece (see below). I used chalk pastels, holographic paper, and masking tape. Again, this piece illuminates the lens of a biased researcher, and the art object serves as a container for the relevant biases while in the process of data collection and analysis. The translucent holographic paper allows a distorted view of what is underneath, a metaphor for the way in which specialized training such as art therapy credentials create a strong distortion of personal perspectives. The process of this image was quick and tidy, a possible reflection of the smooth and practiced interview process. Utilizing tape as a broken boundary perhaps serves as a reference to the texture of the interview – quick, efficient, and bound

by a limited time frame. The pastels communicate a softness that was present in the atmosphere of the interview, with blended colors as a representation of the data beginning to blend together into a more complete understanding. The colors chosen for this piece are bright and warm, mirroring the colors in the participant's artwork.

After hosting and transcribing interview #3, I created this 3-dimensional art piece (see below). It is a small talisman created from cloth flowers bound in plush roving, metallic string, and fluffy yarn. The piece is tightly wrapped, with free-flowing ends that fall from the belly of the piece in twisted dreadlocks and flowers protruding from the top and bottom. The impact of this piece is intended to incite curiosity, in the same way that the progression of the interview process incited a curiosity in me. The tactile materials

serve as an invitation to engage with the piece, which was providing a placeholder for engaging with the data as I waited for the interview process to conclude. The process of this piece was reflective of the "winding up" of information that had occurred to this point. Each new insight opened a world of questions, and the project began to feel like a Pandora's box that needed to be tied tightly to remain manageable. The protruding flowers are a metaphor for the growing understanding that attempted to burst out of me while I tried to remain objective and present to each moment in the research process. The 3D format of the piece mirrors the artwork of the participant.

After hosting and transcribing interview #4, I created this art piece (see below) using markers, felt-tipped pen, and paper. The process for this piece was methodical:

using each color of the marker set in a coordinating pair of tonal shades to add different elements to the composition. The process mirrors the back-and-forth rapport of interviewing. The marrying of two shades represents a sense of integration that began to form as the data collection concluded. By representing integration in this art piece, I was able to hold off an innate desire to correlate data before transcribing and recording the final interview. The interaction of the two colors in each element of the drawing implies a way in which the fields of art therapy and art history may inform one another: bringing structure to the organic movement of social and interpersonal forces that compel people to create. The fourth interview ended with a sense of connection because it was the final portion of data collection, but also because the interests of the participant align almost exactly with the content of the research, and witnessing their exploration within the topic provided me with insight that informed the structure of the whole project. The organic line style and intuitive markings indicate a similar sense of connected growth.

Utilizing arts-based processing of each interview experience allowed me the mental flexibility to be simultaneously objective and subjective in analyzing the data. Each art piece provided a space to house subjective observations while considering the information garnered in each interview. Each art piece visually references the artwork of the correlated interview, possibly indicating a parallel process between researcher and participants.

<u>Analysis of Data</u>

Integration of Interviews

Each interview provided an individually compelling view of what art-making means for that participant. The interviews were reviewed in isolation after transcription in order to capture the viewpoint of the participant without the tension of comparison.

After processing the interviews separately, the P.I. began to integrate the data by coding the transcribed content. The transcriptions were color coded to represent researcher or participant, and phrases were underlined that had particular emphasis, impact, or energy in the interview. Key terms were identified as 1-2 word epithets with the most importance or relevancy to the idea of the participant. Key terms were circled in each transcription, and then a list of key terms was created from all four interviews. The coded view of the data provided the texture of each interview – allowing the researcher to see concretely the conversational rhythm, context for key terms, and significant ideas. Artwork was reviewed alongside the transcriptions of each interview. Key terms from the transcription guided the researcher to identifying key elements in each work of art, and those elements were noted as key terms.

Themes emerged when the list of all key terms was condensed and clarified. Condensation of the key terms focused on identifying like terms and consolidating list points via similarity. Key terms could be identical words, synonyms, or metaphors referring to the same or similar ideas. Similarity was determined based on the context and implied meaning of each key term, and underlined phrases from earlier data processing assisted the researcher in determining the meaning of key terms. Despite repetition of the same words throughout all interviews, meanings arose in multiplicity for each term when the context and intent of the participant was considered.

Clarification was a necessary step in the data processing in order to identify multiple meanings and clarify how each theme applies differently for various participants. Multiple meanings are noted in the clarification of terms, and each theme is further defined by how different participants relate.

The identified themes and their clarifying statements were presented to the participants in the form of a digital response, in order to member check the initial results. Participants provided responses to each theme separately and then a reflection on the findings as a whole. Participants confirmed most themes, and offered feedback on some themes. Participant feedback was incorporated into the clarification statement for each theme.

Summation of the Interview Process and Identification of Themes

The interview process as a whole was an exploration into the meaning of art as expressed by art therapists and art historians separately. Throughout the process, the intent of the project became crystalline, and the research was defined as an exploration into possible clinical biases about what art making means. The data revealed that these assumptions will be unique to each individual and based in their exposure to art, their education about art, and their experiences with art making. The interview process revealed that these biases can be subconscious. In the clinical art therapy space, it is possible that both art therapist and client are transferring unconscious attitudes about art which affect the treatment process, product, and insight gained.

Each interview was dense with information about the various meanings that art objects and art making hold for both art therapists and art historians. Themes that arose most prominently from the interview process were:

- Each person engages with art in a highly personal way

- Art can be an expression of progression through time or space

- Art can be a self-reflective tool

- Interest in art can lead to interest in the meaning-making mechanisms of art

- Art making allows the creator to externalize and control internal processes

- Art allows humans to express and understand multiplicity

- Contemporary art practices and historical art knowledge are intimately connected

These seven themes are clarified below:

This study revealed that, for the participants, engaging with art is a process that provides outlets in a variety of modalities, including making 2- or 3- dimensional works, performing, viewing, or writing. All participants in this study engage with art through viewing created works. Art historians in this study tend to also engage with art through spoken language or written text. Art therapists in this study tend to also engage with art through making or performing, but write about created artwork of others in clinical documents. All participants implied or stated that engaging with art objects is fundamental to the understanding of art.

Art can be an expression of change over time, both personal and social. Each participant spoke about movement, with a variety of contextual meanings for the word "movement" including kinesthetic movement in the art process, the movement of personal growth, movement over the image in the eye of the viewer, movement of art objects through time, social movements that relate to art making, and movements defined by art historians as affiliating a common style or agenda. The movement identified by the researcher was clarified to "progression" as a result of participant feedback rejecting the ambiguity of the word "movement". Every participant art

piece had a sense of progression, movement, or pendulation. Art historians in this study depicted organizing progressions: from universal to specific, and from chaotic to orderly. Art therapists in this study depicted fluctuations in personal understanding: change over time as knowledge grows, and change in reality resulting from acts of creation both clinical and personal. Some participants identified that a work of art can hold movement in time, whether because time was depicted by the artist or because the history of the piece implies additional time and space to the viewer.

Art can be utilized as a tool for self-reflective work. For art therapists in this study, self-reflection was most likely to occur in the art making process. For art historians in this study, self-reflection was most likely to occur in the viewing of art objects or writing about art. All art therapists and art historians in this study were interested in how art can be self-reflective for others, in a clinical or historical space, respectively.

Each participant described an interest in art that began with a personal interest in objects or art-making processes but grew into a curiosity about the complex interpersonal and social impact of art. Most participants revealed a personal or biographical influence when describing their relationship to art. All participants pursued terminal degrees in a field of study that would help them to further illuminate or contextualize their original interest.

All participants postulated that art is a tool for externalization and control of complex forces in human psychological or social systems. All participants provided examples of this utilization of art as a resource, which was a consistent practice from personal to clinical applications of art making, as well as from ancient to contemporary historical examples of viewing art.

All participants referenced utilizing art as an organizing resource for multiple meanings. For art therapists in this study, arts-based work allowed the participants to simultaneously hold multiple professional identities connected by the language, theory, and practice of art. For art historians in this study, multiplicity became a manageable concept when viewing art and considering the variety of meanings that an art object can elicit for different viewers.

Two of the participants identified a connection between modern and contemporary art and historical influences. This connection highlights that historical influence informs contemporary makers, and could also reveal that art therapy clients subconsciously bring historical influence into their clinical art making. One participant theorized that there is a therapeutic influence on contemporary art that will be revealed by studying the history of both art therapy and contemporary art practices.

Interpretation of art making processes and products

Each participant created artwork as the final portion of their interview. The researcher created artwork as the final portion of each transcription. The artwork can inform the themes identified in the verbal portions of each interview by providing a gestalt view of the interview content. Participants were invited to explain their artwork to their comfort level in the course of the interview, and the researcher's artwork is interpreted above. By comparing these art processes, the reader can achieve a deeper understanding of the themes revealed in the data.

The art pieces created in the course of this project demonstrate that each person engages with art in a highly personal way because each participant created a unique art piece. The artwork created by the researcher shows progression through time and space as the project developed and latent understanding of the topic became condensed. All art making in this study

was self-reflective in some way, and the artwork of the researcher was intentionally self-reflective as a means to contain possible biases. This is one example of externalization through art in an effort to control internal processes.

The art pieces in this data demonstrate the meaning-making mechanisms of art that are revealed in the study: personal, societal, and multiple simultaneous meanings. Personal meanings were revealed through self-reflective processes or content. Societal meanings were revealed in the use of archetypical imagery and symbolism. Multiple simultaneous meanings were revealed by witnessing personal and societal at once, and incorporating the significance of the context for creation of each piece.

Lastly, the art making in this study reveals and confirms the influence of the historical on contemporary art making practices because each participant included not only their own personal history in the content of their art, but they also referenced cultural and societal histories that influenced their lives and their art making practices.

<u>Findings or Meanings</u>

Considered individually, each theme seems intuitive or obvious to those who have any experience with art. However, when all themes are held simultaneously, the resulting impression is that any person engaging with art in any way will be adding their personal story to a history that stretches vastly behind, ahead, and around them. Therefore, engaging with art convokes the influence of this history, especially when finding meaning in what has been made. Because the primary task of art therapy is to utilize art to help the client make meaning from their life experiences, art therapists, supervisors, and academicians must consider the implications of this research when working with art in therapy. When the critical theory ideals are applied to the data thus far, it leads to a conclusion that art historical writings provide a dominant narrative that reinforces societal beliefs about art and power.

The literature review demonstrates that art therapy shares theoretical roots with art history, and the data collected via interview demonstrates that historical narratives influence not only the conditions of art making but also conditions for viewing, both at the time of creation and throughout the life of a created piece. The content of the interview highlights the influence of language in both art history and art therapy, and multiple meanings were identified for various words used across both fields. The arts-based inquiry provided a comprehensive demonstration of stylistic mirroring in art making, revealing how historical association affects contemporary art. Taken together, the influences of art history and the theories of art therapy can provide a lens of what a client may be thinking when art making is introduced to the clinical space.

The study was limited in a number of ways, both intentional and unintentional. As stated in the literature review, the scope of the study was intentionally limited to American art therapy practices and American university training in art history. Both art therapy practice and art

historical narratives may be different in other cultures. Despite a clear focus on diversity, all participants live and work in the same metropolitan area due to accessibility for interviews. This geographical closeness could bias the data to reflect art culture indicative of the area. In addition, the diverse data pool was intended to increase validity in the study, but due to the expanding nature of the data pool, the researcher chosen to exclude variables such a race, gender, class, religion, sexual orientation, ethnicity, ability, and other systems of oppression.

This study would increase in reliability with additional participants, and further confirmation studies may be conducted. This study was also limited in scale by the time and availability of the researcher and participants. A larger research group is indicated should this project be replicated.

7. Conclusions

This study provides a foundation for art therapists who have exposure to art history to process and understand their biases related to clinical art making. By cross-referencing the innate assumptions of two fields that study art, the researcher and the reader are possibly stimulated to explore their own assumptions about art as well as the roots of those beliefs. The researcher and the reader are drawn into a parallel exploration of how art crosses over into the many fields of their own personal experiences, mirroring the cross-pollination of ideas between many fields that work with art. The parallel process revealed in the arts-based portion of this research may indicate a larger parallel occurring in the contemporary art zeitgeist, in which history arises as an important lens for understanding both personal and societal forces revealed in art making. This parallel process exists between researcher and participant, reader and researcher, client and therapist, therapist and their assumptions, and client and their assumptions as well.

When applied to art therapy clinical practice, the findings of this research imply that it may be clinically indicated to incorporate art historical knowledge into treatment planning, viewing art made in therapy, and perhaps in conversations with clients. Art therapists can take into consideration any art training that the client has experienced, the influence of the art historical zeitgeist over the life of the client, and the influence of contemporary art trends when viewing created works. In a parallel process, art therapists can consider their own training in art, the historical influences which they have been exposed to, and the contemporary art trends to which they are exposed.

Continuation of this research is indicated by the compelling findings and the many questions that grow from each new insight. Art therapy exists in numerous

countries, cultures, and academic settings across the world. Theories of art have perpetuated norms of art making from a variety of fields, including studio art studies, art education, art criticism, art appreciation, curatorial studies, and more. Art therapists could consider influences from each of these fields as they practice. Further research investigating the cross-pollination of ideas amongst the various silos of art could provide a more comprehensive view of the tangled web of associations, assumptions, beliefs, fears, biases, and curiosities that arise in the therapeutic space when a client hears the word "art".

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9. Appendix- Institutional Review Board Application

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Human Subjects Research

APPLICATION TO THE LMU INSTITUTIONAL REVIEW BOARD (IRB)

Principal Investigator (P.I.): **Hannah L Masters**

Title of Project: **The Intersection of Art Therapy and Art History Theory**

P.I. Type: (check one) ☐ Faculty ☒ Graduate ☐ Undergraduate ☐ Other

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Telephone: **(cell) 386-882-8257** E-mail: **hmasters@lion.lmu.edu**

Faculty Sponsor (if applicable): Debra Linesch

Submission: ☒ New ☐ Renewal ☐ Addendum ☐ Staff ☐ Other Previous IRB#:

For evaluation of your project, indicate involvement of any of the following:

☒ Audio Recording of subjects   ☒ Non-patient volunteers
☐ Charges incurred by subjects   ☐ Minor subjects (younger than 18)
☐ Deception   ☐ Mentally disabled subjects
☐ Questionnaires   ☐ Subjects to be paid
☐ Psychology subject pool   ☐ Fetal tissue
☐ Charges incurred by subjects   ☒ Subjects studied off campus
☐ Experimental drugs   ☐ Experimental devices
☐ Establishment of a cell line   ☐ Surgical pathology tissue
☐ Placebos   ☐ Patients as subjects

☒ Filming, photographing, video- or voice recording of subjects
☐ Data banks, data archives, and/or medical records
☐ Charges incurred by third party carriers
☐ Approved drugs for "Non-FDA" approved conditions
☐ Subjects in Armed Services (Active Duty)
☐ Prisoners, parolees, or incarcerated subjects
☐ Pregnant women, human fetuses, and neonates
☐ Sensitive Topics
☐ Non-English speaking subjects
☐ Elderly Subject (over 65)

The principal investigator assures the Committee that all procedures performed under the project will be conducted by individuals legally and responsibly entitled to do so and that any deviation from the project (e.g., change in principal investigatorship, subject recruitment procedures, drug dosage, research methodology, etc.) will be submitted to the review committee for approval **prior** to its implementation.

What do you plan to do with the results? Please provide a brief summary statement below:

Results of this study will be disseminated in a Masters-level graduate research project.

Are you applying to a federal, state, foundation or any non-LMU organization for funding? If so, please list the source:

N/A

_____

NOTE: Applications and any additional material requested by the IRB will not be processed unless **signed personally** by the principal investigator.

Date	Signature of Principal Investigator (Required)	Name (printed)

Date	Signature of Faculty Sponsor (Required)	Name (printed)

Date	Signature of Department Chair (Required)	Name (printed)

Date	IRB Approval (Signature)	Name (printed)

IRB Approval Number

Please deliver to Julie Paterson, Sr. IRB Coordinator, University Hall, Suite 1718 or jpaterso@lmu.edu.

IRB Application Questionnaire

All materials must be typed.

1. RESEARCH BACKGROUND

    Please describe the purpose of your research. Provide relevant background information and briefly state your research question(s). You may provide relevant citations as necessary. (300 Word Max.)

    The purpose of this research is to study a phenomenon of cross-pollination of ideas between two academic fields that study art. Both art therapy and art history understand art making as a meaningful practice for humans, and adoption of terminology from the other field happens in the literature for both disciplines. Despite these common interests, academic development of each field has mostly ignored the other as an influence. This research will look at both academic and practical sides of each field, in an attempt to identify a myriad of theoretical concepts that inform both fields simultaneously. This critical theory research includes interviews for data gathering, and is based on the personal experience of the researcher as a student of both art history and art therapy. The curiosity that drove this research was born from the observation that many art historical writings reference psychological influences and many art therapeutic research looks at issues of history and culture through a visual lens. Previous literature has identified this phenomenon with some in-depth consideration, and this project could provide a link that further deepens the investigation of art making practices for both art historians and art therapists.

    Research question: How is art making presented as a meaning-making process in both art therapy and art history fields? (What is the language used to describe these processes, and how does it influence clinical practice?)

2. SUBJECT RECRUITMENT

    How will subjects be selected? What is the sex and age range of the subjects? Approximately how many subjects will be studied?

    How will subjects be contacted? Who will make initial contact with subjects? Specifically, what will subjects be told in initial contact?

    If subjects will be screened, describe criteria and procedures.

    Participants will be recruited based on their qualifications in the field of art therapy or art history. Between 2 and 5 participants will be chosen, regardless of age or gender. Children will not be recruited for this study. Participants will be screened first for level of education, requiring a Ph.D. or other terminal degree in either art therapy or art history. Qualified participants will be recruited from a pool of colleagues known, personally or professionally, to the research advisor and primary researcher.

    Qualified potential participants will be initially contacted via email by the P.I. to inquire about willingness to participate, availability for interview, and interest in the project. The body of this email is copied below:

    > You are invited to participate in a Master's level research project studying the academic and practical intersections of art therapy and art history. You have been chosen as a participant because your work in either the field of art history or art therapy has established you as an expert on art making practices.

This research will use a critical theory data analysis to study cross-pollination of ideas between the fields of art history and art therapy. The research assumes that art making is a meaningful human practice in both fields, and hopes to identify language used in both art therapy and art history that reinforce meaning-making in art-making. Your participation in this research will provide an expert point of view and critical reflection of the topic.

Participation in this research consists of an interview session that includes verbal questions followed by an art making experience. Total time for participation is approximately 2-4 hours, depending upon your availability. The data collection is set to take place at Loyola Marymount University, Suite 2500, unless location becomes a prohibitive factor in your participation, in which case the data collection can be set for a location that is convenient to you. Because your published works serve as qualifications for your selection in this research, confidentiality will not be possible.

Participation in this research is optional, and you may withdraw your consent for study at any time. To proceed as a participant and schedule an interview, please reply to this email or contact Hannah Masters at (386) 882-8257.

Thank you for your time and interest in our project. If you have any questions or concerns, please reply to this message. We look forward to hearing your response.

The P.I. will select 2-5 participants with the goal of establishing a diverse subject pool in terms of ethnicity, education, and clinical/research experience.

3. PROCEDURES

Summarize fully all procedures to be conducted with human subjects.

After the participants have consented to participation in the study, an individual interview time will be appointed. The participants will be invited to the LMU campus, to the Art Therapy Studio in Suite 2500 at their agreed upon interview time. For participants who are unable to travel, it is possible that the P.I. will meet with them at their clinical or academic office. The participants will sit with the P.I. and answer a selection from the interview questions listed below:

- How has your work as an art therapist/historian brought meaning into your life?
- Describe your relationship to art (personal or professional).
- What were your early experiences with art making? With therapy? How do you think these experiences have led to your current career?
- What does creativity mean for you?
- Have experiences with other people affected your desire to make/study art? If so, how?
- Why do you think people make art?
- Why do you think people view/study art?
- How do you think the history of art has informed the clinical practice of art therapy?
- How do you think the development of clinical perspectives on artists has affected the history of art?

Audio taping will be utilized to record the interview data. The P.I. will collect handwritten notes to supplement audio files. The verbal interview is anticipated to take between 1 and 1.5 hours. After the verbal interview, participants will be asked to make an art piece based on one of the following prompts:

- Depict your understanding of academic attitudes toward art (from the perspective of any field).
- Depict your relationship with art making.
- Depict your relationship with your current work/practice/research.
- Depict the meaning that art making holds for you.
- Create a map or a landscape of the art (past or present) that has inspired you.

Art making will take between 30 minutes and one hour, additional to the interview time. Participants will be provided art materials including: paper, markers, paints and paintbrushes, scissors, tape and glue, string or fabric pieces, and small found objects. Participants will be asked to briefly describe their artwork, and then data collection will conclude.

Cleaning supplies will be provided throughout, and the P.I. will be responsible for cleaning and maintaining the art making space between and after interviews.

Approximately 24 hours after each interview has concluded, participants will receive another email from the P.I. thanking them for their participation in the research. At the conclusion of the study, participants will be contacted to offer the return of original artwork.

4. RISKS / BENEFITS

What are the potential benefits to subjects and/or to others?

What are the reasonably foreseeable risks to the subjects? (Risks may include discomfort, embarrassment, nervousness, invasion of privacy, etc.) If there are potential risks to subjects, how will they be minimized in advance? How will problems be handled if they occur?

Potential benefits to others include establishing a connected motive for study between two fields that have historically worked separately. By combining efforts between arts-based academic fields, future research on this topic could receive more funding and larger reach.

Potential benefits to participants include increased self-awareness, euphoric mood as a result of art making activities, or increased understanding of professional identity as a result of the interview and art making process. Participants may feel that it benefits them to remain connected to new research in the field.

Potential risks to participants include embarrassment or invasion of privacy as a result of interview questions that ask about early experiences. Maintenance of confidentiality will not be possible with this research, and identification is another potential risk to the participants. Participants may view it as a risk to be connected to this research by name, as each participant will be actively publishing work in their field and may have a vested interest in controlling their public image. Risks will be minimized by discussing implications of the research with each participant before beginning the interview, and offering the chance for participation to occur anonymously. If problems occur, they will be handled via consultation with the research advisor and redacting any information that poses a risk to participants.

5. CONFIDENTIALITY

Will subjects be identifiable by name or other means? If subjects will be identifiable, explain the procedures that will be used for collecting, processing, and storing data. Who will have access to data? What will be done with the data when the study is completed? If you are collecting visual images of your subjects please justify this.

Participants will be identifiable by name in the final presentation of the study. During data collection, participants will be assigned a letter identifier to label their data for processing. The name that

corresponds to each letter will coded and stored separately from the data, so that each piece of data remains unidentifiable during collection, processing, and storage.

Interviews will be stored as both an audio file and typed transcript, saved on a password-protected USB storage device. Handwritten notes will be transcribed into each interview, then original notes will be shredded. Artwork will be photographed and saved as a digital file on the same drive. Artwork originals will be stored on the LMU campus in a locked cabinet or office. The P.I. and faculty advisor will have access to the data, and it will be processed by the P.I. using a private computer. After the study is completed, artwork originals will be returned to the participants or destroyed, based on the request of each participant. The USB device with digital data will be stored in the personal files of the P.I. for 7 years, after which it will be permanently destroyed.

6. INFORMED CONSENT

Attach an informed consent form or a written request for waiver of an informed consent form. Include waiver of written consent if appropriate. If your research is being conducted in another language, please include copies of the translated "Informed Consent" or "Waiver of Written Consent" forms.

Please see attached informed consent form below.

7. STUDENT RESEARCH

When a student acts as principal investigator, a faculty sponsor signature is required on the application form.

See above signature section.

8. RENEWAL APPLICATIONS

When the submission is a Renewal Application, include a summary of the research activities during the previous granting period specifically addressing: number of subjects studied and any adverse reactions encountered, benefits which have been derived, any difficulty in obtaining subjects or in obtaining informed consent, and approximate number of subjects required to complete the study.

N/A

9. PAYMENTS

If subjects are to be paid in cash, services, or benefits, include the specific amount, degree, and basis of remuneration.

Participants will not be paid for this study.

10. PSYCHOLOGY SUBJECT POOL

When students from the Psychology Subject Pool (PSP) are to be involved as subjects, permission must be obtained from the PSP prior to running subjects.

Forms are available from the Psychology Office in 4700 University Hall. It is not necessary to inform the IRB of approval from the PSP, however the PSP requires IRB approval prior to permission for using the pool being granted.

11. QUALIFICATIONS AND TRAINING

Describe the qualifications of, or method of training and supervision afforded student experimenters. This includes past experience, type and frequency of student/sponsor interactions during the experiment, and Human Subjects Protections Training.

The P.I. of this study is a graduate student in the Department of Marital and Family Therapy/Art Therapy. She is being supervised directly by Debra Linesch, Ph.D., including weekly meetings to discuss the development of the project and email communication to supplement weekly meetings. The student is in her second year of study in the program, and has accumulated approximately 500 hours of clinical experience as a Marriage and Family Therapy Trainee. She was enrolled in and successfully completed MFTH 691, Introduction to Research Methods. The student has a BA in Art History from the University of Florida. The student has completed NIH certification in "Protecting Human Research Participants", see attached certificate below.

12. RANDOMIZATION

Describe criteria for assigning subjects to sub-groups such as "control" and "experimental."

Participants will not be randomized for this research, because the phenomenological nature of the research question does not call for experimental or control groups.

13. USE OF DECEPTION

If the project involves deception, describe the debriefing procedures that will be used.

Include, verbatim, the following statement in the consent form: "Some of the information with which I will be provided may be ambiguous or inaccurate. The investigator will, however, inform me of any inaccuracies following my participation in this study."

Deception will not be used in any part of this study.

14. QUESTIONNAIRES AND SURVEYS

Include copies of questionnaires or survey instruments with the application (draft form is acceptable).

If not yet developed, please so indicate and provide the Committee with an outline of the general topics that will be covered. Also, when the questionnaire or interview schedule has been compiled, it must be submitted to the Committee for separate review and approval. These instruments must be submitted for approval prior to their use.

Consider your population. If they are foreign speakers, please include copies in the foreign language.

Questionnaires will not be used in this study, see interview questions about for review of topics that will be verbally surveyed with participants.

15. PHYSICIAN INTERACTIONS

To ensure that all patients receive coordinated care, the principal investigator is obligated to inform the primary physician (when not the principal investigator) of all studies on his/her patients.

N/A

16. SUBJECT SAFETY

Describe provisions, if appropriate, to monitor the research data collected, to ensure continued safety to subjects.

This research protocol does not pose significant safety risk to participants. However, safety will be monitored throughout the research process, and the P.I. will stop data collection by turning off the audio recorder and ceasing to take notes at any point in which safety of the participants would be compromised by the data.

17. REDUNDANCY

To minimize risks to subjects, whenever appropriate, use procedures already being performed on the subjects for diagnostic or treatment purposes. Describe provisions.

Participants will be interviewed in the same session in which they create art in order to reduce redundancy of data collection.

18. COUNSELING

In projects dealing with sensitive topics (e.g., depression, abortion, intimate relationships, etc.) appropriate follow-up counseling services must be made available to which subjects might be referred.

The IRB should be notified of these services and how they will be made available to subjects.

Counseling services will not be addressed for this research because participants will primarily be discussing their academic work, which does not classify as a sensitive topic.

19. SAFEGUARDING IDENTITY

When a research project involves the study of behaviors that are considered criminal or socially deviant (i.e., alcohol or drug use) special care should be taken to protect the identities of participating subjects.

In certain instances, principal investigators may apply for "Confidentiality Certificates" from the Department of Health and Human Services or for "Grants of Confidentiality" from the Department of Justice.

This research does not include behaviors that are considered criminal or socially deviant.

20. ADVERTISEMENTS

If advertisements for subjects are to be used, attach a copy and identify the medium of display.

Advertisements will not be used.

21. FOREIGN RESEARCH

When research takes place in a foreign culture, the investigator must consider the ethical principles of that culture in addition to the principles listed above.

This research will not be taking place in a foreign culture.

22. EXEMPTION CATEGORIES (45 CFR 46.101(b) 1-6)

If you believe your study falls into any of the Exemption Categories listed below, please explain which category(ies) you believe it falls into and why.

1) Research conducted in established or commonly accepted educational settings, involving normal educational practices, such as (i) research on regular and special instructional strategies, or (ii) research on the effectiveness of or the comparison among instructional techniques, curricula, or classroom management methods.

2) Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), if information taken from these sources is recorded in such a manner that subjects cannot be identified, directly or through identifiers linked to the subjects.

3) Research involving survey or interview procedures, except where <u>all</u> of the following conditions exist: (i) responses are recorded in such a manner that the human subjects can be identified, directly or through identifiers linked to the subjects, (ii) the subject's responses, if they became known outside the research, could reasonably place the subject at risk of criminal or civil liability, or be damaging to the subject's financial standing, employability, or reputation, and (iii) the research deals with sensitive aspects of the subject's own behavior, such as illegal conduct, drug use, sexual behavior, or use of alcohol.

    All research involving survey or interview procedures is exempt, without exception, when the respondents are elected or appointed public officials, or candidates for public office.

4) Research involving the observation (including observation by participants) of public behavior, except where <u>all</u> of the following conditions exist: (i) observations are recorded in such a manner that the human subjects can be identified, directly or through the identifiers linked to the subjects, (ii) the observations recorded about the individual, if they became known outside the research, could reasonably place the subject at risk of criminal or civil liability, or be damaging to the subject's financial standing, employability, or reputation, and (iii) the research deals with sensitive aspects of the subject's own behavior such as illegal conduct, drug use, sexual behavior, or use of alcohol.

5) Research involving the collection or study of existing data, documents, records, pathological specimens, or diagnostic specimens, if these sources are publicly available or if the information is recorded by the investigator in such a manner that subjects cannot be identified, directly or through identifiers linked to the subjects.

6) Unless specifically required by statute (and except to the extent specified in paragraph (1)), research and demonstration projects which are conducted by or subject to the approval of the Department of Health and Human Services, and which are designed to study, evaluate, or otherwise examine: (i) programs under the Social Security Act or

other public benefit or service programs, (ii) procedures for obtaining benefits or services under those programs, (iii) possible changes in or alternatives to those programs or procedures, or (iv) possible changes in methods or levels of payment for benefits or services under those programs.

This study is classified as research involving interview procedures (3), and the data collected does not include sensitive material regarding subjects' behaviors (3iii). Although responses will be identifiable in the final publication of the study (3i), responses are not likely to place participants at risk for criminal or civil liability (3ii).

Please deliver to: Julie Paterson, IRB Coordinator, University Hall, Suite 1718 or jpaterso@lmu.edu.

Certificate of Completion

The National Institutes of Health (NIH) Office of Extramural Research certifies that **Hannah Masters** successfully completed the NIH Web-based training course "Protecting Human Research Participants".

Date of completion: 11/21/2017.

Certification Number: 2566589.

Experimental Subjects Bill of Rights

Pursuant to California Health and Safety Code §24172, I understand that I have the following rights as a participant in a research study:

1. I will be informed of the nature and purpose of the experiment.

2. I will be given an explanation of the procedures to be followed in the medical experiment, and any drug or device to be utilized.

3. I will be given a description of any attendant discomforts and risks to be reasonably expected from the study.

4. I will be given an explanation of any benefits to be expected from the study, if applicable.

5. I will be given a disclosure of any appropriate alternative procedures, drugs or devices that might be advantageous and their relative risks and benefits.

6. I will be informed of the avenues of medical treatment, if any, available after the study is completed if complications should arise.

7. I will be given an opportunity to ask any questions concerning the study or the procedures involved.

8. I will be instructed that consent to participate in the research study may be withdrawn at any time and that I may discontinue participation in the study without prejudice to me.

9. I will be given a copy of the signed and dated written consent form.

10. I will be given the opportunity to decide to consent or not to consent to the study without the intervention of any element of force, fraud, deceit, duress, coercion, or undue influence on my decision.

Informed Consent Form

Date of Preparation   November 24, 2017

Loyola Marymount University

The Intersection of Art Therapy and Art History Theory

1)   I hereby authorize Hannah Masters, MFT Trainee, and Debra Linesch, Ph.D. to include me in the following research study: **The Intersection of Art Therapy and Art History Theory** .

2)   I have been asked to participate on a research project which is designed to increase understanding of interdisciplinary influences in the study of art making as an inherently meaningful practice and which will last for approximately two to four hours.

3)   It has been explained to me that the reason for my inclusion in this project is that I am a qualified art therapist or art historian whose body of academic or clinical work could inform the outcome of this study.

4)   I understand that if I am a subject, I will be interviewed by the Principal Investigator (P.I.) regarding my work history, personal attitudes toward art, and informed opinions related to the research topic. I will be asked to create artwork that relates to the research. I will be expected to communicate with the P.I. via email and in person before, during, and after the interview session, in order to facilitate my involvement with the research.

   The investigator(s) will analyze the data with a critical theory methodology and disseminate the results in a masters-level research paper.

   These procedures have been explained to me by Hannah Masters, MFT Trainee, and Debra Linesch, Ph.D.

5)   I understand that I will be audiotaped in the process of these research procedures. It has been explained to me that these tapes will be used for teaching and/or research purposes only. I have been assured that the tapes will be destroyed after their use in this research project is completed. I understand that I have the right to review the tapes made as part of the study to determine whether they should be edited or erased in whole or in part.

6)   I understand that my identity may be disclosed in the final publication of this study.

7)   I understand that the study described above may involve the following risks and/or discomforts: disclosure of personal or childhood experiences related to the research topic.

8)   I also understand that the possible benefits of the study are involvement in an interdisciplinary study that may incite further research.

9)   I understand that   Hannah Masters   who can be reached at hmasters@lion.lmu.edu or (386) 882-8257   will answer any questions I may have at any time concerning details of the procedures performed as part of this study.

10) If the study design or the use of the information is to be changed, I will be so informed and my consent reobtained.

11) I understand that I have the right to refuse to participate in, or to withdraw from this research at any time without prejudice to (e.g., my future medical care at LMU.)

12) I understand that circumstances may arise which might cause the investigator to terminate my participation before the completion of the study.

13) I understand that no information that identifies me will be released without my separate consent except as specifically required by law.

14) I understand that I have the right to refuse to answer any question that I may not wish to answer.

15) I understand that if I have any further questions, comments, or concerns about the study or the informed consent process, I may contact David Moffet, Ph.D. Chair, Institutional Review Board, 1 LMU Drive, Suite 3000, Loyola Marymount University, Los Angeles CA 90045-2659 at david.moffet@lmu.edu.

Subject's Signature _____ Date _____

Witness _____ Date _____