ART THERAPY:

PROBLEMS OF DEFINITION

By ELINOR ULMAN

Miss Ulman, the BULLETIN's editor, is an art therapist, assigned by the Department of Physical Medicine and Rehabilitation to work in psychiatry at District of Columbia General Hospital. She is also a member of the faculty of the Washington School of Psychiatry.

It is always hard, sometimes impossible, to find the ideal name for any complex and subtle discipline. The title "art therapy" can easily be dismissed as inadequate or inaccurate, but I have not found a better one. Doubtful implications can only be resolved by careful, evolving definition. The purpose of this paper is an opening move in that direction.

"Art therapy" is currently used to designate widely varying practices in education, rehabilitation, and psychotherapy. Directors of special schools, psychiatrists, and even (in at least one case) the United States Civil Service Commission, refer to certain professional and volunteer workers as art therapists, even though no similar educational preparation, no set of qualifications, nor even any voluntary association binds these people together. Possibly the only thing common to *all* their activities is that the materials of the visual arts are used in some attempt to assist integration or reintegration of personality.

Yet competing and mutually exclusive definitions of art therapy have already been published by art therapists. At least one psychiatrist, objecting to the looseness with which the term is used, has attempted to tighten up its meaning. Psychiatrists also have suggested various combinations of new names to designate special uses of art materials in psychotherapy.

Art therapy is the only one of the many activity therapies to attract this kind of attention from psychiatrists. This, I believe, implies something important about the peculiar nature and potency of our medium. There is a considerable body of literature describing the therapeutic use of patients' graphic and plastic projections in psychiatric practice.[1] A number of these

[1] See for example H. G. Baynes, *The Mythology of the Soul;* Baltimore, Williams and Wilkins, 1940.

Gustave Bychowski, "The Rebirth of a Woman"; *Psychoanalytic Review,* 1947, vol. 34, pp. 32-57.

Nolan D. C. Lewis, "The Practical Value of Graphic Art in Personality Studies"; *Psychoanalytic Review,* 1925, Vol. 12, pp. 316-322.

Ainslie Meares, *The Door of Serenity;* Springfield, Ill., Charles C. Thomas, 1958.

books and papers antedate the important publications of such art therapists as Naumburg and Kramer. Since art therapists have begun to publish, some psychiatrists imply that the term is being used to denote territory that belongs rather to themselves.

Direct attempts by art therapists to define art therapy demand first consideration. Whatever its deficiencies, our two-word title at least indicates the two main trends in existing practice and theory: some art therapists put the emphasis on art and some on therapy. The art people tend to exclude procedures where completion of the creative process is not a central goal; the therapy people often explain that preoccupation with artistic goals must be minimized in favor of a specialized form of psychotherapy. In the United States the second group — emphasis on therapy — found its spokesman earlier in the person of Margaret Naumburg. They are the ones who afford us the unique privilege of colliding squarely with psychiatrists who encourage their patients to communicate not only with words but with paint and clay. Among them also are the few who claim that art therapy can be an independent as well as an auxiliary technique in psychotherapy — a claim made, as far as I know, for no other activity therapy.

"Symbolic Speech"

Naumburg's theory has undergone considerable evolution since the early 1940's; only a recent formulation will be quoted. Naumburg designates art therapy as analytically oriented, saying that it "bases its methods on releasing the unconscious by means of spontaneous art expression; it has its roots in the transference relation between patient and therapist, and on the encouragement of free association. It is closely allied to psychoanalytic therapy. . . . Treatment depends on the development of the transference relation and on a continuous effort to obtain the patient's own interpretation of his symbolic designs. . . . The images produced are a form of communication between patient and therapist; they constitute symbolic speech."

Naumburg cites the advantages of introducing painting and clay modeling into analytically oriented psychotherapy as follows: First, it permits direct expression of dreams, fantasies, and other inner experiences that occur as pictures rather than words. Second, pictured projections of unconscious material escape censorship more easily than do verbal expres-

———, *Hypnography;* Springfield, Ill., Charles C. Thomas, 1957.

———, *Shapes of Sanity,* Springfield, Ill., Charles C. Thomas, 1960.

John Weir Perry, *The Self in Psychotic Process;* Berkeley, University of California Press, 1953.

Max M. Stern, *Free Painting as an Auxiliary Technique in Psychoanalysis,* in *Specialized Techniques in Psychotherapy,* edited by Gustav Bychowski and J. Louise Despert; New York, Basic Books, 1952.

———, "Trauma, Projective Technique, and Analytic Profile"; *Psychoanalytic Quarterly,* 1953, Vol. 22.

The list would be much longer if literature devoted mainly to the diagnostic value of painting and sculpture were included.

sions, so that the therapeutic process is speeded up. Third, the productions are durable and unchanging; their content cannot be erased by forgetting, and their authorship is hard to deny. Fourth, the resolution of transference is made easier. "The autonomy of the patient is encouraged by his growing ability to contribute to the interpretation of his own creations. He gradually substitutes a narcissistic cathexis to his own art for his previous dependence on the therapist."[2]

An informal inquiry made in 1960 revealed that of 30 art therapists working in the United States and Canada a substantial majority believed that a therapeutic endeavor where spontaneous graphic and plastic projections serve primarily as "symbolic speech" was an important goal of their own practice. About half of these, like Naumburg, minimized any other special contribution of art activity to the treatment of the mentally ill. Independent private practice appears to be rare;[3] most of these art therapists work as members of psychiatric teams. Conditions vary widely and technique is modified in many ways. It is worth noting that Naumburg and others have applied similar methods both in individual treatment and in group therapy.

Naumburg's procedures overlap those described by psychiatrists who use painting and clay modeling in the course of psychoanalysis or analytically oriented therapy. These doctors share most of her convictions about the advantages gained by introducing these special materials and techniques, though in their reports I have found no mention of any change in the problem of handling transference. Max Stern and Ainslie Meares make it abundantly clear that they regard the interpretive use of patients' spontaneous productions in paint or clay as an integral part, but only a part, of their own basic therapeutic practice. W. L. Meijering assigns "expressive therapy," characterized as intensive and interpretive, exclusively to the "expert psychiatrist."[4]

Healing Quality of the Creative Process

The conflict here implied can be discussed better after considering another important theoretical formulation. Edith Kramer emphasizes art in defining the art therapist's special contribution to psychotherapy. In 1958 she became the second member of our nascent profession in the United States to publish at book length and to attempt rigorous definition.

---

[2] Margaret Naumburg, *Art Therapy: Its Scope and Function,* in *The Clinical Application of Projective Drawings* by Emanuel F. Hammer, et al, Springfield, Ill., Charles C. Thomas, 1958.

[3] See Margaret Naumburg, *Psychoneurotic Art: Its Function in Psychotherapy;* Grune & Stratton, 1953.

This is the only published report I know of. Lucile Rankin Potts, describing *Two Picture Series Showing Emotional Changes During Art Therapy,* does not mention referral source or other psychiatric treatment of patients in her groups. International Journal of Group Psychotherapy, 1958. Vol. 8, No. 4.

[4] See footnote 1, also W. L. Meijering, *La Thérapie Créative;* talk delivered at 3rd World Congress of Psychiatry, Montreal, 1961. Mimeographed.

The healing quality inherent in the creative process explains, in Kramer's view, the usefulness of art in therapy. "Art," she says, "is a means of widening the range of human experiences by creating equivalents for such experiences. It is an area wherein experiences can be chosen, varied, repeated at will. In the creative act, conflict is re-experienced, resolved and integrated. . . . The arts throughout history have helped man to reconcile the eternal conflict between the individual's instinctual urges and the demands of society. . . . The process of sublimation constitutes the best way to deal with a basic human dilemma, but the conflicting demands of superego and id cannot be permanently reconciled. . . . In the artistic product conflict is formed and contained but only partly neutralized. The artist's position epitomizes the precarious human situation: while his craft demands the greatest self-discipline and perseverance, he must maintain access to the primitive impulses and fantasies that constitute the raw material for his creative work.

"The art therapist makes creative experiences available to disturbed persons in the service of the total personality; he must use methods compatible with the inner laws of artistic creation. . . . His primary function is to assist the process of sublimation, an act of integration and synthesis which is performed by the ego, wherein the peculiar fusion between reality and fantasy, between the unconscious and the conscious, which we call art is reached."[5]

The complete artistic process thus exemplifies victory in the continuous struggle imposed on man by his basic nature. Therefore the arts have special value in the treatment of the mentally ill, but by themselves they cannot repair seriously damaged capacities for sublimation. No art therapist who places the emphasis on art considers art therapy a possible substitute for psychotherapy in the more conventional sense. Most agree with Kramer about a few salient qualities that distinguish the art therapist from the art teacher. In therapy the product is more clearly subordinated to the process than in teaching. Even more than the teacher must the therapist offer acceptance and respond to the special needs of every patient. His psychodynamic understanding shapes attitudes and actions in ways too subtle for brief recapitulation, enabling him to contribute both to the therapeutic program and to the understanding of each patient's total personality.

Of the 30 art therapists previously mentioned, a majority consider that providing adequate conditions for the creative process is an important part of their job, but only a small number appear to believe that it is their whole job. About twice as many aim only at the use of graphic and plastic productions as "symbolic speech." The largest single group — about half of those responding — believe in both these two main ways of using art.

Psychiatrists' Definitions

No psychiatric writer lays claim for himself to the area defined by Kramer. Stern, who does not concern himself with the problem of defining

[5] Edith Kramer, *Art Therapy in a Children's Community;* Springfield, Ill., Charles C. Thomas. 1958, pp. 6-23.

art therapy at all, writes as a psychoanalyst addressing himself to other psychoanalysts. Meijering, on the other hand, does define the artist-therapist's role, but he purposely avoids the term art therapy; "creative therapy" is his name for the broad spectrum of mental hospital practices involving the more or less creative use of paint and clay. Within this field he distinguishes between "expressive therapy," "creative therapy proper," and "artistic activities."[6]

Expressive therapy centers on the expression of emotion within the framework of the therapeutic relationship. It is an integral part of psychotherapy and should be strictly the doctor's province, for it is often so profoundly revealing to the patient as to be extremely dangerous in any other hands. Simple, easily handled art materials best serve the purposes of expressive therapy, and the psychotherapist conducting it need have little specialized knowledge about media and art techniques.

Creative therapy proper is the concern of the "creative therapist," who has his own area of competence. He must know a great deal about art materials and their use, and above all must have such a first-hand knowledge of the artistic process that he can avoid interfering with the patient's determination of his own expressive goals. While the creative therapist must understand psychiatric principles, his main concern is with helping the patient find a means of imaginative expression rather than with the content of expression. Interpretation is purposely avoided, for this is "no longer part of a psychotherapeutic process. . . . It is rather a task to execute than a liberation of feeling." Meijering's brief description of the "integrative" role played by creative therapy implies considerable understanding of the artistic process and its potential service to the personality. However, he sees the development of the patient's relation to the *outside* world as the main contribution of this isolated phase of treatment.

Creative therapy proper is distinguished from "artistic activities," the name given by Meijering to the recreational use of art materials in the treatment of chronic patients. The leader's role is here conceived as much more directive than that of the creative therapist. Artistic activities apparently serve to strengthen defenses; in contrast to the "uncovering" function of expressive therapy and the "integrative" function of creative therapy, artistic activities are designated as "covering." Curiously Meijering likens artistic activities rather than creative therapy proper to "creative activities" outside the hospital where "there is no question of psychiatric treatment," and where "artistic norms" prevail. An American can only wonder whether this identification reflects the state of art and of art education in Holland.

Meijering is aware that in practice his three forms of creative therapy cannot always remain strictly separated. His treatment of the subject demands serious consideration because his distinctions are reasonable and

---

[6] W. L. Meijering, *Op. cit.* Translation mine. Meijering speaks in the name of a committee of psychiatrists consisting of himself and Drs. Vaessen, Zitman, and Palies, which in 1959 undertook formulations based on existing practices in the mental hospitals of Holland.

impose some order on a semantic chaos.[7] I would hesitate, however, to identify the art therapist's role with the creative therapist's role as he delineates it. The dictionary meaning of his terms appears to me too broad and the meaning he assigns to them too narrow to serve our purpose.

Meares, who has invented such cumbersome terms as hypnography, plastotherapy, and hypnoplasty to designate the psychiatrist's various uses of art materials, does use the term art therapy, and sets very strict limits to its meaning. Not only is the art therapist excluded from the doctor's territory, but bits and pieces arbitrarily assigned to occupational therapy and recreation nibble away a good deal of what is left. As if this were not enough, he creates a sort of no-man's-land called "integrative therapy," where the enforcement of literal realism and something vaguely termed "good craftsmanship" are artificially isolated. The domain of "aesthetic" concern that remains as the province of his so-called art therapy is not only extremely narrow but it is poorly and superficially defined.[8] Meares' opposition to the sloppy use of the terms "art" and "art therapy" in psychiatric writing is admirable. In *The Door of Serenity* he demonstrates exquisite sensibility in regard to his schizophrenic patient's graphic expression; here and in *Shapes of Sanity* his remarks show that he knows the difference between good art and bad. But in both books it becomes clear that his understanding of sublimation and the creative process as a whole is not equal to the worthy task he set himself.

The Role of Sublimation

Though many artists, art therapists and art educators do not agree, I believe that only on the basis of sublimation can the function of art and the full potential of art therapy be adequately understood. In sublimation, as Kramer uses the term, "instinctual behavior is replaced by a social act in such a manner that this change is experienced as a victory of the ego. . . . Artistic sublimation consists in the creation of visual images for the purpose of communicating to a group very complex material which would not be available for communication in any other form. . . . Every work of art contains a core of conflicting drives which give it life and determine form and content to a large degree."[9]

Too often sublimation is talked about loosely, as if it were the fruit of a benign deceit practiced by parents, teachers, and therapists upon unsuspecting children and patients — a harmless dissipation of steam that might otherwise cause an explosion. The steam of instinctual energy is indeed dissipated in neurotic symptoms; in sublimation this same energy drives

---

[7] Another psychiatrist, H. Azima, striving for precise terminology, contributes to our embarrassment of verbal riches. He prefers "projective therapy" to his own earlier "analytic art therapy" to designate an aspect of *Dynamic Occupational Therapy*. Diseases of the Nervous System, Monograph Supplement, 1961. Vol. 22, No. 4.

[8] *Shapes of Sanity*, pp. 4, 453-464.

[9] *Op. cit.*, pp. 12-16.

an engine that does useful work. The metaphor is, of course, too mechanical; but labor is an unescapable part of the creative process, in science and in art as in life itself. The marvel is that out of inevitable inner conflict, out of the same primeval forces so easily turned to violence and destruction, springs man's capacity for civilized living and the greatest cultural achievement.

The situation is not entirely within our control: art itself refuses to stay within the rigid boundaries that Meares and even Meijering set for it. Meares observes that clay modeling integral to psychotherapy often provokes intense anxiety. Elsewhere plastic expression is, he says, always safe and pleasant, relationships with auxiliary therapists are always positive, after the first try patients always look forward with eager delight to using art materials. In my experience it just doesn't happen that way. I will also wager that in "creative therapy" new self-awareness sometimes develops, whether or not Dr. Meijering wishes it so, whether or not the deep unconscious content of paintings is interpreted. The "how" and the "what" of expression in art simply cannot be torn asunder.

More readily subject to choice and regulation is the question of who should do what in the area of intensive, analytically oriented therapy mediated by the expressive use of paint and clay. I think it is easier for art therapists and psychiatrists to divide and share this moot territory in practice than in theory. There are enough art materials to go round: Dr. Stern can use them in his psychoanalytic practice and nobody reading his papers could possibly mistake him for an art therapist. Margaret Naumburg is not only an art therapist but a psychologist; she is equipped for a kind of practice few, if any, other art therapists now qualify for. In institutions many patterns of collaboration between art therapists, psychiatrists, and psychologists have been developed and continue to evolve. Thus art therapists step over the border into Dr. Meijering's "expressive therapy," playing a more or less central role under the supervision of psychiatrists.

Stern points out that the primitive, pictorial form of thinking used in therapeutic painting is alien to the ego; this arouses the resistance not only of the neurotic patient but of the analyst. It is 36 years since Nolan D. C. Lewis described this auxiliary technique,[10] ten years since Stern offered more detailed exposition, yet its use by psychoanalysts has not spread like wildfire. Perhaps the art therapist can rush in where the analyst fears to tread; regression to preverbal modes of thought is not as alien to the artist's ego as to the intellectual's. Art therapists may, therefore, be of service to psychiatrists who do not find non-verbal communication techniques congenial, even when the art materials and processes used are so simple that no specialized help would appear to be called for.

Collaboration between psychoanalysts and art therapists, working separately with the same patients, occurs and perhaps will increase as qualified art therapists become available. Sometimes associative work begun with the art therapist is carried further in sessions with the doctor.

---

[10] *Op. cit.*

A few accounts have been published[11] but not much has yet been told about how the therapists handle problems that arise in their relationship with each other.

Art therapists defining their own role are naturally less apt than psychiatrists to atomize the creative process or try to fit it into a strait-jacket. To Naumburg, the often embattled pioneer, we shall always be deeply indebted. Starting more than 20 years ago to survey the boundaries of newly explored territory, she had to distinguish sharply between her own sensitive, dynamic procedures and the stultifying misuses of art materials all too common both in occupational therapy and (despite much enlightened theory) in art education. As Naumburg's practice evolved, so did her theory. From the treatment of behavior problem children in a mental hospital, she moved on to work with psychotic adults, and later into the treatment of neurotic patients outside the institutional setting. Gradually she put less emphasis on sublimation, more on bringing unconscious material into awareness by analytic procedures. More and more emphatically she warns that premature concern with artistic achievement is bound to interfere with maximum therapeutic exploitation of "spontaneous art expression."

Two Approaches to Analytically Oriented Therapy

Both Naumburg and Kramer base their formulations on psychoanalytic theory. They are generalizing, however, from two very different kinds of experience. While Naumburg worked mainly with individuals, or with groups in a sharply circumscribed setting, Kramer found ways to make art a living, profoundly civilizing force in a community of disturbed delinquent boys. She did this by being "at once artist, therapist, and teacher," by developing in breadth and depth the aspect of art therapy that Naumburg only touched on in her earlier work. Emphasizing that the process of sublimation is the art therapist's main field of action, she is at pains to differentiate his role from that of psychologists and psychotherapists who use drawings and paintings as an aid in diagnosis and therapy. Psychiatric procedures where "artistic values are of secondary importance" are not, according to Kramer, art therapy.

By Naumburg's recent definitions, Kramer is an art teacher rather than an art therapist. Into Kramer's ideological scheme, Naumburg fits as a psychotherapist, not an art therapist. This is an extreme statement of the cleavage between those art therapists who operate near the peripheral area of psychotherapy at the one side, and those who operate near the peripheral

---

[11] See for example Florence Cane, *The Artist in Each of Us;* New York, Pantheon Books, 1951, pp. 303-368.

Hanna Y. Kwiatkowska and Seymour Perlin, *A Schizophrenic Patient's Response in Art Therapy;* U. S. Dept. of Health, Education, and Welfare, U. S. Government Printing Office, 1960.

Margaret Naumburg and Janet Caldwell, *The Use of Spontaneous Art in Analytically Oriented Group Therapy of Obese Women;* Acta Psychotherapeutica, Basel (Switzerland) and New York, Supplement to Vol. 7, 1959.

area of art education at the other. When representatives of the two trends meet they are apt to treat each other and each other's ideas with a rather gingerly politeness, so that it is hard to tell where catholic acceptance leaves off and veiled difference about important convictions begins. Yet for all their serious and overt disagreement, even between two such strong personalities as Naumburg and Kramer the conflict in practice is not absolute.

Naumburg points out that patients with no art experience except their work with her sometimes develop a capacity for producing aesthetically satisfying forms.[12] There is good reason for this; projecting "spontaneous images" is as significant to creative art education as to analytically oriented art therapy. Naumburg gives way to a patient's demand for direct instruction in picture-making only when she feels this is necessary to keep the therapeutic process in motion. But she has willingly undertaken to help artists liberate, through art therapy, their blocked creative capacity, and has developed special methods of dealing with this difficult problem.[13]

Kramer as art therapist understands the need for accepting sterile constriction and temporary regression in painting that no art teacher need tolerate. In her own practice, art became an integral and important part of the therapeutic milieu. Often artistic experience directly complemented individual psychotherapy, by bringing unconscious material closer to the surface, and by providing an area of symbolic living wherein changes were tried out, gains deepened and cemented.

Naumburg's art therapy and Kramer's art therapy meet the criteria set forth at the end of this paper. I want to underline that the selection of Naumburg and Kramer as spokesmen is mine. There are art therapists, some of them doing excellent work, who would reject their formulations for the very reason that I find them adequate: that is, their basis in psychoanalytic understanding.

Unanswered Questions

Several topics are so closely related to the subject of this paper that their omission calls for a word of comment. One of these is the relationship, actual and potential, between art therapy and occupational therapy; another is the art therapist's role in the use of free art expression to assist psychiatric diagnosis. The diagnostic value of patients' art products is widely acknowledged; the art therapist's part in handling such material, has not, as far as I know, received a great deal of attention. This could well be the subject for another paper. I believe also that the area where art and occupational therapies come close together can be discussed more profitably after the newer discipline has taken more steps to map out its

---

[12] See *Schizophrenic Art: Its Meaning in Psychotherapy;* N. Y., Grune & Stratton, 1950, p. 37; and *Psychoneurotic Art: Its Function in Psychotherapy,* pp. 6-7.

[13] See *The Power of the Image: Symbolic Projections in Art Therapy;* (catalog) Annual Meeting of the American Psychiatric Association, 1960.

own territory. Perhaps occupational therapists among the BULLETIN'S readers will have something to say on this subject.

Two other important questions have been implied but can scarcely be answered here. First, what kinds of patients are more apt to benefit from art therapy than from other available means of treatment? An adequate answer depends on more exhaustive investigation and formulation than has yet been undertaken. Such investigations should lead eventually to refinement in the choice of art therapy media and methods best suited to the needs and capacities of the individual patient.

Last of all, the definition of art therapy is intimately intertwined with the definition of art therapists. Who are they? How did they get to be what they are? If we were in a position to start training art therapists, what disciplines would we ask them to undergo? I hope that this paper will stimulate thinking and writing along these lines.

Synthesis

Throughout this discussion I have been indicating dissatisfaction with definitions that seem to me too narrow to cover functions that are and should continue to be fulfilled by art therapists. I believe the realm of art therapy should be so charted as to accommodate endeavors where neither the term art nor the term therapy is stretched so far as to have no real meaning. This implies well-defended boundaries (some day we may be strong enough to take the offensive) separating art therapy from all misuses of art material that are basically anti-art. Some other practices not in themselves noxious can be called "therapy" only by misplaced courtesy; these I shall first attempt to designate and exclude.

Therapeutic procedures are those designed to assist favorable changes in personality or in living that will outlast the session itself. The vagueness of this statement is not accidental. When we talk about cause and effect, art therapists are in the same boat as the rest of psychiatry — mostly at sea. If favorable changes occur we don't know exactly how much an aesthetically valid painting or how much a dramatic new spoken insight did or didn't have to do with it.

We do know that therapy aims at "favorable changes in personality or in living." Therefore, specialized learning that leaves the core of the personality untouched is not part of therapy as we are here using the term, even though mastery of specific skills has an important place in rehabilitation. Thus, formal art instruction that stresses technique, instruction not guided by understanding of the whole personality's needs, has its own place but that place is not in art therapy.

Therapy aims, we have said, at a relatively durable effect. In this it is distinguished from activities designed to offer only distraction from inner conflict, activities whose benefits are therefore at best momentary. The art therapist often must tolerate defensive or escapist uses of art materials, but this is never his goal. In some so-called recreational uses of art materials, on the other hand, such superficial satisfaction of immediate wishes is actively encouraged. Such programs are not art therapy. We can go

further, and say that the use of art materials in them creates needless confusion, builds special resistances, and is not even very effective (a pack of cards would generally serve better).

Finally the definition of art therapy hinges on the definition of art. The psychological forces and mechanisms involved in artistic creation are closely akin to those that underlie the development of human personality as a whole; they are no less complex, no easier to describe. Nevertheless I must offer a very brief statement about what is essential to art activity.

Its motive power comes from within the personality; it is a way of bringing order out of chaos — chaotic feelings and impulses within, the bewildering mass of impressions from without. It is a means to discover both the self and the world, and to establish a relation between the two. In the complete creative process, inner and outer realities are fused into a new entity.

The spontaneous projections encouraged in therapy-oriented art therapy are not art in the complete sense, but neither are they anti-art. They are vital fragments of the essential raw material from which art may evolve. (This helps explain both the immediate fascination of much "psychiatric art" and its ultimately thin, boring character.)

Concern with the visible world may also set the creative process in motion. In this process the self gives form to material in order to grasp some aspect of reality; subject and object are alike indispensable. (This explains why photographic imitation has not even a brief flicker of vitality.)

If exact reproduction is set up as an ideal, then even the great art of drawing can be perverted into anti-art. American business genius has perfected special media whereby the element of choice is eliminated and anti-art is guaranted. Ceramic moulds, for example, which are an old invention, have been brought to new heights of vulgarity and ugliness. Kit-craft has drained the life and meaning from many of the great traditional media. With numbered paintings it appears that the ultimate in by-passing and falsifying the creative process has been achieved — unless invention beyond the imagination of a mere art therapist is still in store for us.

The proportions of art and of therapy in art therapy may vary within a wide range. The completion of the artistic process may at times be sacrificed to more immediate goals. Stereotyped, compulsive work used to ward off dangerous emotions must sometimes be permitted. Communication and insight may take priority over development of art expression. On the other hand, where no fruitful consolidation of insight can be foreseen, the exposure of conflicts may be deliberately avoided in favor of artistic achievement. But anything that is to be called art therapy must genuinely partake of both art and therapy.