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A People's History of Art Therapy

A research paper presented to the

FACULTY OF THE DEPARTMENT OF
MARITAL AND FAMILY THERAPY
LOYOLA MARYMOUNT UNIVERSITY, LOS ANGELES

In partial fulfillment of the
Requirements for the degree
MASTER OF ARTS
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Signature Page

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Abstract

The following research examined a survey on the identity and feelings of inclusion among alumni of Loyola Marymount University's Marriage and Family Therapy with Specialization Training in Art Therapy graduate program. The survey found that a majority of the responding alumni did not feel their identities were represented in multiple aspects of the program, and there was a clear call to action for more representation of diversity. More research on the subject is needed to expand a variety of art therapy programs to better understand implications of art therapy pedagogy on identity, representation, and inclusivity within the art therapy community.

Keywords: dominant, subjugated, calls to action, identity, diversity, inclusion

Disclaimer

This paper does not reflect the views of Loyola Marymount University, the Department of Marital and Family Therapy at Loyola Marymount University, nor the governing bodies of Art Therapy.

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Dedication

This research project is dedicated to the many minds that came together to give birth to the field of art therapy, those that developed and continue to perpetuate it, those who are listening to our calls to action with the intent of inclusion, and those whose voices still have yet to be included. More specifically our dedication, with most adoration and gratitude, extends to Dr. Anthony Bodlovic and Dr. Louvenia Jackson. Without their constant guidance and wealth of expertise our passion for the subject would not be so rich, and our findings would not have as much resonance. Lastly, a special dedication goes out to the participants of our survey, without whom the work truly would not be possible.

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Introduction

The Study Topic

The purpose of this research was to explore art therapy identity, feelings of representation in the art therapy community, and allow a place to collect more voices and names to include within that history. This research questioned and explored diversity, inclusivity, and representation, and was seeking to uncover the marginalized, misrepresented, underrepresented, and unrepresented figures that helped and continue to help shape the history of art therapy and its pedagogy.

Significance of Study

The field of art therapy is relatively young which offers room for advancement as well the opportunity to influence the trajectory of the field. This research has taken the unique opportunity to gather and include the voices of the art therapy community as we move forward. In working on this research, we have become our own metaphor for the inclusion, diversity, and the engineering of unique and specific strengths that this field needs. Working together as a group of people can be a difficult challenge, and our work on this project has illustrated a beautiful way to create equity and diversity in our field; the inclusion and celebration of diverse strengths, backgrounds, and ideas.

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Background of Study Topic

The literature found on precursors to art therapy is small and fairly homogenous in cultural identifiers. The widely disseminated history of art therapy seems to repeat the same group of key figures in its early history, and subsequent tellings of history echo these names throughout the modern history (Junge & Asawa, 1994; Sands-Goldstein, 1996; Junge & Wadeson, 2006; Junge, 2010). These people were primarily white, upper middle class individuals with privilege to gain institutional recognition, advanced degrees, and publication within the field. The people given credit for first paving the way for the field of art therapy have been European or of European decent, such that the history has been written by those with more power and privilege and marginalized or oppressed peoples have been largely excluded. People of diverse gender, racial, ethnic, sexuality, religion, and spaces are not as visible in the published literature in the community. Although calls to action are not new, contemporary writers in art therapy often include ideas and suggestions for future work, or more specifically call members of the community to address a gap or challenge in the field (Carolan & Backos, 2018; Kapitan, 2006; Riley, 2009; Hadley, 2013; Sajnani et al., 2017; Kapitan, 2009; Vivian, 2018; Hamrick & Byma, 2017; Kuri, 2017; Talwar, Iver, and Doby-Copeland 2004; Yali, 2013; Kapitan, 2008; Tim-Bottos, 2017; Talwar, 2015; Zappa, 2017; Kaimal et al., 2017). Calls to action include: addressing colonization and racism, shifting from dominant narratives to subjugated narratives, addressing majorities within the field, developing community engagement and outreach, and ultimately increasing diversity and inclusivity in art therapy.

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Literature Review

This review examines the literature in the realm of art therapy history from the 1950's to 2019, focusing on the individuals, voices, and ideologies that founded the field. The review begins with a prehistory, covering people that would lay the foundation for the field. Next the review focuses on the dominant historical narrative of the founding of art therapy, followed by a review of current calls to actions to diversify the voices hear in the art therapy community.

Prehistory

Michael Haslam (2011) writes in his article "The Prehistory of Art Therapy Reconsidered" about archaeological findings and anthropological research in art-making in the Palaeolithic Era. Haslam relays that the effects of art-making encouraged the expansion of the human consciousness, symbolic universe, adaptation, and survival skills; which shows the use of art to help process from long before the field of art therapy was organized and acknowledged by society.

"Art therapists may be out working in communities, in corporations, on the streets, on the Internet, on Television, amongst the people. Will artist/therapists expand beyond the psychotherapy model and become Postmodern Ecozoic-shamans healing our Spirit, and our collective Earth consciousness in the new Era?" (p. 18)

Prehistory in European Countries and Art Education. In Europe and North America, as Jungian and Freudian theories developed, the use of art within psychoanalytic theories sprang up. Many of the European forerunner were apart of psychiatric or clinical facilities. In the field

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of art education, Friedl Dicker-Brandeis, Franz Cizek, Florence Cane, Viktor Lowenfeld, and Edith Kramer are credited for their contributions to the field of art therapy (Linesch, 2004; Leclerc, 2013; Wix, 2009; Kapitan, 2009; Junge & Asawa, 1994; Waller, 1992; Rubin, 2005; Wix, 2010).

Junge and Newall (2015) acknowledge that Jungian Theory based art therapy was being used in Britain before individuals in the United States started using art therapy. Waller (1992) sites C. G. Jung, an analytical psychologist, as beginning the use of art in conjunction to psychoanalytic therapy in Switzerland as early as 1916. Venture (1977) identifies the English artist Adrian Hill originated the term *art therapy* in 1938. Hill was said to work with Dutch and Canadian mental health workers so his practice of art therapy was disseminated (Venture, 1977).

Friedl Dicker-Brandeis has been cited as a forerunner to the creation of the field of art therapy in multiple texts (Linesch, 2004; Leclerc, 2013; Wix, 2009; Kapitan, 2009). Linesch (2004) stated that she had never heard of Dicker-Brandeis until the Museum of Tolerance held a reception for an exhibition where American art therapy pioneer Edith Kramer was going to deliver a speech. Linesch (2004) briefly touched on the life of Friedl as an art educator at the Bauhaus before in 1942 Friedl was sent to a concentration camp and she continued to covertly teach children art and “help the children of Terezin express their fear, their defiance, and their hope for survival” before she died in Auschwitz (p. 58). In Leclerc’s (2013) review of Linney Wix’s book *Through a Narrow Window: Friedl Dicker-Brandeis and Her Terezin Students* there is a clear dedication of art therapists to the “careful filling of a major gap in knowledge of the teaching philosophy of Dicker-Brandeis” (p. 51). According to Leclerc, (2013) Wix’s contribution to create a book about Dicker-Brandeis reaffirms the values of the foundations of art

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therapists and art educators. Wix (2009) describes Dicker-Brandeis as a historical antecedent to the art therapy field and her methods of teaching art to children in the concentration camp between 1942 and 1944 as an educational philosophical doctrine of "aesthetic empathy" (p. 152). Kapitan (2009) portrays the hope, freedom, and power of art that Dicker-Brandeis brought to the children at the concentration camp in a form of therapeutic art education in Terezin that conveyed messages of resiliency that art therapists continue to use today.

In Maxine Borowsky Junge's *A History of Art Therapy in the United States* (1994) Cizek, Lowenfeld, and Cane are cited as influential in the development of art therapy. Diane E. Waller (1992) states: "One of the strong roots of art therapy in Britain...has been in art education...which emanated from Professor Franz Cizek and the 19th century art movement known as the Vienna Secessions" (p.88). In Rubin's (2005) book *Child Art Therapy*, Lowenfeld is named as an educator who used art with children who had disabilities. Rubin (2005) acknowledges Lowenfeld's (1957) book *Creative and Mental Growth* in the "Therapeutic Values in Art Education" section, stating that Lowenfeld believed "art contributed to psychological integration because of the synthesis involved in the creative process" (p. 311).

Edith Kramer was born in Austria and taught art classes in Prague to children of refugees from Nazi Germany (Junge & Asawa, 1994, p. 29). Kramer is mentioned in much of the art therapy history as a woman who contributed to the creation of the field, and her methods and approaches are still being debated in the contemporary history (Corrigendum, 2015). In her articles about studio spaces, Wix (2010) includes sentiments about Kramer and her work in non clinical spaces before and during the American Art Therapy Association (AATA)'s formation.

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Prehistory Summary. The connection between early art therapy and art education in Europe and North America is portrayed as interconnected in the developing of the field (Junge and Newall, 2015; Diane E. Waller, 1992; Venture, 1977; Linesch, 2004; Leclerc, 2013; Wix, 2009; Kapitan, 2009; Junge & Asawa, 1994; Rubin, 2005; Wix, 2010). There is literature such as Junge and Newall's (2015) *Becoming an Art Therapist : Enabling Growth, Change, and Action for Emerging Students in the Field* that includes the names of Mary Huntoon, Jeanetta Lyle, and Ruth Faison Shaw as "precursors to" the creation of the art therapy field. The small volume of literature found on precursors to art therapy is small and largely homogenous in cultural identifiers.

Dominant Narrative

With the dawn of the 21st century came the first formal mentions of art therapy as a field. It rose from being singular people doing singular work to a collective conscious that had been embedded since the Jungian and Freudian era of psychology (Haslam, pg. 18, 2011). The following literature review analyzes dominant narratives defined as the history of art therapy that is most widely agreed upon, proliferated, and referenced, primarily in written works and narratives from the late 1800's to the late 1990's. The literature shows that there is a select group of whom the art therapy community considers its "pioneers," and an even smaller group after that who are referenced in having contributed to or had influence as part of the history of art therapy (Junge, 2010). The timeline of dominant art therapy history is defined such that most recognize art therapy as having its beginnings in the era of Freud and Jung in the late 1880's and its modern history coming to a close in the late 1990's (Junge, 2010; Junge & Asawa, 1994; Junge & Wadson, 2006). All of the works in this section have been published after the mid

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1990's, and consider any art therapist after that point to be "contemporary" history versus modern. More so, most of the art therapist's referenced after the 1980's usually began their practice prior to that decade, essentially capping off the timelines closer to the 1980's (Junge, 2010). However, for the purposes of this review, the timeline of art therapy history thus far will be extended to the mid 1990's.

Dominant Narrative Primary Sources. The works focused on in this section include the most prominent and cited books that attempt to name and define the art therapy timeline of important figures and specifically offer a chronological history of art therapy or art therapists. These works include: *A History of Art Therapy In The United States*, *A Picture of Our Beginnings: The Artwork of Art Therapy Pioneers*, *Architects of Art Therapy*, and *The Modern History of Art Therapy in the United States* which represents the most comprehensive and linear timeline.

A History of Art Therapy In the United States, by Maxine Borowsky Junge and Paige Asawa (1994), includes figures of early influence in the field, although it should be noted these figures were not all named as art therapists. These figures are referenced as either: principal writers, members of the American Art Therapy Association Board, or others who were introducing art therapy programs at specific universities (Junge & Asawa, 1994). In the chapter "The Formative Years" Junge (1994) includes art therapists such as Margaret Naumburg, who she calls "The Mother of Art Therapy" ; Edith Kramer; Mary Huntoon and Don Jones; Elinor Ulman, the creator of the first art therapy journal; and Hanna Yaxa Kwiatkowska whom is cited as the creator of family art therapy." Junge (1994) also includes sections for "Art Therapy in England" and "Hidden Art Therapists" which includes Prentiss Taylor, Georgette Powell,

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Dorothy Royer, Tobe Reisel, Christine Sharpes, Myer Site, Edith and Ernest Zierer, Clara Jo Stembre, and Edythe Polsby Salzberger.

Chapter 4 The Art Therapy Literature pertains to the theoretical perspectives of Margaret Naumburg, Elinor Ulman, Myra Levick, Helen Landgarten, Arthur Robbins, Judith Rubin, Mala Betensky, Janie Rhyne, Rawley Silver, Harriet Wadeson, Shaun McNiff, and Aina Nucho (Junge & Asawa, 1994). In this way, the history is written as a collection of figures that the authors cite as contributing influences in the development of art therapy (Junge & Asawa, 1994).

A Picture of Our Beginnings; Artwork of Art Therapy Pioneers, by Margaret Sands-Goldstein (1996), focuses on the personal artwork of these early figures (1996). The text focuses on the same figures as *A History of Art Therapy in the United States* and adds a layer of perspective that pays homage to their artistic processes and products while briefly contextualizing their place in history.

Architects of Art Therapy, by Maxine Borowsky Junge and Harriet Wadeson, narrows down the history of art therapy to its architects or early pioneers (2006). The authors definition of “architects” includes people that inspired, were involved with, or aided art therapy in some formative way even if they were not specifically art therapists, while the “pioneers” were an exclusive bunch, including the same names who had been already written about or publicized in the earlier texts. The pioneers either were previously publicized or possessed some sort of formal training (Junge & Wadeson, 2006). Part I titled “Beginnings: Art Therapists Who Began Before 1960” includes Margaret Naumburg, Edith Kramer, Don Jones, Elinor Ulman, Hanna Kwiatkowska, and Elsie Muller (Junge & Wadeson, 2006). Part II “Growth: Art Therapists Who Began in the 1960’s” includes Robert Ault, Harriet Wadeson, Judith Rubin, Felice Cohen, Myra

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Levick, Helen Landgarten, Janie Rhyne, Gwen Gibson, Bernard Levy, Frances Anderson, Rawley Silver, and Gladys Agell (Junge & Wadeson, 2006). Part III "Expansion: Art Therapists Who Began in the 1970's" includes Shaun McNiff, Arthur Robbins, Vija Lusebrink, Mildred Chapin, Linda Gantt, Maxine Junge, Bobbi Stoll, Shirley Riley, Cay Drachnik, Virginia Minar (Junge & Wadeson, 2006). All of the people written about in this book are of European-American descent and a majority are women, one labels herself as learning disabled (Junge & Wadeson, 2006).

The Modern History of Art Therapy In the United States by Maxine Borowsky Junge (2010) appears to reference and act almost as an addendum of her earlier text *A History of Art Therapy of the United States*, which she co-authored sixteen years earlier. In some ways this can be seen as a revision of the earlier history that includes a more inclusive list of figures and contributions to the field. Thusly, *A Modern History of Art Therapy In the United States* is the most comprehensive text with a linear timeline of the history of art therapy that names its major contributors, what they contributed to the field, and how the field of art therapy has changed and progressed over time. The text offers an extensive history that predates the profession by naming the early contributors that helped art therapy become recognized, as well as the schools of thought art therapy originated from and what social events influenced art therapy throughout the ages (Junge, 2010). It places art therapists on a timeline that denotes who came first and what they contributed. although each contributor is named, the amount of pages/text dedicated to each individuals contributions varies widely. These contributions include advancing the field of art therapy, generating new ideas, and making advances towards getting art therapy recognized as both a profession and therapeutic method (Junge, 2010). This work names Florence Cane,

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Margaret Naumburg, Edith Kramer, Mary Huntoon, Don Jones, Pedro Corrons, Bernard Stone, Elinor Ulman, and Hanna Kwiatkowska as contributors to the section titled “Early Days” (Junge, 2010). In the section titled “Part II. Art Therapy Developing” Myra Levick is cited by Junge (2010) as founding the American Art Therapy Association in 1969; in the chapter titled “Pioneer Art Therapists” Robert Ault, Harriet Wadeson, Helen Landgarten, Janie Ryhne, and Judith Rubin are named; In the chapter titled “Other Art Therapists Who began in the 1960’s” Gwen Gibson, Bernard Levy, Frances Anderson, Rawley Silver, Gladys Agell are named. “Part III. Art Therapy Expanding” includes the chapter titled “Art Therapists of Color and Influence” with Lucille Venture, Georgette Powell, and Cliff Joseph named from pages 190 to 197 of a 343 page book; Humanistic art therapists Josef Garai and Mala Betensky; expressive art therapists Shaun McNiff, Arthur Robbins, and Natalie Rogers; Jungian art therapy and Edith Wallace; and lastly the “Other art therapists who began in the 1970’s” include Mildred Chapin, Vija Lusebrink, Linda Gantt, Maxine Junge, Bobbi Stoll, Shirley Riley, Cay Drachnik, and Virginia Minar. “Part IV. Art Therapy in the Last Years” discussed art therapy assessment with Frances Kaplan and at licensing Ellen Stewart. Other works that offer the similar content are often either written by Junge or referencing and reinforcing the ideas posed by *The Modern History of Art Therapy in the United States* (Junge, 2010; Gussak & Rosal, 2016; Sands-Goldstein, 1996; Junge & Wadeson, 2006; Junge & Pateracki Asawa, 1994).

Dominant Narrative - Publication and Formal Training. Of these names, the vast majority of them were inducted into the field of art therapy either as a peer in education, mentor, or friend to someone already in the field, or was associated with a major university or hospital (Junge, 2010; Gussak & Rosal, 2016; Sands-Goldstein, 1996; Junge & Wadeson, 2006; Junge &

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Pateracki Asawa, 1994). The pool of universities and hospitals these art therapists originated from were relatively numbered, and a majority of them were centralized on the east coast, which may have excluded other regions (Junge, 2010; Junge & Pateracki Asawa, 1994). Many prominent figures were from higher-education or hospital backgrounds, and these institutional structures most likely also served as an additional barrier for who might be seen and considered an art therapist. Connection to these institutions and systems of power and privilege also connected many figures with a capacity to become published, which further dispersed their name into the community. Furthermore, many of the early art therapists were art educators before they were art therapists. (Junge, 2010; Junge & Pateracki Asawa, 1994). Much like being a part of a university or hospital, art education was an exclusive field that not all people had access to, possibly further excluding certain groups from the dominant art therapy narrative. *A History of Art Therapy Education* by Sandra Packard (1980) speaks to this matter by stating that at the time of its publication over one-third of the practicing art therapists had at least some art education training.

Dominant Narrative Summary. The dominant history of art therapy appears to have started with Junge's *A History of Art Therapy in the United States*, published in 1994, and many of the subsequent texts seem to echo, repeat, and further disseminate the same group of names forward with each iteration of the history's retelling; figures including Cliff Joseph and Lucille Venture were left out; and Georgette Powell was named only once in a list of "Hidden Art Therapists". In 2010, Junge writes the subsequent text *The Modern History of Art Therapy in the United States*, which to date is the most comprehensive text on art therapy history, although it only briefly mentions minority groups.

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Subjugated Narratives

The literature pertaining to minority culture identifiers contrasts sharply with the writings of American art therapy's dominant narratives. The literature including minorities may be found in journal articles, editorials and theses that directly aim to increase the inclusion of more diverse figures and therefore broaden the narrative of art therapy. Minorities in the field of art therapy appear in the areas of gender, socioeconomics, community, race and ethnicity, religion, sexuality and ability. These cultural identifiers are more diverse in society at large and therefore directly pertain to the populations art therapists serve.

Art Therapy Settings. There is not much literature addressing non-clinical settings where art therapy takes place. Wix's (2010) *Studios as Locations of Possibility: Remembering a History* contains a quote from Myra Levick saying, "'we all came in as artists, and then moved forward with psychological orientation' (M. Levick, personal communication, September 16, 1999)" (p. 179). Wix considers the studio in art therapy as a neglected yet key aspect of the field's history. Descriptions of studio art practice among the founders of the American Art Therapy Association and such predecessors as Mary Huntoon in the mid 1900's were obtained through historical research (Wix, 2010). Because both art therapy and art studios are hybrid in nature, Wix proposes that ideas from fields outside of art therapy be utilized for the rich intersections of knowledge and wisdom they may bring to art therapy studio practice (2010). Studios in the history of art therapy are discussed as providing a locus of intersections and thus of possibility.

Men in Art Therapy. Based on dominant literature for American art therapy, male pioneers are not as widely discussed. Lucille Venture (1977) brings pioneering and contributing

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men of art therapy to light in her sections “So Strange is My Path,” discussing Myer Sites, and “Speaking of Men,” which includes Karl Metzler, Prentiss Taylor, Benjamin Ploger, Donald L. Jones, Robert Ault, Don Jones, Wayne Ramirez, Joseph Garai, and Bernard Levy. Robert Tavani (2007) surveyed men in art therapy to get a better understanding of how men within the art therapy community see themselves. Tavani (2007) concluded that “men in the field of art therapy are interested in the issues addressing gender, women, masculinity, and minority status” (p. 27).

Differently Aabled. The literature on art therapists who express challenges with their level of physical or mental ability is sparse. Frances E Anderson briefly discusses finding out about her learning disability in *Architects of Art Therapy* (Junge and Wadson, 2006).

Racial Minorities. People of color were also pioneering the field of art therapy and helped form the American Art Therapy Association to be what it is today (Potash & Ramirez, 2013; Venture, 1977; Potash, 2005). Shortly after the turn of the century, there was an influx of published journal articles talking about the contributions of art therapists of color as well as articles they were writing (Farris, 2006; Junge, 2005; Hoshino & Junge, 2006; Potash, 2005; Boston, 2005; Copeland, 2006; Lumpkin, 2006; Joseph, 2006).

Wayne Ramirez’s journey into art therapy and contributions in forming the Wisconsin Art Therapy Association, helping form the national AATA, expanding views of art therapy, embracing difference and inclusivity, and reconsidering roles and practices are chronicled by Jordan S. Potash & Wayne A. Ramirez (2013) in *Broadening History, Expanding Possibilities: Contributions of Wayne Ramirez to Art Therapy* and by Jordan Potash, Michele Burnie, Rosemary Pearson & Wayne Ramirez (2016) in *Restoring Wisconsin Art Therapy Association in Art Therapy History: Implications for Professional Definition and Inclusivity*. They address that

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“exclusions convey meaning as powerfully as that which is written” in regards to who is included in the most widely disseminated art therapy history book (Potash & Ramirez, 2013). Potash et al. (2016) relay how they worked to get Wisconsin Art Therapy Association (WATA) to be recognized for the role it played as the first incorporated organization of art therapists in the United States. They demonstrate the importance of recounting marginalized and disenfranchised aspects of art therapy by specifically illuminating the neglected historical role of the WATA and identifying the contemporary relevance of its two key positions: promoting an inclusive definition of art therapy and making a place for undergraduate education (Potash et al, 2016). Lack of recognition of WATA's pioneering role in the profession and AATA necessitates setting an accurate historical record, but also calls into question its exclusion. One possibility is that AATA and state associations' archives had been inaccessible to most professionals. A more likely explanation is that WATA's vision did not match the direction of AATA's early leadership (Potash & Ramirez, 2013). Venture (1977) includes Ramirez in her section on men who contributed to the founding of the field of art therapy and American Art Therapy Association.

Cliff Joseph was credited in multiple articles and books as an art therapy pioneer, contributor, and mentor to minorities in the field (Copeland, 2006; Farris, 2006; Venture, 1977; Potash, 2005; Junge, 2010). Copeland (2006) cites Joseph's "experiences as the only Black art therapist to participate in the early founding meeting of AATA" in conjunction with a continuing conversation to raise the consciousness of multicultural diversity the in the AATA (p. 83). Copeland (2006) and Venture (1977) cite passages from Cliff's 1973 published work *Murals of the Mind: Image of a Psychiatric Community* about the lack of racial diversity and how the seemingly homogeneous culture impacted work with "Third World" clients in the early days of

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the American Art Therapy Association. Copeland (2006) continues to reiterate Joseph's message, some forty years after later calling for a need to honor diversity. Farris (2006) writes about Joseph as a supportive mentor during her time at Pratt Institute and how he "founded an art therapy support group for people of color" (p. 86). The most recent journal publication by Joseph is *Creative Alliance: The Healing Power of Art Therapy* in 2006, over thirty years after the publication of the book he co-authored.

Two of Georgette Powell's many identifiers are that she was an African-American art therapy pioneer and mentor to younger generations of art therapists (Junge, 2005; Farris, 2006; Boston, 2005; Boston & Short, 2006). Junge (2005) mentions Powell as the only person of color that was included in Junge's 1994 book *History of Art Therapy in the United States*. Farris (2006) recounts meeting Powell, "an African-American art therapist, artist, and founder of 'Tomorrow's World Art Center'" (p. 87). Powell assisted, supervised, and mentored Farris (2006) in art therapy. Boston (2005) talks about submitting the work Powell did with Ulman to the journal *Art Therapy's* "Viewpoints" and how the information was "lost in the shuffle" and never published (p. 191). Boston and Short (2006) published a journal article detailing Powell's life and process in the early art therapy community. They write about Powell meeting Ulman who, with Levy, wrote the *American Journal of Art Therapy* and how Powell felt that in the beginning "did not feel she or her contributions were included" (p. 89).

Lucille Venture (1977) wrote the *The Black Beat in Art Therapy* as her doctoral dissertation, which is organized into three parts. Part one is a comprehensive history of art therapy and contains "Needs and Concerns" that addresses Black people in art therapy. Venture also sites Cliff Joseph's 1973 article "Art therapy and the Third World" focusing on a need for

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diversity with more minority art therapists. Part two discusses her work at a therapeutic school starting a crisis art therapy program. She highlights the need for “Black youth” to have places like therapeutic schools that provide mental health services instead of punishment and art therapy as an “integral part of ...services” (p. 122). Part three details case studies of Venture’s work using art and play therapy at an Inner City Multi-Service Center. Part three focuses on combating the problem that “Black children... harbor an inner conflict about their color” and the need to support the empowerment of their identity (p. 185). Venture has a call to action at the end of part three titled “Getting Together Toward the Future” which addresses a need for: art therapy training for those working with special needs youth, art therapy being available for all children, and prevention and early intervention art and play therapy. Venture also addresses that the “requirement of a master’s degree in art therapy and paid experience as criteria to qualify for an ATR immediately excludes most browns, blacks and whites who have traditionally not had access to the field of art therapy as learners or providers of service” (p. 194).

After the beginning of the 21st century, contemporary art therapists of color were sharing their experiences and contributions to the field of art therapy in greater numbers (Lumpkin, 2006; Boston, 2005; Copeland, 2006; Farris, 2006). Chantel Laran Lumpkin (2006) shares her cultural exploration of her identity as an African-American art therapist and how her cultural heritage impacts her placement in art therapy. She takes a deeper look into her bicultural identity as an African-American an art therapist in a predominantly European-American field and how she addressed her identity while working as an art therapy teacher at a university (Lumpkin, 2006). Charlotte G. Boston (2005) shares “Life Story of an Art Therapist of Color” which narrates her learning and experiences of discrimination in her journey to become an art therapist.

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Boston (2005) recommends that there is a need for therapists to develop cultural sensitivity to conduct art therapy with African-Americans, and that increasing cultural competence begins with self-examination. Cheryl Doby-Copeland (2006) discusses her personal narrative as a woman of color art therapist and her contributions in attempting to raise awareness in AATA and increase membership of minorities in art therapy. She writes about her mentors including Ira Brown at Brooklyn State Hospital and Cliff Joseph at the Pratt Institute (Copeland, 2006). Phoebe Farris (2006) opens up about who she identified as her most significant mentors and how they were racial, ethnic, and religious minorities due to their ability to “identify with [her] struggles as a person of color and a female” (p. 86). Farris details the injustice of being required to see an approved therapist, who were all white and mostly male, while in graduate school and the response she received when requesting to see a minority therapist (Farris, 2006).

Jordan S. Potash (2005) wrote “Rekindling the Multicultural History of the American Art Therapy Association, Inc.” to connect Junge’s 1994 *A History of Art Therapy in the United States* and Lucille Venture’s 1977 dissertation *The Black Beat in Art Therapy Experiences*. Potash (2005) expresses Venture’s desire to represent the disenfranchised in art therapy and keep her, as well as other minority pioneers, visible in the eye of art therapy history. Maxine Borowsky Junge (2005) wrote the “Guest Editorial— Stories of Art Therapists of Color” as an explanation for what made her want to collect and publish “Stories of Art Therapists of Color” in *Art Therapy: Viewpoints*. Junge (2005) acknowledges that in her 1994 book *A History of Art Therapy in the United States* the only person of color she mentions is Georgette Powell and that she realized “a number of people had been left out” (p. 180). Junge (2005) states:

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“A partial list of pioneer art therapists of color includes Charles Anderson, Scuddie and Sarah McGhee, Cliff Joseph, Lem Joyner, Georgette Powell, Gong Shu, Chris Wang, and Lucille Venture. A partial list of a later generation of art therapists of color born or raised in America is Charlotte Boston, Cheryl Doby-Copeland, Robert Grant, Anna Riley-Hiscox, Leonette Joseph, Leonard Lambert, Janet Lew Carr, Janice Hoshino, Gwendolyn Short, and Evelyn Yee.” (p. 181)

Hoshino and Junge (2006) wrote “Themes and Reflections on the Stories of Art Therapists of Color” as a series of stories published about and from art therapists: Boston, Doby-Copeland, Farris, Hocoy, Joseph, Levy, Lumpkin, Potash, Short, Lucille Venture and Georgette Powell. Hoshino and Junge (2006) reported the main themes and reflections including the polarization of society, childhood experiences of oppression, pressure of acculturation, experiences with institutionalized racism, influence of mentors of color, opinions about AATA’s lack of support for minorities, need for cultural competence, varied work experiences, personal use of art, and “Hope for Diversity in the Future” (p. 142).

Other Minorities Cultural Identities. Religion and Sexual identity are more difficult to find as prominent identifiers within the text of earlier art therapy literature.

Subjugated Narratives Summary. The people given credit for first paving the way for the field of art therapy have been European or of European decent, such that the history has been written by those with more power and privilege and marginalized or oppressed peoples have been largely excluded. The listed founders of AATA appear to have few people of color. Minorities have written about other minorities as a means of showing support and mentorship, but without a position of power within the field these narratives have not largely been included

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by the dominant history. Minorities of religion, ability, sexuality, and more are seemingly almost invisible. Individuals working in non conventional spaces other than hospital or psychiatric facilities have not been widely discussed. The varying cultural identities and art therapist may belong seem harder to find in text.

Calls to Action

Art therapy publications often include closing sections with themes of future directions or calls to action. These discussions allow the readers to envision a place of need for more research and action, and calls the reader into the process of change within the research paradigm that is ongoing and future-oriented. Calls to action include: strategies to break down oppressive systems such as colonization and racism, avocation to shift from dominant narratives to focusing on subjugated narratives, criticality of whiteness and toxic majorities within the field, calls for diversity and inclusivity, frameworks for community engagement and outreach, and plans for contemporary leadership.

Carolan and Backos (2018) provide information for art therapists to navigate the field through a cultural lens that can be applied to both practice and research. Their paradigm advocates social justice and education as parallel considerations to facilitate development of contemporary art therapy (Carolan & Backos, 2018). The scope of this cultural sensitivity is broad, and many authors sharpen and narrow the focus of their calls for action. Kapitan (2006) directs awareness to global practices of art therapy with a goal to "re-imagine our collective history in terms of new generations of practitioners and the global migration of culture and ideas" (p. 50). Kapitan (2006) advocates for the movement away from reliance on a single,

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shared history in order to draw attention to underrepresented and undervalued voices of mentors, theories, and the traditions and stories they depict (Kapitan, 2006).

Dominant vs Subjugated Narratives. Multiple authors have organized their calls to action within the framework of narrative therapy, specifically dominant and subjugated narratives, to describe their ideology of reparation, inclusivity, and promotion of multicultural voices. Riley (2009) calls for dialogue and discussion to bring awareness to aspects of the art therapy history that have been forgotten, disregarded, or left out of the dominant narrative. Riley (2009) also presents a willingness to expand the idea of what art therapy encompasses, and critiques those who limit the field's potential by defining some practices as “not really art therapy”. Hadley (2013) also frames a call to action as a dominant and subjugated narrative and proposes a vigilance, awareness, and continual striving to overcome this hierarchical history and foster social justice and anti-oppression. This call to action is a continual “working against dominant narratives [as] a never-ending process [such that]...these dominant narratives have a way of rebuilding themselves constantly even when being dismantled” (Hadley, 2013, p. 389). Sajnani, Marxen, and Zarate (2017) also advocate for a more encompassing idea of art therapy, similar to Riley's (2009) call to action, such that they ask the field to move away from the social exclusion of dominant narratives and towards a social inclusion of a broader view of what art therapy is and can be. They call upon our “ethical responsibility to dismantle racism in the profession of art therapy, starting with personal beliefs and interactions, and growing outward to encompass the political and organizational structures of the field” (Sajnani et al., 2017, p. 34).

Decolonization. Kapitan (2009) also asks the field for forward momentum and liberation from a confining history of the oppressive aspects of colonization that have characterized the

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history of the profession. Vivian (2018) also shares this avocation to decolonize art therapy, and focuses on this through the example of promoting reconciliation with indigenous populations in Canada.

Racism. Calls to action can also be framed as a focus on addressing racism, its role in the field, and an awareness of examining the field of art therapy through the lens of whiteness. Recognizing, acknowledging, and deconstructing racist history is focused on by Hamrick and Byma (2017) through specifically addressing the field's need to address toxic whiteness and white fragility. They specifically call for white art therapists to practice active listening, be aware of resistance in hearing and discussing challenges, be reflective before speaking to repair, and holding oneself accountable for actions that harm people of color (Hamrick & Byma, 2017). Kuri (2017) frames an ongoing call to action asking for awareness and deeper understanding of the intersectionality of issues of oppression in relationship to power structures. Kuri (2017) also cautions that when the focus "is on 'feeling good' about diversity and multiculturalism, the art therapist is co-opting intersectionality and silencing the voices of the marginalized group members" (p. 119) and therefore further contributing to systems of oppression (Kuri, 2017). Both Hamrick and Byra (2017) and Kuri (2017) demand readers to cultivate an awareness of whiteness through theory and history as it relates to colonization and the effects this system of oppression is still affecting on people of color.

Diversity. The field has been and still is dominated by a majority of white women and struggles to recruit and retain diversity to art therapy programs today (Talwar, Iver, and Doby-Copeland, 2004). The need to diversify the field is not a new call to action, and yet Awais and Yali (2013) point out that there is little or no information about how art therapy programs are

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working to increase ethnic diversity in their student bodies, which would begin to slowly address the racial inequalities the field faces today. Greater diversity in the field would be a direct benefit to clients by providing more options to choose practitioners of color (Awais & Yali, 2013).

Potash et al. (2015), as a part of the Multicultural Committee of the American Art Therapy Association, calls to address this need for cultural awareness through increasing support for students of color, providing multicultural supervision, and increasing awareness of the benefits of multicultural approach.

Talwar et al. (2004) bring awareness to this lack of diversity in art therapy programs through a call for art therapists to take an active role and “become change agents for transcending our legacy of ethnocentric monoculturalism” (p. 47). Talwar (2015) further explores this notion through the necessity to focus on diversity with attention to nuance, complexity, and a multifaceted intersectionality lens. For example, Zappa (2017) calls specifically for redressing systems that perpetuate inequality within the transgender community and marginalize their voices. Zappa (2017) reminds readers that systemic oppression is not just “a historical artifact, but a constant lived reality (p. 133)” and that we must work to centralize the voices of transgender the community.

Community. Researchers call for different ways to bring the voices of communities into focus, including through increased Participatory Action Research and public practice art therapy community spaces (Kapitan, 2008; Tim-Bottos, 2017). Kapitan (2008) advocates for Participatory Action Research through the understanding that marginalized communities are the experts in their own lived experiences, and therefore are best able to understand what problems need addressing and how to address them. Kapitan (2008) also offers a willingness to look back

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into art therapy history to refocus on platforms such as community open studio and art forums in order to develop a wider inclusivity for the future. Timm-Bottos (2017) echoes this through calling for public practice, small scale, sustainable, community art platforms that are identified as “third spaces”. Specifically this can be through safety, welcome, and open doors in alternative spaces that might include “liminal spaces are located in storefronts, libraries, social service institutions, museums, schools, religious facilities, and universities...(p. 95).” These spaces can offer opportunity for informal participation and inclusivity that can disrupts some the formal hierarchy of traditional art therapy that subjugates other narrative voices.

Call to Action Summary. Calls to action are found in conclusions, discussions, and future directions of research, but can also stand alone as research identifying a specific need or niche to be filled. Kaimal, Metzl, and Millrod (2017) propose a specific framework for facilitative leadership to develop self, others, and a creative, just future. It is through facilitation, with its suggestion of working together to do what cannot be done alone that aims to increase collectivity, collaboration, and support of one other to propel art therapy forward (Kaimal et al., 2017). As a closing sentiment Kapitan (2009) illuminates the increase of global perspectives and the way in which the inclusion of diversity will help to free the field from “oppressive, distorting influences that confine us to a small, narrow place (p.154).” Kapitan argues that redistributing the balance of power will provide a new sense of freedom and allow the field to be more creatively positioned to provide hope for all clients (2009).

Research Approach

For this research project the authors utilized qualitative research methods in the form of an online survey and art response collected from art therapy program alumnae. Given (2008) states that survey responses can offer qualitative information in the form of “response narratives” which can “add depth and richness to the data set” (p. 847). Survey methods allowed for wide sweeping data collection that helps to address a large audience and identify themes, trends, and attitudes among contemporary art therapists (Creswell, 2018). Open ended and free response questions allow for the collection of qualitative data that may help to illuminate key figures of influence that have been left out of the art therapy history and gather information about art therapists feelings surrounding their identity and feelings of inclusivity in the field of art therapy. McNiff (1998) advocates for an inclusion of visual data as a critical component of art therapy research, such that collecting art imagery allows research to tell a rich story that describes personal experience through symbolic expression. Including an art response within the survey honors the voices of art therapists and their mentors.

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Methods

Definition of terms

Dominant Art Therapy History - This literature review defined dominant art therapy history as the history of art therapy that is most widely agreed upon, proliferated, and referenced, primarily in written works and narratives from the late 1800's to the late 1990's.

Design of Study

The survey was intended to collect qualitative data from art therapy alumni including how they identified themselves, how represented they felt within their program, who were their mentors and influences upon their professional identity, and what they thought may be missing within the art therapy community and should be included moving forward. After completing a literature review focusing on reviewing dominant narratives and exploring subjugated narratives that have been largely left out of the art therapy history it became evident that a group of leading figures that represent the majority in the field were cited across art therapy texts, while people of more diverse cultures in art therapy were included much less frequently. Recently attempts at inclusion and calls to future action have been permeating the literature, and this research sought to support narratives of art therapy that may not have been included in the dominant history, and worked to provide a place for art therapists to state their own calls to action in the field of art therapy.

Sampling.

Subjects were selected from alumni of Loyola Marymount University's Marital and Family Therapy graduate program MFT alumni. Subjects were contacted via email and asked to

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participate in an online survey and informed that the goal of the research is to further understand feelings of inclusivity and identity within art therapy pedagogy.

Gathering of data.

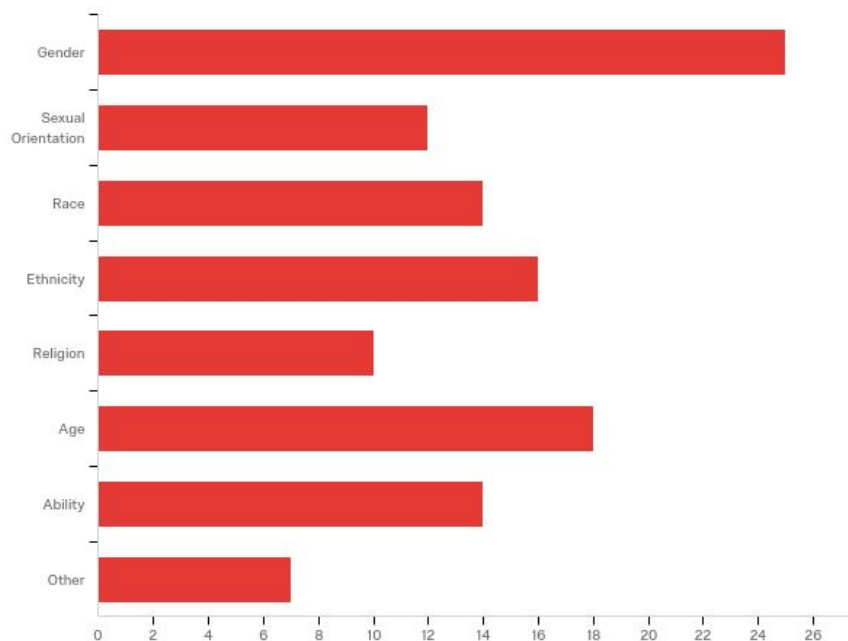
Data was gathered via online survey. The survey and identifying information related to the survey and all results included will remain anonymous.

Analysis of data.

The data was collected, analyzed, compiled, written about, and published as a graduate research paper. The development of the study topic began in the preliminary stages of the literature review which indicated gaps in the history of art therapy, in which significant, but subjugated and minority voices had been left out of the art therapy timeline. The researchers developed the questions that became the focus of the research - what are the identities of voices that were left out of the history, where did they come from, and how can we create more diversity in the field? Moving forward into the the later stages of data analysis, this research aimed to understand, quantify, and translate the results of the survey through the lens of the central questions. Data was combed through and cross referenced question by question in detail, focusing on themes, correlations, semantics and language, and calls to action. Once the researchers accumulated trends, it was translated through the lens of the central question, and posed as a further call to action to support the identities of all within the art therapy community.

Presentation of Data

Figure 1. Please select which of the following categories are important components of your personal identity.



The largest number of respondents (25) indicated that gender is an important component of their identity, while the second largest number of respondents (18) indicated that age is an important component of their identity, and the third largest number of respondents (16) indicated ethnicity is an important component of their identity. Then, race (14), ability (14), sexual orientation (12), religion (10), and other (7).

Figures 2-6: Describe how the participants chose to personally identify according to the components of their identity.

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Figure 2:

Gender	#
Female	21
Male	3
Woman, cis	1
Woman's rights are human's rights	1
Cis	1
Gender Pronouns she/they	1

There were 28 participants that entered a gender identifier. The majority of responses were female (21) and male (3). The four individual responses include “woman, cis,” “cis,” “women's rights are humans rights,” and “gender pronouns she/they”.

Figure 3:

Sexual Orientation	#
Heterosexual	13
Straight	4
N/A	4
Bisexual	3
Gay	1
Lesbian	1
Woman married to a woman	1
Fluid	1

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Of the 24 participants who listed sexual orientation, the three highest responses were heterosexual (13), straight (4), and bisexual(3).The remaining singular are gay, lesbian, woman married to a woman, and fluid.

Figure 4:

Race	#
White	8
Caucasian	5
N/A	4
Asian	3
Human	2
European	1
Hispanic	1
Black or African American	1
Chinese	1
Mixed	1

Of the 23 participants who listed race as an identifier the three most common were “white”(8), “caucasian”(5), and “asian”(3). There were 2 responses that listed “Human”; while “Hispanic,” “mixed,” “Chinese,” “European,” and “Black or African American” all had a single response.

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Figure 5:

Ethnicity	#
N/A	6
Mix/Mixed	4
Caucasian	2
Mexican	2
Latina	1
Cantonese	1
Southeast Asian	1
Anglo	1
Taiwanese	1
Japanese	1
Chinese	1
Iranian American	1
European descent	1
Belizean	1
Mayan Aztec	1
Central American	1

Of the 20 participants who listed ethnicity as an identifier multiple people responded that they are “mixed” (4), “Mexican” (2), and “Caucasian” (2). The other identified ethnicities (12) had one response each.

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Figure 6:

Religion	#
N/A	8
Christian	4
Spiritual	4
Atheist	3
Catholic	2
None	2
Tao	1
Jewish	1
Buddhist	1
Pagan	1
Not identifying with an organized religion	1

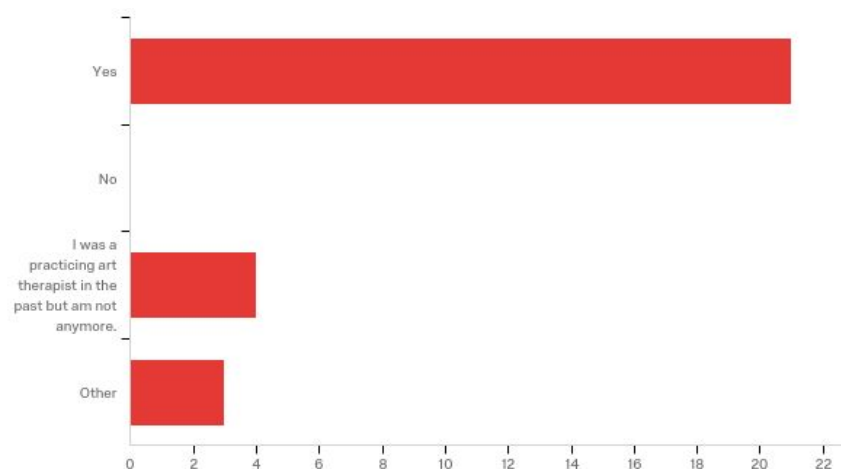
Of the 20 participants who listed religion as one of their identifiers the highest responses were “Spiritual” (4), “Christian” (4), and “Atheist” (3). “Catholic” and “None” each received two responses. The following had one response each: “Tao,” “Jewish,” “Buddhist,” “Pagan,” and “not identifying with and organized religion.”

The portion of the survey question, “Please describe how you personally identify according to the components of your identity”, for age and ability were not represented in figures due to the wide ranging nature of the responses. Of the 26 responses to the identifier for age there was a consistent range from 29-55, a 62 year old, one response with “millennial”, and one response with “Carl Jung said to paraphrase, that becoming older can be a time of great

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development. I pursue knowledge more than I did in my youth.” Of the 19 responses to the identifier ability many responded as “able-bodied” or “able” (7); and one response each for “non-visible disability,” “able body for the most part,” “slightly above average,” “trauma identified,” and “average.” The ability category also contained responses such as “Don’t know what this means” and their level of skill as an art therapist (7). Participants that chose the category of other (7) wrote in: “Relational networks: earth community; family; professional community; close friends; neighborhood; political community; etc.,” “I’m a veteran and I’m an Army brat. I’m an artist. Advocating for social justice and climate change by going to rallies and marches are things we all must be doing,” “Person in recovery from addiction,” “German, Hawaiian, part of the resistance in World War II, Family history and connection to dance and music and art,” “Indigenous/Traditional Native Spirituality and Practices,” “I have Mexican blood, but because I was adopted by Caucasian people I do not identify as Mexican.”

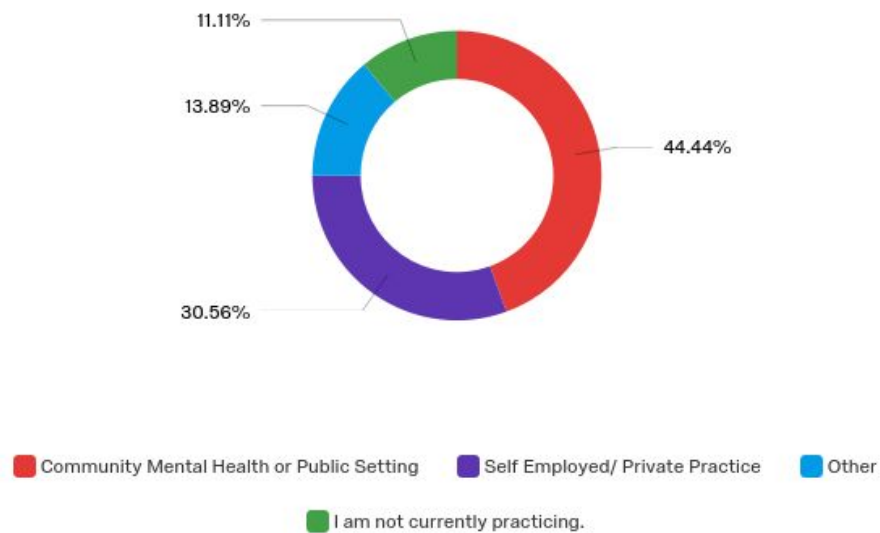
Figure 7. Are you a practicing art therapist?



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Of the 28 respondents that answered this question, the vast majority indicated they are practicing art therapists (21), some indicated they were a practicing art therapist in the past (4), a few indicated “other” (3), and there were zero responses for “No” to being a practicing art therapist.

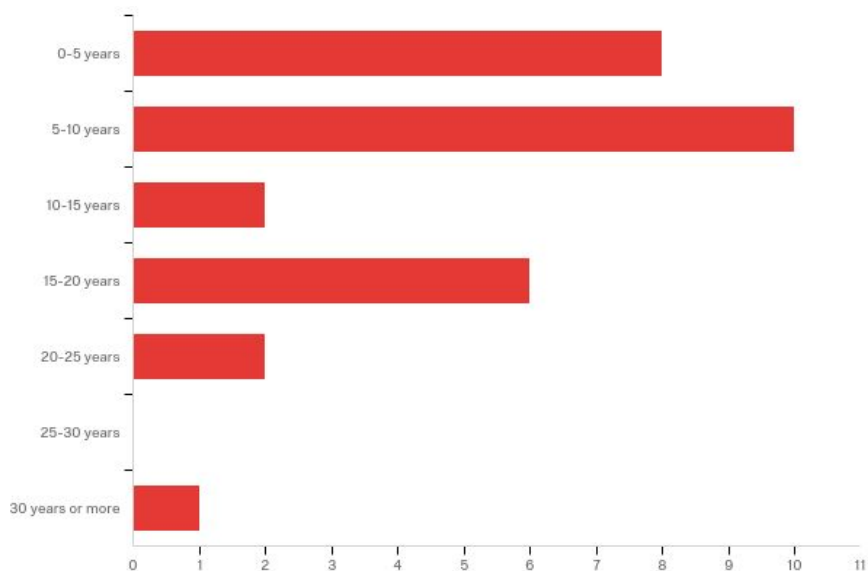
Figure 8. In what type of setting are you currently practicing? Check all that apply.



Of the 36 respondents that answered this question, the largest number (16) indicated community mental health or public setting, the next largest number (11) indicated self employed or private practice, while a handful (5) indicated other and some (4) indicated they are not currently practicing. Those who marked other indicated non-profit clinic, school, hospital, and supervisor part time faculty.

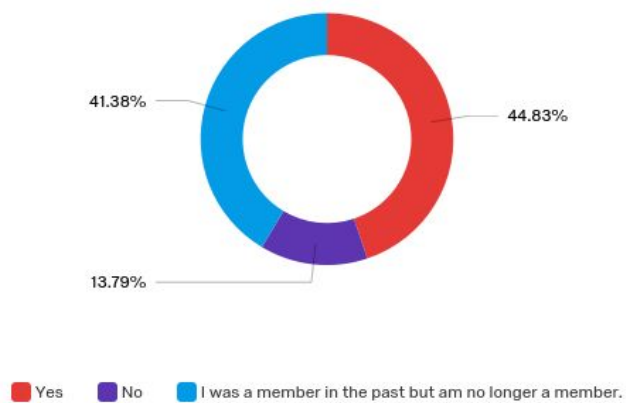
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Figure 9. How long have you been practicing, or practiced, as an art therapist?



Of the 29 respondents that answered this question, most (10) indicated 5-10 years, followed by 0-5 years (8), 15-20 years (6), 10-15 years (2) and 20-25 years (2), and finally 30 years or more (1).

Figure 10. Are you a member of the American Art Therapy Association (AATA)?



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Of the 29 respondents, the majority indicated either being a member of AATA (13) or having had been a member in the past (12) while only 4 indicated not being a member.

Figures 11-18. Based on how you personally identified in the first question, check the box that best corresponds with how well you feel your identity was represented in different aspects of your program including: student body, faculty, course topics, theorists taught in curricula, texts or assigned readings, supervisors, colleagues, and other.

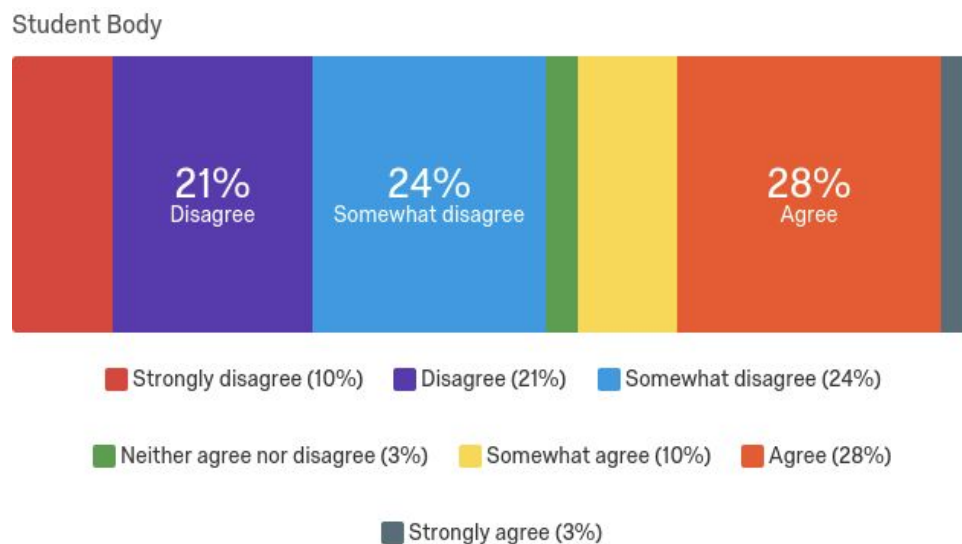
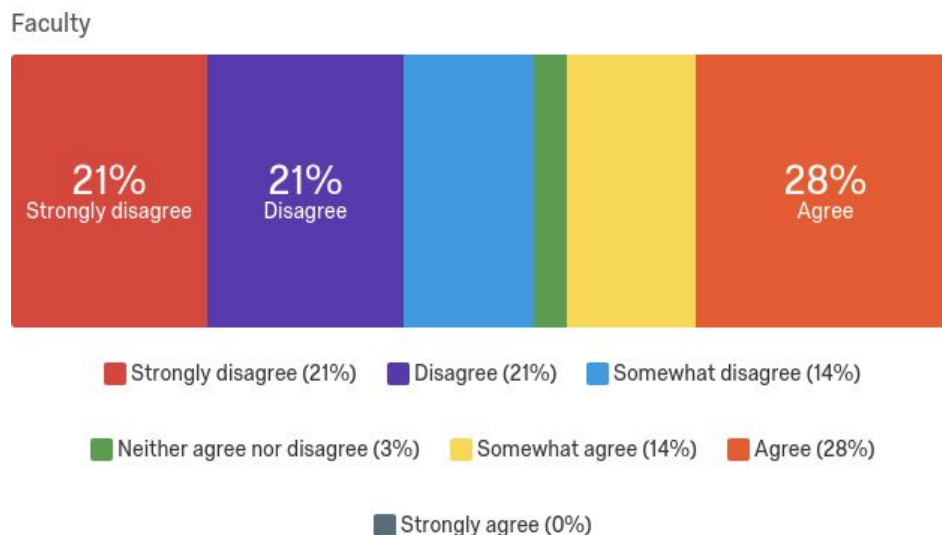


Figure 11:

In regards to student body representation, the majority (16) chose the disagree spectrum and thus did not feel their identity was represented among the student body, while 12 respondents on the agree spectrum felt that their identity was represented among the student body.

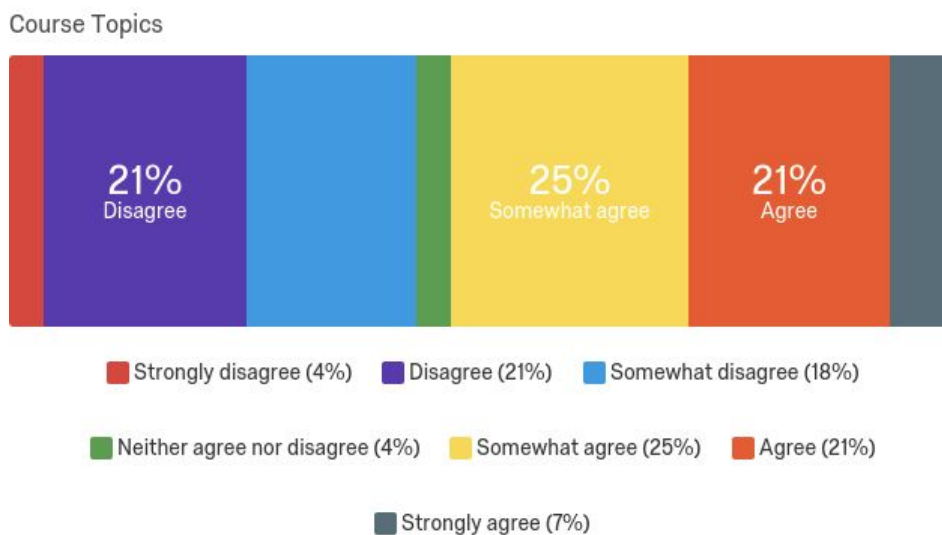
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Figure 12:



In regards to faculty representation, the majority (16) chose the disagree spectrum and thus did not feel their identity was represented among the faculty, while 12 respondents on the agree spectrum felt their identity was represented among the faculty.

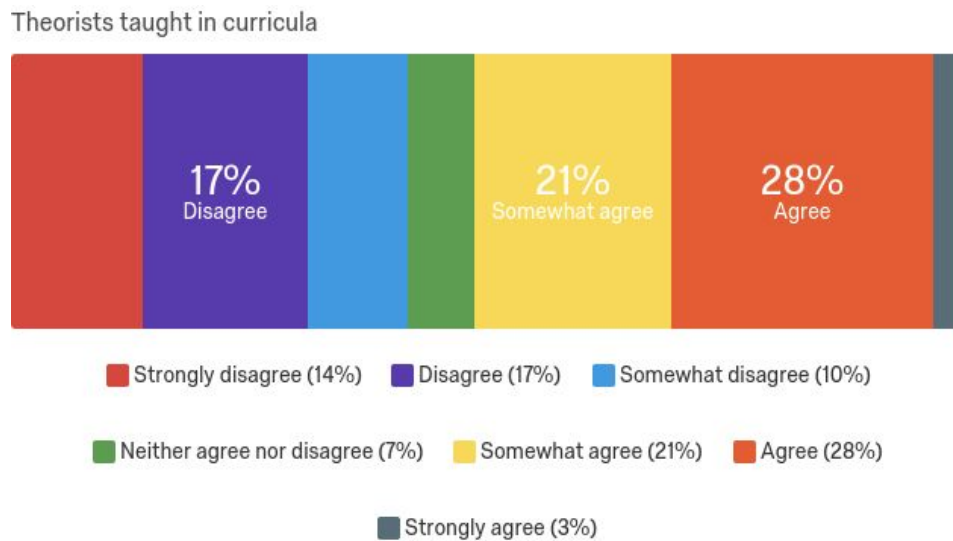
Figure 13:



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In regards to course topic representation, the majority (15) on the agree spectrum felt their identity was represented in the course topics, while 12 respondents on the disagree spectrum did not feel their identity was represented in the course topics.

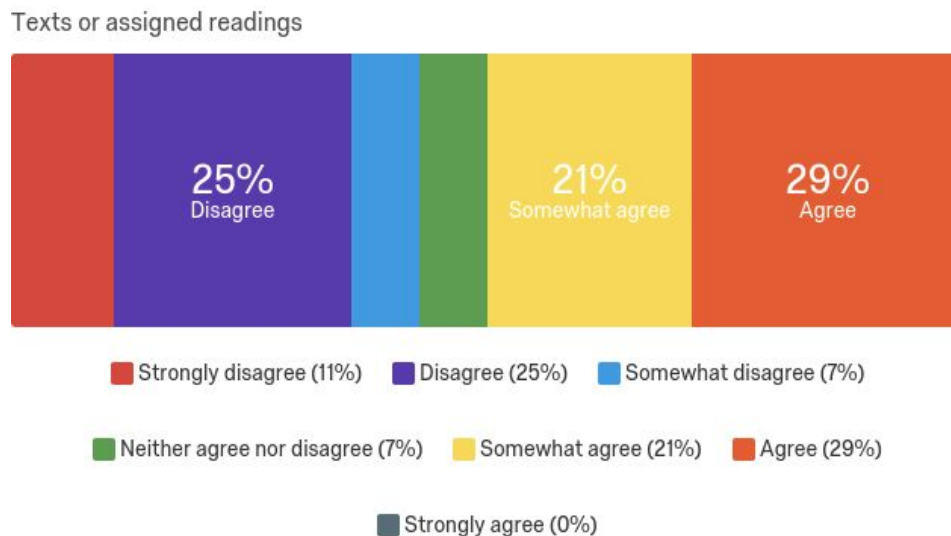
Figure 14:



In regards to theorists taught in curricula, the majority (15) on the agree spectrum felt their identity was represented among the theorists taught, while 12 respondents on the disagree spectrum did not feel their identity was represented among the theorists taught.

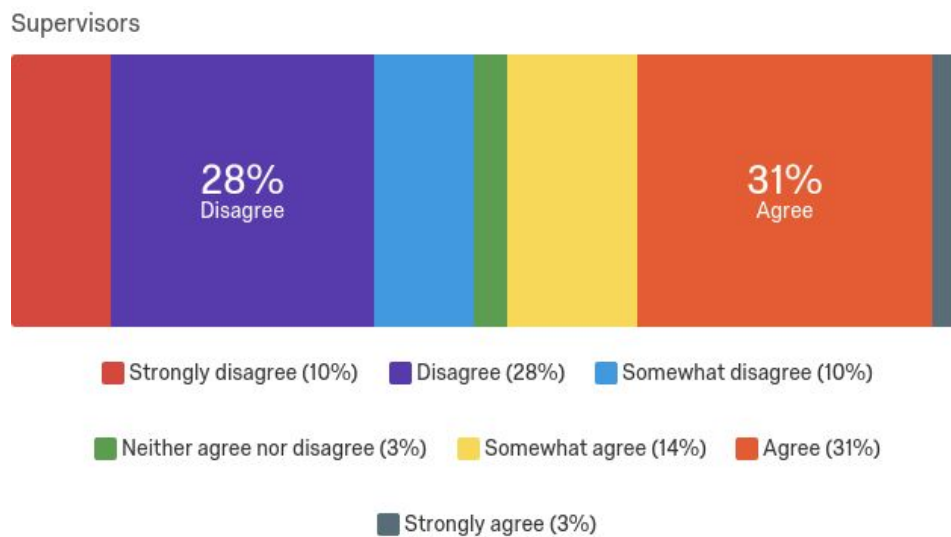
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Figure 15:



In regards to texts and assigned readings, the majority (14) on the agree spectrum felt their identity was represented in the readings, while 12 respondents on the disagree spectrum did not feel their identity was represented in the readings.

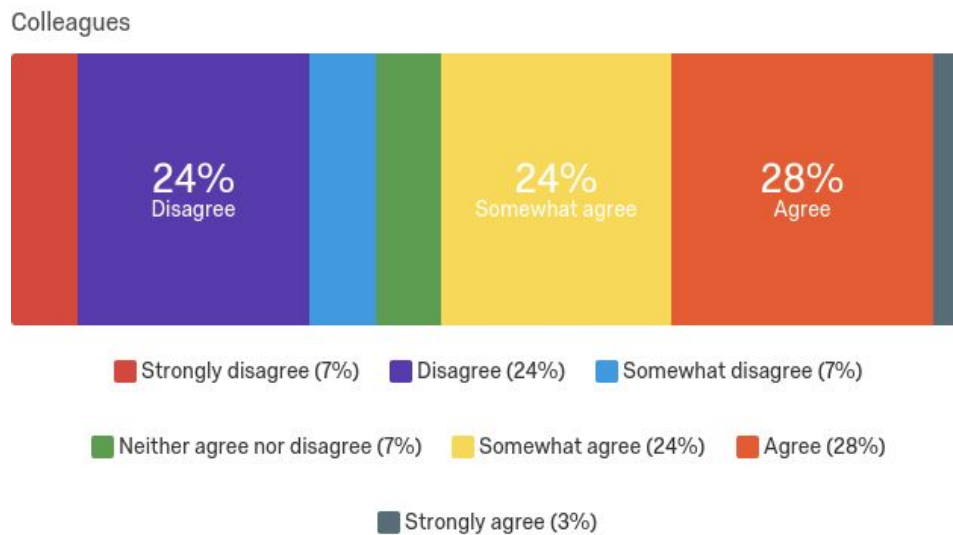
Figure 16:



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In regards to supervisor representation, an equal amount of participants (14) felt their identity was represented among their supervisors, while the same number (14) did not feel their identity was represented among their supervisors.

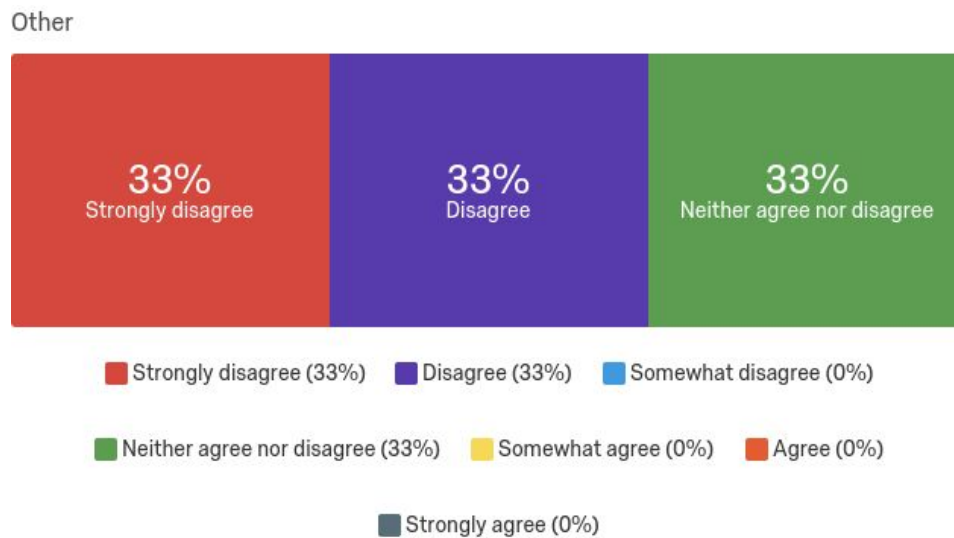
Figure 17:



In regards to colleague representation, the majority (16) on the agree spectrum felt their identity was represented among their colleagues, while 11 respondents on the disagree spectrum did not feel their identity was represented among their colleagues.

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Figure 18:



In regards to other representation, equal numbers of participants strongly disagreed, disagreed, or neither agreed nor disagreed that they felt their identity was represented among other aspects of their program. No participants who selected other somewhat agreed, agreed, or strongly agreed that their identity was represented among other aspects of their program.

Figure 19. “Who are three influencers, mentors, or figures you have been inspired by in your professional or career development?”

Relationship to Person	Amount Named
Career/Colleague	29
Personal/Mentor	20
LMU Professors	14
Public Figure	7

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Of the 29 participants who responded, within the 83 names they responded with, the majority (29) indicated that it was colleagues or people they worked with directly in their careers that were their major influences in their professional or career development. The next largest group (20) indicated that it was personal relationships such as a classmate, mentor, or peer that had the most influence on their professional or career development. Then 14 responses indicated that professors were a major influence. Finally, 7 of the answers identified figures from fields outside of art therapy.

Figure 20. “Who are three influencers, mentors, or figures you have been inspired by in your art therapy identity?”

Relationship to Person	Amount Named
LMU Professors	31
Art Therapy Figure	16
Personal/Colleague	5
Outside Figure	3

Of the 27 participants who responded, within the 81 names they responded with, the majority (31) indicated a former professor was inspirational in their art therapy identity. The next largest majority (16) were art therapy figure as a major influence in their art therapy identity. Then 5 answers cited a colleague or personal relation as an inspiration to their art therapy identity and 3 cited a figure outside of the art therapy profession. Of the 81 responses, 25 of the

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answers were “none” or the automated no answer of “N/A.” One respondent named “myself,” as their own inspiration.

Survey question 12. “Whom do you think should be included in the art therapy literature moving forward?” offered a place to name two answers or figures. Of the 21 answers, 8 of them championed to including more “ethnic diversity,” using words such as “people of color,” “minority authors,” and “marginalized people.” Responses included: “Clif Joseph, Pat B Allen, Leah Gibson, Art Therapists of Color, Art Therapists who discuss art therapy as social justice”; “Marginalized people: people of color, individuals of differing gender or sexual orientations, people who are facilitating art therapy outside the medical model”; “Legacy will of latinx, african american, afro-latin, asian, middle eastern, native people working in art therapy”; “I would have liked to have read about brown or black ‘pioneers’ in art therapy. I did my own research about non white art therapist once out of the program. I would have also like to have read more about art therapy and gender, sexual abuse & trauma, spirituality”; “Minority authors”, “More people of color”, “More ethnic diversity” , “People of color.” Then, 3 respondents named: “Natalie Rogers, The Creative Connection, Science and Behavior Books Inc Art is a way of knowing, Pat B Allen, Shambhala”, “History of and art therapy theorists of different countries. Japan, for one, has its own rich history and has a professional organization that exists longer than AATA (by 1 year)”, and “I believe that the Art Therapy literature has almost forgotten about those clients who come from a conservative background. There is a huge need to serve those who consider themselves to be Christian. There is a stigma in that population for seeking out counseling as the field has become so vocal about liberal subjects. It would be great to see more literature on that population.”.

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Survey question 13, the final survey question, collected final thoughts, reflections, comments, and questions. The prevalent themes were of “inclusivity,” and “diversity,” with the words “inclusivity” and “diversity” appearing in 5 out of the 15 responses. More so, 8 of the 15 spoke directly and indirectly to this theme. Many (11) of the responses were various calls to action. Responses included:

“I would like to see more diversity in the program. I was 1:3 latinas. There was 1 black student in my cohort. Granted I understand there may or may not have been many brown/black applicants. I would also like to see brown and black faculty and supervisors. Even if they are PT, guest speakers, etc. I feel the program created a good foundation for me as an art therapist. I learned later that community mental health wasn't for me and struggled feeling this was all that I could do. I feel the program prepares you for community mental health and does not empower too much on the possibilities of PP and creating your own avenue with art therapy. This was something I learned myself, which is okay because it has been part of my personal development and spiritual journey.”

“I feel like our program is lacking in more education about process art and art as therapy. We are too focused on Clinical Art Therapy and I believe students could benefit from understanding that there is more to Art Therapy than clinical work.”

“Minorities require more representation”

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“In the case of inclusivity, who and where the department outreaches to is important if the program is going to grow in diversity of representation. Also, events that are only held on campus are not the most accessible to communities that are not close to the West Side of L.A. A consideration for events/lectures/workshops, etc in more centralized locations could bring a more diverse attendance. And finally, just bc someone represents a different background they do not hold the responsibility and labor of ‘teaching’ or speaking up to be the representative of that group. That weight is heavy for anyone single person. The Professors can offer the invitation of understanding and critical thought through readings, lectures, and/or representation of invited/guest lecturers who present in the classroom. A case for intersectionality in our field and in our role as mental health clinicians/art therapist is also important in order to bring in information outside the box of ‘art therapy’”.

“I left the field of Art Therapy and Marriage and Family Therapy several years ago to raise my children. When I returned two years ago I was shocked by the state of the mental health field and the severity of the symptoms seen in clients that I serve. This has caused me to think a lot about some of the causes of this decline (I will not go into this here). There is an extremely important need for Art Therapy practices in the field of mental health. I believe that an Art Therapist has more impact on those who are struggling than those who use traditional therapy practices. I can only hope that the little time that I have to work with these clients will have a lasting impact on their healing.”

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“We need to include more women of color in being recognized as artist therapists.”

“Art therapy should be a leader in social justice in mental health care by questioning the traditional medical model of diagnosis to reflect a more scientific and culturally sensitive assessments of health and wellness. More classes on neurobiology Classes on alternative healing methods and holistic approaches to medical interventions More body based interventions Classes exploring societal impact on mental health Better education on how to discuss racism and assist marginalized groups with identifying sense of agency. Critical study of the Hx of mental health pre freudian to date”

“I love art making and art therapy. I am currently more focused on EMDR therapy. I use that more often than I do clinical art therapy. I'm extremely disappointed that there has not been more response from the art therapy community to Karen Pence and the damage she has done to sully the profession.”

“There is just a lack of diversity in our program. I was the only Asian student in my cohort. Also, the program attracts students usually from a certain SES mindset/background and who doesn't have much experience with the populations that are in community mental health.”

“Post-modern tendency on placing equal values to everything/everyone is not always productive when working within a certain (clinical or professional) framework, however, inclusivity of marginalized voice is important to calibrate

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the stagnant, outdated, unhelpful value system, and to have the accurate read on current pluralistic society, its members and their needs.”

“I am struck by my own ambiguity around race and ethnicity. Also an important part of the picture I think is not only how we see ourselves, but also how we are seen. So I may accept or acknowledge that people see me a certain way, a certain ethnicity, for example, but I may or may not identify so closely or personally with it. This feels very complicated, how we are seen, and how we use words to categorize ourselves, and how words are used to categorize us.”

“Although it is not a common facet of identity that people mention, my status as a person in recovery is a very important part of how I understand who I am. I did not feel that this facet of identity was discussed at all in my education at LMU, and noticed many times in class discussions that it was assumed students did not have this kind of history.”

“Invite more diversity of religious backgrounds as instructors. Missed having male instructors when in program.”

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Analysis of Data**1. What categories of identity were named as important to the participants?**

The survey was designed for the participants to choose categories of identity that were the most important to them, and then write in personal identifiers. When asked to select important parts of their identity participants named gender as the most important identifier (21.55%), followed by age (15.52%), ethnicity (13.79%), race (12.07%), ability (12.07%), sexual orientation (10.34%), religion (8.62%), and other (6.03%) (Figure 1). The top three identifiers, gender, age, and ethnicity, may represent categories of identity that are often visible and also define many of the identity categories that society operates upon. The majority of participants identified gender as an important identity component and a majority of participants are female (see Figures 1 and 2). The second most selected important component was age and participant responses ranged from 29-62 (Figure 1 and Question 2). Ethnicity was the third highest category selected, and was chosen more often than race. Among those who listed ethnicity as a important identifier, 16 listed diverse ethnicities while 4 indicated a European ethnicity (Figures 1 and 5). The majority of participants had chose both race and ethnicity as important (55%), while 25% singularly chose ethnicity and 15% singularly chose race. Often times ethnicity and race are categories that are used interchangeably in society, but race may be considered more general; while ethnicity can be seen as a more specific, or nuanced, category that may provide a place for individuals to connect to a smaller and more specific group or community. It is interesting to note that the participants who chose ethnicity as a category of importance were predominantly people of color, while people who wrote in for the category of race as were predominantly Of European decent.

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Fourteen people chose ability which tied with the amount of participants that chose race (Figure 1). There were responses that indicated confusion about the definition of ability which could have affected the choice of importance. A majority of the participants did not choose sexuality as an important part of their identity and a majority responded that they identify as heterosexual/ straight (Figures 1 and 3). A majority of participants input a religious identifier, while half that amount chose religion as an important component of their identity (Figures 1 and 6). In every category, with exception of "Other," participants had written more identifiers than the amount chosen as important to their identity (Figure 1 and 2-6). This could be because of the way the questions were written and participants may have felt compelled to fill in all the categories and fully complete the survey. Of the 7 participants who wrote in other 6 responses are related to shared lived experiences. Furthermore, within the 7 participants that marked other, 3 of them clarified details of ethnicity that may intersect with other complex layers of identity.

2. How represented did the participants feel in the various categories of the program?

Overall, there was a split in the data of how participants felt represented in components of their program, such that participants who marked feeling represented felt congruent to their identity while participants who marked not feeling represented felt incongruent. Participants felt more represented in course topics (53% agree 43% disagree), theorists (52% agree 41% disagree), texts and assigned readings (50% agree 43% disagree) and colleagues (55% agree 38% disagree)(see Figures 13-17). However, when it came to student body and faculty, participants did not feel represented overall (55% disagreed 41% agreed)(55% disagreed and 42% agreed (see Figures 11-12). Furthermore, 21% of the participants indicated feelings of strong

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disagreement to faculty representation. Although participants' feelings of identity representation were divided for supervisors (48% agree and 48% disagree), 10% marked strongly disagree and only 3% marked strongly agree (see Figure 16). In fact, across all categories of program representation participants more often indicated feelings of strong disagreement than strong agreement, such that those who felt incongruent had even more strong negative feelings.

Participants chose categories of important identifiers and there was a split in how people agreed or disagreed to feeling represented within their program in a lot of the categories. Gender was the most commonly chosen category of important identity, and participants who selected gender tended to equally agree and disagree about feelings of inclusion on components of their program including faculty, texts or assigned readings, course topics, theorists, and supervisors. However, when it came to colleagues, the majority tended to agree more with feelings of inclusion (56%). This may be related to the fact that gender was skewed in the set of participants with vastly more identifying as female.

The respondents who selected race as an important component of their identity agreed more to feelings of inclusivity related to colleagues (57%), course topics (57%), theorists (57%) and texts or assigned readings (50%). However, these participants who selected a prominent racial identity disagreed to feelings of representation among supervisors (50%) and overwhelmingly disagreed to feelings of representation among faculty (64%), with 7% of participants indicating strongly disagree. Similarly, the participants who chose ethnicity as an important identity component also overwhelmingly disagreed to feelings of representation among faculty (75%), with 31% indicating strongly disagree, and overwhelmingly disagreed to representation among supervisors (62.5%), with 12.5% indicating strongly disagree.

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Interestingly, participants indicating race or ethnicity as prominent felt the least representation among their faculty and supervisors. Of the participants who indicated prominent ethnicity, 56% disagreed to representation in course topics, 56% disagreed to representation in theorists, and 50% disagreed to representation in texts or assigned readings. It is important to note that participants selecting race or ethnicity as important categories to their identity felt some of the highest levels of misrepresentation, with faculty and supervisors being the prominent places this underrepresentation was felt.

The participants who selected ability as an important component of their identity more often disagreed to feelings of representation among faculty and supervisors, although they felt more represented among texts or assigned readings and colleagues.

Those who selected sexual orientation as an important component of their identity somewhat agreed, agreed, or strongly agreed that they felt represented in every category of their program. This may be related to the fact that the participants overwhelmingly identified as heterosexual or straight (see Figure 3). Furthermore, the participants who selected age and the participants who selected religion as important components of their identity somewhat agreed, agreed, or strongly agreed that they felt represented in every category of their program.

3. Who are the influencers, mentors, and figures participants named?

When asked who influenced their art therapy identity, the overwhelming majority named an LMU professor or LMU art therapy supervisor (see Figure 20). The next closest majority named an art therapy figure who may have been introduced during their study at LMU. When asked who influenced their professional or career identity, the majority of participants identified

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people from their career, colleagues, and personal acquaintances (see Figure 19). Essentially, this suggests that figures of influence are drawn from the program community.

4. How have the participants professional identity progressed?

The majority of participants are currently practicing art therapists working in community mental health or a public settings (see Figures 7 and 8). Furthermore participants who have been working 0-5 years are all working in community mental health. The majority of participants are currently working as art therapists and have been working in the 5-10 years range (see Figures 7 and 9). Additionally, many of the practicing participants are AATA members, and the overwhelming majority were previously members (see Figure 10). However, a greater number of participants in private practice are members of AATA, the majority of participants working in community mental health are not members of AATA at this time. Thusly, work setting appeared related to membership, such that more participants in private practice were members of AATA while more participants in community mental health were not members of AATA. The majority of AATA members are working only 0-5 years, and majority that were previously members were working 5-10 years ago.

5. What did participants name as important to include?

The majority of responses proclaim what can be seen as calls to action, such that they specifically call for increased inclusion and diversity within both the LMU program and the art therapy field (see Figure 13). The language within these responses was clear and concrete. Within these calls for inclusivity and diversity, the largest number of respondents specifically named ethnic diversity, but most participants did not name specific figures to include (see Figure 12). Overall, participants support increased diversity and inclusion.

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Themes

Themes in the free response questions consisted of inclusion and diversity, gender, polarity, and calls to action. Inclusion was addressed in several ways throughout the survey: through calls to action; data revealing where participants did or did not feel that their diverse identities were reflected in their art therapy program and free responses naming which ways institutions could change to increase inclusion. The theme of inclusion was connected to the theme of diversity in that respondents were calling for inclusivity of more diverse populations and practitioners in the field, literature, faculty, and history. Most participants included specific and detailed ideas and opinions about both diversity and inclusion.

The theme of gender was reflected throughout the survey, including in the participants identifiers. Data showed that the vast majority of the respondents chose to identify as female, which is a trend represented in the LMU program as well as the dominant art therapy history. Among being female, in the free response sections of the survey, many of the respondents named other females. The survey, when looking at the free-response questions specifically, seemed to present the idea that the the influencers, mentors, and those who were left out of the initial art therapy history are in greater number female.

Polarities, or viewpoints with high positive or high negative language, emerged as a trend in the representation of identity in the program and free response section. Participants selected “strongly disagree” much more often than they selected “strongly agree” for feeling represented in the program. This suggests that participants who agreed to feelings of representation felt comfortable or congruent, but those who did not feel represented had much stronger negative feelings. Participants may have found a place to represent these sentiments in the free response

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section, because respondents generally used clear and direct language to assert their ideas about what should be included.

The participants themes of calls to action included: how the future of the art therapy field can expand, how change can occur within the educational institution, and what needs to change within language and didactic of the art therapy field. Other themes that arose within the theme of calls to action were: ethnicity, race, sex, physical ability, social economic status, religion, and education. These themes were discussed from the standpoint of lacking, or existing in excess, within the responses primarily seeking change from the current status quo.

Discussion and Findings

The analysis of the data yielded findings on the participants' personal identity, representation in the program, influential figures, inclusivity, identity, professional identity, and diversity within the research. All of these findings could be expanded to suggestions for the LMU program, art therapy field and community, and society. The findings seem to suggest that there is a need for more diversity in faculty due to their importance of developing art therapy identities, as well as a push for more diversity and inclusivity overall. There was a challenge of selecting words and language to describe both dominant and subjugated groups of people in writing this research. The participants of this survey seemed to represent a wide range in how they chose to use language and semantics to identify themselves, and this survey may have narrowed participants options to self-identify as well as adopted categories and language to describe results. The majority of figures named or included tended to be ones that were either within the respondents' direct circle of influence or direct community, or figures that are already well established within the art therapy history. These findings suggest that influence within the

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art therapy field may be somewhat circular and closed, with diminished potential for expansion if influence continues in this trend. Essentially, the findings highlight a strong call for future research into these aforementioned topics, as well increased thoughtfulness and intentionality when selecting people of influence such as professors, supervisors, directors, board members, and faculty within the art therapy community.

Identity Findings

Participants named gender, age, and ethnicity as important, which could have occurred due to the prominence in western culture as common ways people define themselves, as well as ways society uses to categorize and organize. Interestingly, although participants only selected a few categories of importance, they still filled out the remaining categories. This may be show a reflex or desire to fill out the entire survey, but it also suggests that participants were aware of how they identify in other categories and included information that other people may view as important to identify them. It is possible that participants may only identify strongly with a few categories of identity, but they still navigate through categories of identity based on how other people view them and in turn how they may be reflected or affirmed by others. The fact that a majority of the respondents were female could suggest that representation of female faculty in the program validated female students, and the reverse could be true for male students.

Ethnicity was more chosen than race, and most of the individuals who chose ethnicity were non-European. People may identify with ethnicity more strongly than race as a way to connect to specific group of people that includes nuances race cannot capture. For some people, ethnicity might be something they relish, and race might be something they resist because it is a category that is charged by politics and labels that are chosen and used in relationship to

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subjugation. The amount of participants choosing ethnicity as a more important identity suggests people are moving away from the category of race, but also have not ignored it because people are still being projected onto by others. Interestingly, the majority of participants choosing either race or ethnicity chose both, suggesting that these categories are still complexly intertwined in the way participants conceptualize themselves as well as how people conceptualize others.

Inclusion of “human” within the category of race may reflect attempts to breakdown race and racial identifiers as a way to move towards a category that is unifying. However, the word human also perhaps erases categories through generalization and negation of histories of subjugation, even though it may represent a possibility for people to choose their own categories of race instead of being forced to adopt a racial category that other people have selected for them. In the category of ability, there were some responses that stated they did not understand the meaning and some answers that seemed to represent the same lack of understanding. For the participants who marked it as important and wrote a clear response to their ability level this could show the need to value and honor this part of the identity.

There are parallels between the literature review and the data that shows a continuing trend of diminished representation and discussion about sexuality and spirituality in the field of art therapy. The 10.34% of participants chose sexuality as important to their identity and the free responses indicated that a majority of the participants identified as heterosexual/straight, this could continue to reflect the lack of importance that people in the majority place on certain identifiers (Figures 1 and 3). The quantity of free responses for the category of religion, coupled with the small amount of people who chose it as important to them, could also be representative of the survey using the word religion in place of spirituality, or a more inclusive term.

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The category “other” provided a space for participants who have a strong sense of identity outside the categories that were included in this survey, and also illuminates the gap in what this survey failed to include. The responses suggest the survey missed experiential categories of identity that may offer common lived experiences that join groups of people together. This in turn suggests the importance and strength of having experiential identifiers that describe shared experiences and allow participants a chance to choose their own categories. Participants included details of their lived experiences which allowed the category of other to expand and reveal what society may sometimes miss in organizing around traditional categories of identity. Furthermore, this survey did not address political identity, and may have also failed to include identity focused on affiliation to groups of people who organize around a shared set of beliefs.

Representation Findings

It could be in the LMU program's interest to consider participant feelings, and consider the possibility that its students do not feel represented in multiple categories. Individuals marking race or ethnicity as important indicated such high levels of disagreement for representation among faculty and staff which suggests that LMU should consider diversifying faculty and supervisors. Furthermore, the high levels of strong disagreement as compared to such low levels of strong agreement across categories suggests an urgency and a need for this call to action. The theme of “strongly disagree” is something LMU should consider thoughtfully in order to make all the chosen identities of its community feel both more represented and included across categories of the program.

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When it came to gender, participants may have felt more represented with their same gender peers, while those who disagreed may have represented other gender identities that were not the majority. Perhaps the LMU program is more representative for those who identify as female, and less inclusive for other gender identities. Furthermore, the notion of gender may be interconnected with the notion of sexual orientation, such that the program may have been more representative for participants who identify as heterosexual or straight, but less inclusive for other sexual orientations.

The data on age within this survey reflects a diversity of perspectives of various generations, and may illuminate the importance and impact of age in affecting art therapy identity. This could represent the notion that age is not a limiting component of identity, such that participants showed a range of ages throughout components of the program, and relate to various ages and stages throughout the lifespan. Furthermore, this particular factor was unique in that when age was identified or mentioned it was different every time. There was no theme or pattern associated with how participants spoke about, identified with, or named age as a component of art therapy identity. Further research could be directed to exploring specific topics between generations of art therapists to see if more conclusive or significant data is revealed about age and across generational differences in a way this survey did not capture.

Those with religion at the forefront of their identity felt included in the LMU program at least somewhat. However, this survey seemed to capture religion as a narrow category, but missed more subtle notions of identity within faith and spirituality and the nuances within which participants may identify.

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Influential Figures Findings

When participants named their influences, mentors, and figures in forming their art therapy identity, the overwhelming majority of them named an LMU professor, an LMU art therapy supervisor, or an art therapy figure, whom they may have learned about during their time at LMU. This suggests that influence on art therapy identity seems to develop within one's program, which is compounded by the small breadth of the art therapy community at large. It was evident that LMU played a direct impact upon the art therapist's that it trained, which suggests there should be the utmost consideration of diversity and inclusivity when hiring faculty and supervisors who will influence future generations of art therapists. As much as the current literature and researchers are and attempt to be diverse, the faculty still has a large impact. Furthermore, figures taught and included in the art therapy program should also be reviewed and more figures of color included in course topics to increase diversity and inclusion, as prominent figures within art therapy have been shown to have relatively equal impact on influence.

The findings also suggests that LMU alumni have grown and gained influence from people they work with directly in the field. Since the LMU program offers two practicum locations, some of these colleagues or early career influences may also have been a part of the LMU community. It seems crucial for the university to consider representation and diversity in its partnerships with field work agencies, as these early experiences may have laid the foundation for influence by colleagues and staff within participants careers.

Important Inclusivity Findings

Overall, participants support including increased diversity and inclusion, which was shown in precise and clear language in the free response sections. Responses include participants

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naming specific minority groups to be included moving forward, calling for increased focus on black mental health, women of color, cultural attunement, accessibility to a variety of Los Angeles communities, social justice, cultural sensitivity, and supporting marginalized groups to identify a sense of agency, and two participants naming contemporary art therapists Talwar and Kapitan. Although the researchers sought to gather names of important figures left out of the art therapy history, the participants interpreted the question through their personal lenses, which could be a weak point of the survey, or could magnify that the focus of the community is currently centered on contemporary concerns. It is possible that participants lack familiarity with diverse figures that have not yet been included in art therapy history, and perhaps that the majority of participants perspectives of art therapy are viewed through a dominant narrative lens. This suggests that art therapy programs could work to support, honor, name, and champion the contemporary art therapists who may currently be working and actively striving in ways that increase diversity in the field, both in clinical spaces and research.

Professional Identity Findings

The majority of individuals working in community mental health or public settings may reflect a theme specific to a Los Angeles program in a highly metropolitan and diverse region, in which the density of populations and need within impacted communities may be higher than other regions. Furthermore, since the majority of participants are working 0-5 years in community mental health this may reflect a tendency of the LMU program to prepare its participants to work in community mental health as a means to gain hours prior to licensure. Additionally, this may also reflect a trend in therapy to serve diverse populations. Community work also indicates high involvement in public clinical spaces and may reflect on the values and

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skill sets taught within the LMU program or the usefulness and flexibility of art therapy to serve high need, population dense areas.

Although AATA membership was addressed in this survey, membership may be affected by the current political climate which was not addressed in this survey. Future research may explore how the relationship of art therapy identity, membership or representation under its institutional body AATA, and feelings of inclusivity and connection to the art therapy community at large are complexly intertwined. The inverse correlation of higher membership in AATA among private practicing art therapists and lower membership in community mental health art therapists is an interesting finding that may be addressed in future research. The data showed that the majority of AATA members have been working under five years, and it is possible that neophyte art therapists seek out the community of AATA as crucial part of maintaining and forming their art therapist identity within their early practice. Length of time working may also play a role in this correlation, such that individuals may look to AATA membership as a way to maintain community outside of their art therapy program over a longer duration, which should be further explored in future research on identity and inclusivity.

Considerations of Diversity Within This Research

This survey was thoughtfully designed to support the participants agency to freely identify themselves, and its strength is in capturing an overview of how people chose to identify, what they selected as important components of their identity, how they did or did not feel represented in aspects of their program, who were their figures of influence, and what they named as important to include. Because the survey was based on free identification, it had some limitations in the way the data was able to be coded and cross tabulated. Furthermore, the survey

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itself fails in meeting diversity, as all participants are selected from the same pool of LMU alumni and therefore is not representative of other programs, regions, or the diversity of the art therapy community at large. More research is needed to explore feelings of inclusivity among other art therapy programs to further understand the implications of pedagogy on identity development and should expand to include wider representation among the art therapy community across more art therapy programs. Furthermore, LMU is an AATA approved program, and this research did not consider outsider art therapy, in which individuals may be practicing art in therapeutic settings without masters degrees from institutionally approved programs. Future research may consider these outsider settings as a parallel art therapy history, and connect to subjugated histories of art therapy that have not been institutionally supported at the same level of recognition.

Conclusions

The research shows a majority of the responses came from caucasian/white, females, of varying ethnicities whose art therapy identity was influenced by their professors and whose professional development was influenced by their colleagues. The research also showed the disconnect of how many participants that chose race and ethnicity did not feel their identities were reflected in the faculty of the program; while at the same time the research shows the importance of the LMU faculty to the art therapy identities of the participants. The feedback in the free response sections overwhelming reflect calls to action for inclusion and diversity.

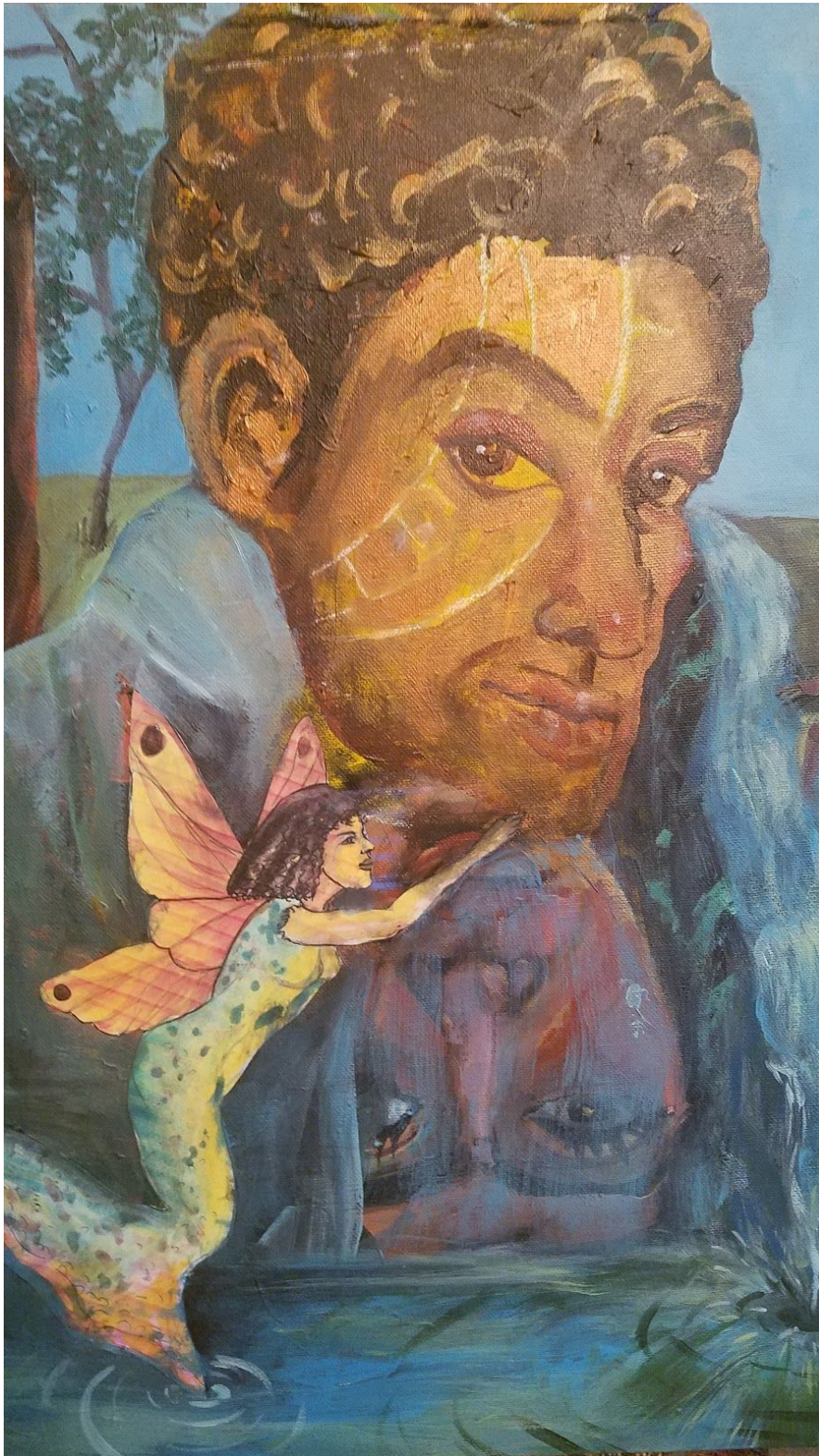
The literature review reflected the history of art therapy coming from a medical model, primarily influenced by patriarchal society, and predominantly representing and being perpetuated by caucasian individuals of European origin. The dominant literature reflected that prominently known art therapists initially worked together within a small community, and this was echoed in the finding that participants art therapy identity were primarily influenced by figures in the community created by LMU's program. Art therapists named in the dominant literature were mainly practicing in hospital settings while contemporary art therapy has been practiced across wider mental health settings across a broader spectrum of communities throughout public mental health. The survey asks about the settings in which current art therapists are practicing in a broad manner that does not encapsulate the nuances of various locations, approaches, and types of service delivery. The importance of the settings in which art therapists practice may have expanded even more since as the field of art therapy continues to grow, and future research should more specifically examine work settings as an integral

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component of art therapy identity. There was a lack of diversity throughout the dominant literature and a trend towards more diversity in the LMU alumni participants; although, race, differing ability statuses, religion/spirituality and sexuality were not focused upon in the history covered in the literature and received low percentages for importance in the data.

While there appears to be more inclusion and diversity in the data as compared to the dominant literature, there is a continuing call to action in recent literature and by the participants within this survey. This limited survey reflects the conversation about the need for art therapists to expand the diversity of the community and allow subjugated perspectives to be heard.

Survey Response Art





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