REFLECTIONS

ART THERAPY IN OZ: REPORT FROM AUSTRALIA


We are American art therapists currently teaching in the first art therapy master's program to be established in Australia. The aim of this report is to describe, from our perspective, the development and present status of art therapy in Australia, introducing the reader to information about its history, its national association and its current trends in training and practice. Also included is a comparison between Australian and American art therapy that highlights the unique features of Australian art therapy and its potential to offer a distinctive contribution to the art therapy field as a whole. In order to bring to life the adventurous quality of working in this part of the world and to give the reader a sense of "being there," we have interwoven personal impressions in our separate voices throughout the factual information of the text.

About Australia

Australia is a young, energetic country similar to the United States in many ways. It is the world's smallest continent and largest island with a land mass about the same as the US, excluding Alaska. A major difference between the US and Australia is the latter's vast areas of uninhabited land. Most of its population lives on the coastal fringe. For Americans visiting or living in Australia, it is a mix of both the familiar and the exotic.

MC: Before my arrival, I thought of Australia as the ancients referred to it—"Terra Australis Incognita," the unknown southern land. I had never been to Australia before so I really didn't know what to expect. I suppose that, because Australia is so far away, I imagined that it would feel very foreign. I was surprised, however, to see how similar Australia is culturally to the US. In fact, it is sometimes easy to forget just how far one is from North America because the life style here is so close to ours. But the occasional sight of a flock of wild cockatoos flying over the rooftops or a field of exotic wildflowers found nowhere else in the world serves to put things in their proper geographical perspective.

Despite Australia's Western traditions and orientation, it is geographically part of Southeast Asia and it is very much a multicultural society. Since the 1940s, more than four million people from more than 120 countries have settled in Australia and one-fourth of the population is foreign born (Cummins, 1989). Although many cultural aspects have their roots in Europe and North America, the traditions of Austra-
lia's Asian neighbors and its own unique history and terrain have also made an impact.

**FFK:** I first understood why Australia is called "Oz" on a windy day in late August—the end of winter in this "upside down" land. Standing on a hill with a bed of pink everlasting flowers in front of me and surrounded by clumps of muted green eucalyptus, grass trees and other native flora, I could see across a vast plain to a knife-edge horizon, broken only by Perth's handful of skyscrapers. I felt like Dorothy when she first glimpsed the Emerald City, and I later made a drawing of the scene that I titled "Oz without Glasses"—because no special aids were required to enhance the sense of wonder that I felt.

### The Founding of Australian Art Therapy

In the field of art therapy, professional associations and university-based programs have existed in the US and Europe since the 1960s (Ulman, Kramer & Kwiatkowska, 1977; Waller, 1991) but have only recently been introduced to Australia. The first Australian art therapy master's program was established in 1992 at the Academy of Performing Arts, Edith Cowan University in Perth, Western Australia. Along with recommendations from some local therapists and artists, the program's design incorporates features from models of art therapy training in the US and Britain. It provides students with a combination of theoretical and experiential coursework and with field experiences. In line with British models, the students attend individual tutorials to facilitate reflective processing of coursework experiences. Throughout their graduate training, they are also required to attend non-graded sessions run by practitioners skilled in group therapy. In most other respects, the curriculum resembles American art therapy programs and includes courses in history and theory, clinical applications and research.

**MC:** I feel quite honored to be playing a pioneering role in developing art therapy in Australia. In December of 1993, our university graduated the first six art therapy master's degree students in the country. This momentous event marked the beginning of a new and important phase in the evolution of the art therapy field and I was proud to be a part of it.

Prior to the opening of Edith Cowan's program, the options for those wishing to study art therapy were extremely limited. The choices were Edith Cowan's postgraduate certificate program (the precursor of its art therapy program) or a course of study titled "The Arts in Therapy," developed by La Trobe University in Melbourne in 1991 as part of a master's degree in counseling.

The reasons for the delayed development of art therapy in Australia are not clear but may have something to do with its history as a penal colony (Gilroy & Hanna, 1994). Behavior therapy seems to be the preferred psychiatric treatment in Australia, perhaps because of its compatibility with the reward and punishment thinking of the old prison camp days. Psychodynamic therapy (including creative arts versions) has not been as popular in this part of the world where the distinction between mental patient and prisoner was apparently blurred in the early days. The fact that there are only approximately 20 psychoanalysts practicing today in Sydney, Australia's largest city, offers some support for this viewpoint (Gilroy & Hanna, 1994). In any case, the times are changing and art therapy is beginning to make a place for itself in the psychotherapeutic community.

Among the art therapists currently practicing in Australia are those who were the first art therapy graduates in the country as well as those who have received art therapy training overseas. In addition to this small number of formally trained art therapists, there have been some Australians using art therapeutically for more than 30 years. During the 1960s, for example, the notable Australian painter Guy Grey-Smith pioneered the therapeutic use of art in Perth's Sir Charles Gairdener Hospital working with patients suffering from tuberculosis. He was first introduced to art therapy by Adrian Hill (a seminal figure in British art therapy) while Grey-Smith himself was recovering from TB in a sanitarium in England (Klepac, 1976). His successor at Sir Charles Gairdener, artist Jo Allison, continued his work for the next 21 years and extended art therapy to include patients on the hospital's psychiatric ward.

Jo Allison, now retired, is also a founding member

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1"Oz" is Australian slang for Australia.
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of the Australian National Art Therapy Association (ANATA), which was established in response to the increasing level of public interest in art therapy and the anticipated demand for art therapy services in Australia. Since its inception in 1987, ANATA has been steadily growing (127 members reported for the last financial year—Paramanathan, 1994), attracting the involvement of art therapists and related professionals in exchanging information on clinical practice and research in the field. Like other art therapy associations, ANATA is promoting ethical and professional guidelines and criteria for the training of art therapists. The association publishes a quarterly newsletter and has, for the past five years, sponsored national art therapy conferences. In its short history, ANATA has achieved much in raising the professional profile of art therapy in Australia, in linking up internationally with other art therapy associations and in establishing a foundation for the progressive development of Australian art therapy practice, training and research. The current challenges facing the association include setting up standards for ANATA registration and proposing guidelines for course accreditation.

The most recent ANATA national conference was held in Perth (December, 1994) and was the first to be held in Western Australia. The conference, titled “Art Therapy: Creating a New Vision for Australia,” was hosted by the Art Therapy Department at Edith Cowan and was successful in bringing together approximately 100 participants who attended workshops and presentations on a wide range of topics given by art therapists from Australia and overseas. This conference was effective in generating interest in our art therapy program and in the field of art therapy generally.

FFK: After attending national art therapy conferences in the US with 1000 or so participants, it seemed strange to be one of only 100 attendees at the ANATA conference. As the conference progressed, however, I developed a feeling of nostalgia for the “good old days” when participating in an American Art Therapy Association conference felt less like being fed through an assembly line of numerous tightly organized presentations that offered little opportunity for personal interaction between presenters and audience. And I felt inspired and energized by being with a group of people who had not yet “heard and seen it all” when it came to art therapy, who were excited by and open to discoveries in this area.

The conference followed another first for Western Australia—the first university art exhibition of work by art therapy students. In this exhibition, students displayed work that centered around themes aimed at educating viewers about the nature and benefits of art therapy. Both the conference and the exhibition attracted a great deal of media coverage, serving to put art therapy in the public eye.

MC: I was quite happy to know that a major television news station was interested in presenting a segment on art therapy. I had hopes that the TV coverage would be a great help in advancing the art therapy field in Western Australia. It was disappointing to see, however, that the report was presented with a certain suspiciousness and even ridicule, describing art therapy as some new form of “crystal ball gazing.” The overall condescending tone of the report showed a profound misunderstanding of art therapy and was typical of the kind of knee-jerk reaction that we sometimes encounter in the US when people first hear about art therapy. Despite the negativity of the coverage, it was quite surprising to find that a great deal of positive interest was generated by people who had viewed the report and who wanted more information about art therapy, our program and our upcoming national conference. So without intending it, the producers of the report did promote art therapy in at least some of their viewing audience who were not put off by the media’s bias against it. This was quite unexpected and encouraging, strengthening a sense of purpose in my efforts to develop art therapy as a response to a desire and need in the community.

Further Growth and Development

A second art therapy master’s program was established in 1993 at the University of Western Sydney at Napean in New South Wales. This program, like the program in Perth, is affiliated with ANATA. The establishment of two art therapy programs—one on the East Coast, the other on the West—has greatly improved the opportunities for training art therapists across Australia. Recently, these two programs have worked together exchanging ideas about training, fa-
cilitating professional networking and collaborating on mutually beneficial projects such as the organization of the 1994 ANATA conference. Future collaborative efforts hold great promise for the pooling of resources in the areas of reciprocal student placement arrangements, co-sponsored presentations and the interchange of visiting lectureships.

There are some differences in the philosophy and course structure of the two programs. At Western Sydney, the emphasis is on psychoanalytically-oriented art therapy (University of Western Sydney, 1992) whereas the approach at Perth is more eclectic. Although the course structures of the two programs differ, the entrance requirements (BA in art, psychology or a related degree), the format (combination of academic and practical courses) and the objectives of the training (professional development and research) are similar. It should be kept in mind, however, that these programs are still in a formative stage and are likely to experience many changes in the next few years.

Presently, both programs require students to enroll in clinical placements that familiarize them with the various therapeutic services in Australian hospitals, schools, residential treatment programs and community health agencies while also giving them the opportunity to plan and conduct art therapy sessions with the various client populations in these settings. Art therapy has been highly regarded in these facilities and this has already led to some full- and part-time work for placement students. We find this particularly heartening as there have been few employment opportunities given the newness of the field in Australia. As has been the case in the US, art therapy training is beginning to stimulate the creation of positions and to promote the growth of the profession. At the same time, financial considerations are functioning as an inhibiting factor. Australia has a national health insurance scheme, but psychiatrists are the only mental health professionals reimbursable under this system. Private insurance is available (Cummins, 1989), but the way things look now, it is unlikely that art therapy will be covered by either public or private insurance in the near future.

Differences from Art Therapy in the US

The acknowledged parents of art therapy training in Australia are the art therapy models developed by the United States and by Britain. Thus, similarities between the Australian approach and these older approaches are to be expected. It is by examining the differences, however, that the flavor of Australian art therapy can be most readily perceived. And, because we are more familiar with art therapy as practiced in the US, we will refer mainly to this practice in making our comparisons.

Most apparent among the differences is the pioneer spirit that infuses Australian art therapy— with all its attendant excitement and anxiety. Although a similar spirit informed art therapy in the US only a few decades ago, current professional concerns indicate that energy is now focused on refining and deepening a discipline that has successfully carved out a niche among the other helping professions. Compare, for example, a recent issue of the newsletters from each country’s professional association. The Australian National Art Therapy Association Newsletter (Wilson, 1993) focuses on training and raises the question of the ideal art therapy education for Australians. The American Art Therapy Association Newsletter (Paskind, 1994), on the other hand, makes it clear that training is a relatively settled issue and that certification, a more advanced professional concern, is the current “hot” topic.

But pioneering in Australia is not quite as it was in the US. There are special attributes with potential advantages for art therapy. One is that Australian art therapy is in a position to profit by the successes—and mistakes—of the rocky trail blazed by art therapy in the West. As a case in point, consider the controversy over professional standards that took place among American art therapists in the early 1970s (Junge, 1994). Some prominent US art therapists saw movement toward registration as premature crystallization of the field and fought against it. The issue was resolved by awarding Professional Quality Credits (PQCs) for different types of training and experience with a total of 12 PQCs needed for registration. Noting this bit of history should reassure Australian art therapists that setting professional standards can promote rather than hamper growth, as long as the process is approached creatively.

Another special characteristic of Australian art therapy concerns the type of students drawn to this new discipline. Not only are they generally more mature, as the first wave of students for a new area of study often are, but they evince a certain sophistication, a worldliness, that we have generally found to be lacking even in older US students.
FFK: The first day of class with the second-year students was intimidating. They discussed their thesis projects and their areas of interest and I was astounded by the scope of their vision. One student was working on a psychohistory of art therapy to determine why it evolved when it did. Another student professed an interest in doing art therapy on the community level. And a third was looking for the parallels between creative and spiritual development. I thought—without letting on, as I was supposed to be the American expert—"They could probably teach me a thing or two." And so, in fact, they did.

We attribute our students’ sophistication to Australia’s unique geographical and political situation. As citizens of a minor power with an essentially Western culture, educated Australians keep their eyes on the US and Western Europe and, in general, know more about us than we do about them. (Americans could profit by following their example and taking a similar interest in the world at large!) Further, the fact that they are located in Asia makes them more aware of Asian politics, lifestyle and arts. And this, in turn, provides alternative arts and healing traditions to inform Australia’s own brand of art therapy.

MC: Our proximity to Asia has already led to some promising undertakings that have the potential to enrich the training and practice of art therapy in Western Australia. At my request, for example, a revered Balinese mask maker/performer has recently been invited to our art therapy department to run a series of workshops on Balinese art in traditional healing ceremonies. Hosting such an artist helps to broaden our art therapy instruction to include a unique multicultural dimension and can lead to future collaboration with other Asian artists. My hope is that ventures like this will also attract prospective art therapy students from overseas, particularly from Southeast Asia.

Another important difference between US and Australian art therapy concerns the immediate environment. Australian’s have the ability to access a non-Western culture with "one of the longest continuous traditions of art in the world" (Caruana, 1993, p.7)—that is, the culture of Australia’s indigenous peoples. Although comparable in a number of ways to Native American groups, the Aboriginal community has unique features. Because they were hunter-gatherers until very recently, Aboriginals have relied on song, dance, story and image as their primary means of preserving and celebrating their culture for tens of thousands of years. And, in spite of destructive changes in Aboriginal society brought about by European contact, art has maintained a central role in their lives. This continuing involvement has led to a positive cultural stereotype that characterizes Aboriginals as "natural born artists" (Stanton, 1994). Further, their use of the arts offers a living example of what Ellen Dissanayake (1992) termed "art for life's sake" and thus provides an opportunity for those involved in art therapy to expand their understanding of the benefits of art-making beyond the usual psychodynamic explanations.

FFK: When I first saw Aboriginal art, I didn’t like it. The traditional palette limited to black and white and the desert ochers, the aerial and mixed perspectives, the emphasis on the schematic rather than the figurative, did not immediately appeal to my Western-trained ideas of beauty. But once introduced to the stories associated with the paintings, it didn’t take long for me to appreciate how they speak of a centuries old connection—one might say a love affair—with the land. I learned that many of these works are in effect special types of maps, and I began to see and understand their beauty.

Although no Aboriginals have as yet enrolled in Edith Cowan’s art therapy program, there has been some interface between our students and the Aboriginal community through art therapy internships. Further, we have been deepening our own understanding of this ancient arts tradition by conducting a program of ongoing research in this area. This program was initiated when art therapist and author Lucia Capacchione accepted an invitation to be a Research Fellow at Edith Cowan in 1993 and continues with our own individual and collaborative projects.

Footnote: Tonkinson (1978) noted that what may have been the last two Western Desert Aboriginal nomads were discovered living in a drought-stricken area in 1977.
MC: One of my goals as coordinator of Edith Cowan's art therapy program is to develop models of art therapy that can narrow the gap between Aboriginal and non-Aboriginal communities. Because arts involvement and healing are so interwoven in Aboriginal culture, art therapy may be an especially effective way of empowering Aboriginal people to restore a sense of well-being while also helping to preserve and revitalize their culture. It was with this in mind that I set up the first cross-cultural model of art therapy working with Aboriginal people. I am extremely encouraged by the results we have seen so far, and I am quite amazed by the creative vitality that is so evident in the art of the Aboriginal people we have worked with.

A final major difference involves the preferred psychological theory that forms the underpinnings for art therapy practice. In the US, Freudian theory still exerts a strong influence in the training programs in which we have been involved. Students, for the most part, come into these programs without showing a strong preference for a particular psychology theory and seem to accept the psychoanalytic framework shaping their training and practice. Contrary to our experience in the US, our Australian students come to the study of art therapy at Edith Cowan with a bias in favor of Jungian theory. Many of these students are widely read in Jungian literature and are quite familiar with Jungian concepts. We had thought that this preference for Jung might be a result of Australia's proximity to the "mystical" East. However, indications are that the growing interest in spirituality in the US has made Jung a popular favorite there as well (Taylor, 1994). It remains to be seen if this will eventually color the approach to Western art therapy education. As our experience here has confirmed, influence in the classroom flows two ways. It is not empty rhetoric to say that teachers learn from as well as teach their students.

Toward the Future

If art therapy develops in Australia as it has in the US and Britain, we can expect increased recognition for the field and more and more opportunities for art therapy employment. Indeed, the early evidence points in this direction. As mentioned above, a number of Edith Cowan students have been hired by the facilities where they were doing internships, and the recent spat of media attention has generated increased interest in the profession.

Australian art therapy, however, has the possibility of making a special contribution to the field and not just following in the footsteps of its parents. The ancient traditions of Eastern arts, including the Aboriginal tradition, are available to offer inspiration. Further, Australia's multicultural population has implications for the evolution of art therapy in this country and challenges Australian art therapists to develop culturally sensitive interventions. This means expanding concepts of art therapy to include the diverse value systems of the ethnic and racial groups in Australian communities and, by so doing, serving as an example for the West where Eurocentric approaches to therapy have been overly dominant (Campanelli, 1991). Now is the time, before the seedlings of Western art therapy crowd out all else, to add some indigenous flowers to this art therapy garden. It can only be hoped that Australian art therapists will prove to be wise gardeners.

FFK: Like many older art therapists, one of the lesser (but still important) reasons that initially drew me to the field was the opportunity to be involved in creating something new. As art therapy has matured in the US, I have found myself feeling restless and looking around for new territory to explore. In Australia, I have been able to re-experience the excitement of being a pioneer on a number of levels—from learning about a culture and geographical terrain other than my own to involvement in the establishment of art therapy in a new place. The experience has been enlightening and rejuvenating and I wouldn't have missed it for anything!

MC: Establishing home and work in Australia has given me a unique opportunity of self-discovery both on a personal and professional level. The exposure to the multilayered sights and sensations of this new environment has stimulated my creativity and my ongoing interest in the arts, rituals and symbolism of ethnic and indigenous cultures. I've gained a wider perspective, a broader vision of the world we live in and I'm more deeply aware of the global reality of being a planetary citizen. This larger frame of reference is a kind of world mindedness that has shifted my thinking and has been
a source of inspiration for exploring new conceptions and applications of art therapy. As I go on to live and journey further in this country, I hope I will continue to be transformed by what I discover in this land of great contrasts, the place the Aboriginal people call the Dreamtime where the archetypal potential to create and imagine is thought to be always emerging.

References


