



Selfportrait, Judith Rubin, 1951.



## Interview: Judith Rubin, Ph.D., ATR, HLM

Q: Dear Mrs. Rubin, you are a true hero of art therapy, being present in the time of art therapy creation, being in the fields of art, education, and psychoanalytic thought, and changing so many hats in the course of the years of art therapy establishment... Would you give us your opinion on the necessary circumstances or conditions for art therapy to come to be, in your experience personally and the field of art therapy in general?

A: It's a big question.

I think the way I put it in the film I made „Art therapy has many faces” and it's probably still accurate, it's an idea whose time has come. It was timely, a lot of things came together, and the roots are easy to trace.

There was work that was done in the early 20th century by people like Prinzhorn and other psychiatrists who got interested in the art of the mentally ill that was happening spontaneously in asylums in various parts of the world.

The medical staff observed that some patients were spontaneously drawing,

sometimes using art supplies, sometimes drawing on the wall, sometimes making sculptures of bread dough... So they observed these artworks, particularly drawings and paintings, and they were curious because they were aesthetically interesting. Prinzhorn, for example, was an art historian as well as a psychiatrist. Some of the clinicians were interested in the aesthetics of the artwork, but some were curious as to whether the artwork could tell them more about what these people were suffering from since many didn't speak or couldn't speak intelligibly, so, they were speaking through their art.

This was happening in the early 20th century, and Prinzhorn's book was published in 1922. That's part of the foundation of art therapy development.

In the art world itself, there was a revolution, in what was then called modern art, where the classic ideal of realism was being replaced by other ways of thinking of representation. One of them was based on psychoanalytic thinking and it was called surrealism. It had to do with the images that were seen in dreams, surreal, meaning beyond real. And then



there was expressionism which was also related to what was happening in depth psychology. Remember, Freud and Jung were operating at the turn of the century, the early part of the 20th c. These two guys that got together and then split up were laying the foundations. It's important to understand what was going on in people's unconscious minds.

So there was depth psychology, there was the art of the mentally ill, and also social anthropologists started to travel around, seeing and collecting the art of people from different cultures. They found some striking similarities like the fact that there were mandalas all over the world, this circle was happening in all kinds of places. So, ideas about the collective unconscious were bubbling in psychology, philosophy, and art in the early part of the century. Psychology or clinical psychology wasn't even born until that era.

And among the first things that clinical psychologists became interested in, was using projective techniques to diagnose people, which was another way of trying to learn from people's artwork.

So, there were psychiatrists who were trying to figure the patients out by looking at their art. And then there were

artists who became interested in this area. In England and the States, probably in other countries too, psychiatrists or other professionals that had something to do with the care of mentally ill people would invite an artist to come in and work with the mentally ill in a studio, to give a space where spontaneous artwork could happen. Some of them were researchers, like Dax in England. He was trying to study what people did spontaneously and he hired Edward Adamson who opened the studio in 1946.

Margaret Naumburg was invited by the director to come to a psychiatric hospital in New York and work with the children. So it was happening in different places.

Anise de Silvera's story, a Brazilian psychiatrist, is interesting in a humanitarian sense. She was against some of the abusive, what she saw as an inhumane treatment that was being given to people with severe mental illness and she campaigned for more humane treatment. She was actually jailed at one point because she didn't agree with a prevailing notion. She later opened a studio in a hospital in Sao Paulo that I actually visited (not her, the studio). There is a Museum of the Unconscious in Sao Paulo with the paintings of her patients.



In Japan, psychiatrists were interested in reading drawings. Generally, projective testing became very popular everywhere because people thought you could find out an awful lot from three drawings, house – tree – person. The Rorschach Test was also related to psychoanalysis. Many thoughts were given to learning from how people create and how people respond to art, a process of understanding people. However, the creative part is what really led to the growth of art therapy I think more than the responsive component.

Edith Kramer was in a school for disturbed boys who were not at all accessible to verbal therapy and probably wouldn't be accessible to any approach. But they were very accessible to her ideas about how to help people through art, which focused more on the creation of the art product as itself - healing in the sense of integrating. It's not the superficial understanding that many people have of art that it feels good. Yes, it does feel good. And yes, the neuroimaging studies reveal that people feel better when they draw, or paint, or do art, but it's more complicated than that. In Kramer's theory, which has to do with ideas of sublimation, conflicts are to be resolved by integrating, not by simply expressing or discharging verbally, which

is another misunderstanding about art therapy.

I think the history is complicated. It ended in the polarities of art as therapy and art psychotherapy. The truth is when you work with people you probably swing back and forth, at least in my experience. I don't think it's either-or. Even though you can kind of generalize with certain populations - with very articulate neurotics, art psychotherapy is more likely to be effective, and with nonverbal autistic individuals, you will probably need to focus on art as therapy. But that's an oversimplification.

My own experience, in a way, was not so different in that I was an art major, and then I was an art teacher, and then I sort of „retired” to have children. I had two toddlers, and I was teaching a class at a local college in art education. In college grad school I got very interested in the psychology of children's art. That was the first time I even saw the term „art therapy,” in the late 50s.

Naumburg published her work in the 40ties and her first book was a collection of articles, which was published in 1947. Kramer's first book came out in 1958 which was the year I was in grad school,



and Adrien Hill had published his book previously in 1945. And that was it, that was all the literature using this term. But I was very intrigued by what you could learn from children's art because I was an art teacher.

There was one other avenue or parallel source, and that was art educators, who became familiar with psychoanalytic ideas, people like Victor Lowenfeld in the US and Herbert Read in the UK. Lowenfeld was very dominant in art education for many years, his book „Creative and Mental Growth” was the bible for training art teachers creative work in mental health. He was in Vienna and he knew analysts and he was hearing about what was going on inside of people, and so he became very passionate about working with kids with disabilities. His first book is about his work with blind children, „The Nature of Creative Activity”, and it's fascinating. Florence Cane, who was Margaret Naumburg's sister, wrote the book „The Artist in Each of Us”. She too was talking about the therapeutic aspects. Naumburg was also an educator, she founded a progressive school in 1914, where she promoted creative activities.

Q: And you also were from this track, the art educator..

A: Yes. Once I was at a friend's house admiring her children's paintings when she said that they were collecting the kids' artwork at the school and studying it. I remembered what I had done for a child development course at Harvard, I read everything I could find on the psychology of children's art. So, I decided to volunteer, the subject fascinated me. I went to meet with the director of the preschool, this was 1963. and said I'd like to help with the project. She said, We would love to have you, and would you like to do art therapy?”. I said I am not a therapist, I am a teacher, I don't know anything about how to do therapy. She said she was a clinical psychologist and she will supervise me. So, she became my supervisor, and I went to a Psychiatric Hospital to work with children, with no clinical training at all.

Q: You have spoken a lot about the subconscious and spontaneous. Similar to your situation where you were dropped and started to explore, the situation in psychiatry how they started to explore



the spontaneous art expression, art happenings in the world, the world history at that time... would you say that the art therapy is then connected to the psychoanalytic thought? As you said, only in confinement did the spontaneous drawing start to be taken to observation. This is the focus, to observe and notice, which is in the blood of the art therapy too. The observation of kids drawing would also capture the automatic and spontaneous expression, which is also at the core of psychoanalytic thought. Was this what was important and interesting, what you were looking for as an art teacher, just tapping into the psychoanalysis then after?

A: Yes, as an artist I would say so too. My own art would have been characterized as „expressionistic” if I had to use the art terminology, certainly.. I grew up in New Jersey and New York mostly, and as a teenager, we went to the Metropolitan and the Museum of Modern Art every Saturday. There were collections of surrealists, expressionists, and futurists, and all kinds of works that I was familiar with and inspired by. So, I think my interest came from a lot of different sources. I love teaching as a matter of fact, but being a

therapist was even more exciting, more challenging, I had to use more of my brain, my heart, and my guts, to be able to understand.

I also connected with Margaret Naumburg and Edith Kramer, I contacted each of them because they lived in NY and my parents lived in New York City. I was living in Pittsburg by then.

But I would visit them frequently, and they were very generous. They guided me because there was no formal training, a course here and a course there... and they had just started those courses.

Each of them said I shouldn't study with the other, they were somewhat rivalrous at the time, but I said I think I can learn from both of you and they accepted that. They gave me very similar advice actually, they said you need to have your own therapy, you need to understand yourself if you want to be helping other people. You have to understand yourself so you don't project your own ideas. At this point, this is one of the main things we teach our students, but then I didn't know that.

They also told me I have to find a clinical supervisor, above and beyond the one I had, although Margaret McFarland was



a good psychologist and she did consult Fred Rogers, who had a very popular tv program called Mister Rogers's Neighborhood. She was his primary consultant until she died, but I did find a different supervisor.

But their advice was almost identical. Get therapy and get yourself good clinical supervision so someone is helping you with what you're seeing, read these books, there was some overlap in the books..., and that was my training. I didn't have any formal training.

Edith and I used to joke about this, how there is an advantage in a way to be without training. Of course, you wouldn't want to be in that position, I think it's good that people are getting trained because we were making it up as we went along, there was freedom..

Q: Is it freedom, when there is so much unknown and there are so many things you need to make free and known because it is non-existent?

A: Erik Erikson had been an artist before he became an analyst, and he founded the preschool where Margaret McFarland,

Fred Rogers, and I worked. It was a child study center. Very unusual place.

Another founder was Benjamin Spock who wrote the book „Baby and Child Care”, a bible for mothers for generations.

Now, in the 1960s and the 70s psychoanalysis was really the only game in town. This is before the medication led to the biological revolution in psychiatry. So, it was the only tool people had to work with. Carl Rogers was working on other ways of talking to people and reflecting. There were certainly other approaches, but in psychiatry, psychoanalysis was dominant. The Child Development department that I worked for was in Child Psychiatry; it was a program within the medical school, not the education school. Erikson came every year for Great Rounds, where a case was presented to all the physicians and visiting scholars, and it was decided I should present one girl I was working with on the unit for schizophrenic children. She was very articulate with her artwork but not with her verbal expression, she spoke, but she was very hard to understand. She had other orthopedic and neurological disabilities. She didn't relate well to either her teacher or her verbal therapist. But she loved art, and she was eloquent in art and she changed through art in



a very dramatic way. I put her in one of the books about Child Art Therapy by the name of Dorothy. It was very exciting to see what happened to her.

So, when Erikson was at Grand Rounds, everybody that worked with her presented their work and I was one of the ones to present with slides of the artwork, which is always very powerful, especially after the verbal explanations. After the presentation, we went for a coffee with Erikson and I told him, Professor, I have no idea what am I doing, I can see something good is happening with these children, but I don't know why, I would like to understand better, what should I study? I have a master's in Education, bachelor's in art, but I wasn't sure what I should study. And he said, Don't study anything, it will ruin your intuition. That was his assessment: studying would get in the way, stick with whatever your natural gifts are. Well, he was a genius, he didn't have to study anything, but I did.

That was in 1964. By 1969, I was working in a child guidance center with a child analyst and psychiatrist as my primary supervisor. When I asked him the same question, he said: Yes, I agree with you. So, then I had to make this big decision if I would study psychoanalysis or clinical

psychology. I actually went to the woman who had invited me to do art therapy in the first place, who supervised Fred and me: Margaret McFarland. She helped me make the decision, she never told you what to do, but she'd help to figure it out.

I went to study psychoanalysis because my best supervisors were psychoanalysts, so, they had to know something I don't. My primary supporter wanted art therapy to be accepted, he was a big believer in the value of all creative therapies, and he was so concerned that art therapy would be accepted that he gave me quite a few really wonderful people as supervisors for different cases, so I was getting very rich training getting supervision from different orientation, different disciplines.

At that time, there was only a Ph.D. in psychology, which was all research, it wasn't good clinical training, and I really wanted good clinical training, so I applied to the Analytic Institute. I was one of the very few people at a master's level. At that time they didn't accept non-medical people like at the Ana Freud Institute in London, for example. In the US, psychoanalysis was very much dominated by medicine. Being a non-medical person, I had to jump through a lot of hoops.





When Elinor Ulman started a journal in 1961, which really helped people to get to know each other, there was already a critical mass of art therapists, and then a group came to Philadelphia and founded the American Art Therapy Association in 1969. That was the inception. At the first meeting, there were 100 people, now there are probably 5000 in the Association, probably 50 000 trained art therapists in the US. Formal training programs began to happen in the 70s.

Q: How did art therapy change through time and how would you reflect on art therapy then and now?

A: There are many changes, and some of what I see is wonderful. There are many more places where people are doing art therapy, creating an organization like yours, and I am happy to hear that it is happening in Croatia. So, it is happening all over the world, in Europe, South America, the Far East, in Israel, which has been one of the leading places for art therapy, that part I think is wonderful and healthy. The part that worries me is that people seem to be overly attracted to cookbook and dictionary kinds of approaches. That has

always been a hazard, from the early days of the field. That's a big concern I have. I've actually now had to reject two books for publishing, and, thankfully, they still ask. But someday somebody will publish it and people are going to buy them because there is a list of things to do.

I am troubled by a growing fondness for directives. I find this word itself to be anticreative. How can you be directed if you are going to create, you know? Prompt maybe, stimulus, idea... - I believe in a framework for freedom to create, a hoding environment place where people can feel free. I do understand why people are attracted to a more directive approach and it worries me.

And the other thing that worries me, which I don't think is necessarily bad, we just haven't learned a way to explain art therapy. The idea of art being therapeutic is now accepted by most people, at least in America, however, it also means that anybody providing art to anybody in a situation of stress, whether high or low, is considered to be doing „art therapy”, which of course they are not. So we have a very large expansion of arts in medicine. Which is wonderful, it's a great thing! It's wonderful to play an instrument in hospitals, put a nice artwork on the wall,

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helping patients create, but it's different from art therapy.

In the US we are sorting things out. In Britain, I think they've gotten a little further, but they are smaller, so it's easier.

Q: In Croatia too, there are quite a lot of „wild“ art therapists, who complete short courses and practice art therapy, which, on the one hand shows interest and, on the other, a big danger.

A: Well, this is exactly why I got involved with the Association. Of course, it was even more true then, but it's still true now, that the artists in residency, arts in healthcare, community arts, these are important things, and I don't think there will ever be enough master's levels trained art therapists that would meet the human need out there. It's just like doctors, there will never be enough physicians.

You have to have people who are trained to help. But nobody is very clear about similarities and differences, art therapy and creative workshop look very similar to outside observers. The only thing that worries me is that the less costly artist interventions are naturally going to be more appealing to many administrators,

and I think they need both obviously, but will they know that they need both? Because there is no easy analogy in any other field. Other master's level mental health professionals are more verbal, except for the other creative arts therapies.

Q: You found an amazing way to explain, describe, and visualize this place in between the artwork, the person, and the therapist. You found the film, the visual way to describe this room where all this magic is elicited, which is probably a better way than to write about it because the language as a written and abstract symbolism is far from imaging language and also from the populist way to meet people with art therapy.

A: That sort of evolved organically, like most things do, sort of serendipitously. When I was working on the Fred Rogers program as the art lady, I used to visit the show with art projects, and I was telling him about children in the school for the blind. I was working with children that were multiply handicapped, which meant they weren't just blind but had many other disabilities. I was invited to do this pilot program in art therapy. Even the



art teacher at the school thought that I'm crazy to even try something with these kids. She said they'll never be able to do it, they are much too disorganized, they'll be putting things in their mouths, they'll be throwing them on the ceiling, on the floor...

So, I was telling Fred Rogers about how successful the work was. I wrote a paper about this with the woman who started the program to describe how amazing the creativity was. But I was afraid that no one was going to believe it even though we wrote about it. And he said, well you will have to make a film!

I didn't know anything about how to make a film. Well, he said, You must know someone with a camera. That's really how it happened.

I knew the photographers in the Children's hospital that were capturing children's artworks to make slides, so I could do presentations, because that's what you used those days: slides.

I called them up and asked if they knew anybody with a camera. This is before VHS, this is Super 8, super 16. They had just bought a new 16mm camera and were thrilled to make the project, they were really interested and excited to film as

artists. So, it was all completely a labor of love. We just had to pay to develop the film, and we did. This was my first film. I remember showing it and watching people's reactions.

And you are right, it was able to show what was possible to do in art therapy, the human part of it. No matter how many words you write it's hard to convey... This is the way to learn.

One of the things that was really obvious was that you have to have what it takes to translate what you were understanding into a language that any person you are communicating with could comprehend. And visual language really is universal.

Q: I read somewhere you said how editing is another level of art form where you are choosing what will be said and what will be stressed and in this way, you are again raising the points of the therapeutic process to another level of art form.

A: Yes, it became my other art form really. Right now, I am trying to learn a new computer editing program because the one I used has been discontinued. I would like to because we are getting a lot of videos and really creating the library of



art therapy. And through the videos, the students, and trainees, and art therapists can really learn the best. It is exactly what we spoke about being the most important, to learn the practice because otherwise, you don't know what it is. Someone who didn't train his eye and with different feedback, will not really learn.

And this is what is causing this wild west in the practice, where everyone can lead an art therapy session, anyone can be assuming that he or she is doing art therapy. And it is not only true where you guys are, it is still true in the US, despite all the training programs, and all the exams, certification, and licensure. We created standards, but you can't accuse someone who is not a member of the organization of doing something unethical. Can you prove that they are not harming people, I hope that they are not harming anybody.

Q: This is connected to the identity of the art therapist, the carrier of the approach and character. For you, was it the decision between intuition and knowledge?

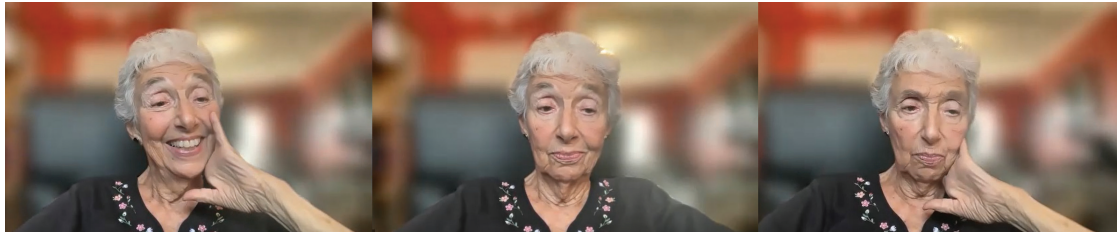
A: It's the combination... I think the intuitive human connection component is the least teachable. Being a supervisor

to a lot of people, what you can do is give people permission to use what they have naturally.

Honestly, I think it's a false, dichotomy. I think it's a misunderstanding of psychoanalysis. Good analysts are not caricatures; there is a connection between psychoanalytical thought and humanistic psychotherapeutic approaches.

There is a lot of relational excitement in contemporary psychoanalysis. There is an awful lot of research being done in matters like the transference, and it goes both ways, the analyst has to be aware, that's part of the training. That training has always been good for me in the sense of teaching you to look closely, sort of with a magnifying glass, or a microscope, to look at the little nuances, what's happening with the eyes while this is happening with the hand, what's been talked about while something's been drawn, subtle shifts in posture. It was the microscopic observational component of analysis that was the most interesting for me.

Infant observation started with the analyst, and the issues around attachment started with the analysts, there is a much more elaborate developmental theory in psychoanalysis than most of the other



clinical approaches, it hasn't stood still since Freud, by any means. There is a huge range within the field of individual art therapists' ways of being with whomever they are helping and I hope they are not the same with everybody. In other words, I hope there is a certain self-constancy in that you don't become a different persona, but at the same time you sort of have to adapt, get into the rhythm, mode, or mood, whether it is family or an individual. It is pretty hard to actually pin down although people would really like to do that.

Q: When you spoke about psychoanalysis not being the opposite, but rather inclusive of art therapy, was it because art therapy has many sides that are easily adaptable to many different approaches? Like somatic or sensorimotor, or psychodynamic on the other hand.

A: Yes, suddenly there is the focus on body-oriented therapy, I mean since when are we not in our bodies? What this approach is really saying is to be aware of the body and make sure you include that in what you do with people. And again, the questions are how directive or

nondirective should you be, could you be, and what are the pros and cons. Those are not easy questions, but the thing that always impressed me about the field is that it tends to attract, for the most part, bright and creative people, who, if they are given the freedom to respond intelligently with all the understanding they may have accumulated, can do a very good job. And there is no formula. I think formulas are what scares me.

And then, there is the identity confusion with all the other art providers. We have to find a way to differentiate and collaborate. I think there is too much competition and not enough collaboration.

Q: And this would be a good way of development and future for art therapy, wouldn't it?

A: I wish it would be like that, I hope it will be. It's funny, I've been on many panels in America and Israel. I don't know about Croatian politics, but there is so much extreme polarization. Fractions happen on account of politics, and people cannot collaborate. It's happening in art therapy too, people sometimes leave the association in anger. It's very sad to me,

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as in the larger world, I think the solution is collaborating, finding a consensus, and not competing.

Q: Is there an area in art therapy that you see missing or not explored, where there could be more development? What would be the direction for the future of art therapy..

A: I don't think I have the answer to this question. In the sense of development, it has been a really fertile field. There are people studying neurology, others doing wonderful work in communities, with community arts, and other people working with other modalities, whether they call it creative, or expressive.. There is a lot of good stuff happening with people exploring new ways of understanding and working.

I think what is missing is a sense of a larger community. And it's interesting when I say that that is also so true politically too. Even within our small field, we should be able to talk to each other and help each other and understand each other. And yet there is so much distrust, mistrust, suspiciousness, not so much

on the theoretical or functional level but more politically really.

Also, issues around certification and licensure are still not solved. Mercedes Balbé ter Maat was a good voice on this issue in the AATA.

Politically, I would say we need leaders, someone whom people can hear, who can be inspiring, and we haven't had that for a long time. I hope we will have some sense of connectedness and cohesion or at least a willingness to collaborate. I think it's very healthy that EFAT finally got formed. I was very active in this process because I thought it would help. And it does.

Q: As the profession of art therapy is newly established in Croatia, what would be your advice to new art therapists?

A: For a place like Croatia, it is important to organize and create training programs that meet certain standards and be clear about what people need to understand and educate the public. Working with supportive professionals, artists, teachers, other art therapists, and creative therapists is vital. I think this is what happened in Israel, finding allies,



people who have overlapping expertise, interests, and values. Some of it has to do with trying to articulate clearly the values that matter, which are usually in the codes of ethics. Then, it is necessary to find a way to enforce them in an empathic way. Because I don't think that people that are misusing art therapy are greedy and just trying to take advantage of people's interests, many of them are simply uninformed, they really don't know any better, they are uneducated about the profession.

Art can be therapeutic. There is a continuum. For ages I was trying to make a film, and I think it has to be an animation, to show people that it's all part of the same continuum, but at different places, and there are different kinds of expertise.

Edith Kramer used to say one-third of art therapy is in art education, one in art, and one in therapy. It is a hybrid, and this is one of the reasons why it has been hard to establish a clear sense of identity. I think that the hardest part is to help students, practitioners, and then the public and other professionals to be clear about the special kind of synergy that a well-trained art therapist has, which is to really understand the creative process

and really understand psychotherapy. It is more than the communication with the artwork and the person making the artwork, it's a synthesis and integration.

I am at the moment working on the series of recorded lectures by Edith Kramer. We want to offer them as a course through the film library. People's understandings of her explanation of sublimation are still much too superficial. Words are hard. They fail when it comes to studying concepts.

When I was at the Analytic Institute, one of my phantasies for the final project was to do an animated movie about psychoanalytic theory. They wouldn't approve it, but it would have been so good because the dynamics are really hard to talk about. When you could actually show it, if you had animation, something that is moving because this is what happens, this presses on this, that activates that..

HART: There are many things to do yet... hopefully we will have a chance to continue the road to a better and more successful era of cooperation and growth.

Thank you so much for your time, sharing your knowledge and experience.