



ART THERAPY AT DANVERS BY SHAUN MCNIFF



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Printed in the U.S.A.

This book is for Anthony, Bernice and Priscilla.



## ACKNOWLEDGMENTS

The success of the Art Therapy Program at Danvers State Hospital is the result of the dedication and hard work of many people. Firstly, there is an obvious debt of gratitude to the hundreds of clients who have participated in our work and who have made many contributions to our new developmental approach to art therapy. Warm thanks are also extended to Prof. Rudolf Arnheim of Harvard University whose considerable investment of time and thought in my work has given me vital support. Prof. Arnheim has helped to clarify the most intellectually difficult aspects of the therapeutic art experience while at the same time offering an intangible and highly contagious spiritual commitment to art.

Other individuals making significant contributions have been Edgar Bottome, Ph.D. of the Goddard Graduate Program; Jane Kromm who, as a student at the Harvard Divinity School, conceptualized and helped organize our first art therapy exhibition; Helen Elser, medical librarian at Danvers, who is constantly bringing even the most obscure art therapy references to my attention; my wife, Karen, who has been my closest advisor in every aspect of this work; and, of course, to Christopher Cook, Nicki Thiras, Don Snyder, Steve Wicks and all of the other people at the Addison Gallery of American Art who have done so much to enrich art therapy programs at Danvers.

Special thanks are extended to the Massachusetts Council on Arts and Humanities whose assistance made this book possible.

Shaun A. McNiff

Director of Art Therapy, Danvers State Hospital

## INTRODUCTION

There are many kinds of art which are made without the intention of subsequent exhibition. The art of primitive societies, pre-school children, innocent amateurs, persons in therapy programs, lacks such premeditated concern. Some of this throw-away art is remarkable both as art and as information. This is certainly the case with regard to much of the work being done in the Art Therapy program at Danvers State Hospital, Hathorne, Massachusetts. It was not out of a sense of obligation to new populist notions about the "role of the museum" that this art was first shown at the Addison Gallery, but, rather, simply that the quality of the art justified it. Many viewers who admitted to being initially attracted to the exhibit because of a slightly paranoid curiosity consistently reflected surprise and pleasure at the fresh direct aesthetic beauty of the work. Out of a context devoid of art historical models flowed a truly remarkable variety of pictorial attitudes. Given the apparent limitations of traditional throw-away art materials, it was no small achievement that most of the artists also "extended" their medium in a technical sense. It was difficult in viewing the exhibit not to be profoundly moved in comprehending that so much art could emanate from a continuous state of pain, frustration, boredom and defeat. It is not overdramatizing to say that every work in the exhibition is a momentary monument to the victory of order and sublimity over chaos and death.

Secondly, and fortuitously, the exhibition provided some much needed clarification about the role of art activity in therapeutic treatment for the mentally ill. This additional "information" was of such substance that it justified the publication of this book. We at the Addison Gallery are very pleased to be part of the process and are grateful to the Massachusetts Council of the Arts and Humanities for the grant which made possible this publication.

Christopher C. Cook

Director, Addison Gallery of American Art

## ART THERAPY AT DANVERS

In December of 1972 the Addison Gallery of American Art organized and presented an exhibition entitled "Art Therapy at Danvers" which documents a new art therapy program at Danvers State Hospital, Hathorne, Massachusetts.

"Art Therapy at Danvers" confronts widely accepted misconceptions regarding the relationship between psychiatry and art. The exhibition challenges the myth of schizophrenic art and questions the popularized belief that artistic imagery is most valuable when used by the skillful analyst to reveal the hidden conflicts of the psyche. In place of these negativistic and highly dubious notions, we at Danvers attempt to build a more humane and positive conceptualization of the role of the visual arts in therapy and education. To accomplish this purpose the exhibition presents the artistically significant paintings and sculpture of psychiatric patients at Danvers State Hospital. These beautiful works, produced for the most part by people untrained in the arts, raise the important issue that perhaps artistic potentialities lie dormant in all people. In addition to the individually selected art productions, the exhibition features the case studies of Anthony and Bernice which explicitly demonstrate how artistic growth, together with a more general integration of personality can take place within the life of an individual.

It is important to state that the relevance and applicability of the work presented should not be restricted to therapy. The traditional concept of therapy connotes the treatment of a disease in a curative fashion while presupposing the existence of a pathological element to be cured. "Art Therapy at Danvers" does not relate to this conventional concern, but rather de-emphasizes the analysis of personality inadequacies and concerns itself with the full actualization of the person's strengths through art. In so doing the show extends itself beyond the therapeutic sphere and into the broader educational context and to all other areas concerned with the constant evolution of human potentialities.

Distinctions between "art education" and "art therapy" are minimized with the hope that people working in both fields will learn to share their experiences and perceive themselves as cooperatively working toward the common goal of the growth of the total person through art.

## HISTORY OF ART AND PSYCHIATRY

Historically, art began to assume an important role within the field of psychiatry during the early twentieth century. In Europe the psychoanalytic writings of Sigmund Freud and Carl Jung attributed primary significance to the creative consciousness both as a fundamental "psychological mystery" and as an important human activity through which personality integration could be achieved. Jung himself worked through a personal crisis of a year's duration by involving himself each morning in the ritual of "mandala" drawing.

However, neither Freud nor Jung moved beyond a surface treatment of the significance of psychiatric art. It was Hans Prinzhorn who first brought the public's attention to the subject through the publication of **Artistry of the Mentally Ill** (1922). Prinzhorn's magnificent book clearly exhibited the expressive power and vitality of art produced by mental patients throughout Europe. His writings stressed the positive and human significance of psychiatric art by attributing the motivation of the artist to universal tendencies such as the passion for play and decoration, the biological tendency toward order and equilibrium, and most

importantly, man's need to express himself through meaningful symbols. Prinzhorn perceived the art of mental patients as "the eruptions of a universal human creative urge, counteracting the autistic tendencies toward isolation."

In spite of its European origins, art therapy has established itself as a distinct discipline more recently within the United States. Margaret Naumburg has been the greatest individual force in the development of art therapy in America both through her many years of work in the field and her numerous books and journal publications on the subject. Her approach to the person and his art is thoroughly humane and dedicated to the development of a stronger and more aware personality through art therapy. Naumburg has formulated an intensive psychotherapeutic experience grounded in psychoanalytic theory which uses art together with verbal interaction to achieve the resolution of unconscious conflict. The individual is encouraged to realize the meaning of his spontaneous art productions by free association within the therapeutic relationship. Naumburg has stated that the therapeutic process is accelerated through the use of non-verbal communication since " . . . phantasies, daydreams and fears can be projected more immediately in pictures than in words."

"Art Therapy at Danvers" owes a great deal to the ground-breaking work of Naumburg, but in many respects our work has moved in thoroughly new directions in response to the needs of our client population. Our approach to art therapy is based on three primary convictions: 1) that a one-sided and excessive concern with the unconscious nature of artistic motivation tends to overlook the very conscious critical thinking of artistic problem-solving; 2) that significant therapeutic and educational value can be derived from the sharpening of these cognitive and perceptual capacities; 3) that the patient, student, young child and virtually all adults can greatly benefit from the discussion of art work in groups.

## THE MYTH OF PERSONALITY REVELATION THROUGH ART

Experience has shown that most people have to work through deep-seated misconceptions regarding art and psychiatry before they can become aware of the therapeutic potential of the art experience. Perhaps the most universal misconception is the feeling that the art interpreter has the omniscient power of revealing the individual's most carefully disguised unconscious conflicts and psychopathologies. In the diagnostic use of art, the diagnostician's concern for seeking out pathology in the traditional medical sense is emphasized as opposed to a more positive concern for the development of the individual's strengths through art. Diagnostic approaches to art have now evolved to the thoroughly ludicrous extent where standardized psychological tests maintain that long noses connote difficulties with male sexuality; carefully elaborated eyes indicate paranoid tendencies; vigorously shaded hands suggest guilt resulting from masturbatory behavior; and so forth.

The most frightening aspect of these diagnostic systems is their ability to find something negative in every aspect of figure drawing. Interestingly enough, experience indicates that the interpreter as perceiver will employ a logic to project his own feelings, or those of the developers of a particular diagnostic system toward the picture in question.

These sometimes pornographic psychological approaches to art received their primary thrust from the writings of Karen Machover. Her book, **Personality Projection in the Drawing of the Human Figure (A Method of Personality Investigation)** contains statements such as the following:

Since the mouth is often the source of sensual and erotic satisfaction, it features conspicuously in the drawings of individuals with sexual difficulties. Over-emphasis of the mouth is frequently tied up with food fadism and gastric symptoms, profane language, and temper tantrums. Mouth detailing with teeth showing, in an adult drawing, is considered an index of infantile, oral aggression . . . Occasionally, even the tongue is indicated, intensifying the oral concentration on a primitive level. This also adds an erotic note.

The very popular American tendency toward the standardization and negation of the art experience in the service of personality diagnosis has resulted in the continuous development of competitive testing systems. A recent test has convinced many psychologists and teachers that little boys who draw pictures of their lawn-mowing fathers are suffering from castration fears and that children who produce pictures of mothers with vacuum cleaners are dealing with problems of oral deprivation. The absurdity of the test is confirmed by many other misconceived interpretations. Among the most pathetic is the notion that the presence of "X" configurations in a picture is indicative of the repression of sexual impulses.

My concern with this abuse of the art experience by diagnosticians is heightened by their increasing interest in subjecting young school children to their fallacious interpretations. Catalogues for the diagnostic evaluation of art are becoming increasingly popular. I cannot help but feel for the frustrated teacher who is intelligent enough to be interested in unconscious dynamics but who is somewhat ignorant as to the nature of artistic processes, and when faced with a most difficult and behaviorally disruptive child, runs into the school library with that child's drawing and thumbs through the appropriate diagnostic catalogue to ascertain the nature of the child's motivating conflict. The diagnostic art systematizers have been successful in deceiving teachers and psychologists to think that their most problematic and unresolvable behavioral dilemmas can be clearly revealed through art.

This negative and thoroughly unnatural approach to art also raises the ethical issue as to the possible harm inflicted upon the child's, and more often the adult's, motivation to create art when they discover that their work is being used in this way.

The primary concern of our work at Danvers is present behavior and the growth of the individual through art. Rather than probing into the dynamics of unconscious conflicts and their developmental patterns, we focus on the individual's capacity to become more aware of his present actions and feelings. We are concerned with his ability to better understand objective reality and to relate to it. Within this framework the art experience is approached as a problem to be solved and as a task demanding the organizational skills and other personality strengths of the person involved. The individual is provided with an opportunity to order his world of experience as well as a productive outlet for expressive catharsis.

Previous studies in the area of psychiatry and art have been totally immersed in the unconscious aspects of artistic thinking and have in this way created a Cartesian dualism between unconscious and conscious thinking with the former maintaining a supreme position. At Danvers we do not negate the importance of

the unconscious in art. However, our work accentuates and attempts to remedy the neglected role of the conscious mind in art production.

Admittedly, it is not always possible to separate a driving unconscious tension from the person's present behavior. This is especially so in those situations where the unconscious conflict is inhibiting the full actualization of the person's strengths and abilities. In this case unconscious dynamics must be explored. However, we prefer to deal with the conflict as it manifests itself in present behavior rather than immersing the therapeutic relationship in the ambiguities of the past. Art can be most helpful in neutralizing the conflict or unresolved tension which dominates the person's life.

In light of what has been said above, we do not encourage people to interpret each other's picture with the goal of finding hidden pathology. But rather we concern ourselves with the ability of art to stimulate feelings and associations in the perceiver and thus provide a rich source of material for therapy and education.

In addition to using finished art productions as a stimulus for awareness and discussion we emphasize the importance of art activity in and of itself as an expressive release of psychic tension. Most often the sheer act of painting works toward the achievement of equilibrium and harmony in behavior. On the other hand, people will sometimes visualize, and artistically represent, factors having a disintegrating effect upon their lives. Group discussion of art gives the individual the opportunity to share these feelings with others and receive their support in working through the disturbance.

## ART AND GROUP THERAPY

In my work I have all too often witnessed the unfortunate human condition that results when people stop involving themselves with the world around them. Too often I have experienced the apathy and obliviousness of individuals who isolate themselves and withdraw from their environment. Through art, life has emerged with new and unexpected vitality. In many situations where language is so threatening and difficult to manipulate, the arts have stimulated meaningful interaction together with extended awareness and understanding.

In grasping onto this ability of art to stimulate meaningful verbal interaction we have incorporated art in an ongoing form of group therapy whereby the group produces art together and participates in group discussion of their work. Because of the pressing need in the psychiatric setting for the elimination of confusion in perception, we emphasize the importance of distinguishing between what is objectively present in visual experience and the subjective feelings of the viewer as perceiver. Individuals are encouraged to seek out objective structures, qualities and relationships in their pictures and by so doing they establish order and clarity in their visual field, as well as more productive thought formation. For example, we will often approach the whole group of pictures by distinguishing simple and complex similarities and differences in the pictorial configurations. Or, we may become involved in an analysis of perspective which might help to further spatial awareness and an understanding of relational concepts. Each individual is encouraged to verbally relate what he is experiencing visually and from this objective task orientation, groups find

themselves better equipped to move into an involved analysis of a picture's symbolic content as it appears to each member of the group.

In addition to furthering the group's understanding of the art that they have produced, discussion has opened their eyes to a richer world of visual experience. They see things that they did not see before. But perhaps more importantly, the group art experience provides the opportunity for shared work and feelings and the cultivation of an interest in the work of others. In addition to becoming more aware of and learning to accept the opinions of others, each person finds himself to be part of a group of people working toward a common goal and he comes to the realization that he has the ability to offer and share something of himself with others. These intangible feelings of participation are often the most meaningful aspect of the group experience.

The group approach to art is easily adaptable to the needs of all people in society. I have discovered that the group art experience can be successful with severely disturbed psychiatric patients in helping them to objectify their thoughts and feelings and to ventilate conflict and tension. While at the same time similar experiences have stimulated long term and very regressed psychiatric patients to emerge from the withdrawal and inactivity of many years by presenting them with an intriguing problem to be solved. The interest of the group in their work has often restored confidence and self esteem. While performance and expressive skills have been developed through artistic activity itself, the personal involvement that the individual has in his work, has in some cases stimulated previously non-verbal people to become actively involved in the group discussion of their work.

Interestingly enough, my workshops with professional people and graduate students have shown that the group production and discussion of art can be humanly rewarding as well as highly educational and therapeutic outside of the psychiatric setting. I have found the average American adult to be severely crippled when approaching art activity. The usual response to the artistic task has been one of resistance, tension, and insecurity. "I can't draw" or "I haven't drawn since grade school" are the typical responses. With a great deal of encouragement from the group leader these people have been able to work through their initial fears which have been produced by years of conditioning resulting in the denial of artistic impulses. Individuals become aware that they can produce art. Their discovery is furthered by group discussion of their work which shows them that people are curious and interested in what they do. They see that their art affects the emotions of others while they themselves begin to show a desire to learn more about the work of different group members. In addition to furthering an understanding of the content and personal significance of a person's art, group discussion and perceptual analysis can help the average adult to achieve a heightened awareness of vision and life.

I have discovered in my work and through the experience of others that the group art experience works beautifully with young children. The group approach to art can truly flourish within the more general atmosphere of the classroom where children are continually encouraged to explore the visual arts and interact informally with other children involved in art production. Children in a first grade group that I conducted showed a remarkable ability to not only "draw and talk" (as the children call this process), but to be aware of what other children in the group were doing and to speak with each other about their work.



Because of its organic and personal nature, the creative art experience arouses the student's interest and is therefore capable of assuming an integral role in a total curriculum directed toward the child's perceptual, cognitive, emotional and more comprehensive social growth.

Recent years have seen the increased professionalization of art therapy with the organization of the American Art Therapy Association and the development of university undergraduate and graduate training programs. At Danvers we have developed an Art Therapy Internship Program which has involved undergraduate and graduate students from the many universities in the Boston area. Our program has also included many psychiatric staff members from different disciplines. All of these people work in close consultation with the art therapist and receive constant supervision and support. It is undoubtedly true that the wealth of human resources that we have been able to draw into our program has continually stimulated feelings of vitality, cooperation and excitement in pursuing our work.

In concluding this introduction, I must mention how important the following case presentations are since they support the preceding remarks and at the same time stand on their own as remarkable human accomplishments. And again I want to emphasize that although these studies are concerned with the growth of adult mental patients through art, their developmental dynamics are universally significant. It is imperative that the works be considered in this universal context as part of the artistic expression of all people and not be confined to the degrading and misleading category of "schizophrenic art".

The case presentations confront people with the possibility that artistic potentialities are present in all of us, together with the very definite potential for psychic disturbance and ultimately madness. In addition to bringing these issues to the public's attention, the work of Anthony, Bernice and Priscilla as reproduced in this book demonstrates the positive effects that can result from the expansion of a person's artistic consciousness.

Shaun McNiff



## ANTHONY

I first met Anthony in 1970 when gathering an art group of men from the now non-existent Ward 13. At thirty-four, he was by far the youngest person on 13 where he had won the surprisingly early privilege of retirement on what was then the back ward of the hospital. He came to 13 from the various wards of Massachusetts State Mental Health facilities where he had passed close to twenty years of his life either pacing the length of the confining space or sitting or lying in isolation with his eyes to the floor.

Anthony was particularly difficult to move in our art group. It required a great deal of encouragement from me for him to motivate himself to attempt a picture. When he finally did so, he filled the page with a three second contour drawing of a human figure which resembled a "Gingerbread Man." (Fig. 1) Little did I know that Anthony was to grasp onto this simple solution to the pictorial dilemma for months to come.

Anthony proceeded to draw the same figure each week at our art group. Before doing so he would spend a great deal of time making sure that the bottom edge of his paper was square with the edge of the table. I tried to help him break this rigid pattern by suggesting simple motifs that would be familiar to him. I alternatively suggested a tree, house and car. Anthony then performed the artistic task by producing three to five second representations of these images. (Fig. 2 & 3) As with his gingerbread men, these drawings filled the entire page and were intelligent and simplified symbolic representations of the particular subject matter. However, they were frustrating to me as the therapist since I was trying to move this man toward more differentiated and complicated forms of artistic problem-solving. My frustration was heightened by Anthony's immediate return to drawing gingerbread men after rendering the tree, house and car.

In the following sessions I continued to verbally encourage Anthony to try something different. With the continuous reappearance of the gingerbread man, it became quite clear to me that verbal encouragement was useless in this case. One day, I grasped Anthony's wrist as he just finished drawing the half-dollar size circle which always made up the head of his figure. I then asked Anthony to perform the simple but different task of filling up the entire page with circles. He proceeded to make four orderly rows of three circles from the top of the page to the bottom -- all of which were done with blue tempera paint. I then gave Anthony some orange paint and asked him to further differentiate his drawing by coloring the circles in with orange. He performed this task with considerable aesthetic sensitivity by painting a solid orange circle inside of the blue circle with the white paper providing a separation and ring between the two. (Fig. 4) This invention of Anthony's made for a very pleasing visual effect, but, as I feared, he returned to drawing his gingerbread man in the next session.

The frustration of my work with Anthony continued for another month until our remarkable breakthrough session, when he came to the group and, with no stimulation from me, sat down and opened up a jar of blue tempera paint. He then proceeded to use the blue paint to produce a picture of that jar. (Fig. 5). This self-initiated change was amazing in itself, but equally significant was the precision and accuracy of Anthony's representation of the jar. He had started this drawing by doing a simple contour of the jar and then stopped working. At this point I decided to step in and encourage further differentiation by asking Anthony to draw the label on the jar and to draw the jar's cap which was resting along side of it. I then suggested that he apply color to the whole. This transitional session started Anthony on a very logical and progressive artistic growth experience that was to suffer no serious setbacks.

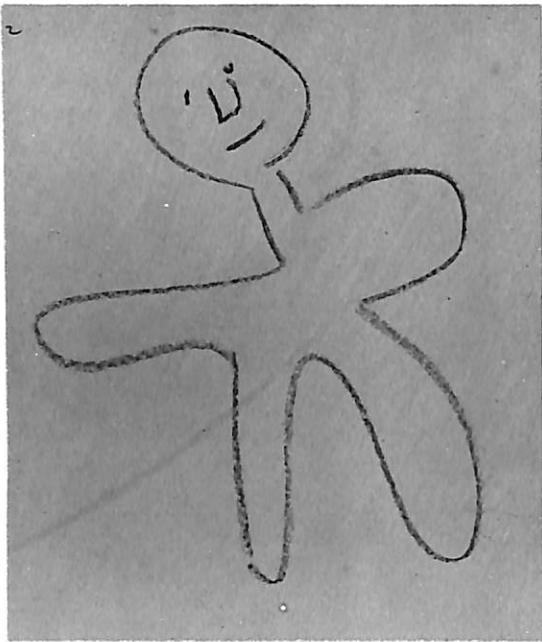


fig. 1

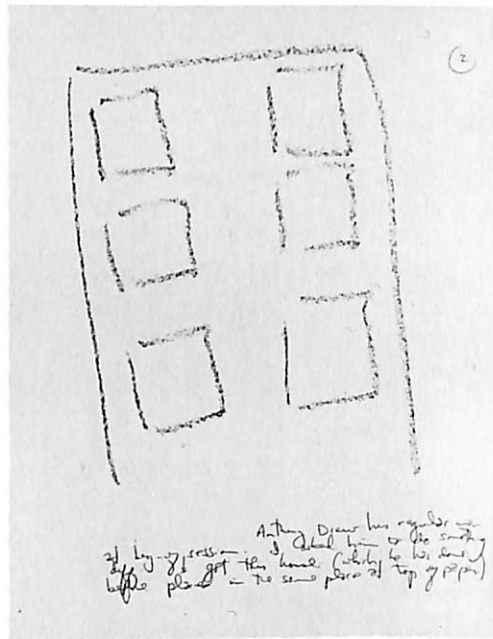


fig. 2

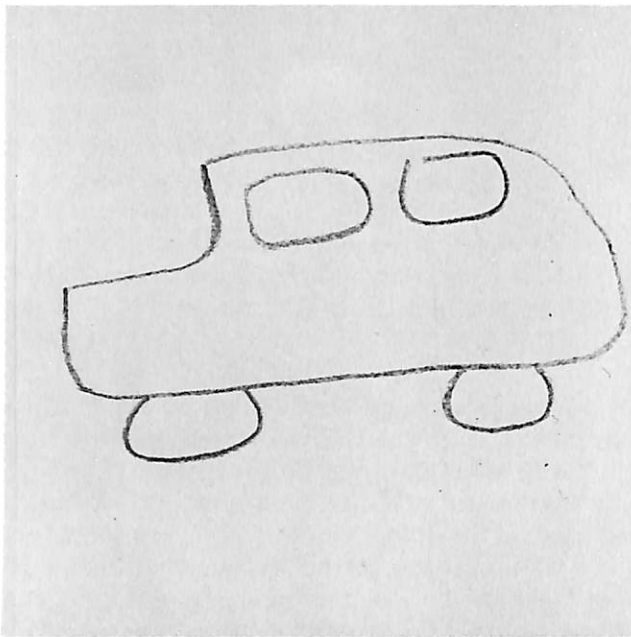


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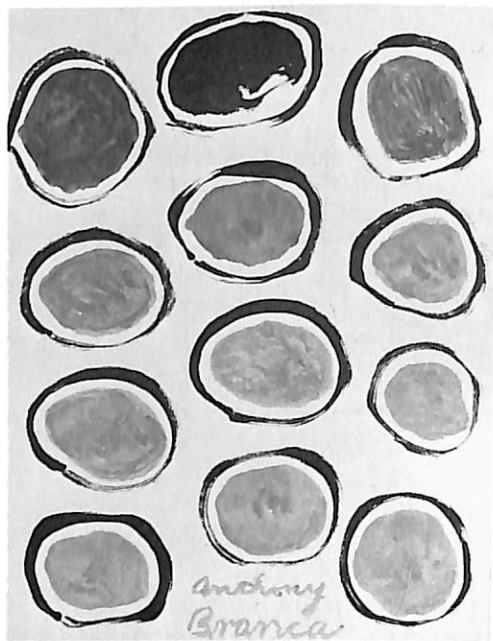


fig. 4



fig. 5

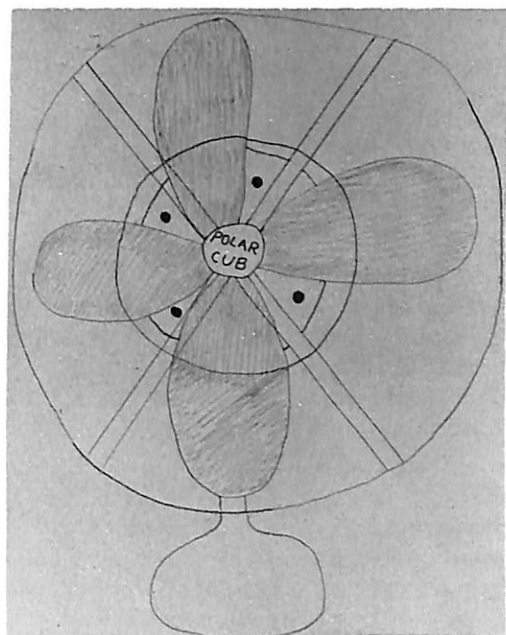


fig. 6



fig. 7



fig. 8

Capitalizing on Anthony's new interest in drawing things from his environment, I urged him to draw other objects from the space around him. It is important to note that the course of his therapy was set by Anthony himself. By drawing pictures of the things around him, he was working toward the extension of his perceptual awareness – a very significant development for a person who had not established extended eye contact with people and things for so many years. In his drawing, he would closely observe the structural features of the objects he was to represent and then he would express these qualities with great clarity in his work. (Fig. 6 & 7)

When it became clear to me that Anthony would greatly benefit from more than one and one half hours a week that we spent in our art group, I started to work with him individually in addition to his continuing with the group. Anthony continued the very logical growth pattern of his therapy by spontaneously drawing portraits of other people in the studio. (Fig. 8) As always, he captured basic pictorial qualities of the subject's appearance in his simplified artistic manner so that it was clearly apparent to all concerned who the person in the picture was. Anthony went on to draw other people in the studio, including myself. On the day that he did my portrait, I asked him – as I do each day – what he would like to draw. Usually he would have to be pushed to make a decision, but on that day he surprised me by saying: "I want to do you." While I sat there in the studio and watched him paint a picture of me, I was astonished by his involvement and concentration in working. He would look at me and, with his eyes squinting, study my face intently and then proceed with his pictorial representation.

Another important factor in Anthony's very logical growth experience was his movement from essentially monochromatic pictures to rich and varied color. His latent sensitivity for color was released by my exposing him to, and making him aware of, the expressive potential of beautiful violets, crimsons and greens. Anthony's artistic growth pattern was furthered by my suggesting new and sometimes more differentiated compositions. He went on to produce a self portrait which was done by looking in a mirror, a drawing of a person from memory, and a picture which included three people. (Fig. 9) We proceeded from drawing portraits to outdoor scenes and more complex interiors in which Anthony was given the opportunity to further differentiate his art and his perceptual awareness. (Fig. 10 & 11)

## CONCLUSION

It is undoubtedly true that Anthony's tremendous artistic accomplishments have helped to stimulate a much more general integration of personality. In this case a solid growth pattern was established through art which affected his total personality. Anthony is now working regularly in the hospital laundry and has moved to a mixed male and female living situation on the Lawrence unit.

Anthony, who had been totally nonverbal for so many years, has also begun to speak with other people. On one occasion, he said to me: "I can talk to you," and as he said this he held his fingers to his throat and felt the working vibrations of his long dormant vocal chords. During one of our sessions when Anthony was writing and speaking about his childhood friends, tears came to his eyes. He looked directly at me and for the first time spoke decisively and with great clarity when he said: "Who are you" "You're so cruel."

A few minutes later he said: "I've been dead for a long time, but I'm alive now."



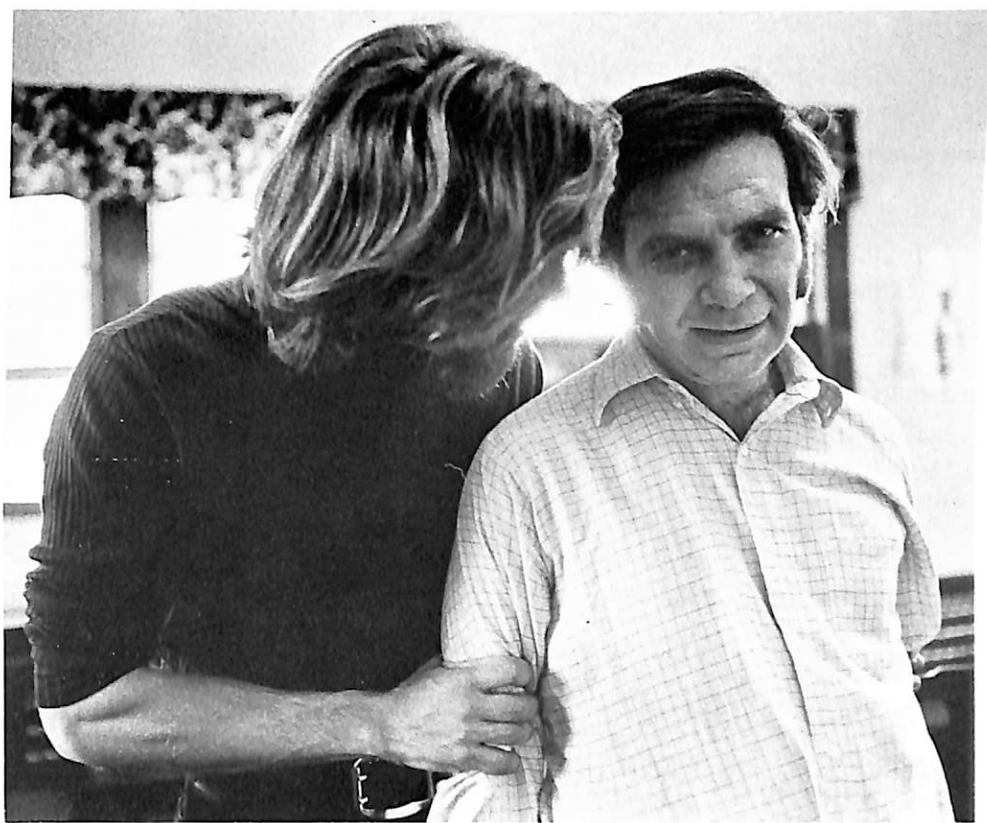
fig. 9



fig. 10







## BERNICE

The growth experience of Bernice in art therapy differs from that of Anthony in that it encompasses a relatively brief period of three months. When we first began work in art therapy, Bernice had withdrawn from active contact with other people and had been passing her days sitting in a motionless state since her arrival at the hospital weeks earlier. Bernice was referred to art therapy with the hope that she would find some activity that would help to free her from the stupor in which she was immersed. Bernice was completely mute during our first session and after much encouragement, she produced a picture which was done with some degree of interest. The end result was a loosely arranged and floating composition of biomorphic shapes. (Fig. 12)

In one of these early sessions Bernice did a remarkable picture of a contorted figure with a grimacing face and arms locked in against its sides. (Fig. 13) Vibrating lines extended out and repeated the contours of the body and heightened the inner tension and confinement expressed in the picture. When I asked Bernice to write her name and date on the back of this picture, she proceeded to write, "Nobody, August ?, 1970."

During our next few meetings Bernice did not break her silence. I saw that her work showed considerable artistic potential. She worked totally from imagination and began to produce both pure form and figurative compositions that might be described as having a surreal quality. I found her capacity to involve herself in art work to be an important break in her behavioral patterns. I strongly urged her to continue with her art and I tried to increase her self esteem with honest statements of my high regard for her work in art therapy and of my feeling that she had much artistic potential to be developed.

Bernice did continue in art therapy with considerable motivation. She worked intensely while at the art clinic each afternoon and would return each day with pictures that she had done on her ward in the evenings. Concomitant with this development, she began to engage herself in dialogue with me and others.

It is important to remember that Bernice was using art to work through the conflicts and tensions of an acute disturbance whereas Anthony was gradually emerging from twenty years of withdrawal and regression. Bernice later explained how art gave her the opportunity to express the anger and sadness that she had previously held inside.

When Bernice first drew either the human figure or portrait, she would draw from memory while centering the forms on the surface. After producing a typically realistic representation of either the entire figure or a portion thereof, she would proceed to elaborate or build upon these basic forms. As a result, very expressive and sometimes bizarre figures were produced. (Fig. 14, 15 & 16) When Bernice emerged totally from her withdrawn state, she did not elaborate upon her figure drawings or portraits in this manner.

Many people will perhaps react to the pictures that Bernice produced at this time as representing the distorted view of reality of a greatly disturbed person. Instead of attributing 'schizophrenic' qualities to her art, I am more concerned with the positive nature of her artistic motivation.

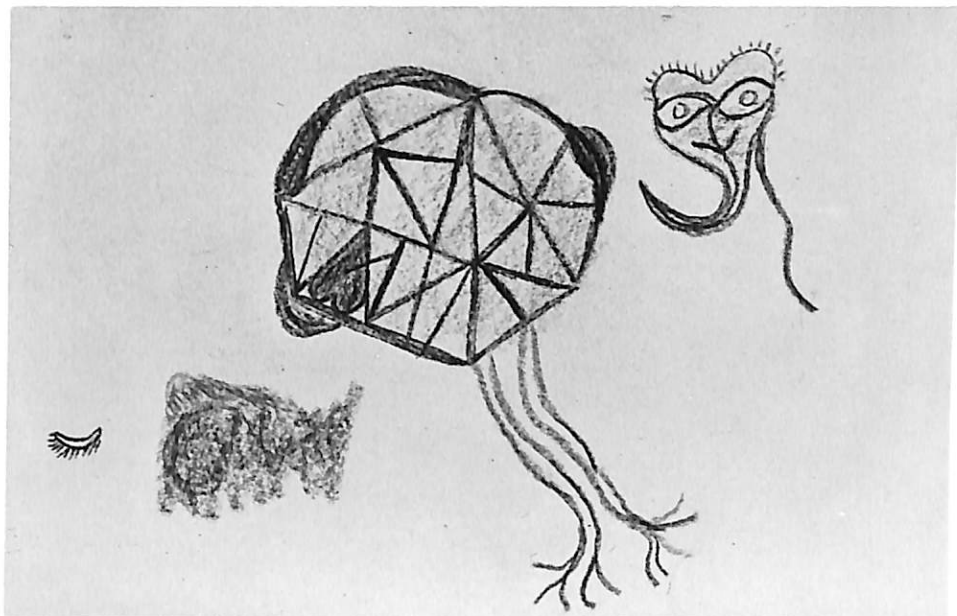


fig. 12

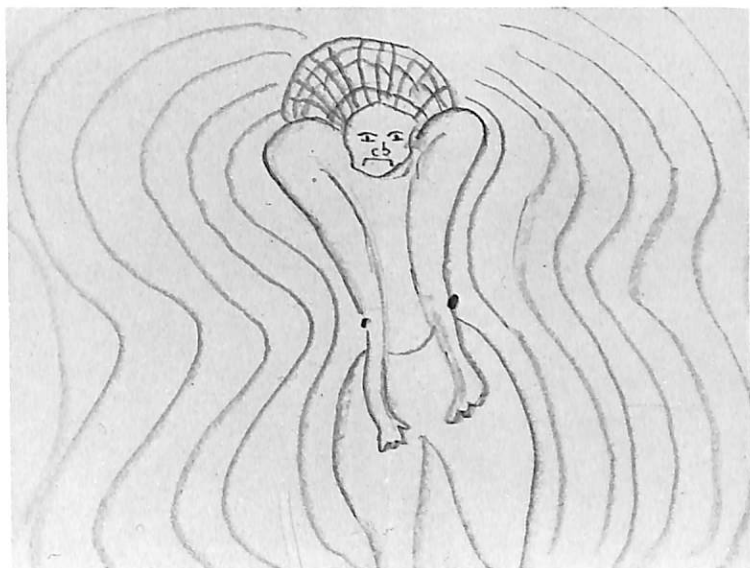


fig. 13



fig. 14

It is my contention that Bernice found art to be aesthetically and emotionally pleasing. Instead of attributing the content and style of her work to purely pathological tendencies, one might consider Bernice's artistic motivation to be inherently positive in that she was answering a need for order and expression while releasing her natural passion for play and ornamentation. In addition to the obvious advantage of being able to express herself when she was incapable of doing so verbally, Bernice was organizing her total world of experience through the artistic medium. She was able to build feelings of confidence and competence through her successful resolution of the many problematic situations that arose in her art.

By involving herself in the critical thinking operations demanded by her artistic activity, Bernice's more general cognitive faculties were awakened. As the level of her artistic problem-solving increased, she felt a compulsion to speak about what she was doing. Bernice had found something very interesting to think about and share with others.

Concomitant with this renewed verbal expression, Bernice's pictures began to exhibit the expressiveness of vivid color. (Fig. 17 & 18)

The conceptual differentiation, complexity and sophistication of much of Bernice's work has always been impressive -- especially so in light of the fact that she had no artistic training, nor any real awareness of art history and contemporary trends in art. The quality and depth of her art work can perhaps be viewed as a successful activation of the archetypal artistic consciousness that lies dormant in all of us.

In attempting to keep Bernice's artistic development alive, we urged her to produce a painting on canvas from one of her pencil sketches. Bernice then proceeded to sketch out the basic structure of this picture, but found the application of color extremely time consuming and difficult. At this point, other people involved in the art studio came to her assistance and worked cooperatively in completing her picture.

Surprisingly, Bernice stopped drawing altogether when her functional level was back to normal. She worked for three months in art therapy. Toward the end, she became quite verbal and found it difficult to concentrate on her art work. At this time, she went home for a week's visit and when she returned to the clinic, all she could manage was a stereotype Christmas scene (the date was November 30) with a house and decorated tree in front. The composition was poorly arranged and restricted to the upper right section of the surface. (Fig. 19)

## CONCLUSION

Bernice, who left the hospital soon after producing this Christmas scene, often questions why she is no longer able to draw.

It is important to understand that emotional disorders such as the one Bernice suffered from are no substitute for artistic ability. Bernice had a latent talent which was released by her need for order and expression. In conclusion, it is also important to point out that Bernice's work in art therapy was highly exceptional and by no means indicative of the normative type of experience. I am also of the opinion that





fig. 15

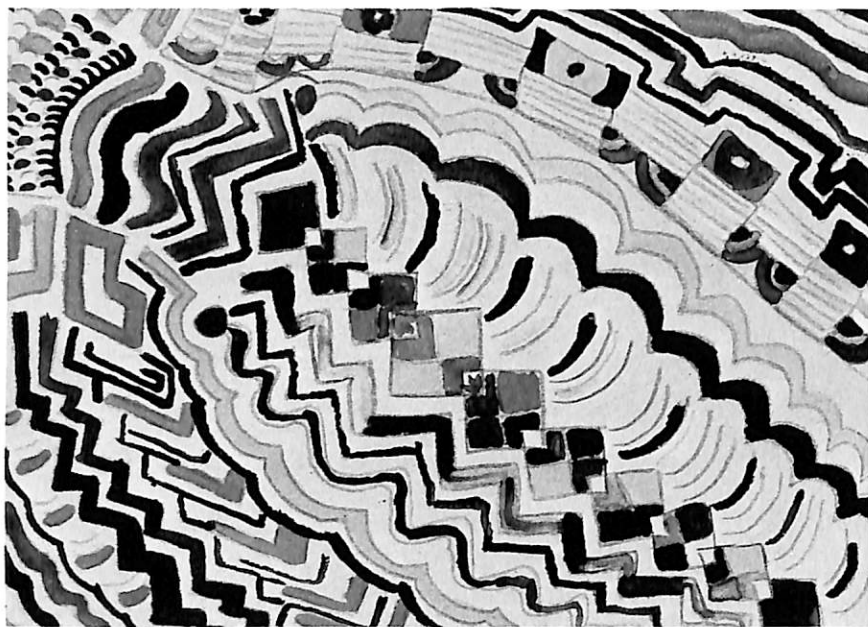


fig. 17





fig. 16

the direction and intention of the therapy was, in this case, as with Anthony, set by the individual herself. She chose to use art in her struggle to restore equilibrium in her personality and once this had taken place she chose to discontinue her art.

Art therapy gave Bernice a definite boost in her self-confidence. The unfolding of her artistic potential made her aware of her abilities and strengths to the extent that she can now deal with problems on her own, make decisions and lead a more self-sufficient and functional life.

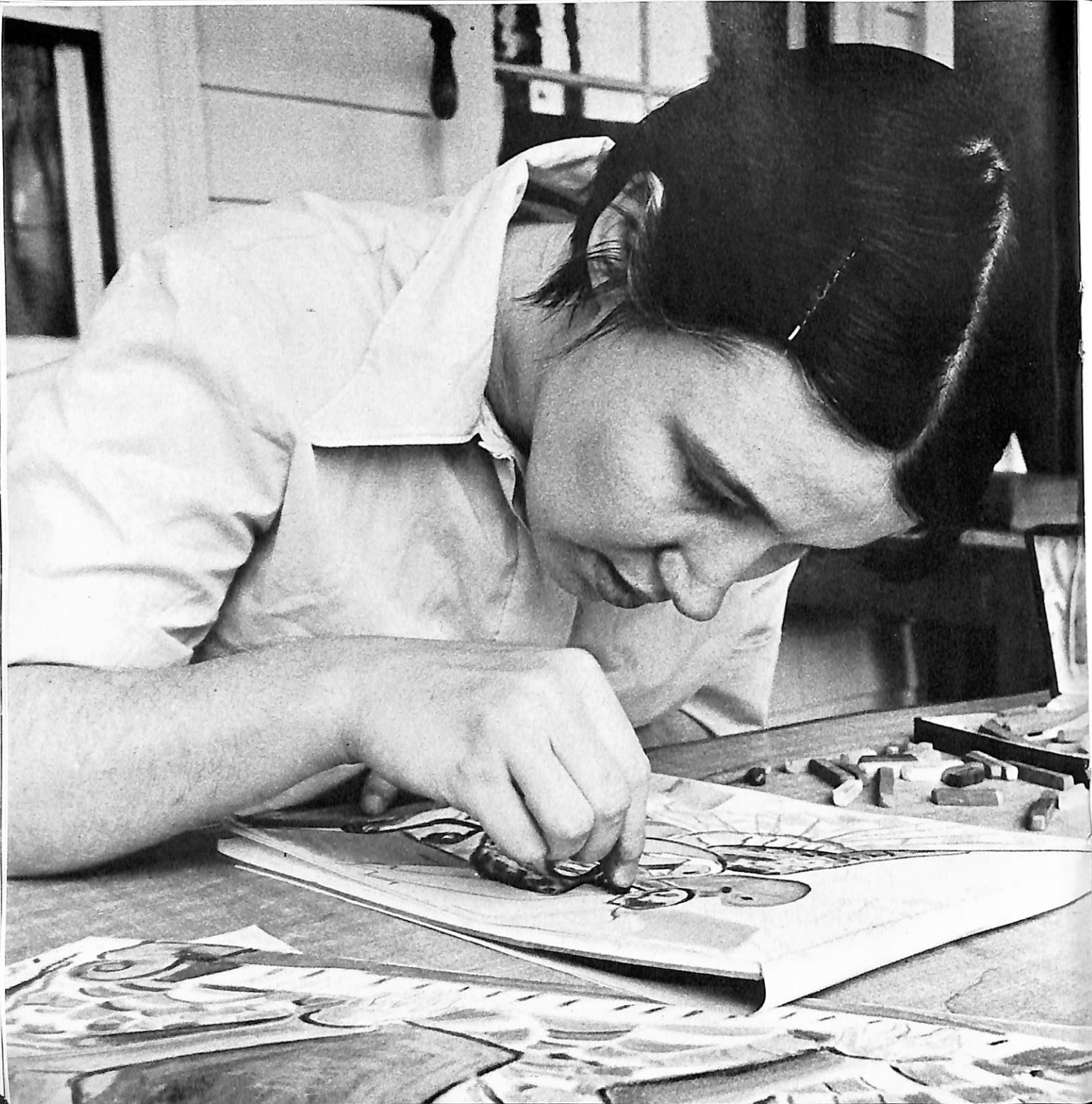
Today, three years after Bernice's departure from the hospital, she is taking a leading role in coordinating a social club for former psychiatric patients in the Lynn community.



fig. 19



fig. 18



## PRISCILLA

Priscilla is twenty-nine years old and has spent most of her life in a variety of psychiatric institutions. Her work does not exhibit a clearly distinguishable developmental pattern as with Bernice and Anthony, but rather shows a consistent level of artistic achievement. Priscilla also demonstrates how our approach to art therapy is always determined by the unique needs of each person. At Danvers most people involve themselves in art groups which usually meet once a week. In that group they experiment with a variety of artistic task situations which may involve anything from simple line and shape construction to deeply symbolic drawings.

Priscilla is exceptional in that she draws and paints every day and shows a truly spiritual commitment to her art. The brief conversation between Priscilla and myself that follows elucidates the beautifully symbolic nature of her work. Her statements also show how art can express and satisfy a person's deepest psychological needs.

**The Conspiracy** (Fig. 20) *"That's God and behind him you see the major nations of the world that are forming a conspiracy against him. God is strong and dignified and he will conquer those who attempt to overcome him."*

**Untitled** (landscape with winding road) (Fig. 21) *"This is a much more beautiful picture than The Conspiracy. It is an open field where people go to have an enjoyable time. A friend of mine, Florence Raymond, was at school with me and we used to go on picnics and we used to go camping. She died a couple of years ago. At the time I did not know that she was dead, but I got a feeling and looked out my window on the ward and saw a car like her blue chevrolet go off and into the distance. It was as though she was going off to heaven on that stretched-out highway, that road where she has gone to her peace and to her rest."*

(McNiff) Were you thinking of your friend, Florence, when making this picture, or are you thinking of her now as an afterthought?

*"I believe I was thinking of her then subconsciously. I was undoubtedly thinking of the picnics we used to take at school."*

**Untitled** (city street scene) (Fig. 22) *"This is a street where people play and have a good time. It is the city but not many cars go on the road. It's like being in Stoneham where I lived as a little girl with all the kids playing around and going to fires and having all sorts of exciting adventures together."*

(McNiff) Do the pictures raise pleasant images from your past?

*"Yes they do. When I'm doing them, I'm living them. I was there."*

(McNiff) How does it feel to look at the picture now?

*"Oh! It feels good. I wish I could walk right into it and escape."*

**Untitled (the woman) (Fig. 23)** *"She is a woman with a sweet and beautiful face and a little, petite mouth. She is like my mother and all the beautiful women in my life."*

(McNiff) Do you feel close to your pictures?

*"Yes. I do. They are like children."*

**The Kiss (Fig. 24)** *"All women that hunger for love are satisfied when they have had the first real kiss of love. This is a symbol of my starvation for a man in my life. A man to love and to be friends with and to have love me and give me his all. No man has ever loved me enough in this world so I turn to men in art work."*

(McNiff) Tell us what you do with your ornamentation of the figures.

*"The mouths have open lips and they are colorful. One mouth is open wider than the other because the man always has a lot more to say to the woman than the woman has to say to the man. The noses are small because they don't poke their noses into each other's business and scare each other away. And the eyes are big because they are overglamorous with love for one another and they see each other through their eyes."*

**Untitled (Danvers State Hospital landscape) (Fig. 25)** *"This is a picture of Danvers. There is a bluish-grey building in the background with reddish doors and a beautiful tree expressing the summertime. But the lonely chairs are there and nobody is sitting. It's a lonely day but a peaceful, quiet day in the field."*

*The doors go in and out. They let you in and they let you out. It is a mental institution. The outside is showing the beauties of nature contrasted with the terrible buildings and captivity of the cities and what mankind has done to the world of beauty."*

(McNiff) Do you enjoy the beautiful colors and forms in your pictures?

*"Not when I start out because I'm afraid that I'm going to fail or goof up. But when the picture is halfway through, I begin to enjoy it. I start to see that this goes here and that goes there and so on. It's like a mother carrying a child in her womb. She never knows whether it will be born deformed or a beautiful healthy baby."*

*I enjoy the colors mainly. When I'm working I'm so involved that I don't think of them. However, I do appreciate them when I stand back and look."*

(McNiff) How would you feel if someone looking at your pictures said that since you are a mental patient, your art will represent your psychological problems or if someone referred to your art as schizophrenic?



*"I would feel hurt, rejected and sad.*

*I do my art to suit myself and other people. I feel as if they are rejecting me and my art when they call it schizophrenic. I feel as if they are ignorant and don't know what a good artist is. They have to paint themselves to understand what art is and how it would feel to have your art called schizophrenic.*

*I am very humble about my art work. I am always trying to make it better and nobody has a right to place obstacles in the way of my progress."*



fig. 26



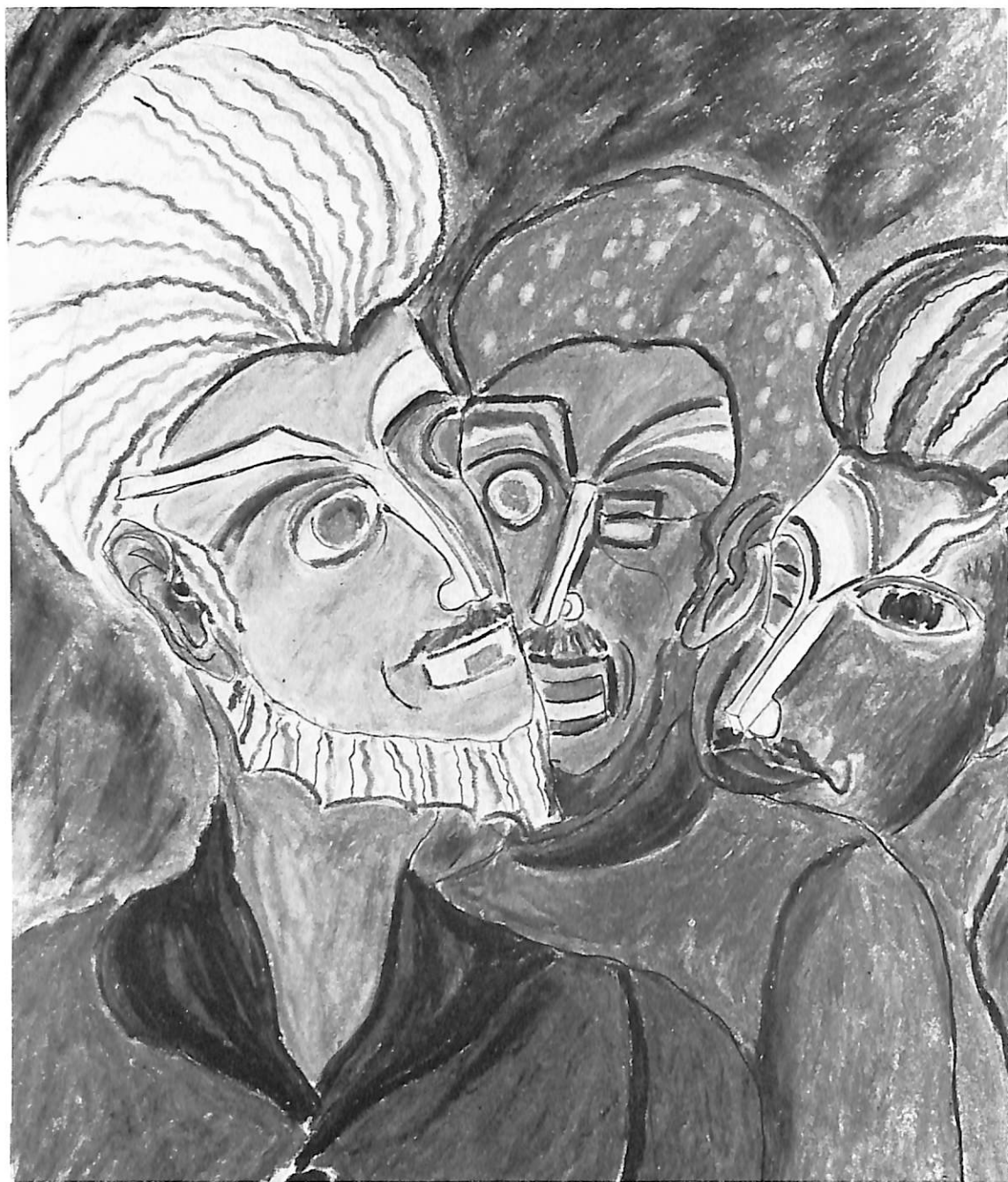


fig. 20



fig. 21

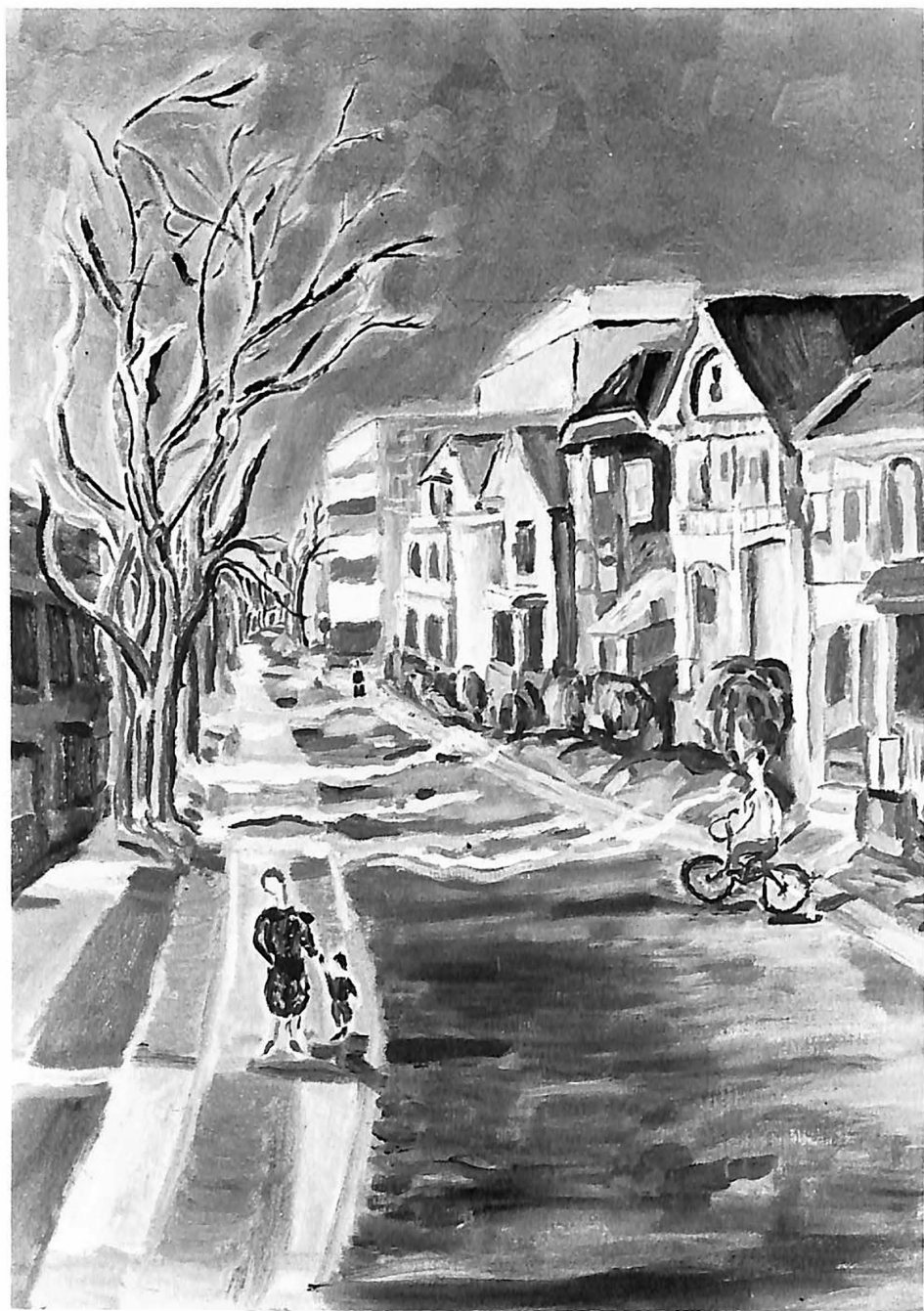


fig. 22



fig. 23





fig. 24

R. HOLLAND

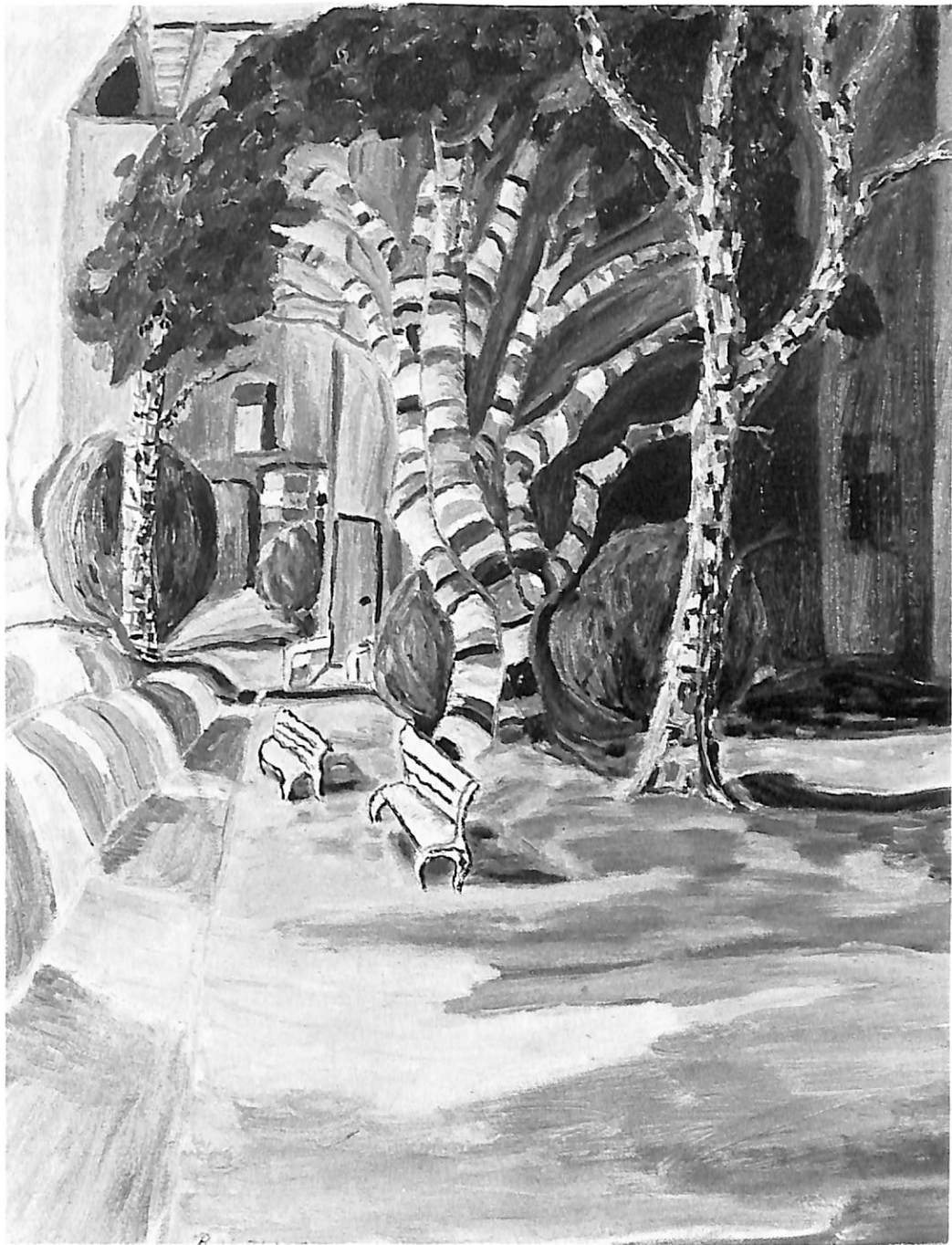


fig. 25

The work of Anthony, Bernice and Priscilla was shown in the widely circulated exhibition, ART THERAPY AT DANVERS. In addition to their case studies, the exhibition presented a variety of individual works of art produced by other people involved in our art therapy program. We facilitate creative expression in the lives of people who are untrained in the visual arts by constantly presenting them with artistic task situations which break down crippling inhibitions.

We have included representative samplings from the work of James, Ruth, Christopher and Marlene as examples of the aesthetically significant art that often emerges from our art therapy activities. I must make it clear that our program is based upon the philosophy that art is a universal experience open to everybody who wishes to participate. We are primarily concerned with the uniqueness of each individual and with his interaction with others through art. Within the therapeutic experience aesthetic value judgments are not stressed and the work of each individual is approached as an important and vital human expression.

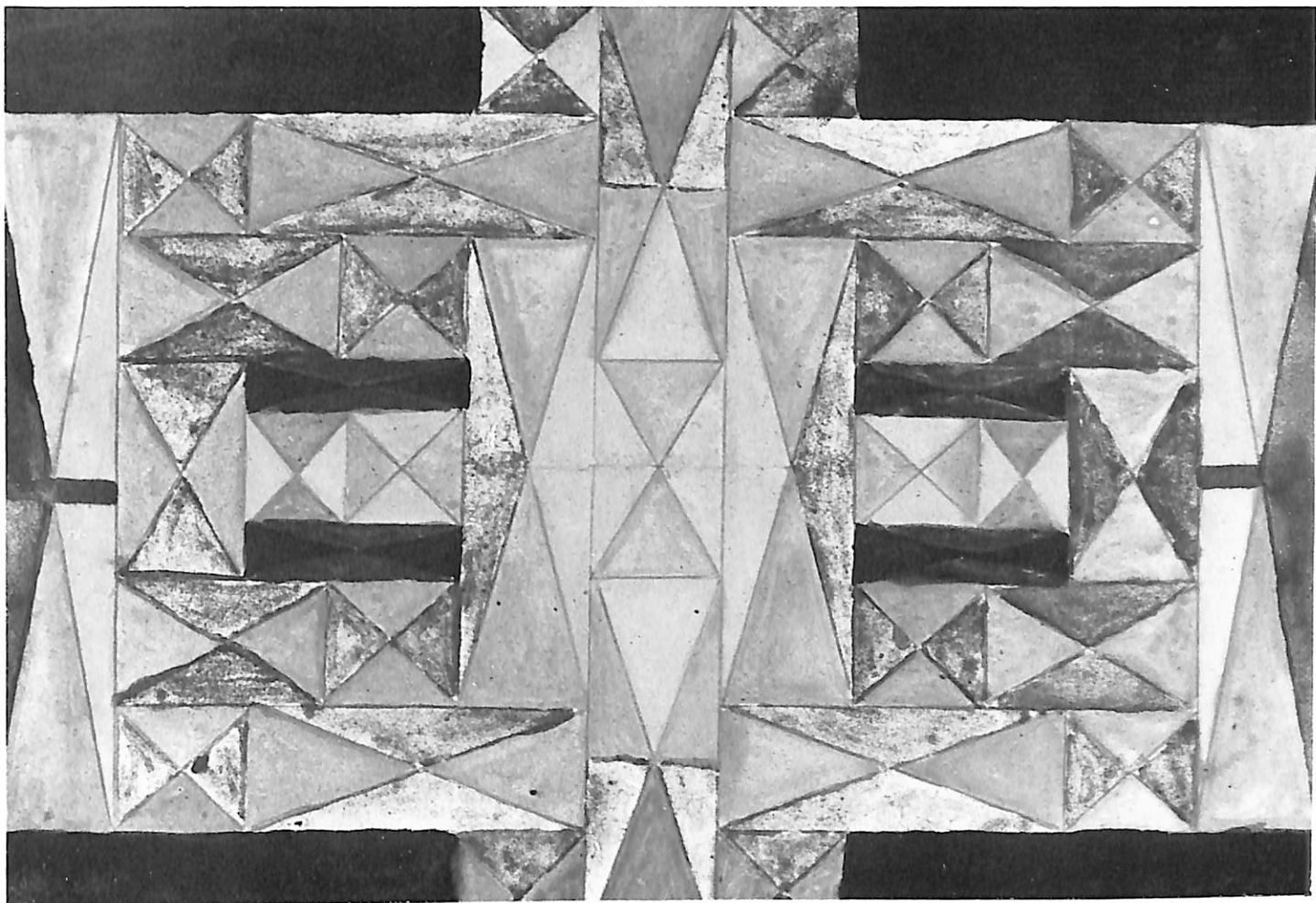




Janice by Ruth



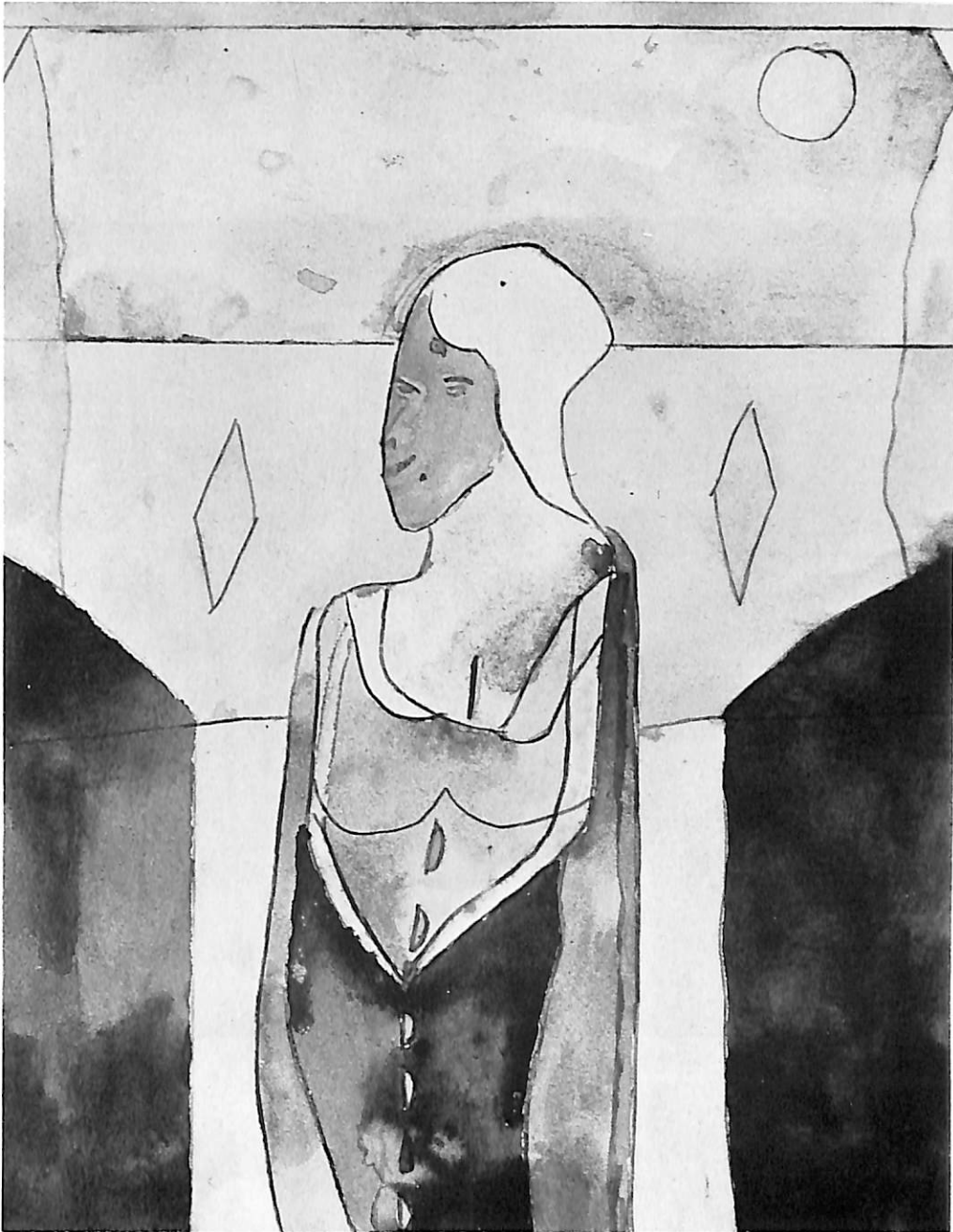
Untitled by Marlene



Untitled by James. James, 55, has been a deaf mute since birth.



Untitled by Christopher



Untitled by Christopher





Untitled by Ruth

The exhibition, ART THERAPY AT DANVERS, was originally shown at the Addison Gallery of American Art, in December of 1972. The Addison Gallery and the Massachusetts Council of Arts and Humanities have sponsored a tour which includes the following institutions:

The Office of the Lt. Gov. of Massachusetts,	Summer, 1973;
The Center for the Arts, Wesleyan University, Middletown, Conn.,	August 29 – October 11, 1973;
Hampshire College Gallery, Amherst, Mass.,	October 28 – November 17, 1973;
The Carpenter Center for the Visual Arts, Harvard University,	November 19 – December 13, 1973;
Gallery One, Carnegie Hall, University of Maine, Orono, Maine,	January 15 – February 15, 1974;
The Currier Gallery of Art, Manchester, New Hampshire,	February 23 – March 23, 1974;
Fordham University at Lincoln Center, New York City,	October 2 – October 30, 1974;
Worcester Art Museum, Worcester, Mass.,	November 12 – December 13, 1974;



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