

EDITED BY CATHERINE HYLAND MOON



# Materials & MEDIA



*in* ART THERAPY

CRITICAL UNDERSTANDINGS OF DIVERSE ARTISTIC VOCABULARIES

## CHAPTER 1

### *A History of Materials and Media in Art Therapy*

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I approach the building and see, through street-level picture windows, that the studio is buzzing with activity. When I reach the door, Jiyeon pushes it open for me. The jangle of a string of tiny bells hanging from the doorframe and a chorus of familiar voices greet me. Alex is moving about the room, giving a tour to someone who has never been to the studio before. April holds up the red and purple woven purse she is making from duct tape. “Cathy, what do you think?” she asks. “Wow!” I reply, with a big grin on my face. “That is so cool!” Daniel is sitting off to the side, whittling a cooking spoon from a piece of a wooden vegetable crate he found in the alley behind the grocery store. I move to get a close-up look. He shows me the concentric rings in the wood grain, and tells me it must have been a very old tree. Valery is working on a pair of black leather pants for a sock monkey she has made. Her punk monkey is black with a red yarn Mohawk across and down the back of its head. “Hi, Cathy!” she says, giving me a mischievous grin when she sees me checking out her monkey. “He’s great!” I tell her. I walk over to the counter and add my name to the list of people who have already signed in. Then I pull out a bag of fabric scraps, sit down, and begin to sew embellishments on a wrist cuff I have made.

As the evening wears on, the conversation flows from one topic to the next. We discuss our recent grant application, and our

collective sadness and frustration at being turned down. We talk about progress on the community garden, a collaborative effort we are involved in along with a few other local organizations. Kevin stops by and tells us that he is being kicked out of his apartment and that he expects to be homeless for a while. Miriam pins together pieces of fabric and talks about the quilting workshop she will be leading at the studio next month. Alex, who is now working on a painting, is adamant that we can find a way to keep funding the studio. As he layers washes of color on his paper, he also layers one idea on top of the other, brainstorming about ways we might be able to stay solvent. Before long, I am pulled by the strength of his conviction, and I become a believer again.

This, my current art therapy practice, is so different from my first art therapy job at a psychiatric hospital nearly 30 years ago. Here, the problems are not only related to psychiatric issues, but also are about economics, social justice, housing, education, and jobs. Our mission is explicitly related to community development rather than individual therapy. The professional boundaries are more blurred; everyone helps each other and no one is identified as a client, so it is not immediately evident who is being paid to keep the studio running and who is not. Though there is a sense of sanctuary here, it feels different than at the hospital where the healing effect took place at a remove from the clients' daily lives. Here, neighbors, family members, art therapists, and art therapy interns work side by side, cocreating the quality of our lives and community. Each evening, people come and go, and the studio breathes in the life that comes from the diverse, mixed-income neighborhood of which it is part.

It is not surprising that the art that comes from this environment is different as well. Rather than being a response to therapeutic interventions, the art making evolves naturally from the many interests, needs, skills, ideas, and motivations that draw people into the space. Participants are as likely to make collages, transfer family photos, crochet, tend plants, sew altered clothing from discards, write poetry, sit in rapt attention for a slide lecture, create a beaded necklace, or share recipes, as they are to draw or paint a picture about their feelings. Their art making is motivated by desires as diverse as learning a new skill, making money, gaining approval, critiquing social injustice, being part of a social group, making a gift for someone else, enacting community change, or expressing thoughts and feelings.

Examining the history of media and material use in art therapy has made me appreciate those art therapists whose shoulders I stand on, who established the practical and theoretical structures that make my current art therapy practice possible. Though materials and media have not often been the subject of focused examination in art therapy, they have provided the core means of expression in clinical practice, and thus materials and media are embedded in most everything art therapists say and write about their work with clients.

This historical overview of materials and media has also made me aware of how much art therapy has continued to rely on the material theory and practices of early art therapists. Despite changes in art theory and criticism, as well as significant changes in the social context, art therapy has remained strongly tied

to the material theory and practice established by Modernist ideals.

Sometimes I feel that as art therapists we can get stuck with paint and paper not only because we are usually short of space but because we may be a little trapped in the conventions of the traditional “studio” and the convention of “art as expression,” when it refers to art therapy. (Waller, 1993, p. 55)

Is the profession of art therapy stuck in outmoded conventions of material and media practice? Certainly, there is a preponderant emphasis placed on traditional fine art materials, especially those used in painting, drawing, and sculpture. However, as this overview of material and media use shows, there also is evidence that interest in the therapeutic potential of technology media has taken hold and is growing. Other material and media practices, though not widely discussed in the literature, have popped up from time to time over the course of the profession’s history, from needlecrafts to performance art, from found objects to fashion, and from interior design to environmental sculpture.

This chapter outlines the history of materials and media use within the field of art therapy, particularly related to evolving praxis in the field. An overview of materials and media use in the early years of the field’s establishment is followed by an introduction to more recent developments; an articulation of ongoing concerns; a compendium of specific materials and their therapeutic applications; and a look at trends in the field that suggest future directions in art materials, media, and practices.

## **MATERIALS AND MEDIA BEGINNINGS, 1940S TO 1980S**

Prior to the inception of art therapy in the 1940s, many residents of psychiatric institutions relied on their own resourcefulness to scavenge art-making materials from institutional environments (Prinzhorn, as cited in MacGregor, 1989). Edward Adamson (1984), pioneer art therapist in Great Britain, described how when he first arrived in 1946 at the hospital where he would work for many years to come, he discovered that the patients had been making art from any material at hand, including toilet paper, flyleaves from library books, charred ends of matchsticks (for drawing), fabric scraps, cement from construction sites, wire coat hangers, plaster bandages, stones, flint, and bones.

Over time, as the use of art for therapeutic purposes evolved from the work of

isolated practitioners to the establishment of a profession, art therapists focused on materials like poster paints or felt markers because these materials are expedient, cost-effective, portable, safe, easily manipulated, and of sufficient variety and quality to facilitate spontaneity (Wadson, 1980, 1987). In the early years of the profession, “conservative voices in art therapy insisted that the discipline should be restricted to drawing, painting, and modeling with clay” (McNiff, 1999, p. 197). Though this privileging of traditional fine art materials has remained the dominant paradigm in the field to this day, there have always been art therapists who, out of conviction or necessity, have transgressed these material boundaries.

### ***Selection of Materials and Media***

Margaret Naumburg, commonly considered the mother of art therapy in the United States, advocated for the use of easy-to-manipulate, quick-to-apply art materials, such as semihard pastels and poster paints (Junge & Asawa, 1994). Influenced by Freud’s views on imagery as expressions of the unconscious, she emphasized release of spontaneous art expressions and therefore preferred simple fine art materials (Naumburg, 1987). Many other art therapists followed suit by choosing simple materials, asserting that their clinical practice does not focus on artistic skill development, standards of artistic production, or artistic accomplishment, but rather on self-expression and self-discovery (Betensky, 1973; Wadson, 1987).

Some art therapists expressed caution about offering clients too many materials, believing that plentiful supplies can be distracting, diffusing creative expression, and affecting the direct expressiveness of the work (Kramer, Kwiatowska, Lachman, Levy, Rhyne, & Ulman, 1974; Lydiatt, 1971). Kramer (1961) suggested that the use of unorthodox materials could cause resourcefulness to be perverted into a search for novelty and superficial familiarity with techniques.

Early practice in art therapy was characterized by both directed and undirected use of materials. Because the unique qualities of various art materials are significant to the therapeutic process, many believed it was the therapist’s role to select appropriate media that showed sensitivity to the client’s conditions and needs (Charlton, 1984; Lydiatt, 1971; Wadson, 1987). In contrast, Rubin (1984) was among those who proposed that usually it is best to let clients choose their

own materials; this way, the therapist can view decisions made as symbolic expressions and respond to the client with clinical sensitivity and discernment.

Yet all therapists, then and now, make choices in relation to the materials they supply in their art therapy settings. As Lydiatt (1971) suggested, sometimes the art therapist's own preference for materials influences what is supplied in the therapy setting. Whether selecting materials to address the specific needs of individual clients or stocking the art therapy setting to serve varied client needs, early art therapists began to identify media characteristics that affected the quality of the art therapy encounter: easily controlled versus fluid; indelible versus easy to change; soft versus saturated color intensity; usefulness for creating lines versus swaths of color; and requirements for small versus large motor activity. They also identified ways that the use of art materials might help clients, including orientation to reality, freedom of expression, sensory stimulation, opportunities for decision making, and experiences of mastery (Betensky, 1973; Wadeson, 1987).

### ***Kramer's Influence***

Kramer emphasizes the art-making process as the healing agent, rather than the art product as an entryway to the unconscious (Junge & Asawa, 1994); thus, she has been more concerned with the subject of material praxis in art therapy than was Naumburg. Kramer (Kramer et al., 1974) critiqued the misguided "inclination to confound undisciplined, aimless manipulation of art materials with spontaneity" (p. 16). She encourages art therapists to help children develop an understanding of the relationship between medium and expression before encouraging them to experiment with materials. Though she advocates for the use of basic fine art materials throughout children's development, she acknowledges that adolescents may be ready for the introduction of new materials and media (Kramer, 1962).

Kramer (1986) believes the relationships between therapists, clients, and materials are intertwined. She proposes that supplying good-quality materials and keeping them in good condition are key aspects of what she called the art therapist's "third hand," which refers to the therapist's ability to help the creative process move forward without being intrusive or imposing preferences inconsistent with the client's artistic intentions. She believes quality materials

foster, rather than thwart, clients' attempts to make aesthetically satisfying artworks. She also proposes that the art therapist who remains active as a practicing artist is more likely to remain attuned to the client's need for quality materials and empathic to what it is like for clients to use materials (Kramer, 1979).

### *Accessibility*

Because art therapists have always worked with clients of varying ages and abilities, accessibility issues have been a major concern. Emphasis has been on facilitating independence by supplying adaptive materials and tools, as well as storing and presenting materials and tools with proximity, accessibility, and predictability in mind (Ach-Feldman & Kunkle-Miller, 1987; Rubin, 1984). The degree of mental and physical skills required of a client varies with the materials used, such as the difference in physical dexterity and mental operations required for painting with a brush versus drawing with a crayon. Aids in art making range from small adjustments like taping drawing paper to the table, to constructing or buying special tools for persons with disabilities (Dalley, 1984).

## **RECENT DEVELOPMENTS, 1990s TO 2009**

As the field of art therapy continues to develop, traditional materials associated with painting, drawing, and clay sculpting remain the dominant force in the field. It is still common to find references to "a range of materials" that include only paper, paints, drawing media, clay, scissors, and glue. Yet conceptualizations of materials and media practice have shifted toward an increasing use of technology media, greater openness to the range of material possibilities within and outside traditional fine art practices (e.g., see Seftel, 2006 and Timm-Bottos, 1995), and increasing specificity about material applications with particular populations or in particular settings.

### *Survivors of Sexual Abuse*

Hagood (2000) suggests that survivors of sexual abuse may react negatively to materials like white glue or sticky clay that are reminiscent of ejaculate. She stresses the importance of offering materials that enable the client to experience mastery, and of never replicating an abusive situation by coercing a client to use

a material that the client finds aversive.

### ***Children With Behavior Disorders***

Rozum (2001) discusses group work with children who have behavior disorders. She avoids giving her clients school-associated materials like markers because she believes they foster stereotypical rather than creative artwork. Because her goals for the children are to enhance control and mastery, she lowers distractions by only displaying the materials that will be used; gives each child a set amount of materials; and introduces materials slowly in small steps. However, Rozum also warns that too much focus on structuring the environment can be problematic, and once the external structure has been established, materials that increase sensory stimulation and encourage expansion of the self can be selectively introduced.

### ***Clients With Eating Disorders***

Matto (1997) challenges her clients with eating disorders to experiment with a variety of materials because she believes this can be helpful in challenging rigid, dysfunctional belief systems. Fleming (1989) approaches her use of materials with clients who have eating disorders according to the stage of treatment. She suggests that gaining control over art materials can function as a healthy substitute for the impulse to gain control through unhealthy eating behaviors. Fleming recommends the use of familiar, nonthreatening materials in initial stages of treatment to help foster cognitive responses. At midstages of treatment, she suggests media with more expressive potential, such as soft pastels, oil pastels, paint, and clay. However, she warns that media should be tailored to fit the ongoing needs of the client. She says thick paint or goopy clay might be contraindicated at times because their similarities to bodily fluids could encourage regression. At times of stress, such as the termination phase of treatment, Fleming recommends returning to materials the client has experienced as safe, familiar, and soothing.

### ***Clients in Penal Institutions***

In some settings, factors in addition to therapeutic considerations affect the use

of materials. In prisons and jails, limitations on materials are a direct result of security regulations. Clay is commonly contraband because it can be molded to make a key or used to jam a lock. Scissors, paintbrushes with long handles, and other sharp tools are forbidden because of their potential to be weapons (Ursprung, 1997). In some prison settings, even pencils have restrictions: They must be no longer than 3 inches to prevent them from being used as weapons (Hanes, 2008). In penal institutions, primary supplies are often, of necessity, drawing and painting media (Day & Onorato, 1989). But despite impoverished environments and imposed limitations on materials, residents in penal institutions are often resourceful, making art out of items such as toilet paper, bar soap, toothpaste, magazines, food pigment (Hanes, 2005), telephone cable wire, dried apples, cotton, foil potato chip bags, socks, human hair, cigarette wrappers, matchsticks, and toothpicks (Ursprung, 1997), and engaging in practices as innovative as a man carving his own fingernails (Mackie, 1994).

### ***Clients in Medical Settings***

In medical settings, infection control is of paramount importance. Thus, the art materials used are new, disposable, cleaned with soap and water or an alcohol rub after use, or given to the client to keep, to minimize the passage of infections from one person to another (David & Illusorio, 1995; Nainis, 2008; Wood, 1998). Clients with cancer, who are often highly sensitive to smells, can be given odorless art materials (Nainis, 2008). Computer-generated art can be effective in medical settings because a computer is portable and the keyboard can be sanitized (McLeod, 1999). In addition to concerns related to physical illness, there are psychological issues common to the medical setting. For example, Appleton (1993) advocates for a consistent selection of materials in medical trauma settings, to provide continuity for clients experiencing depersonalization, disorientation, and loss of prior identity.

### ***Quantity, Quality, and Effects of Art Materials***

In general, if the focus of art therapy is on exploring the meaning of an artwork, then the quality of the materials is thought to be less important; if the emphasis is on creating a significant and satisfying art product, then the quality of the materials is considered more important (Skaife, 2000). It follows, then, that overemphasis on the process of art making and undervaluing of the product can

lead to a disregard for the quality of materials (Schaverien, 1992). Henley (1991), however, proposes that high-quality materials and equipment are important because therapeutic and aesthetic progress often go hand in hand. McNiff (1998b) also suggests that the use of poor-quality materials may result in clients wrongly attributing poorly executed or uninteresting artwork to their amateur status, when in fact it is difficult for even seasoned artists to produce quality work with inferior materials. Conversely, working with good materials is pleasurable and can foster increased self-respect (Schaverien, 1992). Dudley, Gilroy, and Skaife (2000) questioned whether the provision of meager art supplies is related to the therapist's own meager engagement with materials. They asserted, "The message we may inadvertently be giving ... is that the content of the imagery is more important than the art-making process, and that talking is more significant than doing" (p. 188).

In regard to the quantity of materials, Hinz (2006) noted that ample supplies tend to make clients less concerned about "wasting" resources. In settings with budget limitations, quality might need to be compromised for the sake of ample supplies. A setting in which supplies are adequate, rather than exorbitant, in number and quality promotes a sense of resourcefulness and respect for materials that likely will serve the client who wishes to continue art making after leaving treatment (Moon, 2002).

In addition to the quality and quantity of materials, the characteristics of different materials are believed to have an impact on the therapy by evoking specific physical encounters, psychic responses, and emotional states (Malchiodi, 1998; McNiff, 1995, 1999). According to Schnetz (2005), these responses are not directly related to the skills required for using the material. Schnetz noted that some materials are highly fluid, whereas others are heavy, dense, and slow to apply; some types of materials invite reworking and the accumulation of interpretive layers, whereas others lend themselves to a lighter, simplistic touch. Whitaker (2004) proposes that the interplay between body and materials is also significant. Because the body's movements are a dynamic expression of psychological content, and art materials are often used in art therapy to document unfolding experiences of subjectivity, the availability of choice in regard to materials, tools, equipment, and use of space exploits the interplay between materials and physicality, and maximizes expressive potential.

Art therapists are expected to be attuned to the various effects of art materials

and media. When clients stop making significant progress in therapy, the introduction of another material can spark deeper, more meaningful engagement (Case & Dalley, 1992; Dalley, 1987). Ongoing, intentional consideration of the potential impact of materials on clients is an ethical responsibility of the art therapist, much as is consideration of the impact of the therapist's choice of words (Moon, 2000).

## ***Research***

There is growing recognition of the potential value in researching the effects of materials as variable components of the therapeutic exchange (McNiff, 1998a). Research might help determine, for example, if adolescents in treatment respond better when material options are expanded to include materials and media new to them (Kramer, 1962), or if they prefer the stability provided by a consistent, limited choice of familiar art materials (Riley, 1999). Or, research might help determine whether the creation of an open studio environment where art making is accessible to everyone is more effectively accomplished by supplying simple art materials such as paints, oil pastels, and found objects (Allen, 1995), or by providing demonstrations of art materials and techniques aimed at products other than realistic drawings and paintings (McGraw, 1999).

Some research studies have addressed the role of materials and media in art therapy practice. Carr and Vandiver (2003) examined the effectiveness of art therapy with children in a stressful situation relative to the amount of materials and complexity of instructions. Their findings suggest that art projects with a limited number of materials and simple instructions are more likely to foster formed expression and creativity in children, and to diminish chaotic discharge and stereotypic art, than are art therapy experiences with a wide range of materials or complex instructions. A study by Belkofer and Konopka (2008) involved the use of an electroencephalograph (EEG) to compare neurobiological activity in a person after painting and drawing to that of the same person at rest. Though only a single-subject pilot study, this research suggests the potential usefulness of brain-imaging techniques to understand the effects of engagement with art materials and processes on stimulating various areas of the brain. Kiendl and Hooyenga (1997) studied the use of assistive technology with children with disabilities, within an inclusive environment consisting of peers with and without disabilities. The assistive technology enabled them to access art

materials and art making successfully, which they found led to increased autonomy, self-esteem, and confidence.

## **ONGOING CONCERNS**

Certain aspects of materiality have been of sustained importance to the art therapy profession over time. Concerns related to the practical aspects and cultural implications of material use, as well as concerns about art therapists' firsthand experiences with materials, have been ongoing.

### ***Practical Considerations***

Practical considerations for materials and media use include affordability, accessibility, sturdiness, functionality in relation to the setting or population, safety precautions, and developmental, sensory, and cognitive appropriateness (Henley, 2007). In addition, choosing materials that are easily transportable is of concern in multiuse settings or for the art therapist whose work is mobile (Riley, 2001). Attention to health and safety issues also has expanded with growing awareness of the chemical, physical, safety, and biological hazards of materials (Anderson, 1992). Many books and Web sites give detailed product information and instructions for the safe use of most commercial art materials.

### ***Cultural Considerations***

Cultural competence in art therapy includes awareness of differences in artistic modes of expression (Campanelli, 1991), including cultural preferences in materials and applications. The ethically responsible art therapist cultivates awareness of internalized cultural imperialism, expressed through culturally bound aesthetics tastes that cause the art therapist to prefer and reject specific materials and media (Cattaneo, 1994). Awareness of these internalized biases, coupled with ongoing self-education about the multiplicity of ways that art is construed and constructed in various contexts, can help art therapists be open to the diverse language of expression through media and materials.

Ideally, the art therapy setting is an inclusive, welcoming environment, a place clients experience as having anticipated their arrival. Art materials associated with various cultural practices, ages, and genders; tools, materials, and

equipment that make art making accessible to people with a range of abilities and disabilities; and a selection of supplies that support diverse ideas about what constitutes art all help to create such an atmosphere (Moon, 2002).

Though the incorporation of art history into art therapy practice can contextualize the work within a cultural continuum and inspire client involvement in art making (Allen, 1985; Alter-Muri, 1996; Miller, 1998), standard art history has largely been the documentation of work by white middle- or upper-class males. Providing exposure to artists who represent the social, cultural, and political margins is essential, as is exposure to a diverse array of materials, media, and practices used by artists. Presenting a wide and inclusive art history will better enable clients to locate themselves within the continuum of art used for expression and healing.

Ongoing questioning of dominant discourses in the field, particularly when working in non-Western contexts, helps facilitate culturally sensitive practice. For example, the belief in offering a range of materials and media to clients comes from practices in the United States and Great Britain, where there is an abundance of consumer products and by-products and where individualized self-expression is a cultural value. However, not every country has an excess of consumer waste by-products such as plastic bags, paper bags, or magazines (Waller, 1993). Also, values based on capitalism and individualism are not consistent with the values of all cultures. For example, Waller (1989) reported on her work in Bulgaria, a country with a Marxist–Leninist philosophy and folk art traditions that emphasize repetition of cultural practices rather than self-expression. She found that traditional art materials were scarce and expensive. In her art therapy training groups in Bulgaria, found scrap materials and products from decorators' shops became the material components for art making (Waller, as cited in Jones, 2005).

Sustainability is another concern of the culturally sensitive art therapist. It is worth questioning whether long-term access to materials for art making is consistent with the socioeconomic status of the clients being served (Hocoy, 2002). Also, not every country has a waste disposal infrastructure that can support a process-oriented art practice in which products of self-expression are discarded. Golub (2005), in discussing her work as an art therapy consultant in multiple countries, stresses the importance of fostering the community members' awareness of their own material resources. She does not bring art materials with

her to other countries because she does not want to encourage dependency on American material culture. Instead, the art materials excavated from the different communities in which she has worked include natural clay, old newspapers and magazines, fruit peels, mashed fruit pulp, and the use of a wall as a drawing surface. Similarly, Kalmanowitz and Lloyd (2002), when working as art therapists in the aftermath of conflict in Kosovo, used salt dough as a material. They found a paucity of traditional art materials, but flour, water, salt, and oil were readily available.

### ***Considerations Related to Professional Identity***

Firsthand experience of materials and media, along with understanding of the art historical background of specific materials, media, and processes, helps the art therapist to fully appreciate the therapeutic potentials of specific materials and guide clients in their use. Firsthand engagement in an art practice also sensitizes the art therapist to the embodied experience of working with the materials, and contributes to the development of clinical acumen in regard to the selective use of materials in the treatment setting (Dunn-Snow & Joy-Smellie, 2000; Henley, 2002).

As Orr (2005) points out, however, reliance on firsthand experience has its drawbacks. A therapist's lack of knowledge or experience with new materials or emerging technologies may, in turn, limit clients' access to these materials and media. At times, the use of new materials or media that provide unique therapeutic benefits or are a client's preferred medium may take precedence over the therapist's familiarity with a material or media. Learning about materials or media from or with clients can, at times, be what is in the best interest of the client.

In general, it is problematic when therapists limit choices of materials to their own preferred media, rather than matching materials to the needs of clients (Riley, 1999). Acknowledging likes and dislikes in relation to materials can help art therapists bracket biases, and remain open to clients' specific materials and process needs and preferences. While taking care not to act on prejudicial responses to specific materials, it is equally important that this carefulness not be perverted into a squelching of enthusiasm for materials and media. Instead, the ideal is for therapists to channel this enthusiasm toward helping clients discover

materials that best fit them (Moon, 2002).

## **SPECIFIC MATERIALS AND MEDIA USED IN ART THERAPY**

The following is a compendium of materials and media that have been used in art therapy. Some materials are discussed briefly and others in great depth, reflecting the various degrees of attention given to specific materials over the course of the profession's history. In this regard, there are some surprises. For example, though some art therapists have critiqued the field's slow adoption of digital media, there actually are many journal articles and book chapters on the topic, perhaps because digital media are considered unconventional for the field. On the other hand, despite the frequency with which paint is the material of choice in art therapy, there is little discussion in the field's body of literature about its characteristics, qualities, and treatment implications. Common use within the field of the term *painting* to denote all art making suggests that painting is considered normative. This state of affairs begs the questions: Why is the act of painting considered normative for art therapy? What practices are excluded or marginalized when painting is considered the norm? Does the relative lack of literature on the subject of painting indicate unexamined biases or blind spots in art therapy practice?

The entries in this list are presented in alphabetical order, both for ease of use as a resource and to denote an inclusive, nonhierarchical attitude toward materials and media. Four of the entries—books, boxes, masks, and puppets—might be considered both materials and forms. They are included because of the frequency with which they have been incorporated into art therapy practice, most likely because of their rich metaphorical potential.

### ***Books***

Books include one-of-a-kind artists' books; blank books filled with personally meaningful content; or altered books made from discards. The materials used for book making and altering go beyond traditional paper and ink and include any traditional or nontraditional materials that fit within the limits of the book's structure.

Chilton (2007) presents an in-depth exploration of altered books as an art material in art therapy with adolescents. She highlights both the inherent qualities of books (readily available, innate structure, interactive, and so forth) as well as their rich socio-cultural-historical symbolic potential. Chilton notes the significance of the physical and sensory qualities and extant content of the book, as well as its symbolism in relation to knowledge, revelation, and religion. Further, she points out that each person will respond differently to the idea of altering books based on the individual's personal and familial associations to books, issues related to literacy, socioeconomic status, and cultural or religious values related to defacing books. In general, because of books' function as a repository for knowledge, they are strongly associated with power; thus, altering books should not be considered lightly as an art material.

Books can be used to address content that is private or public, personal or political. Junge (1985) describes book making as a technique for helping families cope with the death of a family member. The act of book making functions as a grief ritual, and the book acts as a symbolic object to contain memories, feelings, and personal history. A similarly personal focus is found in Schexnaydre's (1993) description of the life review scrapbook made by an older adult, composed of a combination of found images, drawings, and text bound together to create an autobiographical sketch of the client's life. In contrast, Oggins (2007) reports on a social action project using existing books as an art material. The project, initiated by the San Francisco Public Library, extended an open invitation for people to make art from over 600 vandalized books, many dealing with topics such as homosexuality, sexuality, and women. Participants reported using the altered books project to address feelings or trauma in ways also reported in art therapy, such as engaging in self-soothing or integrating the events into a personal or collective sense of identity.

### ***Boxes***

Boxes—from small, intimate wooden containers to large-scale cardboard cartons—are commonly used for art making in art therapy. The most common form is *self-boxes*, which are used to depict one's external presentation and internal experience of self (Waller, 1993). Boxes also can be used to build house forms, contain special messages, symbolically safeguard feelings, or create miniature environments or dioramas (Wadson, 2000). Farrel-Kirk (2001) identifies four

characteristics of boxes that give them useful symbolic potential in the art therapy context: Boxes enclose contents and can therefore safeguard or conceal what is of value; boxes create interior spaces that provide limiting frames within which problems can seem more manageable; box structures are symbolic of the dialectic of internal and external; and boxes have a presence in art history, which can validate their role in healing.

Kaufman (1996) conducted a heuristic study to examine the nature and meanings of boxes or containers used in art, and their significance in art therapy. She identified seven themes: containment and potential unification of a dialectic; in-between space; containment of blurred boundaries between real and not real, and internal and external; containment of suffering; memorializing; transformation; and infinity (containers within containers). Kaufman suggests that the box form is most closely connected to the theme of memorializing, as is evident in such container forms as tombs, caskets, reliquaries, and museum display cases.

Hrenko (2005) discusses the use of memory boxes with children who have been infected or affected by HIV/AIDS, to contain both personal items of remembrance and mementos of people they have lost. The theme of containment of a different sort is found in Hanes's (1997) discussion of a child's use of boxes to contain repeated messes made with muddy solutions of paint. The child gave the goopy paint-filled boxes to the therapist for safekeeping, perhaps symbolizing her need for a secure holding space for an internal sense of chaos.

## *Clay*

Clay is a versatile medium with the capacity to engage children in making mud pies, yet also address the complex needs of adults concerned with creating aesthetically satisfactory sculptures or functional objects. The therapeutic use of clay can be limited to wedging or spontaneously made pieces that are then recycled, or it can be used in pieces that are added to and reworked over time (Anderson, 1995; Case & Dalley, 1992; Henley, 1991, 1992a; Wadeson, 1987). Clay can be used with either subtractive or additive processes, and can result in pieces that are carefully crafted or made with spontaneity and force (Henley, 1991, 1992a). Its three-dimensionality provides the opportunity to see something from more than one vantage point, and to mold, fashion, develop, or manipulate one's environment (Buchalter, 2004). Most discussions of clay use in art therapy

focus on water-based clay, though oil-based clay is sometimes used as an alternative because it is reusable, relatively clean, and colorful.

Clay may be more suggestive than a blank piece of paper because it requires visceral, sensual, and physical investment, allowing it to be inhabited by the client (Avetikova, 2008; Thompson, 1989). Clay “always says ‘yes’”; that is, it accepts, records, and reflects even the subtlest touch (Seiden, 2001, p. 44). The tactile messiness of clay is appealing to some clients, inviting playful exploration, but repulsive to others (Thompson, 1989). Either reaction may be an outgrowth of clay’s propensity to foster an instinctive, potentially regressive response (Henley, 2002; Kramer, 1979; Sholt & Gavron, 2006; Wadeson, 1987; Waldman, 1999).

The counterpart to clay’s regressive potential is its capacity to foster integration. Clay forms can be worked, reworked, repaired, destroyed, and rebuilt, thereby bringing together constructive and destructive processes. Clients can change their minds, symbolically reconciling differences (Avetikova, 2008) or repairing what has come apart, without leaving evidence of mistakes (Kramer, 1979). Clay can promote reconciliation of life’s paradoxes. Greenwood (1994) describes her work with a woman diagnosed with schizophrenia who engaged with the dichotomy of meanings found in cracked clay pots—their flaws and beauty, their fragility and strength, their worthlessness and value.

Clay also can foster transformation. It can serve as a repository for intense feelings or a means for reparation through reconstruction (Anderson, 1995; Avetikova, 2008; Case & Dalley, 1992; Gerity, 1999; Henley, 1991, 1992a, 2002; Waldman, 1999; Williams & Wood, 1977). Gerity (1999), in her work with clients at a psychiatric facility, described having “observed the harshest, most hostile of patients almost miraculously grow pliable in attitude while working with clay” (p. 24). Further, as a substance that transforms from wet and malleable, to brittle and fragile, to rock hard, clay offers a poignant metaphorical parallel to therapy. Both clay work and therapy involve a process of “going through the fire and coming out changed” (Boyes, 2006, p. 44).

The earthy, tangible, cohesive quality of clay also can be instrumental in connecting clients to substantive reality (Kramer, 1979), in part because clay involves a more direct, less-mediated experience of image making than that found in activities like painting or drawing (Avetikova, 2008). Foster (1997)

observes that clients with schizophrenia who attend her art therapy sessions rarely elect to work with clay. She notes that tactile sensations accompanying work with clay, including the aftereffects of it sticking to and drying on the skin, make it a body-like and life-like substance. Foster theorizes that reluctance to engage with clay reflects reluctance to engage in interpersonal relationships. She proposes that when used with sensitivity, clay can provide people with schizophrenia an intermediary level of life-like exploration that may lead to enhanced interpersonal relational abilities.

Research in the use of clay in therapy has yielded promising results in relation to work with older adults. It has been effectively used in bilateral sensorimotor therapy with older adults (Yaretzky, Levinson, & Kimchi, 1996), and a study by Elkis-Abuhoff, Goldblatt, Gaydos, & Corrato (2008) showed positive results in the use of clay manipulation to decrease somatic symptoms and emotional distress for clients with Parkinson disease. Doric-Henry (1997) examined the effect of clay pottery making on nursing home residents and found improvements in self-esteem, as well as reductions in depression and anxiety.

For all of its benefits, there are challenges to working with clay. It can be technically demanding and frustrating when construction methods do not work well, which can lead the client to feel out of control (Virshup, Riley, & Shepherd, 1993). The technical challenges, as well as the emotionally evocative nature of the material, suggest that a solid supportive framework for its use in therapy is essential (Anderson, 1995).

### *Collage*

In collage, existing two-dimensional images and materials are arranged and adhered to a surface. In the early days of art therapy, Ulman (in Levy, Kramer, Kwiatkowska, Lachman, Rhyne, & Ulman, 1974) proposed that collages made from ready-made materials are only useful as a wedge into art making and are not conducive to the organization of inner and outer experience that is necessary to create fully formed artistic expression. However, in recent years, collage has become a common art form in art therapy practice, used as not only an introduction to art making, but also as a form of self-expression, a means of uncovering unconscious content, and a vehicle for more developed art making.

Any relatively flat material can be used in collage. Source materials often come from the detritus of life, resurrected and given new identity and purpose. The resulting collage can be composed of complex layers, and combined with photo transfers or enhanced with drawing materials. In art therapy, collage is often limited to the simple use of images and words cut or torn from magazines and pasted side-by-side on paper. This restrictive application of collage may be due to the more frequent use of collage as a projective tool than as an art form in which the aim is an aesthetically satisfying artwork. Landgarten's (1993) discussion of magazine photo collage for assessment and therapy is a good example of its use as a projective tool. She presents collage as a vehicle to facilitate the revelation of clients' conflicts, defense mechanisms, and styles of functioning.

Collage is often perceived as less threatening for clients who lack confidence in their artistic abilities or imagination because it does not require the production of original imagery or mastery of difficult skills (Buchalter, 2004; Henley, 1992a; Malchiodi, 1998; Nainis, 2008; Rhyne, 1984; Virshup et al., 1993; Wadson, 2000). Creating a collage is a structured activity that engages a client in making choices and organizing materials, and can be symbolic of creating order out of fragmented aspects of life or chaotic feelings (Buchalter, 2004; Malchiodi, 2002; Nainis, 2008). It engages the client in the actual layering of materials, and the symbolic layering of inner experiences, images, emotions, thoughts, and ideas (Malchiodi, 2002). It can be helpful for clients who fear making mistakes, because they can arrange and rearrange collage elements on a background until they are satisfied and ready to secure them with glue (Rhyne, 1984).

Scissors, a common tool for collaging, are often taken for granted, even though their use has both positive and negative symbolic connotations, from selecting, defining, and collecting, to severing and destroying. Case (2005) examines encounters with art-making strategies, in particular, children's use of scissors and paper in activities that involve cutting up, cutting out, and sticking down.

Related to collage and drawing is the use of prestructured art materials as a preliminary framework from which clients can develop images. These materials, which can include magazine pictures and words, photocopied images, cut and torn paper, traced shapes, and partial drawings, can be particularly useful in short-term art therapy settings where the time frame for therapy precludes more developed artwork. This approach deemphasizes verbal directives and relies on

the art materials to create the structural framework (Vick, 1999).

When images from magazines are used, collage offers the opportunity to engage with the cultural messages and stereotypes conveyed through mass media (Matto, 1997). The experience is made more relevant when clients are able to find images that reflect their age, race, ethnicity, gender, and other sociocultural factors. The therapist should be intentional about providing a representative array of magazine photos, including positive images of marginalized populations (Addison, 1996; Boyes, 2006).

### *Crafts*

Kramer (1966) defines craft as the “transformation of raw material ... into useful and handsome objects by a logical, comprehensible process,” whereas in art, “amorphous, malleable material is transformed not into a useful object but into a symbolic one, which conveys and expresses experience” (p. 149). She views crafts as useful for clients who are too constricted or fearful to make “truly” self-expressive art, or who are experiencing periods of reduced vitality, such as during illness. Ulman, Kramer, and Kwiatowska (1977) characterize crafts as lacking in self-confrontation and benefiting from perfectionism, but they see crafts as a potential “source of pride to persons who reject their art work because it contains too much evidence of pathology, or to those who cannot endure the regression and the relaxation of compulsive defenses which are necessary to art” (p. 9). They propose that art and craft activities should have their own separate workspaces because art is more emotionally demanding and thus more challenging than craft.

This kind of differentiation between art and craft is highly contested in contemporary art world contexts. Although the crafting of a work is associated more with concern for detail and quality, tactile encounters, and materiality, it no longer is seen as primarily focused on manual labor and devoid of the conceptual, intellectual, and emotional processes associated with art making (Adamson, 2007). Crafts as defined by material specificity (woodworking, ceramics, textiles, and so forth) by the end of the twentieth century gave way to interdisciplinarity, as material use transgressed disciplinary boundaries. Common ground is now recognized between art, craft, and design as material expressions (Sandino, 2004).

Yet the debate about the place of crafts in art therapy continues. Edwards (1994) discusses the need to establish boundaries between art and craft materials in a prison due to a tradition of prisoners making items for gifts or charities. She attempts, by limiting materials to clay, pencils, paints, pastels, and crayons, to encourage art making for self-exploration and self-expression, and to discourage an emphasis on skillful crafting. Henley (2002) has a more nuanced view of the relationship between craft and art. He discusses clay's categorization as a craft, theoretically concerned more with material than images. He says the challenge for using it in art therapy is to avoid "ceramics centrality" (p. 57) in which the crafting of the material becomes dominant and thus interferes with its expressive potential.

More dialogue on the place of craft in art therapy is needed. Despite shifting trends in the art world, the increasingly strong presence of traditional craft practices in contemporary society, and the long-standing association of crafts with those outside the art world elite whom art therapy professes to serve, art therapy has been slow to adopt craft practices and materials. This is particularly puzzling in a profession dominated by women, given the strong historical association of many crafts practices with women's activity.

### ***Design***

Today, a more inclusive circle is drawn around visual production than the concept of "high" or "fine" art allows. No longer is design considered separate from art. Despite this interdisciplinarity within the art world, almost no mention of design theory or practice exists in art therapy literature.

One exception is an innovative program for female youth. The young women, paired with mentors, are taught concepts of space design, including the psychology of color, room layout, traffic flow, resourceful reuse of found materials, and organization strategies. They also are taught various techniques used by designers such as stenciling and faux finish painting. The project has been successful in developing social and life skills, art appreciation, and positive intergenerational relationships (Odell, 2007).

### ***Drawing Materials***

Drawing supplies are ubiquitous to art therapy settings. They include any kind of mark-making device and any surface on which the marks can be inscribed, from sticks used to draw in the mud, to lines sewn on fabric, to pastel sketches on paper. Drawings depict actions and record the wanderings of the imagination (Kramer, 1979). They give people a means to delineate thoughts (Nainis, 2008); convey personal narratives (Malchiodi, 2002); relate immediate concerns (Buchalter, 2004); and express feelings without being hampered by extensive preparation or clean-up requirements (Wadson, 1987). Drawing materials can be viewed as aggressive in nature because they mark and alter the surfaces to which they are applied (Seiden, 2001). Yet they are also controllable and have predictable results, which make them useful for clients who need to express intense emotions within a safe, containing context (Collie, Backos, Malchiodi, & Spiegel, 2006).

Many drawing materials come in an array of colors. Kramer (1979) supports the commonly held belief that color expresses emotion, but cautions against linking any color to specific meaning. She asserted that personal experiences as well as cultural associations can influence the significance of particular colors.

Whereas doodling or scribbling activities offer a nonthreatening way to engage with materials, the art historical significance of drawing leads to a high level of risk and challenge when the aim is for aesthetically pleasing results, particularly ones in which realism is the intention. According to Henley (1992a), drawing demands the following:

Enormous perceptive and visual motor skills, a developed aesthetic eye, perseverance, sensitivity, boldness and a range of other artistic attributes. Should just one of these attributes be deficient, it is immediately evident in the drawing. There is no rescuing a weak drawing, regardless of the embellishments that are ladled on to shore up the draftsmanship. (p. 92)

These characteristics of drawing can become problematic, causing artistic inhibition when a person becomes old enough to be aware of social expectations and art criticism (Henley, 1992a).

Drawing has traditionally been viewed as experimental, as a means to an end of more developed artwork. Recently, it has come to be legitimated as a full-fledged art form that takes shape on and off the page, from hand or digitally

drawn marks to architectural gestures. In art therapy, drawing tends to be approached in the traditional sense, as marks made with purchased art materials and applied to two-dimensional surfaces, most often paper. Aspects of a person's inner life are transcribed on paper and become visible, and this visibility influences the mark maker's marks. The completed drawing stands as a record of the evolution of ideas and residual traces of bodily movements (Ramm, 2005).

There are a variety of drawing media, each with particular qualities and characteristics related to their ready availability, familiarity, controllability, ease with which marks can be erased or modified, color palette and intensity, capacity for layering and blending, and level of messiness. These qualities and characteristics, in turn, have therapeutic implications. For example, oil pastels provide a wide range of colors, can be blended and smeared, can be used to create visual layers symbolic of psychological layers, and can be scratched through to expose the layers or surface beneath. They provide the client with an opportunity for strong expression while maintaining a sense of control. However, some people do not like the oily messiness of the material (Hinz, 2006; Virshup et al., 1993).

Even though every drawing involves not only a mark-making instrument, but also a surface that is marked, the significance of the drawing surface is seldom discussed in art therapy. Drawing surfaces are inherently passive, receptive, and easily altered by the use of drawing instruments. They provide both real and symbolic boundaries (Seiden, 2001). Schaverien (1992) likens the drawing surface to a vessel in which marks and colors are combined and transformed from the original material substances into something new.

Though paper is the most common surface, anything can be used as a ground. Drawing surfaces can range from those that are intimate, such as skin that is inked with personally symbolic tattoos, to those that are large scale and public in nature, such as graffiti walls that serve as a forum for expressions of social concerns, conditions, and traumas (Hanauer, 2004; Klingman, Shalev, & Pearlman, 2000). The various thicknesses, textures, and qualities of surfaces affect their level of receptivity to various drawing materials (Seiden, 2001). Hinz (2006) mentions the importance of paper or surface size because large surfaces can contain more, both literally and symbolically.

## *Fiber Arts*

The craft form of fiber arts has received a modest amount of attention in art therapy. Traditional fiber arts include such practices as sewing, weaving, knitting, crocheting, batik, embroidery, and quilting. Working with fibers has a strong tactile component and often involves activities that stress integration and coming together (Seiden, 2001). Kapitan (2003) describes sewing clothes as an activity that calls forth peaceful attentiveness, rather than an insistence toward self-expression. She says such traditional art practices reinforce a sense of self in which art making is not a specialized practice separated from the rest of life, but rather is art for life's sake.

Wadson (2000) notes that fabric work can foster a sense of female solidarity, though its use is not limited to women. One aspect of the enticement for women might be the familiarity and comfort generated by engaging in activities they learned from their mothers and grandmothers. Kalmanowitz and Lloyd (1999) reports that women in a refugee camp in the former Yugoslavia would not attend art sessions but were willing to attend evening embroidery sessions where they used this traditional craft form to explore personal themes.

Art therapists incorporate into their practices such fiber arts activities as altered clothing, costume making, wrapping objects, quilting, and cloth doll-making (Wadson, 2000). For clients with medical illnesses who feel stripped of self-worth, the functional results of these activities can be empowering because they validate their sense of capability (Nainis, 2008). Tasker (2008) describes a project that came out of casual conversations with women clients in the hospice setting where she worked. The women expressed a desire for clothing that would counter some of the adverse effects of their illness by making them feel comfortable and beautiful. The conversations led to the development of a fashion show project, in which the women collaborated with local fashion designers and photographers to create individualized outfits and to participate in a fashion show and photo shoot. The women reported feeling a sense of accomplishment from connecting with their creativity and from being part of a team, as well as a recovered sense of beauty, sexuality, and personhood.

Reynolds (1999, 2000, 2002) examines the therapeutic implications of needlework. She used the behavioral therapy technique of graded exposure by

engaging a woman client in creating a tapestry version of a personal snapshot the client was averse to viewing. The slow process of tapestry making and the careful attention to detail it demands not only enabled the client to experience feelings she had avoided, but also elicited reownership of forgotten memories and helped her challenge idealistic thinking about the past (Reynolds, 1999). Reynolds (2000) also conducted a study to examine women's views about the meaning of needlecraft activities such as embroidery, tapestry, appliqué, and quilting, and the role they play in the self-management of depression. In another study, Reynolds (2002) examined lay arts practitioners' understanding of their textile work in relation to symbolic meaning, and whether these meanings functioned as a therapeutic component in dealing with chronic illness.

### ***Found Objects***

Found objects used in art making have hybrid identities; aspects of former lives are embedded in the objects even as they are reshaped into something new (Moon, 2001). The transformation of found objects from the ordinary into the extraordinary can be meaningful for clients who feel helpless, worthless, worn, ill, or anonymous; through sorting, selecting, arranging, and attaching, clients can build confidence in their ability to make decisions and commitments (Seiden, 2001).

The term *found objects* is used to denote any nontraditional material purchased for use in art making, such as aluminum foil, and materials acquired without purchase, including detritus, discards, and postconsumer waste. Sometimes scrap materials are used out of necessity, due to a lack of traditional art material resources (Kalmanowitz & Lloyd, 1998). The use of found objects in art therapy extends materials selection beyond the limitations of budget constraints, taps into the resourcefulness of both clients and therapists, makes use of the environment as a source for art making, and introduces clients to a type of art practice that is economically sustainable for most clients even after therapy ends. Seiden (2001) also suggests that clients may feel less intimidated by scrap materials than by materials associated with specific skills and achievements.

Found object art may not be appealing to everyone, however. A rich and varied assortment of materials may inspire one person but over-stimulate another (Moon, 2002). Therapists can help an overwhelmed client make sense of the

nearly unlimited options of found materials by showing art history examples in which content themes or formal art elements guide the artists' approaches.

Found objects can be used for clients of all ages and abilities. They are often used as pre-art materials with very young children or children with developmental delays. According to Case (1987), materials such as sand and water are, like any other art material, a nonverbal way of thinking. Proulx (2003) uses nontraditional materials such as cornstarch, flour, and food coloring in her work with child–parent dyads to symbolize the earliest nonverbal communications. On the other end of the life spectrum, found objects used with older adults can include scented materials that stimulate memory retrieval (Wadson, 2000). Byers (1995) provides traditional art-making materials and found objects to elderly clients who had severe memory loss, which they interacted with not by making objects, but rather by arranging, covering up, exploring, and experiencing the materials physically and sensually. Byers likens this activity to mark making, in that clients became absorbed in it, demonstrated their unique creative responses, and engaged with the materials in a manner that suggested the activity had meaning for them.

Found art materials can provide powerful metaphors for people from marginalized populations who experience themselves as social outcasts due to poverty, homelessness, or refugee status. There are many examples of the use of found objects by such clients to create symbolic home structures. McGuire (2007) describes the creation of miniature built environments by children living in an area of Chicago where public housing structures were being demolished and residents were forced to move into mixed-income communities. Davis (1997, 1999) discusses her work with women in a transitional living program who used scrap materials and detritus scavenged from their urban neighborhood to create symbolic homes and outdoor sculptures. The remains of people's lives, tainted with personal histories and subjected to abuse and loss, became full of possibilities as art materials, and served as apt metaphors for the women's own recovery process. Kalmanowitz and Lloyd (1999), who worked with children at a refugee camp in the former Yugoslavia, and Malchiodi (2002), who worked with an economically disadvantaged U.S. family living out of their car, both report that the children used found materials to repeatedly build makeshift houses.

Found art materials also can serve as compelling metaphors for broken,

fragmented, shattering life experiences. Haeseler (2002) discusses a group memorial art piece made in an art therapy program for veterans in response to the terrorist attacks of September 11, 2001. She comments on the powerful symbolism of using discarded and broken found objects as an antidote to their sense of powerlessness, through a process of “rebuilding and creating beauty from the rubble” (p. 123).

## ***Glass***

Glass is an uncommon material in art therapy, which makes Somer and Somer’s (2000) discussion of it noteworthy. They challenge patronizing views toward clients and their use of art materials, suggesting that reluctance to use a material such as glass reflects the therapist’s unfamiliarity with the material more than the material’s unsuitability for therapeutic work. While acknowledging the need to establish guidelines for the safe use of glass, they also point out the symbolic potential of various qualities of glass, such as transparency, translucency, and fragility. In addition, they situate glasswork in its art historical context and discuss the therapeutic implications of various methods of working with glass, distinguishing between such practices as melting and shaping molten hot glass, and transforming broken shards in stained glass work.

## ***Masks and Body Casting***

Masks can be made from materials as varied as paper, papier-mâché, plaster gauze, and found materials, or purchased as preformed shapes and then embellished. They can be worn, engaged with, hung on a wall, or incorporated into a larger artwork. Masks are typically viewed as a means to promote the expression by clients of otherwise hidden aspects of the self (Wadeson, 2000).

Dunn-Snow and Joy-Smellie (2000) note that masks can be used to enhance identity and self-awareness, conceal difficult feelings, create symbols of protection, and make concrete an experience of transformation. They caution that the creation of plaster gauze self-masks can leave the client vulnerable to an adverse response. The client may react to the intimate physical contact of a partner, unpleasant tactile sensations, or the experience of a sort of “voluntary imprisonment” (p. 129) under plaster.

Plaster-embedded gauze, a common material used to make masks in art therapy, is made for use in medical settings to form protective casts around broken bones; thus, it symbolizes reparation and healing (Proulx, 2003). Allen (2007) discusses a collaborative project titled “Facing Homelessness” in which plaster gauze masks were used to foster social reparation. Masks of both housed and homeless individuals were made, embellished, and exhibited with the goals of raising awareness and challenging stereotypes about homelessness.

Rutenberg (2008) describes a process in which hands, rather than faces, are cast, in this case with alginate, a powder mixed with water to form a rubbery material. She uses the casting process for clients near dying, as a way to address end-of-life issues, help bring closure, and create a legacy.

### ***Natural Materials and the Environment***

Concerns about global warming and the health of our planet have led to the call for taking the art process out of the studio and into nature, where the emphasis is not on owning what is part of one’s gaze by rendering images of what is perceived, but rather on being present through sensory experiences.

Ecopsychology is concerned not only with addressing intrapersonal and interpersonal issues, but also with fostering sustainable, mutually enhancing relationships among humans and the various nonhuman forms of nature (Kellen-Taylor, 1998).

Though it is likely that many art therapists include objects from nature among their offerings of materials to be used for art making, there is little in the literature that focuses specifically on land-based or environmental art, or art that addresses the relationship between the interior symbolic landscape of the self and the exterior literal landscape of the planet. Henley (1992a) discusses working with organic elements such as “shrubs, flowers, water, fish, sky and stone” (p. 157) for the purposes of sensory stimulation. He describes an art history-enriched outdoor art therapy session in which the work of artist Andy Goldsworthy helped to inspire and contextualize the work of children who created sculptures from found clay and rocks (Henley, 2002). Farrelly-Hansen (2001) describes using baskets full of natural materials and working in a natural environment to stimulate clients’ senses. She views environmentally based practices as employing art to nurture heightened appreciation, respect, and care

for the natural world.

### ***Painting Materials***

Paint comes in many forms, can be applied to nearly any surface, and incorporates the use of tools as varied as fingers, brushes, or sponges. The paint used in art therapy is most often water based and applied with brushes onto a paper surface. Unlike most drawing materials, which foster the creation of lines, paint lends itself to covering areas of space (Betensky, 1973).

The sensuous, fluid quality of paint makes possible bold, spontaneous expressions of thoughts and feelings (Hinz, 2006; Malchiodi, 2002; Nainis, 2008). Clients can engage in playful experimentation and make a mess, within a context in which this is socially acceptable no matter the person's age (Buchalter, 2004). Paint can help access hard-to-reach emotions because it often produces surprising outcomes (Collie et al., 2006). Yet, there are drawbacks to paint. It is difficult to control, and therefore can cause a client to experience frustration and inhibited expression (Malchiodi, 2002; Riley, 2001; Virshup et al., 1993). It also can foster regression, particularly with finger paint, because of the direct tactile experience and the paint's paste-like consistency (Betensky, 1973).

Painting can be done quickly, but it also lends itself to an extended interaction between the internal experience of the painter, external subject matter, and materials. Paint can be layered and reworked; it can be combined with materials that offer greater control, such as pencils or ink (Schnetzer, 2005; Virshup et al., 1993).

The significance of painting tools is rarely discussed. Seiden (2001) notes that the type of tool chosen, and the force, speed, pressure, and manner with which it is used, have a strong impact on the feeling and form of the completed painting.

### ***Performance Art***

Performance art, as distinguished from the performing arts, is an interdisciplinary arts practice that challenges the divide between art and life because it can take place anywhere and at any time. It is not concerned with

creating a discreet object, but rather is about incorporating a variety of elements—such as movement, spoken word, visual symbols, actions, lighting, environment, ritual, and technology media—to create heightened experience. In art therapy, the concepts of performance art have been applied both to perceiving the therapy encounter, as well as to actively incorporating it as an art form within the context of therapy.

Henzell (2006), in recalling his experiences as a therapist in Britain prior to 1980, recalled the “performances” of clients hospitalized in psychiatric institutions. The clients did not claim to be performance artists, but Henzell perceived them as having nonconformist attitudes toward their imaginations and being devoted to the pursuit of expressive work and lives that stemmed from this attitude. The clients’ behaviors, such as snatching other people’s possessions, ritualized wandering, and costumed posing like a statue for hours on end, had performance-like qualities that Henzell saw as potentially rooted in motives and meanings reaching beyond theories of psychological deficit or formalist aesthetics.

Clients’ engagement with materials sometimes has performative elements. One client filled surgical gloves with water colored with red food coloring, floated them in a pan of water, then ceremoniously pricked them with pins so that the water trickled out and stained the water pink (Moon, 1994). Another client built a symbolic fire in which to burn evil. When asked where he would find evil to burn, he responded by miming the removal of a substance within him, pulling it from his mouth and depositing it in the “burning” flames (Moon, 2001). Even the ordinary actions of clients that are separate from art making, when viewed as performance art, can offer the therapist an alternate, more empathic reading of behavior. One youth’s swaggering, tough-talking monologue and worm-killing enactments as he accompanied this therapist on a walk around his neighborhood offered a poignant expression of his painful encounters with the world (Moon, 2002).

McNiff (1992) addresses the use of performance art as a vital part of the art therapy session, a means to interact with and explore visual art. He developed this way of working because he found that speaking about or engaging in imaginal dialogues “with” images restricted interpretation to spoken words. Incorporating performance art enables the exploration of an artwork’s meaning to occur not only at the level of the intellect or even the imagination, but also in

a physical, embodied way. In conventional art therapy practice, the object is a record of experience; when the object is interpreted through performance, it becomes part of lived experience and active transformation. According to Whitaker (2005), performance art theory offers art therapy a way to conceptualize the transformative process as marked by ritual enactments or rites of passage. It is a way to hold in tension the instinct for growth and change, and the lure of the familiar and routine, while formalizing the passage from one position to another.

Boegel and van Marissing (1991) discuss the therapeutic potential found in performance rituals related to grief and loss. They assert that performance offers a “concretely visible and tangible reality of an act in or with materials” (p. 14), as well as connection to collective meaning at the archetypal level. Moon (2007) talks about the ordinary enactments that take place in the art therapy setting as translating clients’ lives into action metaphors. Henley (1992b) suggests that videotaping those who interact with environmental or installation art pieces can bring an art therapy session to the level of performance. The recording of movements, sounds, environment, and costumes can intensify the aesthetic and interactive qualities of the experience. Timm-Bottos (2001), in regard to her work at a community-based studio, discussed the use of a spectacle-type performance “to create a proactive social-aesthetic voice” (p. 210). One example of such a performance was a parade in which over 200 artists and community members participated, displaying their large-scale papier-mâché masks and creatures, as well as floats made from cars and shopping carts.

### ***Photography***

Initially, photography was used in therapy to document clients’ appearances before and after treatment (Wolf, 2007) or as a means of self-confrontation (Milford, Fryrear, & Swank, 1983). For example, Nelson-Gee (1976) discusses her work with a withdrawn 5-year-old girl, in which she used snapshots taken of the client engaged in various activities to encourage the child’s reconnection with her physical self. Today, photography in therapy is used in both passive and active ways. Passive use incorporates existing photos into the therapy process, whereas active use consists of clients taking photos and being involved in their development in a darkroom (Stewart, 1979) or through digital manipulation.

Krauss and Fryrear (1983) were among early proponents of *phototherapy*, which incorporates personal photographic snapshots as artifacts in therapy, to be used to reexamine clients' pasts and reinterpret their present situations. Rutherford (2002) describes snapshots as unconscious "souvenirs" (p. 20) of what one finds meaningful in encounters with the world, and thus views them as a means to discover and engage in dialogues with hidden aspects of the self. Weiser (1993, 2004) developed a set of therapy techniques that incorporates snapshots taken of or by the client as well as by other people, and photos taken as part of the therapy process. She notes that photos function as transitional objects, as "being simultaneously a realistic illusion and an illusory reality" (Weiser, 2004, p. 26). She discusses how the photographer's lens is focused inward as much as outward, and how the viewer projects meanings onto the photographic image based on personal and socio-cultural-historical factors.

The active involvement of the client as photographer exploits the camera's potential as an art medium. Zwick (1978) reports on older adults' use of photography to increase their subjective and objective self-awareness, helping them move from existing cognitive modes to the consideration of multiple perspectives. Hogan (1981) discusses the use of structured directives by student photographers with learning disabilities, emotional disorders, and physical disabilities, to help them address feelings and self-perceptions, and develop increased awareness of the relationship between self-image and behavior. Cosden and Reynolds (1982), whose use of photography with emotionally disturbed adolescents focuses on improving impulse control, social skills, and self-esteem, note that the therapeutic value lies not just in emotional expression, but also in the mastery of skills involved in taking, developing, printing, and displaying photos.

Incorporating clients as active agents in the artistic process can include the use of other art materials to embellish the photos. Fryrear and Corbit (1992) report that the interplay of conscious and unconscious forces is facilitated when photography is combined with traditional art-making methods because the photo is composed from the external environment, whereas working with the other art materials taps into internal unconscious processes.

Seiden (2001) notes that the language associated with the use of a camera—*shooting* a picture or *capturing* an image—suggests the camera's association with experiences of power and dominance, as if by taking a picture one can

magically possess reality. Perhaps this relationship with power accounts for photography's usefulness in claiming and reshaping identity as it intersects with personal, familial, and political factors. Barbee (2002) discusses the use of photography as part of a visual-narrative research approach to understanding how participants made meaning of their transsexual experiences. He chose photography because it was a medium that the transsexuals he encountered commonly used to record their experiences; because of its portability and ease of use; and because of its goodness of fit with the ongoing process of simultaneous confirmation and challenge related to transsexual identity. Martin (1997, 2003) addresses the use of photography to reclaim power by making the construction of identity visible. She engages women in depicting their personal and cultural histories through staged photographs that include costumes and props, and through digital manipulation of portrait photos to create layered imagery reflecting complex identity. She also offered the women the opportunity to construct and represent revised personal narratives through photographic means.

The wide use of photography as a therapeutic tool both within and outside the field of art therapy is largely due to its perception as an accessible media. Although many adolescents and adults believe they lack the skills to make art, most people are secure in their ability to snap photos. However, the use of photography in therapy is not without its challenges. The revealing nature of photography raises ethical questions related to client confidentiality (Jacobs, 1994), particularly when clients take pictures of one another. Also, because photography is a mediated experience, the lens of the camera can be used by the therapist to maintain distance from clients (Maciag, 1976) and by clients to maintain distance from one another.

The potential of the camera's far-reaching uses are enhanced by the current availability of digital photography. Wolf (2007) describes a series of phototherapy techniques using digital media and editing processes. Atkins (2007) uses a digital camera to record not only the object made in art therapy, but also the context of its making, documenting the whole therapeutic encounter as if it were performance art. Through the use of the camera, Atkins is able to acknowledge the work of clients who work with materials but do not actually make an object, and he is able to create an art piece (the photograph) in response.

## ***Printmaking Materials***

Printmaking is a process of making marks on a surface through pressing or stamping. It includes simple procedures like carving gum erasers to make stamps, using Styrofoam trays to create relief prints, or pulling monoprints directly from a painted surface, as well as more complex processes like etching, lithography, or woodcut prints. The hallmark of printmaking is the opportunity to make multiples. Seiden (2001) suggests that this act of transferring and reproducing images is symbolic of longevity and continuity.

Some printmaking processes offer vigorous kinesthetic engagement, such as when gouging and carving wood or linoleum, rolling the brayer, or rubbing the printing plate (Henley, 1992a). Sometimes its repetitive motions and sensory experience can be soothing and promote an experience of slowing down (White, 2002).

Printmaking can be broken down into a step-by-step process that provides structure and containment, and fosters emotional distance from the content of the artwork. The ability to create multiples offers clients the opportunity to embellish each one in a distinct way and to consider different variations on a theme, both literally and symbolically. Printmaking is an indirect process in which the final product is an inexact reproduction and, in the cases of most printing processes, a mirror image of the marks made by the client. This can be distressing to some, but for others, it can be liberating as they get caught up in the process and surprise aspect of pulling a print (White, 2002).

Printmaking offers flexibility of style and approach, and thus evidence of deficits is minimized in the work produced (Henley, 1992a). Stember (1977) discusses the use of simple printing techniques like stamping and relief printing as a means to initially engage children who are mistrustful and reluctant to engage in art making. Because it is an art form that is pleasurable but places few demands on the child, interest in the materials often leads them into more personally expressive art making.

## ***Puppets***

The creation and use of puppets in therapy bring together elements of art

therapy, play therapy, psychodrama, and drama therapy. Puppets can be made from a variety of purchased and found materials, and include many forms, including finger, sock, shadow, object, marionette, and spectacle puppets. Sometimes therapists purchase or make puppets to use in psychoeducational performances, to which clients respond through dialogue or by drawing parallels to their own lives (e.g., see Major, 1996). More germane to a discussion of materials in art therapy, however, are clients' creations of their own puppets, and their active roles in creating and enacting performances.

Puppets are an evocative symbolic art form brought to life through movement and speech (Linn, 2005). They can be made "as an extension or representation of the self, parts of the self, or aspects of others or of the environment" (Bernier and O'Hare, 2005, p. 125). Once created, they have the power to psychologically protect the puppeteer, representing both "me" and "not me" simultaneously (Linn, 2005), so that inner thoughts and feelings that might normally remain hidden can be safely expressed. Though puppets resemble humans, their obvious nonhuman status makes it permissible for them to engage in behaviors that would ordinarily be unacceptable, including odd or violent acts (Koppelman, 1984; Steinhardt, 1994).

The process of making puppets, which involves combining component parts to create a whole, supports organizing capabilities and body awareness (Koppelman, 1984; Sommers, 1977). Gerity (2005) discusses the decolonizing effect of puppets, in which clients reclaim body and life narratives that have been taken over by other people throughout their lives. She also believes puppets offer a way to repair and reconstruct a whole body image, and to denote changes in the self over time through markings and embellishments.

The playful, creative process of working with puppets promotes flexible interactions with dissociated parts of the personality, or with roles to which a client has rigidly adhered. By projecting disowned aspects of the self onto the puppet, the client/puppeteer can manipulate, rather than be manipulated by, these components of identity. The process engages clients in developing a healthy sense of self, one with a repertoire of roles to be used according to the ever-changing circumstances and demands of life (Gerity, 1999). However, some clients may be reluctant to engage in the "pretend" aspect of puppetry, perhaps because their hold on reality is already tenuous (Koppelman, 1984). The client's creation of a theater environment adds an additional component, serving as a site

of empowerment for the puppets to tell their stories, and providing an integrating function for the elements of character, content, and context (Steinhardt, 1994).

### ***Technology Media (See Also “Photography” and “Video and Film”)***

Historically, the electronic arts have included “the use of any electronic equipment to generate, modify, or manipulate images” (Malchiodi, 2000, p. 19), including photocopiers, film or video equipment, and still cameras. The advent of the computer has brought about many new art-making tools, including scanners, software programs that enable the manipulation or enhancement of images, painting and drawing software programs, digital still and video cameras, and editing programs.

The subject of technology in art therapy was initially addressed in the 1970s, when journal articles on the use of photography and video in therapy first appeared (e.g., McNiff & Cook, 1975; Wolf, 1976). By the 1980s, the integration of computer technology in art therapy began to be addressed in relation to clients with disabilities, including Weinberg’s (1985) discussion of the use of computer art with persons suddenly disabled by quadriplegia, cerebral vascular accident, or brain trauma, and Canter’s (1987) article on the usefulness of computer creativity software programs for children with learning disabilities and concurrent behavioral and emotional problems.

Yet some art therapists are concerned that new technologies foster a way of being in the world that has a dehumanizing, isolating effect and can cause the atrophy of imagination (Williams, Kramer, Henley, & Gerity, 1997). Parker-Bell (1999) argues that such a critique prevents art therapists from considering the potential of technology to address the creative and therapeutic needs of clients. She notes that among the advantages of computer-generated art making are its capacity to accommodate an experimental approach and its potential to provide experiences of mastery, both of which are possible because of the ease with which changes can be made to images and the potential for preserving an original image while working from its replications. McLeod (1999) debunks the idea that computers present a barrier between clients and their art making, noting that people who grew up playing video and computer games are able to navigate with ease the transition between the sensory, dimensional qualities of traditional art practices and the mediated experience of computer-based art.

Reluctance to incorporate new media into art therapy practice may be an ironic result of the widely held belief of art therapists that they should come to know the therapeutic implications of a material through firsthand experience before asking clients to use it. Orr (2005) questions how therapists come to understand the therapeutic potentials of technology media when an intuitive knowledge is inadequate, due to the newness of the medium and many art therapists' limited experience with it. She comments on the gap between art therapists' understanding and use of digital media in their practices, and the immersion of many clients, particularly children and adolescents, in a technology-based visual culture.

Despite technobias on the part of some art therapists, the use of technology is becoming increasingly common in the field. One type of application is the use of software programs that provide technological equivalents to traditional art media. Hartwich and Brandecker (1997) believe computer painting programs, because of their structured and mediated nature, provide clients who have serious mental illness with a more psychologically safe means for expressing their inner experiences than do traditional painting methods. Thong (2007) discusses the similarities between traditional art-making methods of drawing, painting, photography, collage, and sculpture, and their technological counterparts found in computer-generated visual graphics and virtual sculpture programs, making a case for their equivalent therapeutic potential. Along with computer-assisted drawing, painting, and design programs, image-manipulation tools exist for creating collages, scrapbooks, and altered images; video editing programs; animation programs; and even virtual-reality programs used in the context of therapy (McLeod, 1999).

Seiden's (2001) observation that the use of technology relies less on manual skills, and more on perceptual and conceptual abilities, points to potential therapeutic implications of working with technology media. Benefits include the lack of tactile stimulation for clients who are tactile resistant or fear materials; ability to maintain a sterile status in medical environments; provision of alternative media in settings like prisons where materials are severely limited due to safety concerns; increased accessibility to art making for clients with disabilities; opportunities for manipulations and reproductions of art; appeal to younger clients, which helps overcome resistance; structured, controlled nature of the media, which can be therapeutic for some clients (Orr, 2005); ability to

save artwork in stages, and to easily share and store it (McLeod, 1999; McNiff, 1999; Orr, 2005); “undo” option, which reduces fear of failure and fosters experimentation (Horovitz, 1999; Orr, 2005); potential development of client’s abstract thinking and spatial reasoning; and augmentation of existing modes of communication (Horovitz, 2007). The disadvantages include barriers to purchasing, upgrading, and supporting technology use, and the potentially isolating nature of the media (Orr, 2005).

Gussak and Nyce (1999) propose that effective design of art therapy technology requires interaction among art therapists, technology designers, developers, and art therapy clients. Collie and Cubranic (1999) undertook such an approach by employing a participatory design methodology in a study of the integration of art therapy and telecommunications technologies for the purposes of distance art therapy. Even though some limitations were noted, such as the constraints in art making caused by small screen size and mouse movements, the authors acknowledged that specific benefits might make telehealth a preferred approach for some clients: a greater sense of freedom of expression using a computer, the foregrounding of the client’s relationship with the art rather than with the therapist, and the increased sense of psychological safety due to not being seen.

Increasingly affordable and easy-to-use technologies, the permeation of technology into nearly every facet of society, the technological comfort and savvy of art therapists entering the field, and the receptiveness of younger clients to technology all have contributed to growing interest in the interface between digital media and art therapy.

### ***Video and Film***

Video and film have been used for multiple purposes within the context of therapy. Video often has been used to record individual or group therapy sessions for the purposes of mirroring client behaviors and interactions, promoting self-reflection, and improving self-esteem or interpersonal skills (Chin, Chin, Palombo, Palombo, Bannasch, & Cross, 1980; Furman, 1990; Henley, 1992b). Some therapists incorporate into therapy the viewing of existing films to enhance clients’ insight and ability to generate new solutions to perceived problems (Powell, Newgent, & Lee, 2006). Video and film use in therapy have also included situations in which clients are not only the subject of

the camera's gaze, but are also the authors, artists, camerapersons, directors, and producers of media projects. When the client is the artist, the therapy goals often focus on stimulating self-expression, fostering a sense of accomplishment, and encouraging social interaction (Fleshman & Fryrear, 1981; Furman, 1990).

As early as the 1970s, the video camera was adopted as a creative tool in therapy, such as in the creation of animated films produced and directed by psychiatric inpatients at the Lausanne University Psychiatric Clinic in Switzerland (Muller & Bader, 1972). Although the use of video as a therapeutic art-making tool has been somewhat limited by therapists' discomfort or unfamiliarity with the technology, or their bias against it as an art medium (Furman, 1990), increased affordability of cameras and improved technological accessibility of editing software have led to an increase in the number of art therapists adopting video into their therapeutic repertoire.

It is possible to merge the traditional use of video cameras as a tool of documentation and self-reflection within group process, with the use of the video camera as a creative tool. McNiff (1981) distinguishes between the traditional practice of recording therapy sessions with a stationary camera and the use of video-recording equipment as an integrated aspect of the artistic process in an arts therapy experience, including selective recording, changes in the placement and focus of the camera, and in-camera editing. This way, the client/videographer is a significant member of the group, not only objectively recording, but also actively shaping how the session is framed.

Video and film production can be used to address the varied needs of diverse populations. Rode (1995) assists pediatric clients and their families in creating video diaries, poems, documentaries, and educational videos that document and convey their firsthand experiences and knowledge. Arnott and Gushin (1976) describe their work with preadolescent boys who each wrote a story and directed its filming, while the other group members assisted or played roles. The filming process addressed issues related to group interaction, problem solving, impulse control, and self-awareness. Fox and Wortman (1975) attribute the therapeutic effectiveness of films made by university students to the media's flexible nature and the sense of mastery experienced by the students. They note that drawings, paintings, photographs, and audiotaped soundtracks can all be incorporated into the videos. Johnson and Alderson (2008) conducted a study of the effects of auto documentary video making as an adjunct to services received at a university

counseling center. The participants identified feelings of mastery, shifts in perspective that contributed to changes in thinking and behavior, and decreased depression as benefits of the video-making process.

The confrontation of the camera's lens can elicit a powerful reaction from clients, and responses to it will likely vary from group to group and among individuals. Fryrear and Stephens (1988) conducted an outcome study of the impact of using video and masks to facilitate integration of less-known or accepted aspects of the self. They reported modest but positive results in relation to increased self-acceptance, inner direction, and insight. Hinz and Ragsdell (1990) repeated the video and mask study with a group of women being treated for bulimia. The authors encountered forms of resistance such as a precipitous drop in group attendance in response to the project, which they hypothesized was due to the threat that video might expose the women's authentic selves.

The use of video media can be useful not only in the clinical setting, but also within the context of graduate education in art therapy. Orr (2006) describes a video project with first-year art therapy graduate students in which they used digital photos and film, traditional art making, and writings from journals to create a film about their experiences in the program. It provided them with a way to document, observe, and reflect on their progression as developing professionals.

## **FUTURE DIRECTIONS**

What is the future direction of the field relative to materials and media use? If the art therapy profession is to thrive, it cannot rely solely on traditional materials and practices, or on conventional notions that lack current relevance. Taking note of developing trends both within the field and in the wider sociocultural context provides glimpses into what the future holds and suggests how the field must respond if it is to grow and thrive.

The first trend of note is that art therapy practice is now occurring in a wide range of settings, from places modeled after conventional psychotherapy practice, to community-based settings where the focus is not only on individual change, but also on social action. If the settings, practical concerns, theoretical models, philosophies of treatment, populations served, and clinical issues all have become more diverse since the field's establishment, and if it is the art

therapist's role to help clients find the materials and media that best fit their situation and needs, then it follows that the material and media tools used throughout the profession should also become more diverse.

Another trend concerns the social and cultural context within which art therapy takes place. Since the profession of art therapy first began, the surrounding environment has become increasingly visually saturated. Visual forms of media, communication, and information, along with hybridized texts, images, and sounds, permeate people's daily lives. Traditional forms of media and materials that once served all artists as adequate means for interacting with and responding to the world no longer suffice. Because the world has become more complex, so has the visual language of artists. The question for art therapy is whether a limited number of traditional fine art materials always provide an adequately complex visual grammar and syntax for clients to meaningfully engage with the issues that bring them to treatment.

A third relevant trend is the increasing interest in research, both within and outside the field. Not only are art therapists being asked by external forces to demonstrate through rigorous research the effectiveness of art therapy treatment approaches, but art therapists are becoming more interested in the potential of research to improve knowledge about the most effective approaches to treatment. Research is needed to increase the depth and breadth of understanding of material and media practices. It is as important to understand how the practice of drawing affects the mark maker when that person is using different drawing instruments, as it is to know how a group of participants using traditional painting media fares in comparison to a group of participants exposed to a broad array of contemporary art practices and concepts.

Finally, a fourth trend of note is the growing recognition of the potential benefits of art history-enriched art therapy practice, in which clients are exposed through slide lectures and art exhibits to art materials, media, and practices to which they might otherwise not have access (Allen, 1985; Alter-Muri, 1996; Miller, 1993, 1998). The benefits to clients include an increase in sustained art making, validation of art practice as a serious pursuit, satisfaction with the art produced, and a sense of connection to a cultural continuum (Miller, 1993). Benefits to both clients and therapists come from exposure to contemporary art practices, in particular. Such exposure fosters reassessment of beliefs about what constitutes art practice, and raises productive questions about how meaningful are the

distinctions that exist, such as between crafts and fine art, or between art and graphic expression (Alter-Muri, 1998). As the old maxim states, knowledge is power. If clients and therapists are more knowledgeable about the range of art practices available to them, they will be better equipped to become active agents in choosing the materials, media, and practices that best suit their individual and collective needs.

As the field looks toward its future, it makes little sense to ignore the broad and diverse language of materials at the disposal of those who make art. The challenge will be not to use materials and media simply because they are novel, but rather to use them because they are just what the client needs, the specific artistic vocabulary that corresponds with what the client needs to articulate.

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