Art Therapy Online: ATOL

Art Therapy in Aotearoa / New Zealand

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Abstract

This paper presents an account of the evolution of art therapy in New Zealand. It is written in the context of two recent earthquakes in Christchurch, New Zealand. The paper describes the origins of art therapy since the 1960's. It traces the development of a professional training and association. The position of the profession within the context of Australasia is discussed. This includes the close ties with Australia. The paper describes how the particular conditions of New Zealand in having a small population, have led to the need for therapists from different creative modalities – art, drama, music and creative therapy – to work collaboratively. The paper refers to the need to create culturally sensitive practice within the multi-cultural population of the country that comprises an indigenous as well as a migrant population. The paper describes current art therapy practices in this context.

Key Words: Art Therapy, Arts Therapies, New Zealand, Earthquake, Multi-cultural, Maori, Indigenous, migration

Introduction

Written during a period when there were two earthquakes in New Zealand, this paper provides some understanding of the response of the art therapy community to the recent earthquakes. In so-doing it illustrates the existence of a relatively new, small, but determined profession. The paper then goes on to describe the origins of the profession in New Zealand by tracing the contribution of individual art therapists since the 1960s. The paper then presents the development of art therapy training programs and the evolution of a professional registration. This includes a discussion of the professional links between arts therapists in Australia and New Zealand. The paper concludes with a summary of the nature of art therapy practice in New Zealand.

This paper draws on an earlier paper, Viewpoint and Reflection On the Development of Art Therapy in New Zealand, (Woodcock 2007) and is published with editorial permission of ANZJAT (Australian & New Zealand Journal of Art Therapy).

Fig 1. Response to the earthquake, Jean Parkinson

Current Context

The first major earthquake affecting Christchurch, (Māori: Ōtautahi) the largest city in the South Island of New Zealand, and the country's second-largest urban area, on 4th September 2010, left buildings in ruins. Often referred to as the Garden City, Christchurch, had retained a large proportion of heritage buildings. There was a predominance of Gothic revival architecture that were mostly built in the 19th century, parks, the Avon river and Cathedral square in the heart of the city, all serving to create an exceptional city. This earthquake was extremely shocking, there had been no warning. Many buildings that were not ruined were unstable and unsafe to live in. Numerous people were made homeless, jobs were lost.

In the wake of this, many children and their families suffered from anxiety and other trauma related responses. Art Therapist, Jean Parkinson and clinical Arts therapy student, Deborah Tromp Green, were quickly on the scene, providing an opportunity for these survivors to express their feelings and communicate in a nonverbal manner. These women report how their support and expertise was appreciated and acknowledged by the parents of the children they worked with as well as the individual adult clients.

Aftershocks followed the first earthquake; constant reminders of the instability of the land, and of the powerful forces that lie under the apparently solid surface of the earth. The second major earthquake suffered by Christchurch, on February 22nd 2011 was even more devastating. Buildings that had withstood the first earthquake

collapsed under the second. There was great loss of life. The landscape changed irrevocably. Pictures before and after the earthquake can be found at

http://www.nzherald.co.nz/christchurch-earthquake-photos/news/image.cfm?c_id=1503036&gallery_id=116929#7381709

This catastrophe had the effect of stimulating the arts therapies professional community into offering support for people traumatized by their experiences. This support comprised both a national and an international movement. CHART (Communities Healing through Art) www.chartaid.org, a USA based organization that assists with recruiting artists and art therapists to provide psychosocial relief in response to natural disasters, in collaboration with ANZATA, helped to establish a Facebook page to assist with the co-ordination of the offers of assistance from Arts Therapists. http://www.facebook.com/pages/CHART-Communities-Healing-Through-Art/7644242543. This provided a forum to receive advice and support from others who have experienced the aftermath of dealing with disasters.

In the second earthquake, Deborah survived a collapsing building in the CBD. Although she has suffered considerable personal hardship, she has provided a constant updated conversation on what is happening through Facebook. At the time of writing this, there is frustration with gaining access to the most vulnerable, finding suitable premises to work from as well as resources. Although there are Arts Therapists volunteering their expertise, funding and accommodation for them in the city is proving a challenge. Unfortunately, financial reimbursement seems impossible to access, which limits any longer term commitment.

Fig. 2. Response to the experience of the earthquake Deborah Tromp Green,

Fig. 3. Art Therapy group creating their Art Responses to their earthquake experiences.

History

As in other countries, artists working in New Zealand as mentors, inspiring and facilitating others to express themselves in a safe environment, are acknowledged as the forerunners of the Art Therapy profession (Gilroy & Hanna 1998).

Under the British influence of managing mental health, the large psychiatric hospitals had a history of open art studios, mostly run by interested medical staff and supported by 'artist in residence' mentoring schemes. Sunnyside Hospital, Christchurch's first mental asylum, which was opened in 1863 and finally closed in 1999 and Tokanui Psychiatric Hospital, which was opened in 1912 and finally closed in 1998, over the years, provided various art programmes for patients.

From these beginnings, and with the closing of institutions in the '60's, Arts Access Aotearoa, a government initiative, grew and has developed a strong movement that supports extraordinary communities to have Creative Spaces, similar to open studios. In 2010 this network has changed their name to CAN (Creative Access Network) and this remains a networking group that meets regularly to share information, resources and to discuss issues. The members of CAN are united by a common purpose: supporting access to the arts for everyone. They can be contacted through Creative New Zealand - Arts Council of New Zealand Toi Aotearoa www.creativenz.govt.nz/.

In the 1980's, individual Art Therapists who had trained overseas, migrated to New Zealand and had mixed results with gaining recognition and securing employment. They came from varying models of art therapy theory and practice.

Woodcock (2007) interviewed and told the stories of these pioneer art therapists. Some came from Anthroposophical-based Art Therapy programmes and others were registered art therapists from England, Canada and the USA. Mostly they accepted positions related to previous careers, such as social work and health providers, and over time built in Art Therapy as part of their service delivery. Some were fortunate to make contact with managers in Health and Social Welfare who had some experience overseas and were familiar with the profession. Often these initial positions provided the doorway and opportunity for other Art Therapists to follow.

The interviewees described isolation, lack of peer support and understanding of the profession which made holding on to the Art Therapy identity extremely difficult. In addition, art therapists in New Zealand did not have a professional association. New Zealand art therapists were aware that a professional association existed in their close neighbour, Australia. This was ANATA (Australian National Art Therapy Association). The lack of a professional association for New Zealand art therapists, coupled with the knowledge that one existed in close proximity, amplified their sense of isolation and led to feelings of exclusion.

Suraya Langston was the first of the New Zealand born Art Therapists trained in the United Kingdom, to return in 1990. As the migration of registered Art Therapists continued to increase, small interest groups formed in Wellington and Auckland. In 1995 in Wellington, Mary Brownlow, Maggie Jones, Irena Stenner and Jenny Jordon established a monthly peer supervision group which Saskia Cameron and Janie Knott later joined. This group's art therapy training covered a wide spectrum, both geographically and from different theoretical perspectives. The group members came from the Netherlands, Germany, North America and the UK. As a group they offered 'Introduction to Art Therapy' one-day seminars to try to heighten the awareness of the emerging Art Therapy profession.

In the same year in Auckland, there were 5 registered Art Therapists, Sara Smallman, Catherine Spence, Ruth Gorman, Amanda Garland and Maureen Woodcock. Membership to the Auckland group required registration in the country of training as this was seen as a way to identify Art Therapists who were well qualified and experienced, and who together could challenge others who, without any training, called themselves Art Therapists. Most members of this group undertook additional training in order to come to an understanding of how the art therapy profession could survive and flourish in the New Zealand environment.

Surviving and flourishing in the New Zealand environment as an art therapist depended on being able to adapt to local conditions and demands. Art Therapists who were unwilling to encompass change and difference and stayed with their European inspired perspectives had great difficulty in finding employment. Often these migrant practitioners returned to their county of origin, or chose to leave the profession. This resulted in a fairly static number of 6-9 Registered Art Therapists at any one time practicing in the country until mid 2000, when several Australian trained

Art Therapists returned or migrated to New Zealand, and graduates from the local programmes became employed. This assisted with lifting the profession's profile.

Arts Therapy Programmes

Miller (2007) reports various art and creative therapy programmes being established in NZ. These ranged from the Kairos Centre in Havelock North which followed the Steiner Anthroposophical approaches and individuals providing short term trainings. In 1998 UNITEC, Institute of technology, provider of programmes across a wide range of professional and vocational areas, introduced an elective module in Creative Arts Therapies for students studying for the Bachelor of Social Practice Degree. Most of these programmes have not survived. A Postgraduate Certificate in Health Science (Expressive Therapies) was introduced within the psychotherapy training at Auckland University of Technology in 2001, with Brigitte Puls leading this course. Graduates from these programmes do not meet the criteria for professional registration with ANZATA (Australian and New Zealand Arts Therapy Association).

In 1998, Whitecliffe College of Arts & Design commissioned Ken Cooke to research, design and develop a low residency Master's level Arts Therapy programme. Ken, an artist and academic, had experience with Toi Ora, a Creative Space, and was influenced by the Arts Access movement. Creative Spaces were predominately consumer led and rejected any concept of introducing therapy into their art programmes. The philosophy underpinning the Whitecliffe, MA AT views creativity as a universal human quality which can help the development of a more healthy relationship with the inner world of feeling, imagination and sensation, leading to improved relations with the external world, including other people in that world. Due to the small population and the perceived unavailability of professional facilitators to teach, the course initially began as an academic research-based degree that could accommodate different modalities. At the end of 2001, Maureen Woodcock, Art Therapist, joined Caroline Miller, Dramatherapist, as co-director of the MA Arts Therapy (MA AT) programme. Over time, the programme was restructured with a greater emphasis on therapeutic process, the importance of the image and/or experience of creative expression; and how this can work within different cultural perspectives.

In 2007 there was further restructuring of the Whitecliffe programme. Amanda Levey was appointed as a co-director which gave the programme the unique position of having three co-directors with expertise in Dramatherapy, Dance/ Movement & Multi Modal Therapy as well as Art Therapy. The collaboration of these directors reflected their belief that positive outcomes can arise from a greater understanding of other modalities. On the programme, equal workshop time was allocated to dance/movement, drama and art. Students were able to choose which creative therapeutic modality they wished to further research, practice and deliver, in relation to generic course requirements. Although Art Therapy is preferred, its popularity could be due to the background of the student, the accessibility to published material, or the perceived advantage for employment. More recently there is significant interest from the students in developing a multi modal and universal approach to better meet the needs of a variety of clients. Students are required to

complete a research dissertation to graduate from the two year academic programme before being considered for further clinical study.

The theme of developing unique approaches for indigenous people was discussed by Campanelli (1996, p.66). It follows that some students are particularly curious and interested in evolving arts therapy practice to better fit to their local conditions.

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Maori and Pacific Island models of a unified theory of health, which addresses physical, mental and spiritual aspects of the self, collectively, can provide a framework that embraces traditional concepts pertaining to the arts, creativity and healing, and allows for the intergration of these with mainstream Arts Therapy perspectives.

Mulito-Lauta and Menon write that the philosophy, values and beliefs underpinning Samoan cultural practices are fundamental to Art Therapy (2006, p.22). Art Therapy can enhance a sense of identity and belonging, and has the potential for increasing wellbeing in New Zealand-born Samoans. An integrated approach that includes some of the Western components in addition to the authentic cultural roles and attributes that characterise Pacific Island people is currently being researched.

In the beginning, MA AT training did not offer a clinical component. However, a clinical component is now offered which comprises a third year of study of additional research, practical skills and supervised placements facilitating students to gain the practical experience to be eligible for ANZATA registration. The students develop their own approach to working as an Arts Therapist based on their preferred theoretical perspective. They are encouraged to develop skills transferable to many settings, and to develop a flexible and creative approach in order to be able to adapt to varied and changing work circumstances. As a result, students working in mental health may practice traditional psychodynamic perspectives in both group and individual settings. Cognitive Behavioural Therapy (CBT) and Dialectical Behaviour

therapy (DBT) are becoming the preferred models with particular diagnoses such as personality disorders and depression. These Arts Therapists combine specific tasks and psycho-educational programmes alongside creative expressions and art making reflections.

Therapists working with children and families who have survived domestic violence and abuse embrace the framework of trauma based theory. Some students who have existing skills, in for example, Gestalt Therapy, Narrative Therapy or Jungian approaches, embrace these philosophies into their practice. CAN supports an art based perspective, and Drug and Alcohol Counsellors incorporate creativity with Solution Based Therapy. Family Therapy, alongside more culturally specific frameworks such as *Whare Tapa Wha (Four-Sided House) and Te Wheke (the octopus),* is particularly favoured when working with Maori and Pacific Island clients.

One of the Māori philosophies toward health is based on a holistic health and wellness model called Te Whare Tapa Wha. Developed by Dr Mason Durie in 1982, it can be applied to any health issue, whether it involves physical or psychological well-being. Māori health is underpinned by four dimensions representing the basic beliefs of life – te taha hinengaro (psychological health); te taha wairua (spiritual health); te taha tinana (physical health); and te taha whānau (family health). These four dimensions are represented by the four walls of a house. Each wall is necessary to the strength and symmetry of the building.

http// www.maorihealth.govt.nz/moh.nsf/pagesma/445 -

Te Wheke (the octopus) is another model of Māori health, developed by Rose Pere. The concept of Te Wheke, the octopus is to define family health**.** The head of the octopus represents te whānau (the family) the eyes of the octopus as waiora (total wellbeing for the individual and family) and each of the eight tentacles representing a specific dimension of health. The dimensions are interwoven and this represents the close relationship of the tentacles.

Wairuatanga - spirituality
Hinengaro - the mind
Taha Tinana - physical wellbeing
Whanaungatanga - extended family
Mauri- life force in people and objects
Mana ake - unique identity of individuals and family
Hā a koro ma, a kui ma - breath of life from forbears
Whatumanawa - the open and healthy expression of emotion

http://www.maorihealth.govt.nz/moh.nsf/pagesma/447

Both of these models are presented in a visual context that presents an opportunity to further explore creatively the aspects and concepts behind the identified dimensions of wellbeing.

In Maori culture, when meeting someone new, to show respect, you introduce yourself by sharing your whakapapa (genealogy, ancestral ties) as there is a belief that to know one's whakapapa is to know one's identity. Other information usually includes where you come from, which canoe, the naming of the mountain and river of your home, as well as acknowledging those that have gone before. This differs greatly from the distancing and prescribed formal interviews traditionally used in the first psychotherapy session and is an example of one of the challenges to be addressed in terms of boundaries and expectations with a sensitivity to the culture.

The embracing of a more holistic approach to underpin arts therapy and to work with multi modalities, appears to open up new possibilities in the delivery and research in the field. Often this requires the facilitator to be open to the unexpected, and to have a more flexible approach to make meaning of creative expressions.

Students on placements and in their research dissertations are assisting to lift the profile of the profession by working in traditional and non- traditional Art Therapy environments. Bronwen Gray AThR (Art), graduate of Edith Cowen University, is assisting with the change of emphasis in the two year programme from its broad based academic research approach, to focus more on clinical arts psychotherapy. This change is in response to the shift of employment opportunities for the graduates towards the more mainstream providers in health, welfare and education.

Professional Registration

The Creative Therapies Association of Aotearoa (CTAA) was formed in late 1995, following the inaugural New Zealand Conference for Creative Arts Therapists. Its history is well documented by one of its founding members, Caroline Miller, in her article *Development of the Arts Therapies Professions Within Aotearoa/New Zealand* (2007)**.** This association was established by a group of enthusiastic creative arts therapists from backgrounds in art therapy, drama therapy, music therapy, dance/movement therapy, and psychodrama. While initially the CTAA was simply a network to provide informal contact and support to its' members, it has over the years, consistently provided professional development through conferences and workshops. Due to the wide range of modalities and levels of training, the CTAA chose not to engage in setting up a formal registration process. It has however, recently taken the further steps of setting criteria for membership, a written constitution, code of ethics, and clearly defined and agreed principles for engagement with clients.

Maureen Woodcock, also a founding member of CTAA, had been an ANATA/ANZATA member, and a committee member for a number of years and was keen to keep developing professional relationships between the two countries. From

2005, there have been regular combined conference / symposiums involving both associations.

The profession in New Zealand was given much-needed support when, in November 2006, ANATA (Australian National Art Therapy Association) made a decision to incorporate members from New Zealand. Within ANATA, there was a call to be more inclusive, not only to increase membership to enable greater lobbying power, but also to enhance a growing awareness that collaboration with other modalities enriches professional experiences. ANATA officially changed its name to ANZATA (Australian & New Zealand Art Therapy Association) thus launching a new partnership with New Zealand Art Therapists. http://www.anzata.org/aboutanzata/

The motivation towards inclusivity was reinforced when Edith Cowen University in Western Australia offered a Masters level drama therapy degree that shared several courses with their art therapy students. A collegial relationship developed between the art and drama therapy departments and fostered greater awareness of the 'other' modality. This coincided with several factors: ANZATA's collaboration with CTAA, the range of modalities that the Whitecliffe clinical graduates were identifying with, and the lack of an alternative professional association for these graduates to belong to. These factors helped influence ANZATA to open their professional membership criteria to 'other modalities'.

ANZATA accepts therapists with equivalent masters level training in modalities such as drama, dance/movement, and music therapy. Professional members carry the nominals AThR (modality specific). In 2010 too, an 's' was added to the name; it became the Australian & New Zealand Art**s** Therapy Association. After several years of including 'other modality' professional members, the change of name has helped raise the profile and openly acknowledged the contribution that these members make in the association.

The current president, Amanda Levey, has expertise in dance/ movement and multi modalities. ANZATA is the peak association for graduates as it offers registration standards of professional practice and a code of ethics. There are currently 30 ANZATA Registered Arts Therapists working in NZ. Being a member of this professional association is assisting Arts Therapists to have an identity, a sense of pride and belonging.

Within NZ, there is a movement towards national registration in response to the Health Practitioners Competency Act. This Act provides a framework for the regulation of health practitioners in order to protect the public where there is a risk of harm. To date, psychologists and psychotherapists have established their own registration process which has resulted in some controversy with its' members. There are some Arts Therapists who belong to NZAC (New Zealand Association of Counsellors) and their identity and representation may well come under this umbrella if national registration is required.

Fig 4. 2010 ANZATA Committee members

Back row from left: Loo Hwee Hwee; Tarquam McKenna; Lynnette Beekwilder-Reid; Jo Kelly; Adrian Lania.. Front row from left: Megan Shiell; Sally Legg; Amanda Levey; Denise Longmire.

Employment

Historically, in other countries, Art Therapy was contained within mental health care systems dominated by medical models of psychiatry (Gilroy & Hanna 1998).
This did not happen in New Zealand. There is a history of artists working in hospitals and prisons which more recently has been associated with the Creative Access Network. Extraordinary communities, encompassing mental health, disabilities, refugees, migrants and others, have created open studios. Traditionally these were consumer led, however some are now employing graduate Art Therapists to facilitate and manage their programmes.

There is a developing wider acceptance of psychotherapy in this country, which is providing Arts Therapists opportunities to work in multi disciplinary teams in Health and Social Welfare, to be funded by government initiatives such as ACC (Accident Compensation Corporation), Domestic Violence Prevention, and Employment Assisted Programmes. More organizations such as Hospice, Child Advocacy, Autism Association, Parent Assistant Programmes and NGOs are welcoming Arts Therapists on to their teams. To date, there are few full time Arts Therapy positions advertised and most Arts Therapists work part time, sometimes in two or more situations. There are 5 graduates working within the Education System, predominately with special needs children delivering mostly Dramatherapy in special schools. Individual Arts therapists have been successful in establishing private practices which can in part be funded by health, social welfare and employers.

Summary

The tragedy in Christchurch has identified that there are generous Arts Therapists willing to share their expertise with vulnerable survivors. Unfortunately, in the immediate response, mostly these offers have not been able to be accepted. Arts

therapists who have established relationships with local and national providers were able to facilitate groups and some individual sessions; however a lack of funding and resources is preventing a more synchronized plan.

Arts Therapy is a relatively new profession in New Zealand. It relied on the endeavours of a few pioneering, mostly overseas trained professionals, to present Arts Therapy to the community at large. Since the commencement of a local master's level training and the resulting graduates earning positions across the employment spectrum, the profession has grown and is now firmly established. The creation of ANZATA and the opportunity to become a Professional member gives New Zealand Arts therapists an opportunity to participate in professional development, have the benefits of its' advocacy, protection and a sense of belonging.

Many Art Therapists who have migrated here have been sensitive to the bi-cultural perspective of New Zealand society and have taken on additional training to open their awareness to this unique environment. Those who are tangata whenua (indigenous people) have made adjustments to their European-based training and rejected culturally insensitive aspects. There appears to be an emergence of a more holistic approach to Art Therapy which embraces the individual in relation to their family, the environment and their spiritual perspective.

Biography

Maureen Woodcock, immediate past president of ANZATA, (Australian & New Zealand Art Therapy Association) has recently retired from a 17 year career in Art Therapy. She graduated from the University of Louisville, Kentucky USA and on returning to NZ in 1994, established a private practice, provided mentoring, training and workshops in both Art and Sandplay Therapy, and worked part time for NGO's and govt. agencies in child protection.

In recognition of her work and commitment, Maureen was awarded life membership to ANZATA. She helped the association establish a more professional profile, assisted with clarifying standards of membership, introducing continuing professional development criteria in response to industry requirements, and with establishing criteria for 'other modality' membership. Maureen has participated in ANZATA conferences as a Key Note speaker and as a regular workshop presenter.

Maureen was the co- director of the Masters of Arts in Arts Therapy at Whitecliffe College of Arts & Design for 10 years. She further developed this programme to provide a clinical year to enable students to gain the practical experience to be eligible for ANZATA (Australian & New Zealand Art Therapy Association) registration. As an educator, Maureen supported the development of a more holistic approach to Arts Therapy which embraced the individual in relation to their family, the environment and their spiritual perspective, and sees this as reflective of our culturally unique world position.

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