

Viewpoints

Rekindling the Multicultural History of the American Art Therapy Association, Inc.¹

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There are few among us who would disagree with the importance of stories and personal narratives in art therapy. Most of us seek to elicit them from our clients. As art therapists, we see it as our responsibility to honor each individual story, help integrate it where it is disconnected, and guide our clients to illustrate these narratives in a manner that allows for healing. Stories, whether personal or communal, offer a glance into belief structures, values, and lessons.

Stories in the oral tradition often intentionally leave room for interpretation and variation. They may be told in song, stitched into art, and shared on special occasions. Written stories, even the most detailed, are often no more than outlines for a larger story too detailed or nuanced to record. Those who lived through a particular time are able to read what is chronicled and fill in the spaces with cherished details they learned from those before them. Those unfamiliar with the historical background may view history on the written page as more canonized, rigid, and absolute. Colorful anecdotes are often lost in the written text.

No history can be recorded by any one book alone. But much has been done in recent decades to more fully recognize *all* of the contributors and not just those in the privileged position of being the historians. Women who helped create history are finding a new place in history books, as are people of color. The history of art therapy in the United States is no different in this respect from other histories. The stories of the disenfranchised were usually not known or recorded and were often maintained for future generations only in the oral tradition. Many of these

stories were maintained by art therapists of color. They wanted to ensure that the teachings and struggles of their predecessors would not be forgotten, that their contemporaries would continue to carry the torch, and that their students would know their place in a long and rich tradition. In her book *A History of Art Therapy in the United States*, Junge (1994) wrote:

Clearly, this cannot be a comprehensive history. There will be inevitable omissions since, like those writers before us, we too are limited in information and have made particular choices. Fortunately, because art therapy is a relatively new endeavor, much is still “living history” and there are those who can tell us what is missing. (p. xxi)

Although some were raised to light in *A History of Art Therapy in the United States*, many art therapists remained in the shadows because of their lack of inclusion. Most notable are art therapists of color who, like others listed in Junge’s book, were in the forefront of the developing field of art therapy. One such missing person in the visible history book of art therapy is Lucille Venture. Dr. Venture is a Black art therapist in Maryland. She was an original founder of the Maryland Art Therapy Association and was the first person in the United States to acquire a doctorate with a dissertation focused exclusively on art therapy.

This paper focuses on bridging these two texts: *A History of Art Therapy in the United States*, written by Maxine Borowsky Junge (with Paige Asawa) in 1994, and *The Black Beat in Art Therapy Experiences*, a dissertation written by Lucille Venture in 1977. The first, a well-known historical text, was published by the American Art Therapy Association (AATA) to celebrate its 25th year of existence. The second is known only to a few. But Venture wanted to ensure that there would be a history written from the position of those who were disenfranchised. Many that she knew in art therapy were Black, but not all.

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¹ **Note:** This Viewpoint and the one that follows are placed at the front of this issue of the journal to underscore the importance of this series about and by art therapists of color. The Viewpoint section will return to its normal placement with the next issue.

I begin by offering an integration of the two works to provide a more comprehensive understanding of the development of art therapy. As often as possible, I offer direct quotes from these texts so readers may make their own comparisons in addition to the ones that I provide. Specific areas of focus include the early influences of art therapy, development of AATA, education standards and the “Registered Art Therapist” (ATR) designation, AATA membership, and future directions.

Early Development of Art Therapy

It is not surprising that much of what are assumed to be the early influences of art therapy were steeped in controversy. Many can retell the struggle between “art psychotherapy” as postulated by Margaret Naumburg and “art as therapy” as set forth by Edith Kramer. What has been lost in the recorded story is the impact that the rigid stance of subscribing to either one of these beliefs may have had on art therapists and communities of color.

Naumburg

Margaret Naumburg was heavily influenced by Sigmund Freud’s psychodynamic theory and concept of the unconscious. These are understood to be at the root of the practice of art therapy. According to Junge (1994):

In the United States, art therapy comes primarily out of the psychoanalytic tradition. With the expanding interest in and knowledge of psychoanalysis, a few artists and art educators combined their skill in art with the study of analytic theory, sometimes undergoing personal analyses. This synergy between art and psychology eventually came to be called art therapy. (p. 21)

Naumburg’s focus on the use of art as a tool to reach the unconscious followed Freud’s work very closely. Her model often required many hours in the therapist’s office. In addition, because she often encouraged art to be completed outside of therapy sessions, the patient was expected to spend much time at home reflecting and looking for insight. Her method was clearly intended for clients who had the luxury and leisure of time.

Venture (1977) viewed Freud’s theories and the application of those theories as prohibitive to communities of color, particularly impoverished communities. She wrote:

Art therapy, historically, has its base in Freudian theory. The major significance of this theoretical model to the application of art therapy is its exclusiveness. Traditionally, art therapy, like other therapies, is not for the masses, not for the poverty stricken, not for Blacks. (p. i)

Further, Venture stated:

It is significant that art therapy has not yet made an impact on the Black community. This may be because art therapy has its philosophical base in Freudian theory and practice, which has, from its inception, focused on middle and moderately disturbed, middle-class individuals. In fact, Freud

was extremely clear about who benefited from Psychotherapy [*sic*]. He stated frequently that, while his personality theory was inclusive, the method and treatment derived from it was [*sic*] quite exclusive. (p. 30)

Venture’s concern was that this style of art therapy would not be available to or useful to people with diverse needs. She wrote: “It is my feeling that art therapy, if it is to be effective, must be approached in a manner which enables the poor to become actively involved, on their own terms, in the struggles against racism and poverty” (p. 81). As a seasoned art therapy clinician, she knew of another model that she felt *did* work.

Kramer

Another model of art therapy taking root was the notion of “art as therapy” embodied in the work of Edith Kramer. Junge (1994) wrote: “[Kramer] forcefully postulated the importance of the creative process itself as a healing agent” (p. 31). Artmaking itself was therapeutic and applicable to a more diverse range of clients being seen in a broader array of facilities. Regarding the work of Kramer, Venture (1977) wrote:

Miss Kramer has broadened the dimensions of art therapy with her approach. She makes use of art as a therapy for a broad and varied segment of our population (poor, minorities and oppressed). Her approach and work indicate that the creative process can be a means both of reconciling emotional conflicts and of fostering self-awareness and personal growth for all people. (p. 38)

Venture felt that artmaking as a growth-enhancing activity and not merely a means to an end allowed art therapy to be accessible to more people. For Venture, the art therapist was not an interpreter but rather a guide. Venture saw Kramer’s model as one that could greatly benefit the impoverished in society. The second half of Venture’s thesis focused on the application of this theory in her Crisis Art Therapy Program, which served as a behavior management program in an alternative school, and in the Kid’s Room, a program in a mental health clinic for clients as they waited for their appointments.

Formation of AATA

As individual art therapists began to realize that they were not alone in incorporating artmaking into healing practices, they started to network with each other. In the mid 1960s, several art therapists took the bold step of separating themselves from the International Society of Psychopathology of Expression to form their own group that would develop principles of practice, establish an identity, and attempt to escape the “medical hierarchy” (Junge, 1994, p. 87). Junge noted: “This kind of separatism of a minority group is sometimes an unwanted result of prejudice, but is also a much-practiced strategy and a recognizable first step of minority groups of all kinds to achieve equality” (p. 87).

In an interesting parallel, this need to separate was mirrored by art therapists of color. Having encountered prejudice due to racism in education and methods of practicing art therapy, art therapists of color formed their own committees within the American Art Therapy Association to find a voice in the field. Some significant achievements, as recorded by Venture (1977), include:

1. In 1973, the ad-hoc committee To Investigate Encouraging Minority Groups to Enter and Study in the Field of Art Therapy was formed. It was composed of four Black ATRs and four Black master's degree students. The resulting monograph from the committee was titled *Art Therapy and the Third World* (p. 78).
2. In 1974, at the 5th Annual AATA Conference, Cliff Joseph, whom Venture described as a "prime force" in the New York Art Therapy Association and a professor at Pratt Institute Graduate Art Therapy Program, led the panel "Art Therapy and the Third World" (p. 73).
3. In 1975, at the 6th Annual AATA Conference, one of the major focus points was "Art Therapy and the Third World: The Rationale for a Culturally Specific Approach" (p. 53).
4. In 1976, Venture was the third president of the Maryland Art Therapy Association, co-chairperson of the 7th Annual AATA Conference, and chairperson of the ad hoc committee To Investigate Encouraging Minority Groups to Enter and Study in the Field of Art Therapy (p. 63).

Education Standards and Development of the ATR

Originally, the American Art Therapy Association (AATA) allowed art therapists to be trained through a variety of means such as self-education, apprenticeships, and in-services. When that changed in the mid 1970s, with the requirement of formal art therapy education and a requirement of registration, many practicing art therapists were not eligible for art therapy credentialing. Many viewed the new criteria as prohibitive, particularly to art therapists of color. The new criteria were (a) the requirement of a master's degree from an art therapy master's program (the master's degree became the entry level into the profession), (b) the requirement of experience in a psychiatric setting, and (c) the requirement that only paid hours would count for registration as an art therapist. These were seen as potentially restrictive requirements for those who could not attain a master's degree; for those who worked in art as therapy settings, including community studios and schools; and for those who volunteered their time to gain experience. In regard to the requirement for the psychiatric setting and knowing the broad variety of ways in which art therapy was previously practiced, Elinor Ulman and Edith Kramer urged that the field be extended beyond psychiatric facilities and pushed for a field that would include mental health but would also incorporate special education and rehabilitation (Junge, 1994).

AATA's development of art therapy education standards and decisions about who would be included in the profession were met with heated debate within the organization. Before there were training programs, art therapists learned through reading, attending lectures and workshops, and bridging what they knew about art and therapy. Despite how they came to the field, according to the minutes from the first meeting of art therapists in 1968, "All those art therapists who are and have been actively engaged in our profession will be invited to become charter members of the organization under this [grandfather] clause" (Junge, 1994, p. 89). But for the future, Venture worried that practicing art therapists of color, many of whom were involved in community arts rather than mental health, might not meet the new criteria and, therefore, would have a difficult time gaining the ATR.

A master's degree as entry level to the profession was seen by some as a way to formalize the training of art therapists and gain important recognition from colleagues in other fields of mental health. To others it was seen as a barrier. Referring to the master's degree requirement, Venture (1977) wrote, "She [Edith Kramer] feels that the master's degree requirement of AATA is 'shutting the door' to minority individuals interested in art therapy. Miss Kramer constantly advocates keeping the 'doors open' for minority people, but maintaining a quality program" (p. 37).

Junge (1994) notes Kramer's opposition to the necessity of academic training. Kramer pushed for allowing art therapists to receive training beyond academic settings, citing that these serve as a potential barrier to people of color:

Such a development would exclude two kinds of people... the intellectually gifted, self-directed person...and the intuitive person, gifted in working with people and with art materials, who has no talent or interest in book learning or whose education has been so neglected that book learning is bound to remain alien to him [*sic*]. (p. 138)

In a letter written to Myra Levick, the president of AATA at the time, Kramer stated:

I know that I should never have entered the field of art therapy had I been required to follow a conventional course of academic training. I feel that it is essential that the door should remain open to others who, like myself, are too eccentric, too passionately devoted to their own purposes, too disillusioned with the academic establishment, or for other reasons unwilling to acquire [*sic*] the well informed rebellious mind lacking degrees and the academically inadequate working person who compensates for it by unusual capacities in practical work. (Junge, 1994, p. 139)

As for how art therapy was being taught in master's programs, Venture (1977) observed:

The exclusionary process, beginning with the formulation of art therapy to follow the Freudian concept, is continuing to be perpetuated within the art therapy training programs of colleges and universities. The outlook appears more grim for minority students, when one realizes that all of the leaders and professors of these programs are members, and in

most cases, leaders in the American Art Therapy Association. (p. 56)

Venture found hope in the development of the first humanistic art therapy program at Pratt Institute in New York City in 1970. But Junge (1994) comments that the program director, Dr. Joe Garai, felt that his humanistic philosophy was not well regarded by those who insisted that art therapy remain rooted in psychodynamics (pp. 143-144). Venture saw Pratt's and Garai's move to the humanistic perspective as a shift to a new theoretical focus for treating the whole person. In her observations she wrote, "It is important to note that some Black children have no wish to engage in the introspective self-analysis which may result after their drawing; their problems are frequently more tangible, requiring the exploration and application of alternative solutions" (p. 107). Within the humanistic model, art therapy incorporates prevention and, therefore, art therapists might move into new settings including community agencies and correctional facilities. This shift to a humanistic slant, according to Venture, would allow art therapists to serve a new, and not just entitled, population.

Pushing for a broad perspective to include the many ways in which art therapists received their training, Venture, with the guidance of Kramer, prepared an alternative educational plan to be presented at the 1977 AATA board meeting. In her dissertation, Venture (1997) wrote:

The writer feels that institutions and organizations arbitrarily create entry requirements that only certain segments of the population can attain—this is not humanistic or equitable. The American Art Therapy Association had the opportunity to make tremendous inroads into the exclusionary status of the field when it began to formalize and articulate standards of requirements for the Registered Art Therapist. Instead, the AATA followed the conventional path of the institutions and organizations, and created entry requirements which can be met by only a certain segment of the population.

The requirement of a master's degree in art therapy and paid experience as criteria to qualify for an ATR immediately excludes most browns, blacks, and whites who have traditionally not had access to the field of art therapy as learners or providers of service. Indeed, the AATA needs to focus attention on the value of experiential learning and develop entry criteria which would consider persons holding bachelor degrees coupled with relevant experience in providing helping services, as being qualified registered art therapists. This would be supported by an additional requirement that these persons further take appropriate art therapy courses and trainings designated by the leadership of AATA. I think it is important to note that this would not diminish the "quality" of the art therapist, but it would provide avenues of learning and professional status for minorities who could then work within their own communities. (pp. 193-194)

Membership of AATA

Venture (1977) was keenly aware of the lack of representation of art therapists of color in AATA. According to



Figure 1 Lucille Venture

her thesis there were over 700 members in AATA, 320 of whom were ATRs. Of those numbers, only 20 members were Black and only 9 of these were ATRs. On this subject, she wrote:

The underlying assumption that the poor (Blacks and other minorities) have not the aptitude to participate positively in individual therapy is reflected in who has access to therapy, and indeed, who "does" the therapy. That there is little more than a handful of Black professionals in the field of art therapy, as reflected by membership in the American Art Therapy Association, is as important a revelation as is the status of the group who generally do not have access to art therapy. (p. 30)

Beyond the aforementioned reasons of the master's degree and other strict requirements, Venture (1977) recorded a potential problem in the screening and interviewing of people of color wishing to be considered candidates in art therapy training programs:

Could the problem be that the entrance requirements are so stringent and selective until no Black student qualified? The director [of an art therapy program] stated in an interview that she had the sole power to say "yea or nay," based on whether she felt that she could "live with them" (students) for a year (as their major professor). Isn't this too much power? If the director likes the way the individual looks and acts, and if the potential student presents a creative art portfolio, she [*sic*] may be accepted as one of the chosen few. However, if the director doesn't like a prospective student's looks, or her tone of voice, or her body language, or if her art expression appears "off beat" in the director's opinion, the individual is out. This is the type of power that causes powerless people to have problems. (pp. 54-55)

Venture outlines the problems that can arise in a cross-cultural relationship in which differences in speech, behavior, and expression are misunderstood and seen as inappropriate.

Future Directions

Looking at the past without seeing how it can inform the future can at times be no more than an academic exer-

cise. In the final paragraph of her book, Junge (1994) stated, "Art therapists may have a particularly advantageous perspective from which to foster societal change in order to make a more humane and just world" (p. 283). While we create a force for social change, we must look at what we can change in our own profession in terms of reconciling history and striving to be the inclusive organization that we desire. Venture (1977) challenges AATA to ask itself the following questions:

- Will it share the power of running the organization?
- Will it give more than "lip service" to the help of disadvantaged people of all colors?
- Will it look at culture as it plays a part in all educational methodology?
- Will the American Art Therapy Association truly be a humanistic organization? (p. 193)

Sadly, 35 years later, Venture's questions are still relevant today. Venture (1977) wrote about one way to ensure that AATA continues to meet its goal of multiculturalism: "[There is] a need for culturally different art therapists [that] must have more than just rhetoric service for it to be accomplished. This problem needs a fiscal commitment, along with dedication 'in the field'" (p. 79). Venture sees a great role for art therapists of color and their allies to be charged with the role of "constantly bringing to the larger body's attention the needs and concerns of and for minorities" (p. 79).

Bringing together the whole history of art therapy in the United States can have several benefits. In addition to giving us a better picture of the challenges faced by the founders of the profession, it validates the experiences of all

those who have struggled. In particular this includes the art therapists of color such as Lucille Venture, Cliff Joseph, Georgette Powers, Charles Anderson, Sarah McGhee, and others who were leaders and pioneers in the field. There are those who have practiced art therapy in their own way and have not seen themselves represented in our traditional, psychodynamic-based history who may now see their lineage. As current and future art therapists of color see themselves represented in the history of the profession, they will, I hope, be able to take their proper place at the table and gain the recognition they deserve. Those who have historically felt neglected or marginalized may now be drawn to the field when they see the contributions made by others who felt similarly. For all of us, an important reminder is that the field and practice of art therapy have always been diverse in terms of practitioners, styles, trainings, and settings. We can learn from this great diversity within our community and use it to creatively serve those with whom we come into contact, both clients and colleagues.

What we need now is not only a discussion of history and "facts," but also an examination of how we all fit into this diverse history, how we can preserve it, and how we can use it as a foundation from which to move into the future.

References

- Junge, M. (with Asawa, P.). (1994). *A history of art therapy in the United States*. Mundelein, IL: American Art Therapy Association.
- Venture, L. (1977). *The Black beat in art therapy experiences*. Unpublished dissertation, Union Institute (formerly Union Graduate School), Cincinnati, OH.

C a l l f o r P a p e r s

Art Therapy: Journal of the American Art Therapy Association is seeking submissions for a special issue of the journal that focuses on men in regard to the field of art therapy.

Special Issue: Men in Art Therapy

The focus of this special issue is to explore the unique concerns of men in the art therapy field, their experiences as art therapists, their use of artmaking as a healing process, and the particular needs of male clients. Articles should focus on the male perspective on art therapy theory and practice including, but not limited to, research focusing on the minority status of men in the field of art therapy; inherent differences between men and women that may affect art therapy practice; differences and similarities between men and women regarding salaries, job selection, and career paths; experiences of male art therapists electing to work with or being matched to male consumers; cultural stereotypes that affect men as both providers and recipients of art therapy services; male cognitive, verbal, and visual communication differences; art therapy professional concerns including recruitment of students and retention of practitioners; consumers' perspectives regarding male art therapists; and special concerns when working with male consumers. Authors are encouraged to include artwork pertaining to the experiences of men in art therapy. Men are strongly encouraged to submit articles for this special issue due to their personal connection to this topic.

The deadline for submissions is April 30, 2006.

Please refer to the "Guidelines for Submissions" and "Attention Authors" pages published in every issue of the journal for specific requirements regarding style and format of submissions. Send submissions to: *Art Therapy* Editor, c/o AATA, 1202 Allanson Road, Mundelein, Illinois 60060-3808.