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The Relevance of Gender in the Profession and Practice of Art Therapy: a Male  
Perspective.

Thomas Shortliffe

A Research Paper

In

The Department

of

Creative Arts Therapies

Presented in Partial Fulfilment of the Requirements

For the Degree of Master of Arts

Concordia University

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## ABSTRACT

### The Relevance of Gender in the Profession and Practice of Art Therapy: A Male Perspective

A Research Paper by: Thomas Shortliffe

The following research focuses on the relevance of gender in the profession and practice of art therapy. Women make up more than 80% of professionals in the field and this has prompted the question: “Why are so few men art therapists?” The issue of men’s absence is investigated within a qualitative framework in part by asking: “What is the experience of a male art therapy intern like?”

A heuristic approach outlined by Douglass and Moustakas, (1985) began with an “internal search to know” the meaning of my experience as the only male in an otherwise all female group of 11 art therapy interns. A review of the literature demonstrates that the social construction of gender is an important consideration in diagnosis and treatment considerations as well as the in professional history and present of art therapy. A survey comprised of 6 questions was designed to sample the perceptions of 17 professional and interning art therapists regarding the relevance of gender in their professional and practical experiences. The question: “why are there so few men art therapists?” was examined. The constant comparative procedure (Maykut & Morehouse, 1994) was used to make meaning of the data. Responses suggest that the socialization of gender is perceived to be an important factor involved in the absence of men from professional art therapy and that male and female respondents may perceive the relevance of gender in art therapy from distinct perspectives. Finally, 5 paintings were produced towards a creative synthesis of the data. The creative process and product in the final component of this study are discussed for their tacit, non-verbal rendering of the subject area towards a creative synthesis of the findings.

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## Chapter 1.

### Introduction

The following research focuses on the relevance of gender in the profession and practice of art therapy. Given that art therapy is a helping profession where relatively few men are found, questions arise as to what factors may be at play in such a highly skewed gender distribution. The following study sets out in part to consider: “Why are so few men art therapists?” by asking: “what characterizes the experience of a male art therapy intern in an otherwise all-women’s group?”

Towards an understanding of these questions, I will present 1) my experience of two years as a male art therapy intern and minority within an otherwise all female training group; 2) literature illustrating the relevance of gender in fields related to art therapy; 3) an overview of the history of professional art therapy. Once my personal perspective has been placed within this context, the focus externalizes towards 4) responses to a questionnaire tapping beliefs and attitudes of art therapists and interns regarding the relevance of gender in the profession and practice of art therapy. Specifically, we will consider participants’ views in response to the question: “why do so few men become art therapists?” Finally, 5) a creative synthesis of these four areas will be presented. The aim in this final component will be to render a creative synthesis of the research findings through non-verbal process; towards a richer understanding of the subject of gender division in the profession.

The present chapter will present an introduction to the subject area. We will review the objectives and research questions, the limitations and delimitations, a

definition of terms, my stance as a researcher/participant and the organization of this project.

### Relevance of subject area

Throughout this work I will summarize some implications of gender in psychology, psychiatry, art, education and related fields. As we review some dimensions of gender in areas related to art therapy, we will be better able to determine how those findings are relevant to us as professionals and interns in the field.

Helene Burt (1996), cites an American Art Therapy Association membership survey done in 1991, in which 92.8% of respondents were female, 6.8% were male and 4% did not respond. In Canada, based on the Vancouver Art Therapy Association statistics, the ratio of men to women in this helping profession remains equally small at around 14% men and 86% women (retrieved: 10/10/04, 2004 from <http://vati.bc.ca/stats.htm>). The percentage of women art therapists can jump to 90-95% in some southern European countries (Hogan, 2003). According to the management director of the Art Therapy Credentials Board in the U.S. of the approximately 3000 art therapists registered, 6.6% are men (personal communication 04/10/04). These statistics are in themselves sufficient to propel my interest in studying the significance of gender in art therapy.

In particular, Burt's findings point to a need for questions related to the professionalization of art therapy, such as: "Why are there so few men art therapists?" and "What does this absence of men mean for the professional identity of art therapy?"; "Given that there are so few men art therapists, how does my experience as a male art

therapy intern fit in with this professional identity?”. Some of the questions approached in the present work were first asked by others: “Why do so many women become art therapists?”(In Waller, 1991); “do mental health staff see art as a feminine pursuit?” (Liebman, in Hogan, 2003, p. 115). Helene Burt’s statistic (1996) also points to a need for questions which have been asked by others and are related to the practice of art therapy such as: “do I do something different to connect with different genders?” (Gerhart & Lyle, 2001); “do I have different expectations about the level of emotional expression for men and women?” (p. 457) “Is my therapeutic approach somehow related to my experience as a male art therapist?” (my question); “Is art therapy an implicitly feminine or feminist approach to healing?” (Franklin and Politsky, 1992).

Franklin and Politsky (1992) hint that the last two questions might be answered in the affirmative when they remark: “...considering that art therapy is a field dominated by women raises the question if feminist tenets are at work shaping educational and training experiences along with clinical treatment strategies” (p. 169). Hogan’s book: “feminist approaches to art therapy” and the recent title of a major Canadian art therapy conference held in Toronto, in 2004: “the personal is political”, suggest the field is to some degree informed by a feminist orientation. Taken together, Helene Burt (1996), Susan Hogan (1997), Franklin and Politsky (1992) suggest that gender is reflected in the training experiences and consequent practical orientations of art therapists. Yet, there is some evidence (Vogel et. al., 2003) that gender issues are rarely addressed in graduate training programs in counselling. This finding concurs with my personal experience of two years as an intern in a graduate program in art therapy. Inattention to gender dynamics is

problematic for me because such dynamics continue to play such an important role in my identity as an emerging male art therapist.

This work constitutes a beginning point for the vast but largely unexplored area of gender in the practice of art therapy. The literature reviewed represents an attempt to bridge the gap between the research in psychotherapy and related issues for art therapy. Though art therapy literature has focused on approaches by women and for women's issues, there has been comparatively little written about male experiences. Upon reading the present work, more men may discover that art therapy is a profession in which they can and should make valuable contributions to society. Accordingly, Marian Liebman (cited in Hogan, 2003, p. 124) observes that "perhaps some literature, in which men speak of the benefits, could help the cautious to be reassured about art therapy- in particular the vulnerability (and un-macho-ness) of being a client."

According to a Statistics Canada census data, (retrieved 10/10/04 from : [www.statcan.ca](http://www.statcan.ca)). Women comprise the majority of professionals in the health care fields such as art therapy, psychology, nursing, social work, speech pathology, occupational therapy, early childhood education and most areas related to childcare. Participation in these fields may be determined in part by what Karniol (2003) has termed an "ethic of care". On the other hand, men largely occupy high paying, high status positions in law, medicine and fields related to what Karniol (2003) has termed the "ethic of Justice". The present work sets out to investigate if similar social constructions of gender-based differences relate to the professional gender division in art therapy.

In addition to Karniol's research, a number of studies to be discussed in the literature review refer to the gender role norms of the "caring female" and the "problem

solving male” either implicitly through the general theme of discourse, or explicitly by publishing results which support the existence of such gender role norms. If these gender role norms exist, as some participants’ responses seem to support, the questions are then, what effect if any, do they have on the theory and practice of art therapy? And Can these socially constructed gender role norms account for men’s absence from the profession?

Perhaps, as Sandra Bem (1973) remarked more than 30 years ago: “The socialization of the American male has closed off certain options for him too. Men are discouraged from developing certain desirable traits such as tenderness and sensitivity just as surely as women are discouraged from being assertive and ‘too bright’ ”(p. 8). Today, men still occupy most positions of political influence, and women still generally dominate in socially oriented disciplines and helping professions. This dichotomization of public responsibilities is problematic, as we will see, because it dictates that the work of empathy is a duty mostly assigned to women. To make matters worse, increasing numbers of women may no longer be taking on the responsibility for providing empathy either. We are presently in a situation where what has traditionally been the work of women has been economically undervalued sufficiently to dissuade many men and women from partaking in it. This situation begs what may be the most pressing social question of our time: “who wants to do the work of empathy?”

Through popular liberation movements in the last century, many women have been versed in the supposed advantages of being male. Today, many women are striving to attain positions of prestige and economic power along side the men who maintain those positions. Both men and women may be ever less interested in helping professions where salaries are often short and prestige or social status are not included. This has

contributed to a modern social disease, which I have termed “the erosion of empathy”. We may find in the near future that empathy has been naturally selected out because it did not receive adequate social and economic support.

The subject of gender roles is relevant to art therapists today, especially given the unique role that art therapists have in shaping approaches to art, mental health and healing. As Bem (1973) has noted: “the guidance counsellor is strategically placed ...to act as a social change agent” (p. 20). Bem’s view on appropriate guidance counselling might, by her own acknowledgment be considered “revolutionary” (p. 20) by today’s standards for appropriate psychotherapeutic intervention. Nonetheless, the contention that a counsellor should act as an agent of social change is very compelling to many art therapists including myself. It is from the perspective of an agent of social change then that the present work unfolds. In the spirit of social change, it is hoped more men from within and beyond the professional sphere of art therapy will continue to contemplate the deeper significance of men’s absence and find art therapy to be a worthwhile career in which their contributions are needed.

### Objectives and Research Questions

This research sets out to shed light on the issues involved in men’s absence. Given that I was the only man in my art therapy training program/year I developed a particular interest in trying to understand why few other men were present as professors or interns. A subject search within my university library’s references yields no entries under the heading “art therapy men” while there are 26 entries under the heading “art therapy women”. This finding is disquieting when one considers that Concordia

University is the only institution in Canada to provide master's level education in the field. It is therefore hoped that those men who may be considering art therapy as a profession will find at least this one source documenting what the experience of a male art therapy intern can be like. Given the reluctance of men to enter the profession, and the difficulties encountered by some of the men who do, the present work aims to demystify the experience of being a male art therapy intern.

Art therapy plays a pivotal role in expanding traditional notions of art, by deconstructing conceptions of art-as-product and re-defining them in terms of art-as-process. Art therapists also play a role in re-defining conceptualizations of mental health. Given the unique cultural influence that art therapy exerts, this socially oriented, humanistic field has a duty to question the relevance of gender in the evolution of its profession and practice. This exploratory study may be considered a beginning step in the research on socially constructed gender roles in art therapy from men's perspectives.

It is from a deeply subjective frame of reference that this research began. From there, in accordance with Douglass and Moustakas' (1985) conception of heuristic methods, what begins as an internal search for meaning "moves to explore the nature of others' experiences"(p. 43). With this in mind, a survey was designed to counter-balance the subjective focus on my personal experiences. The inclusion of responses lends some measure of external validity to any inferences based on personal knowledge. Participants were asked 1) Do you have any thoughts on why there are so few men in the profession of art therapy? Given the claims that women are better at empathizing while men perform better at systemizing, participants were then asked 2) In your view, would such differences be more socially or biologically constructed? Please elaborate. Next,



respondents were provided with a list of dichotomous gender role attributions alluded to the literature and asked 3) In your experience, do these attributes accurately reflect the different dispositions of men and women therapists? Please elaborate. Participants were then asked 4) What is the definition of Art Therapy that you currently use? And 5) Given the definition of art therapy you have provided, how might men and women approach it similarly or differently? Finally, participants were asked to add 6) any comments they wished in response to the topic area. Responses to the questionnaire are considered in the methodology section. When contrasted against my personal experiences and a review of the literature, responses to the questionnaire contribute to a qualitative understanding of the topic area

#### Limitations/Delimitations

Seventeen men and women professional and interning art therapists responded to the survey. All but two respondents answered all questions. The partially completed questionnaires are included. Given the limitations of a small, non-random sample, generalizations should be avoided. All respondents were living in Canada or the U.S at the time of completing the survey. Cultural and ethnic backgrounds beyond the affiliation to North American culture were not considered in this exploratory study.

Though generalizations should not be made, this research has shed light on my personal understanding of the relevance of gender in art therapy. In following a Heuristic model of research, I believe that this personal insight ultimately facilitates a more profound and objective understanding for any who are interested in the subject area. By rendering the essence of participants' beliefs and attitudes, and contrasting these against

my own, I believe a new sensitivity to the topic area has been achieved. In the future, emerging men and women art therapists may find this source to be relevant to their own experiences.

### Definition of Terms

- Art therapy: this term is defined by participants in the Methodology chapter.
- Gender: One's experience of being either male or female. (Chaplin, 1985, p. 190).
- Gender Role: The set of behaviours that a given culture expects of each sex (p. 190).  
This expectation is based on perceived sex roles as listed below.
- Sex- Biological condition of being either male or female. (my definition)
- Sex Role: The behavioural patterns and attitudes associated primarily with members of a given sex (Chaplin, 1985, p. 422). These associations are based in beliefs leading to expectations for gender roles as defined above.
- Masculine: 1. Possessing qualities or characteristics considered to be typical of or appropriate to a man only. 2. Unwomanly (Sinclair et al. 1993, p. 701).
- Feminine: 1. Suitable to or characteristic of a woman. 2. Possessing qualities or characteristics considered typical of or appropriate to a woman (Sinclair et al. 1993, p.416 ).
- Profession and Practice of art therapy: This denotation is used consistently throughout this document. The term "profession" refers to all aspects involved in the profession of art therapy such as: the historical roots and social context; political and economic considerations affecting financial compensation, availability of work and issues related to the gendered division within the profession. The term profession also

denotes aspects involved in the making of professionals such as academic and placement experiences. The term “practice” denotes aspects related to the practical applications of art therapy such as treatment and diagnosis considerations as well as any factors affecting the development of theory.

- Privilege and Isolation: The terms privilege and isolation is used throughout to characterize my experience as the lone male art therapist in an otherwise all female peer group. The privilege stems from being able to attend university, having been admitted to the program while many were denied. A sense of privilege also characterizes my circumstance of being allowed in, as a “non-conforming” member, to an all women’s group, and being allowed to experience a world, which is known to few other men. The term isolation is inseparable from this experience of privilege. With no other men to share my experiences, I was often wondering if these were within group norms or not. This isolation was specifically rooted in my circumstance as the lone male, and would not have been such, had I been in an all male environment. The experience of isolation came from being a minority or an “outsider”.

#### Stance of Researcher

This research began as a personal experience which suggested to me that the socialization of gender roles is an important developmental process in need of consideration if one is to do effective work in art therapy. It might be said that I did not find this topic, as much as it found me. As the only man in a class of 12, I instantly observed a physical difference in the construction of our bodies. In addition to the physical difference, I wondered if there were not more subtle variations to be observed in

our attitudes and perceptions. Could such differences in the beliefs and attitudes of men and women explain why there were no other men in my group?

The realization that I was the only man in my program led me to search for what it was that brought me to art therapy, while so many men seemed uninterested by the field. Though the career choice of an art therapist seemed perfectly natural to me, it is a clear fact that most men do not see it this way. The observation that men are absent from the profession led to a sense of urgency for understanding why I was the only man, why few men chose the same profession, why so many women did. As I sought to know the phenomenon of gender divisions in art therapy, I became more attentive to the gender divisions which permeate virtually all aspects of western civilization.

#### Chapter Summary.

In the next chapter “**Reflexivity**”, I examine my personal frame of reference with emphasis on the experiences, which led me to choose art therapy as a profession. Some clinical and personal examples will illustrate that the social construction of gender roles is relevant in the becoming of a male art therapist and ultimately determine the stance of researcher. I will highlight the sensation of privilege and isolation which characterized my experience as a male art therapy intern. This chapter will provide readers with an account of what the experience of a male art therapist can be like.

Following a discussion of my subjective stance, the “**Professionalization**” of art therapy will be considered. It will be shown that the work of art therapists emerged within specific socio-cultural milieus preceding its current status as what Helene Burt (1996) has called “a woman’s profession” (p.15). To make this point it will be essential to

convey that socially constructed beliefs and expectations about gender have been and continue to be in operation within the profession and practice of art therapy. It will be crucial to convey that such beliefs and attitudes are formative elements in the development of the theory and practice of art therapy and may be contributing to men's absence from the profession.

Following an account of the relevance of gender in my personal, professional and practical experiences, the focus will externalize towards a review of the literature. In the **Literature Review**, we will examine the relevance of gender in areas related to art therapy. Specifically, we will examine a number of studies suggesting that the social construction of gender is a variable influence on the form and content of creative process. Gender will also be considered for its relevance in diagnosis and treatment considerations.

Once a reflexive account, historical overview and literature review have been laid out, we are ready to consider the heuristic methodology employed in the present work. In the **Methodology** section we will explore the procedures used for sampling art therapist's beliefs and attitudes related to the relevance of gender and art therapy. We will examine the procedure for analyzing the data from the complete set of responses to the questionnaire. We will extract relevant and recurrent themes towards an interpretation of their meaning. It will be shown through a discussion of results, that respondents held views about the relevance of gender and that these views informed their experiences as art therapists and interns.

The **Creative Synthesis and Conclusion** will present connections between the previous 4 sections. We will discuss the present study as a whole with emphasis on men's

experiences. A series of 5 paintings will be presented in the theme of the social construction of gender in art therapy. These will be discussed for their non-verbal, tacit rendering of the subject area. Conclusions will be discussed.

It is believed that the five-component breakdown we have just reviewed yields good insight into the subject area by combining both personal and more objective forms of data. At times my personal experiences seem to find confirmation, or at least validation in participants' responses. At other times it seems that my experience is more unique to me than connected with others. Responses suggest that men may be having unique experiences and expectations regarding the relevance of gender which may as a whole, be qualitatively different from women's.

## **Chapter 2.**

### **Reflexivity: The Socialization of Gender.**

The present chapter is devoted to reflexivity. I will share my personal history, and reveal my position within the socio-political phenomenon of gender in art therapy. From childhood, through my university education in art therapy, I will highlight circumstances where gender was important. The reader will know why this issue has been central to my experience as an emerging male art therapist. Those reviewing this work may then decide whether it is relevant in their own conceptions of what art therapy is and should be.

My experience as a male intern has political implications within the profession of art therapy because it may be symptomatic of a more objective phenomenon experienced by men art therapists in general. In keeping with the title of a recent Canadian Art Therapy Association conference in Toronto "the Personal is Political" retrieved on July

30<sup>th</sup>, 2004 from the Canadian Art Therapy Association website (<http://www.catainfo.ca/more/conference.html>), I will use my personal knowledge of gender as a starting point towards an exploration of the more political reality of gender in the profession and practice of art therapy.

It is my intention that men and women will read this chapter bearing their own experiences of gender in mind and that a discussion might follow, towards a more complete understanding of the role men play in the professional identity of art therapy and other helping professions. Perhaps then, those within and beyond the art therapy community will become more attentive to the wider phenomenon of gender divisions in those domains.

While it may not be an issue when reviewing quantitative research, the reader of this heuristic study naturally needs to know: “who is the researcher?” “Why is this topic important to him?” This chapter is devoted to such questions. Whether one adopts a quantitative or qualitative method depends on the type of question being asked. Quantitative methods are suited to producing quantifiable findings. Yet, the question: “Do you have any thoughts on why there are so few men in the profession of art therapy?” calls for a qualitative response based in subjectivity. Ansdell & Pavlicevic (2001) consider subjectivity to be a “resource, rather than a problem” (p. 140). Yalom (2004) observes that the most useful tool a therapist has, is him or herself. Accordingly, the above question is herein approached from my subjective standpoint as a male art therapy intern/researcher who has had the experience of being the lone male in an otherwise all-female group.

This research began with a response to the tacit dimension within myself but shifted towards the external reality of others' experiences. In discussing heuristics, Douglass and Moustakas (1985) find that: "a response to the tacit dimension within oneself sparks a similar call from others" (p. 50). Sharing my own experience of what it can be like to be a male art therapy intern has encouraged others to describe their own beliefs and attitudes regarding gender in art therapy. Consequently, two sources of data emerged. The first source is based in my subjective experience, and will be explored in this chapter. The second source of data stems from the responses of those in the field. To investigate this area, a questionnaire was designed sampling beliefs and attitudes as they pertain to gender in art therapy.

#### Gender in my family dynamic

I was born the second of 3 brothers, in Toronto, Ontario in 1973. Mine was a nuclear family of 3 boys, a mother and a father. We were therefore four males and one female in my home. This gender dynamic and family constellation did not appear to me as significant until much later.

In my teenage years, it occurred to me that the constellation of my family was special. As I became interested in psychodynamic theory, I became aware that my family had a way of interacting, which was somewhat affected by its gender composition. For example, my mother often asked the men in the house to lower the toilet seat. Though it may seem trivial, this request illustrates that the different constructions of male and female bodies entail different needs and preferences at least on a physical level. One wonders how far and wide these different needs and preferences might extend.



The relationship of my parents was my first vicarious experience of what it could be like to be a man or a woman, living in union. I sensed moments of marital happiness as well as marital unhappiness. As an adamant minority, my mother sometimes had to speak more loudly, or express herself more energetically in order to be heard in a house with four other males. In times of stress or when my mother was exasperated, she might throw her hands up and say: “men!” No doubt, any marital discord between my parents was about two human beings struggling to live together, but comments about the supposed failings of my mother’s or father’s gender seemed to resurface from time to time.

Whether the marital relationship of my parents was conflicted or peaceful, there was often some allusion to my mother’s generation of feminism. By the age of 17, in 1989, I had seen Camille Paglia, and Susan Sontag speak in public concert halls, about the value of feminism and the importance of questioning patriarchal values. This greatly increased my sensitivity to and sympathy for women’s rights and histories. I became convinced that women and men both had valuable and equal--though perhaps different--contributions to make to society.

To illustrate the point of gender differences, my mother sometimes pointed out that when male salespeople came to our house, they would make eye contact with my father, perhaps assuming he was the traditional “man of the house”, without addressing my mother at all. To be heard, she might have to interrupt, and say something like: “would you mind looking at me when you’re speaking?” I now see that situation as evidence of socialized differences present in gendered communication patterns. To this day, the phenomenon persists, and has made me keenly aware that I too, have different

ways of communicating depending on whether I am addressing a man or a woman. I sometimes catch myself moving to shake a man's hand before a woman's. In Quebec culture, my friend's wife will receive an embrace while her husband is greeted with a handshake. What kind of message does this traditional form of greeting send?

My awareness of gender based patterns of communication remains active in therapeutic encounters. In terms of practical applications, I strive to ensure that each person in a couple or group counselling session feels validated and receives the same courtesy of attention and eye contact whether they are men or women. If a man tries to dominate the conversation I can check in with his partner or send subtle cues that I am not interested in having a man-to-man talk at that point.

### Childhood

As a child, I had a best friend. Her name was Maya. Though she was a girl and I was a boy, I do not recall initially thinking about this difference. From the ages of about 4 to 8, Maya and I were inseparable. We slept over in each other's beds, shared stories, games, adventures. We would run around the park in front of our homes without clothes or regard for public perception. Our parents would take us to the public pool where it seemed perfectly natural to find many other children, playing, completely naked. We were unaware of the limitations that would later be placed on the expression of our genders and sexualities. Eventually, when we were around 7 years old, our relationship began to dwindle.

Coleman (1997) points to the vast amount of research on the socialization processes of boys and girls. He observes that western three year olds often report as many

as 50% friends of the other sex, while 5 year olds report closer to 20% other sex friends. By age 7, Coleman observes that very few boys and girls report friends of the other sex. In his book "Emotional Intelligence", Coleman notes "these separate social universes intersect little until teenagers start dating" (p. 130). This general pattern of gender relations in western children is similar to the specific pattern that I experienced in my childhood relationship with Maya.

Around the age of 9 or 10, I began my first organized training in art. I attended ballet school where I was usually the only male in my class. I was marginalized by some of my peers who called me "gay" or "sissy". I complained to my parents, who reassured me that ballet was a very masculine thing to do. I carried on with my training in ballet for eight more years and became accustomed to often being the only male in a class of 20. This gender ratio persisted no matter what ballet school I attended in France or in Canada.

I studied in the all female environment that was ballet school until the age of 16. During the same years, I was also exposed to the all-male environment of little league hockey. This setting came complete with competitiveness, and aggression, which occasionally led to fighting. When I naturally contrasted my experiences in all male (hockey) versus all-female (ballet) environments, my sensitivity to gender dynamics was sparked.

In the hockey world, no women were allowed in the dressing room, let alone on the ice. As if to defy the "men only" custom, a young girl by the name of Justine Blaney fought to be included in the all-male league. She won that fight, appeared on the front page of the Toronto Sun newspaper and became a goalie for a couple of years. Justine

and I were similar in that we both ran counter-current to societal expectations for our genders.

### Adolescence

In my teenage years I was very much identified with boys in my peer group, but I was just as close to the girls. I naturally identified with both masculine and feminine prescriptions for social conduct while many other people in my social environment seemed more identified with the gender attributed to their sex. It seemed that males were somehow masculine and females were mostly feminine. I was rough and competitive as a man was expected to be, but I was artistic and empathetic as might typically be expected of a woman.

It may be that my exposure to both all-male and all-female environments heightened my awareness of both masculine and feminine idiosyncrasies. This dual exposure was undoubtedly a contributing factor to my present interest in art therapy. My awareness of masculine and feminine social constructions is I believe, an asset to my future practice because any client of art therapy, and indeed art therapy itself, exists alongside the socially constructed ideas of man and woman.

### Gender and Art Therapy Training

In university, my education followed two main paths: Psychology and Fine Arts. In my four years of undergraduate studies in psychology, I noticed that the classrooms were evenly divided among men and women. However, the hallways of the psychology building featured photographs of previous years all male graduating classes, dating back

to 1910. As the graduating class photos continue chronologically towards the 1950's and 60's, the numbers of men and women graduates becomes more evenly distributed. In my Fine Arts training, the classes were again, evenly divided amongst men and women. This was evidence that my mother's generation of feminism had succeeded in breaking down some of the barriers to education that were in place in the generation before hers.

The realization that there were gender divisions in university education did not in fact come from my exposure to Psychology and Fine Arts environments. Gender divisions were most observable in some of my elective courses and extra curricular activities. For example, I took an introduction to women's studies course, in which I was the only man. Given that women are a majority on our planet, I thought it strange that more men were not in that class. Perhaps learning about women does not easily translate into income earning potential for men unless they become gynaecologists. Perhaps I was there as a future male art therapist, to cultivate my understanding of the other sex and put that understanding to professional use. Whether in ballet, childhood education courses, art education, women's studies, yoga, or introductory art therapy, I was often the only man present.

When I decided to pursue Master's level education, I became interested in Art Therapy because it combined my two main interests: Art and Psychology. After taking an introductory course in Art Therapy, I was convinced that this work was my calling. I applied to the master's program at Concordia University but I was not granted an interview. The following year, with more experience, I applied again, demonstrating that I could boost my grade point average, and was willing to volunteer for the program. This time, I was granted an interview, but my candidacy was again declined. I was placed on a

waiting list. Provided that another applicant did not accept the department's offer, I would receive his or her place. Luckily for me, this is what happened.

The experience of being refused entry without an interview was painful for me. Being refused the second time, after increasing my experience, expanding my portfolio, boosting my grades, and an interview, was even more painful. Being accepted as a "second choice" because someone else declined the department's offer left me with an insecure feeling, to say the least.

Finally, I was admitted to the program. On the first day of orientation, I was in a room of mostly women. As I looked around, I wondered if I had been the only man to apply to the program. I also wondered what the qualifications were of each person who had been admitted. In 1971 artist and feminist Linda Nochlin asked: "Why are there no great women artists?" On the first day of orientation in the art therapy program in 2002, I asked myself "why are there no male art therapy interns?" Prior to the orientation session, it had not occurred to me that I was entering an almost exclusively female environment. At least, if it had occurred to me, it did not strike me as particularly relevant. After all, art therapy seemed in perfect harmony with my abilities and aspirations and I was accustomed to all-female environments.

Soon, however, gender related issues surfaced in my training and experience with peers. On one occasion, there was a power struggle between a fellow student and myself. We were collaborating to put together an exhibition of art therapy students' work. I proposed a title for the show which made reference to the predominantly men's school of American action painters. It was plainly voiced in the art therapy student's organization

at that time, that my title referenced an “old boys school of painting” and my alluding to it was inappropriate given that the art therapy interns were mostly women.

It seems that I had, unwittingly been perceived as patriarchal for proposing a title for the art therapy student’s show after an exclusively male, artistic movement. At the time, I had no idea that my suggestion would be interpreted with such resistance, on such historical and political grounds. In my present view, this conflict was an example of a power struggle involving beliefs and expectations about the relevance of gender in the profession and practice. The show never happened because the conflict over who would run it, and what it should be called became so intense, that many people just lost interest. In the section entitled “professionalization” we will see that throughout the documented histories of the profession and practice of art therapy (Hogan, 2003; Waller, 1991), conflicts involving gender are a recurring theme.

I was becoming aware that some of the women in my program/year were as sensitive as I was to gender roles and even more aware of notions of patriarchy. My lone male status inspired me to ask: “Am I patriarchal?” “As a man, was it inappropriate for me to attempt a leadership role given my all-female group?” These questions typify some of the existential issues arising out of being the only male art therapy intern in a women’s group. I suspect that other minorities in other groups must be asking similar questions resulting from similar insecurities. Based on the questionnaire to be discussed, some male respondents appear to be asking related questions.

Once admitted to the program, I recalled a conversation with a woman who later became a colleague. We were discussing our common wish of being accepted into the art therapy program when she said: “don’t worry, you’ll get in because you’re a man”.

Within the first few months in the program, a conflict arose between this student and myself, in which it was reiterated: “you got into this program because you’re a man”. After all I had gone through to get in, and after finally finding my true calling as an art therapist, it was extremely hurtful to hear that. Though as a child, I was teased for my interest in ballet, I was not as bothered because my parents were so supportive. When my right to choose art therapy was attacked, I felt defenceless. Somehow, I was without ground to stand on because I was being teased by a therapist in training and therapists are expected to know better. For better or for worse, this initial experience in the program coloured much of what I saw afterwards.

It was not until some weeks later that I realized those comments might be symptomatic of a much larger problem of gender bias and possibly sexism extending into many areas of social interaction. I reminded myself that millions of women have endured experiences similar to mine and worse. This was little consolation however, and the sense of isolation was mine because there were no other men with whom to share my experience; to confirm or deny its validity. Though I eventually became angry I also recognized a sense of privilege because it must be rare for a Caucasian male of my socio-economic class to be the object of sexism. The sense of privilege was mine because I now know what discrimination based on gender might feel like. I am now more in tune with the subtleties and frustrations of that experience which future clients may describe to me. I believe I am a more experienced therapist for having gone through that.

Though the experience of being singled out was isolating, it paradoxically brought me closer to some women in my group as I became intimately acquainted with the subtle sexism that many had probably dealt with at some point. I was privileged because I



became more connected with the greater picture of human experience and that is partly why I chose to be an art therapist. I was also privileged because the lone male experience led me to study the relevance of gender in the profession and practice of art therapy.

When I approached the program director to convey my sense of isolation, I mentioned that I had heard hurtful comments regarding my gender. I reported that that gender was never discussed in classes, and I suggested that the program could be more inclusive of men in the future by addressing gender issues early on. The response was that instead of faculty doing so, I could make the effort to bring gender issues to the fore. That is what I did, and from that point onwards, nearly all of my assignments and papers made some reference to art therapy and notions of masculine identity. I spoke up whenever I felt that a male voice needed to be heard. Being the only male in my program meant that I spoke up often.

The symptoms of the “lone male” syndrome were compounded by having no other men with whom to share the experiences. Though I confided in a few of my female colleagues, I was hyper aware that my physiological and social construction, tone and content of my voice were obviously different to a degree beyond the particular variations among the female members of my peer group. In other terms, I was more different, in more obvious ways from each member of our group than those members were from each other.

Art Therapist Jane Rust (cited in Hogan, 1997, p. 49) finds that art therapy groups are best constructed with special attention paid to participant’s physical characteristics to ensure that there is not only one of a kind in an otherwise homogeneous group. The reason for doing this is to avoid opportunities for the group to project unwanted parts of

themselves onto the different participant. This approach to art therapy client groups can extend to art therapist training groups because in some ways, the two groups are similar. In my case, I sometimes felt that I was being projected upon, and seen not as “a” man in the program but rather as “the” man in the program. While the term “a man” retains a certain amount of anonymity and distance, the term “the man” is a much more definitive and less flexible construction.

There was a personal sense of insecurity rooted in the uncomfortable process of admission to the master’s program. This sensation took form in questions like: “why did they finally pick me?” “Who declined the department’s offer, enabling me to be accepted?” “Did any other men apply?” There emerged a second insecurity more related to being the only man in my class. This “lone male” insecurity was characterized by standing out, and appearing different or worse marginal, while at the same time, wanting to be accepted by my professional community. As we will see in the methodology section, at least one male respondent voiced similar issues.

My personal insecurity composed of the following elements:

- Feeling that I was responsible for representing men in a positive light within the program.
- Feeling that women may be biologically better equipped than men as art therapists because women nurture children in a more intimate and symbiotic fashion than men are able to, as a result of natural process of birth.

- Feeling that women were somehow socialized to be more competent art therapists because there were no men entering the program and because I was only admitted after someone else declined an offer.

The following gender based expectations led to insecurities within myself, though I believe their origin was more firmly rooted within the group:

- Feeling that I may have been perceived as personally or symbolically responsible for the injustices that some women have suffered as a result of patriarchal oppression.
- Feeling that men were not valued, or desired as art therapy interns because I had encountered anti-masculine sentiment, and there were no other men in the program.

Ultimately, in any relationship, feelings emerge, and it can be difficult to determine where the origin of those feelings is. I do not necessarily believe it is as important to make that distinction, as it is to make the point that these feelings occurred for various reasons as a bi-product of my integration into an all-female group. Any other male art therapy intern might look at these points differently while still relating to them in a general way. Whether these experiences were spawned from within myself or within the group may not be as important as acknowledging that they occurred and are likely to re-occur for some future male art therapists.

It is not my intention to pick out every incident that ever involved gender issues in my training as an art therapist. However, in the interests of transparency, it is important to bring these issues forth, because they serve to qualify what the experience of a male art

therapy intern can be like. As we will see in the methodology chapter, male art therapists and interns may be experiencing gender issues in art therapy from distinct viewpoints in relation to their female colleagues.

The circumstance of being the lone male contributed to a sense of “privilege and isolation” which I alluded to earlier. The privilege stems from having access to a semi-private world little known to men. As a therapist who would one day like to work with women clients, the experience of being part of an all women’s art therapy intern group was invaluable. The isolation stems from being alone in that world, with no other men to share my thoughts and reflect my experiences. In fact, the “privilege and isolation”, to which I refer throughout this work, can really be seen as two different facets of the same experience.

Some of my self-consciousness as a male art therapy intern was sparked by the physical circumstance of being the lone male. I often wondered if I was not also psychologically different in some fundamentally gendered way from the women in my program. I suspected that my creative process was somehow different in gendered ways from that of my female peers. Jamie Rhyne’s contention that clients’ images are isomorphic with their behavioural patterns (in Rubin, 2001, p. 139) has particular resonance for me for, if masculine behaviour is fundamentally different from feminine behaviour, and art is isomorphic with the behavioural patterns of artists, then one might expect observable differences in the images created by each sex. As we will see in the literature review, the notion that gender differences exist in the form and content of creative process has been investigated and supported through some research.

Before discussing how it was relevant in my field placement at a children's hospital, we review two more instances in which gender was significant to my training as an art therapist. In the first year of my training, I began to formulate my ideas on the subject of gender in the profession and practice of art therapy. I presented some brainstorming to my *fellow* art therapy interns, in the context of a research course. I introduced my topic by citing Micheal Barbee's (1996) study suggesting that men suffer psychologically from inflexible gender role constructs. The objection of one professor was to the effect that: "we know that women have suffered far more from this than men have". I replied: "I think we all suffer from that". This situation spawned an e-mail correspondence between this professor and myself, for some time afterwards. I argued that the comment was an example of insensitivity to the gender dynamics in our group. I must admit that by this point, I was hyper sensitive to any comments about masculine gender, especially when making a presentation before a group of all female colleagues.

The second instance in which gender was relevant took place in a class dealing with group dynamic art therapy issues. In this course, students were to pair up to produce weekly workshops simulating actual therapy groups. These workshops consisted of two partner students leading a simulation or mock-group, as co-therapists. Of the eight simulated therapy groups presented, none were designed to simulate all male groups. The irony is that many of my fellow students including myself, worked with all male populations. Unfortunately, this oversight did not occur to me until much later. Otherwise, I would have brought the question to the class: "why don't we role play at least one all-male group since some of us will inevitably be in that situation as therapists?"

We have just seen at considerable length, that the social construction of gender figured prominently in my education as an art therapist. The following example illustrates how gender was relevant in the first art therapeutic alliance of my practical training in the outpatient facility of a psychiatric hospital. My first words were: “hi, I’m Tom, your art therapist, you must be X” to which she replied: “oh, you’re a man. It’s strange to see a man in this profession”. “Is it?” I said, in a very therapist like manner. Those were the first words ever spoken between myself and a client. From that moment, I knew that research needed to be done to investigate the relevance of gender in the profession and practice of art therapy.

As a male intern in a psychiatric hospital, I encountered many instances in which I found gender constructs to be relevant. In my second year of training as an art therapist, I was placed on an all-female team including a psychiatrist, a psychiatry intern, two psychologists, a social worker and a psychology intern. I was also placed on a second team composed of three men and two women where the psychiatrist had been described to me as “patriarchal”, by two previous art therapy intern supervisors. I often wondered if these two teams were fundamentally different because of their gender compositions.

### Gender and Art Therapy Field Placement Settings

There are four particular incidents on the all-women team which I will briefly describe here as vignettes to illustrate the role that gender played in my training.

1- We saw a family where there was one father, a mother and three daughters. This was the opposite gender composition of my own family of origin. At the end of the interview, each of us was asked to conjure up a psychodynamic formulation of the family

problem. I offered that the father seemed to be overwhelmed by three daughters and a mother who were all competing for his limited resources. The psychologist on the team introjected: “is that how you feel as the only man on this all-woman team?” The insinuation was that gendered lines divided my existence from that of the group. When she pointed it out, this had the effect of concretizing, that dividing line.

2- During a team meeting, the psychologist from the above example had suggested jokingly that I might be gay. Wheeler & Smith (2001) have observed that men working in female dominated professions such as nursing, can be stigmatized as gay, or somehow not masculine. My experience may have been a reflection of the “gay male in helping professions” stereotype.

3- A young boy suffering from panic attacks is referred to art therapy in conjunction with Prozac. His mother spontaneously stated that it was beneficial for her son to have a male role model as a therapist because that was what he most lacked.

4- A seven-year-old girl was referred to art therapy for oppositional and defiant behaviour. In session, we began to discuss a reproduction of a painting done by Claude Monet. I described the picture in reference to the artist, saying: “it’s interesting how **he** used colours isn’t it?” At this point the child responded: “or **she**. It could be a **she!**” Though in this case, Claude Monet is a man, this girl revealed to me that 7 year old girls could be aware of the gender relations of adults, beyond what I had expected. Could some of her oppositional-defiant behaviour be related to her perceived awareness of an unjust gender divide? I wondered: “if she is able to perceive language biases suggesting inequalities in the interrelationship of the sexes at her age, how will she respond when she is an adult and realizes that gender division is an integral part of our economic and

political system?” Could this girl be responding rebelliously against what she perceives as an unjust reality in which she is destined to be paid two thirds of a man’s salary for the same work? Given this reality, could her diagnosis of oppositional defiance be seen as a normal reaction to an abnormal situation?

On the second team, there were two incidents involving gender constructs. These examples illustrate that gender constructs are at work in all that we do, say, make, think, and influence us by shaping our expectations. As Rosenthal (in Lambert, 1971, p. 4) states: “expectations actively shape interpersonal relations”.

1- A young girl came into the hospital assessment room presenting with explosive anger directed at her family. The male psychiatrist suggested that the girl needed tools to “control her anger”. The female psychologist on the team countered that we should instead offer her tools “to express her anger”, to which the psychiatrist replied: “yes, that is what I meant”. This example is fitting because Rust (1995, p. 50) suggests that girls tend to repress anger, rather than express it, and that this pattern is co-morbid with the development of several serious disorders. An example most Euro-Americans can relate to is that we might expect and fear explosive anger from a man while we are surprised to observe that behaviour in women.

As Marchand (2002) has noted, the expression of anger in western civilization has different manifestations and socially constructed expectations for men and women. The difference between the psychologist’s and psychiatrist’s conceptualization of anger is important in this case because it may influence the decision to offer either art therapies to *express anger* or medication to *control it*.



2- The second incident on this team involved an adolescent girl presenting with trichotillomania. The girl one day told me that she found it very difficult talking to a man about “girl issues”. Naturally, I could empathise with that difficulty as the lone male in an all female environment. I offered to find her a female therapist, but she declined. Was this her surreptitious way of making me feel some of the “outsider” status which she encountered as an adopted child?

We have seen that a number of experiences in my field placement as an art therapist contributed to my present interest in the topic area. My experience was one of both privilege and isolation. More attention has been placed on the latter because I believe that isolation has bred a deeper consciousness in me of how my gender is relevant to my practice as an art therapist. Ultimately, I have learned from such isolation, what it can mean to be a minority. As an art therapist, I believe this experience will serve me well with any treatment population. I remain convinced that this profession is an ideal match for my interests and abilities, in spite of the fact that there are few other men to confirm this for me. I remain determined more than ever to share this experience with other men, in the hope of eliciting any dormant interest they might have in becoming art therapists.

The experience of being a male art therapy intern has led me to find that there are gender divisions in what we do, say, make and think and that these are partly expressed in present divisions of labour. Gender splits in the workforce are most observable in professions related to politics, economics, education and health care. Such far-reaching social divisions reflect the present day notion that art therapy is women’s work, and that politics is the job of men; both notions which I can not accept. It is for this reason that I seek to understand how such divisions operate. In conclusion, I present an excerpt from a

speech given by Shaun McNiff, nearly 30 years ago, at the seventh annual conference of the American Art Therapy Association, entitled Creativity and the Art Therapists Identity:

“... I believe that our generation is experiencing a cultural revolution in the area of sex roles. Millions of women once denied access to professions controlled by men are now moving quickly into positions of influence. I am confident that as this equalization trend grows, men will begin to become more involved in professions dominated by women. Hopefully such a change will not only result in a professional unification of the sexes, but will also integrate and balance the personality traits associated with both groups in the interest of a better and stronger society.”

(cited in Shoemaker & Gonick-Baris, 1977, p. 39).

### **Chapter 3**

#### **Professionalization**

In the following chapter, I will provide a review of some accounts of the professional history of art therapy. Historical overviews have been undertaken by others (Gussak, 2003, Hogan, 2003; Waller, 1991; Foster, 1989; Naumburg, 1966) so I will compare and contrast what has been written to date. The histories of art therapy in the United States, Britain and Canada will be presented, while focussing on two time frames: the 1930's-40's when art therapy began to form a distinct identity within mental health

professions, and the 1960's-70's when the professionalization of art therapy grew within a specific social and political soil. It will be shown that the theory and practice of art therapy was partly shaped by the larger professional spheres of education social work and institutionalized mental health care. As will be shown, these areas were changing as a result in part of a growing awareness of feminism. This climate greatly contributed to the present-day notion that art therapy is a woman's profession.

### A Litterature Review

The context in which American, British and Canadian art therapy emerged is in the simplest terms, a political, social and economic environment, comprising groups of individuals who share common interests. Dianne Waller (1991, p. xiv) has proposed a perspective of art therapy in terms of its "relationship to the political and economic fluctuations of a given society". Virtually every profession can be seen in this way. For example, the demand for social work as a profession was increased in response to economic conditions during the great depression. Political fluctuations such as human rights movements and world wars also affected professions on a massive scale by including women and minorities into a previously inaccessible work force. In this chapter, we examine some historical accounts, to determine if there are similar circumstances around the early professional expansion of art therapy which might have contributed to men's absence from the field. I will endeavour to show that political and economic conditions can help to explain why there are so few men art therapists.

Some histories (Waller, 1991; Foster, 1989) tell us that the professionalization of art therapy was fuelled by the large number of returning Second World War veterans, in

need of rehabilitative, psychotherapeutic aid, during the 1930's and 40's. Many art therapists found work in veteran's hospitals in order to accommodate the influx of returning soldiers (Foster, 1989). Considering that warfare has traditionally been a masculine behaviour involving men killing other men, women and children, the emergence of art therapy during war times may have been viewed as a feminine antidote to the devastation of male aggression.

Men and women have traditionally been seen as opposites in the west as well as in the influential eastern conceptualization of yin as the feminine and yang as the masculine principle. In this line of thought, our culturally received wisdom dictates that women are socially and/or biologically predisposed to entering caring professions such as art therapy because they rarely commit anti-social acts to the extent that men do. There may also be a bias towards viewing women as more competent producers within helping professions such as art therapy, social work and early education, because they have traditionally been primarily responsible for the care of children. These historical circumstances are here presented as gender specific contributors to art therapy's current status as a women's profession. Other factors will be addressed throughout this paper.

A profession influences--and is influenced by--the social context in which it emerges. When a group of people with common interests, assembles into a profession, the members may act in concert to meet common objectives related to their particular social context. Gussak (2001, p. 7) explores the notion of an "invisible college" within the profession of art therapy. His term designates a group of like-minded individuals, bound by their common interests and theoretical beliefs. From Gussak's term, I

understand that the notion of art therapy began as an invisible college of like-minded artists, health care workers, art educators, men and women.

David Gussak (2001) has observed that the theories of art therapy are influenced by the social context to which the art therapist belongs. In his Doctoral thesis, Gussak suggests that this process transforms the theory and practical applications of art therapy through the “invisible college” (p.5). Accordingly, Franklin and Politsky (1992) tell us that the socio-political environment in which art therapists find themselves, influences the theoretical and practical applications of the profession: “...considering that art therapy is a field dominated by women raises the question if feminist tenets are at work shaping educational and training experiences along with clinical treatment strategies” (p. 169). This statement suggests that women and feminism have impacted the developing theory and practice of art therapy. Thus gender oppression and other experiences shared by women, would theoretically be part of an invisible college of art therapists, since most art therapists are women. My task in this chapter will be to investigate the quality of this “invisible college” and determine if it can help to account for the dearth of male art therapists.

To expand upon Gussak’s (2001, p. 5) notion of the “invisible college”, I would suggest that there is an invisible college of feminist art therapists, bound together by their common experiences and interests. Men may be reluctant to join the profession, because it emerges in part as a counter force to patriarchal models of health care and psychiatry (Hogan, 2003). Thus men may remain absent from the field because they do not believe that they have a positive contribution to make within such an anti-patriarchal framework. Some men might find a justification for feeling this way considering that the fight for

women's rights can be presented or perceived as an attack upon many of the traditional social behaviours of men. Accordingly Cathleen Free declared at the American Art Therapy Association Conference of 1976, that the subordinate marriage of art therapy to the institution of psychiatry was analogous to the relationship of a woman to her husband in the patriarchal institution of marriage (cited in Gonick-Barris & Shoemaker, Eds., 1976).

From its inception, art therapy followed a developmental path parallel in time and ideology to the evolution of women's rights and feminism. We will observe that this path was forged partly in opposition to traditionally male approaches to health care. I will suggest that the parallel evolutions of art therapy and feminism may partially explain why men are absent from what is perceived as women's work.

The relevance of gender in the profession and practice of art therapy remains an important issue because: "beliefs about the roles of the sexes are threads running through the fabric of society, having multiple effects upon human institutions and themselves nourished and sustained by these institutions" (Lambert, 1969, p. 2). Based on this assumption, perhaps the institution or structure of art therapy is somehow built within a system that limits men's interest in--or ability for--becoming art therapists. This possibility is investigated in the first question of the survey used for this research (Appendix A): **"Do you have any thoughts on why there are so few men in the profession of art therapy?"**

So far as we have examined two reasons may account for an absence of men from the profession of art therapy. The first reason offered was that men generally suffer from the stigma of being more destructive than women while women may benefit from the

socially constructed image of non-violent healers. This culturally received wisdom is widespread and represents the fact that most violent or anti-social crimes are committed by men. There may then ensue a bias against men in helping professions, where empathy, patience and altruism are required. Consequently, a cycle is begun, in which men may lack the experience and self-confidence required for becoming art therapists, because they are not encouraged to seek that experience. The second reason offered to account for the absence of men from the profession is closely related to the first. This reason is that the the profession and practice of art therapy is built upon the predominantly women's professional domains of art education and social work, and that people working in those domains, may be reluctant to open them up to men. For their part, men may erroneously believe that they do not have valuable contributions to make within a feminist framework. As we will see in the methodology section for this paper, other reasons for men's absence from the profession will be presented.

### Art Therapy in the United-States

Margaret Naumburg is generally considered a pioneer of art therapy in the United-States. Her sister Florence Cane was also instrumental in the advent of Art therapy as a profession. Both women were childhood educators, though Naumburg was also a psychologist and traced her initial interest in art therapy, back to the Walden school which she founded in 1915 (1966). This school had a unique philosophy of education, based on increasingly popular Freudian and Jungian psychoanalytic theory.

In the 1930's, Naumburg began presenting on art therapy. In 1947, she published the first American book on the subject (Gussak, 2001). Ten years later, the first

introductory course was established at New York University. Naumburg (1966) recalls that in 1958, student interest in the introductory art therapy course came mostly from psychology, occupational therapy, counselling, social work and special education departments. As Naumburg tells us, the “original purpose of this beginning course was to supplement the existing program in the Art Education Department.” In 1969, the American Art Therapy Association was formed.

Naumburg has been referred to as a “founding mother of art therapy” (Borowsky-Junge, 1994, p. 22). The term: “founding mother” is in contrast to Freud’s title as the founding father of psychoanalysis or the term “fathers of the confederation” to designate the men who wrote the American constitution. Both terms are exclusive of one gender and contribute to the notion that art therapy is women’s work, while the psychiatry and the writing of constitutions is the work of men.

### Art Therapy in Britain

Art therapy originated in Britain, the U.S. and Canada in the 1930’s and 40’s. Adrian Hill is credited with coining the term Art Therapy in Britain, 1942 (Borowsky, 1994, p. 51). As Foster (1989, p. 43) has illustrated, other seminal figures in British art therapy were Irene Champernowne, artist Edward Adamson, Michael Edwards, educational psychologist Marion Milner, psychiatrists Melanie Klein and Donald Winnicott.

The Withymead centre was perhaps the most influential force in Britain’s early professionalization of art therapy. Waller (1991) has taken an oral history of the gender relations at the centre, where its director, Dr. Irene Champernowne was characterized as a



“strong matriarchal role model for art therapy” (p. 70). Champernowne reportedly had some interesting notions about masculine and feminine gender roles. In the actual Withymead staff interviews, transcribed by Waller (p. 70), Champernowne reportedly stated that the soul of a community is “feminine”. Given that the Withymead centre was a predominantly Jungian school of art therapy, perhaps Champernowne was referring to Jung’s (1964) theory of masculine/feminine archetypes when she made that statement. Jung had stated that man’s relationship to his soul was mediated through the feminine archetype, which he called “anima”. Though Waller (1991) does not further explore the issue of gender in art therapy at the Withymead centre, she does: “highlight the openings for future research to examine the influence of Withymead on male and female authority within the art therapy movement itself” (p. 70).

Throughout Hogan’s (2001) and Waller’s (1991) accounts of the Withymead centre, there appears a common theme of gender issues relating to the development and management of art therapy. According to Waller there were gendered lines dividing the work suitable for either men or women. Champernowne reportedly believed that women were better at painting while men were more suited to pottery (p. 68). The various functions of men and women staff at Withymead were divided accordingly. David McLaughlin (in Hogan, 2001), has also documented a “gender split” occurring at the centre: “The conflict that destroyed Withymead had its origins ...in the historical inability of strong men to honour the strength and authority of women...” (p. 228). Such references to the social construction of gender relations, and their effect on the development of professional art therapy can be found throughout a broad range of historical accounts of the profession, including the account of my own experience.

Like Naumburg and other founding mothers, Milner exemplified the strong roots that British art therapy had in the department of children's education. More specifically, art therapy had strong roots springing up from child guidance clinics, which were a branch of that department (Foster, 1989). Child guidance clinics were set up as educational environments for children with behavioural issues. In that setting, the department of education had found a middle ground between education and therapy for children with special needs. This ground proved an ideal soil for the growth of art therapy.

In 1967, the British Association of Art Therapists (BAAT) partnered with the National Union of Teachers (Waller, 1991, p. 16). The connection between art education and art therapy is relevant to our discussion of gender because in the U.S., Canada and Britain, the work of educating children has mostly been the job of women. In Canada, there are five times more women elementary and kindergarten school teachers (retrieved: 20/02/2004, from [www.statcan.ca](http://www.statcan.ca)). The high ratio of women to men entering these fields persists today. In my experience taking two courses in early childhood art education at Concordia University, I was on both occasions, the only man in a class of approximately 18 women. Could it be that more women become art therapists because the profession has strong roots in other professional domains traditionally occupied by women? This might constitute part of an answer to the question "why are there so many women art therapists?"

Waller (1991) and Hogan (2001) have documented the strong ties between the fields of art education social work and art therapy in Britain, while Naumburg (1966) has illustrated similar ties between those fields in the U.S. In Canada, the Art Therapy

Master's degree program of Concordia University has only in the last 20 years achieved separate unit status from the department of art education.

### Art Therapy in Canada

In Ontario, the profession of teaching was explicitly divided by gender and the Teacher's Federation was split into men's and women's unions. Though both men and women were teachers and shared common objectives, it was believed that each union should be considered separate. According to my grandmother, Margaret Shortliffe, (personal communication, May 1<sup>st</sup>, 2004) who was active in the Canadian Teacher's Federation in the 1950's, the impetus for keeping both unions separate came mostly from the larger women's union. The women reportedly believed that if both unions were joined, the men would inevitably force their way into running the organization. According to my grandmother, the women's union, wanted to preserve its autonomous identity, and run their own affairs. As a result, the Ontario chapter of the Canadian teachers federation remains gender divided to this day. Since Waller (1991) has documented the close links between art therapy and the department of education in Britain, it would be interesting to know if there were similar gender divisions there. It seems that art therapy is today considered "a woman's profession" (Burt, 1996, p. 12) in part because it emerges from professions such as childhood education and social work which have traditionally been considered women's domains.

In 1978, Michael Edwards was invited to set up an introductory course in art therapy by Concordia University's Department of Art Education. Much interest was shown, and a diploma program was launched in 1980 under the umbrella of the Art Education department. In 1982, the program gained momentum. In 1984/5, the art

therapy unit gained separate status from the art education department. In 1986, Concordia University's program received accreditation from the American Art Therapy Association and became the only Canadian master's degree program (retrieved 04/07/04 from: <http://arts-in-therapy.blogspot.com/2003/06/history-of-art-therapy-in-canada.html>).

Edwards was trained at the Whithymead centre in Britain, where, Jungian psychology was a central influence in the training and theoretical development of art therapists (Foster, 1989). It is not surprising that Jung was such an influence on early art therapy since he was one of the first psychiatrists to use art with his patients and to document the ability of art to transcend consciousness (Segaller, 1972). Jung was also the only psychiatrist to develop concepts of masculine and feminine archetypal psychologies. This innovator was an advocate for the feminine archetype, and Bani Shorter has recognized Jung's contribution towards increasing the social recognition and valuation of the feminine (Segaller, 1972). Jung's notions of masculine and feminine emerged at a time when women's rights movements were gaining momentum. His notion (1964) of masculine animus and feminine anima was an influential concept in its time.

According to art therapist Pierre Gregoire (personal communication, December, 2002), the first Canadian university program in art therapy, was a predominantly Jungian school. While it is safe to say that Jung's notions of masculine and feminine were known to Michael Edwards and others running the program at the time, it is difficult to assess just how important such notions were in the training of art therapists. I suggest here that masculine and feminine archetypes were known to what Gussak (2001) has termed the "invisible college of art therapists" at Concordia, and that many art therapists set their

theoretical orientations partly in consideration of a Jungian conceptualization of the psyche.

In Canada, the profession of art therapy is traced back to the 1940's (Foster, 1989, p. 45). Artist Marie Revai worked at the Allan Memorial Psychiatric Hospital in Montreal, and emphasized the therapeutic qualities inherent in creative process. Dr. Martin Fisher, a psychiatrist, founded the Toronto Art Therapy Institute and emphasised the usefulness of client art as a diagnostic aid and adjunct to psychiatric treatment. While Fisher came to art therapy from the highly institutionalized background of psychiatry, Revai approached from a community based orientation as a professional artist. Early founders like Revai in Quebec, moved out of institutionalized settings towards more community based and residential treatment centres because institutions devalued the work of art therapists, underpaid them, and did not share the ideological premises under which art therapists operate (Foster, 1989). Thus whether one is an art therapist or a feminist, the oppressing factors seem to be similar: lack of valuation, lack of compensation and conflicting ideology. The work of these pioneers is seen by Foster (1989) as the initial "disengagement" of art therapy from "psychiatric domination of its applications within institutionalized settings" (p. 46).

In Foster's account, the development of Canadian and American art therapy as a profession is defined by distancing itself from the dominant institution of psychiatry. This evolution of art therapy is of interest, because it parallels the evolution of the women's rights. Thus, both the professionalization of art therapy and the push for women's movements in the 60's-70's share a common objective: to be released from dominant male run structures. Schofield (cited in Connell, 2002) observes: "The women's health

movement was concerned from the start with ...the gendered structure of health services. Activists criticized the way that the power and ideology of men, especially in medical professions dominated by men, interfered with women getting the health services they needed” (p. 65). While Foster (1989) defines art therapy as moving away from institutionalization in the 60’s, Schofield defines the women’s health movement in much the same manner. Hence art therapy and the women’s health movement share the developmental objective of being free from the medical institution and by association: patriarchal domination.

As Foster (1989, p. 50) notes: “Universally, the approach employed by early art therapists appears to stem from their respective backgrounds using art as psychotherapy or art as therapy”. By extension, the approaches of art therapists are also informed by their respective backgrounds as men and women. Perhaps men like Martin Fisher, tend towards a more linear view of art as adjunct to psychotherapy, while women like Marie Revai tend towards a more intuitive notion of art as therapy in itself. As we will see in the literature review, some have suggested that men and women approach the task of therapy in generally different ways, based largely on the gender of the therapist and client. This suggestion is investigated by the fifth question in the survey: **“Given the definition of art therapy you have provided, how might men and women approach it similarly or differently?”** (Appendix A)

### Joint Identities of Art Therapy and Feminism

It is wholly accepted within feminist discourse that more women should have been included in the history of professions as doctors, politicians and artists. The Human

Rights movements were largely aimed at increasing women's participation in those fields. The struggle was for equal rights, access to employment and equal pay of course, but was also a fight for women to culturally re-construct their own intellectual, physical and spiritual identities, independently from male definitions. Arguably, the professional expansion of art therapy during the 1960's-70's can be seen as one reflection of that cultural re-construction.

Women sought freedom from the patriarchal institution of health care, because as Hogan (2001; 2003) and Waller (1991) have pointed out, femininity and female-ness have historically been linked through social Darwinism, psychiatry, and psychoanalysis, to notions of madness. Women were historically considered morally and intellectually inferior to men and therefore, had a vested interest in gaining more control over health services. Art therapy can be seen as a culmination of that interest.

As Norma Swenson tells us, "the women's health movement (WHM) was born out of the second wave of feminism, came alive out of the protest climate of the 1960s, inspired by "the movement" for social justice..." (Retrieved 18/10/04 from: <http://college.hmco.com>). The WHM is an example among many such efforts directed at enabling women's liberation from patriarchal restraints in health care among other fields.

Based on a comparison between Canada census information collected from 1961 and 2001, (tables 1.1, 1.2, 1.3) women have steadily been entering traditionally male-held occupations such as medicine and law to ever-greater degrees. However, men do not generally appear to be making a similar move into so-called "women's professions" such as art therapy, social work and childhood education. This leaves me to wonder who will be left to advocate for those humanistic-oriented fields, when there is increasing emphasis

on the right of all people to achieve equally high status, pay and employment opportunities. Will those fields be left behind?

Through women's efforts, many of the professions traditionally occupied by women have been recognized as underpaid and undervalued. Women can with greater ease move into higher status, higher paying traditionally male fields. The question remains: who wants to do the "women's work?" Rather than continue to fight for valuation of so-called "women's work", many people may simply be leaving those areas for more attractive salaries in status conferring professions and this might account for why the proportion of men in some arts related fields and social work has actually decreased in the last 40 years (figure 1.3).

There is some support in the literature for the contention that women's professions are perceived as less appealing career choices for all people today, than they were prior to the popular women's rights movements of the 60's and 70's. Accordingly, Levy, Sadovsky & Troseth, (2000), found in a study of preschool and primary school children's perceptions of gender typed occupations, that girls were likely to express negative feelings towards growing up to have feminine gender-role-consistent occupations like nursing. Boys did not express similarly negative affect towards growing up to have masculine gender-role-consistent occupations. This suggest that girls and boys in this study were less interested in entering occupations which are sex typed as feminine than entering fields perceived as masculine.

The total ratio of American male to female physicians was approximately 13:1 in 1970, gradually shifting towards a ratio of approximately 4:1 in 2001 (retrieved 18/10/04 from: <http://www.ama-assn.org/ama/pub/category/12912.html>) Though the institution of



medicine has evidently made strides towards including more women, medical professions remain largely occupied by men who are greater in number and are generally paid an average of 30% more. based on a comparison between the 1961 and 2001 Canadian census data on employment statistics, summarized below, women do appear to be entering traditionally male held occupations in law and medicine in increasing numbers, yet in the “women’s” professions of occupational therapy, nursing, social work and childhood education, the ratio of men to women has been relatively stagnant over time. In some cases the proportion of men has decreased or even shifted from a majority to a minority. In fact, the gender gap has actually grown for social workers, non-postsecondary educators and some arts related professions.

So far some factors have been clearly associated with masculine and feminine gender roles in the literature. It cannot be determined which factors or combination would be involved in predicting preferences for masculine gender role consistent occupations. The question must therefore be asked: “which aspects of the masculine gender role are most attractive to these students?” “Which factors are being associated with the feminine gender role consistent professions, to account for students attributing more negative feelings towards them?”

As we will see in the methodology section of this research, most respondents to the question: “do you have any thoughts on why there are so few men in the profession of art therapy?” attributed the profession’s low status and pay as primary factors. While it is evidently true that men generally seek out high pay/status professions, I do not believe that their non-participation can be explained by those factors alone. Within this research

it will be shown that men’s abstention as art therapists is a complex issue involving a number of socially constructed factors and consequences.

As Hogan (2001) and Foster (1989) tell us, the professional identity of art therapy is defined in the beginning stages, by the cross fertilization of the two main disciplines of art and psychiatry. As the Canadian census statistics, summarized in tables 1.1, 1.2, 1.3 suggest, most professional domains related to art and psychiatry were traditionally occupied by men, with the exception of childhood art education, nursing, psychology, occupational therapy and social work and certain performing arts such as dance. However, some time around the Canadian 1961 census, concerted efforts were made to lessen the gender gap in male domains. In 2001, of 136,370 Early childhood educators and assistants, 131,175 were reportedly women and 5,190 were men, representing a ratio of approximately 25:1 (retrieved 10/10/04 from: [www.statcan.ca](http://www.statcan.ca)). Given that today many professions remain divided by gender in terms of salaries and title of position occupied, the question remains: “how much have things changed?”

Table 1.

Canadian men and women working in “men’s occupations”: a comparison 1961-2001

<b>Traditional men’s occupations</b>	<b>Men (1961)</b>	<b>Women (1961)</b>	<b>Men (2001)</b>	<b>Women (2001)</b>
Judges	817	17	2005	600
Physician’s	7, 284	960	27, 295	14, 140
Artists, art writers, musicians (commercial)	16, 459	8, 472	62, 305	67, 610
Engineers: civil, mechanic electrical and chemical	38, 469	94	98, 670	10, 590

Table 2.

Canadian men and women working in “women’s occupations”: a comparison 1961-2001

<b>Traditional women’s occupations</b>	<b>Men (1961)</b>	<b>Women (1961)</b>	<b>Men (2001)</b>	<b>Women (2001)</b>
Physical/occupational therapists	448	1, 859	970	8, 615
School Teachers: primary and kindergarten	48, 881	117, 727	41, 335	197, 600
Nurses	2, 308	57, 090	13, 480	218, 540
Social Welfare workers	5, 037	5, 726	9, 685	37, 290

Table 3

Professions where gender division has either increased or been reversed in Canada. A Comparison: 1961-2001

	<b>Men (1961)</b>	<b>Women (1961)</b>	<b>Men (2001)</b>	<b>Women (2001)</b>
School Teachers: primary and kindergarten	48, 881	117, 727	41, 335	197, 600
Social Welfare workers	5, 037	5, 726	9, 685	37, 290
Artists, art writers, musicians (commercial)	16, 459	8, 472	62, 305	67, 610

Sources:

Census of Canada, (1961). Labour force: employment status by sex. Vol. III Bulletin 33-1, P. 3.

Compared against

Census Canada (2001). National Occupational Classification for Statistics, Class of Worker (6) and Sex (3) for Labour Force 15 Years and Over, for Canada, Provinces, Territories, Metropolitan Areas.

As can be seen in table 3, in 1961 men were twice as many in the arts related fields. In 2001 women outnumber men. Professional arts related fields are perhaps the only realm in which women have passed from being fewer to being greater in number than men. This statistic includes: authors, editors, journalists and all professional creative and performing artists. It appears that men are keeping the jobs that they have historically held, with little *crossing over* into women's professions, while women are also keeping the posts they have traditionally held but are to a much larger degree, crossing over into traditionally male domains. This proposition is supported Levy, Sadovsky and Troseth (2000, p. 997) who "expected that girls would show more positive affective reactions than boys to growing up to have a gender-role-inconsistent occupation"

Art therapy is no exception to the trend of men not crossing over the gender barrier. From the inception of art therapy, women "pioneers" have been at the vanguard, albeit within male dominated psychiatric settings and the historically male spheres of creating and defining art. With few men "crossing over", it seems women may have found a social and professional niche within the relatively less accepting patriarchal

environments of Psychiatry and Art. Through an alliance with the historically women's domain of art and childhood education, many women have been gained ground as professionals by expanding the theory and practice of art therapy into educational and community based settings.

Though great progress in the professionalization of art therapy has been made through women's efforts, the question of the relevance of gender remains an important one because art therapy is one profession among others in which the disproportionate ratio of men and women seems to be a robust characteristic. Though division of labour by gender is not necessarily problematic in itself, we will see that it does necessitate some attention within the field of art therapy. If the discipline is to be considered a forward movement for social change in art and psychotherapy, it should examine the significance of that gender gap. The sex distribution within this field is important because art therapy presents a revolutionary vision of the creative process, a socially constructed re-definition of the meaning of art as well as innovations to the practice of psychotherapy. Yet, if men are largely absent from this socially constructed re-vision, how can they contribute? Or feel contributed to? Art therapy is on the frontier of culturally redefining traditional notions of art and mental health. In such an important cultural influence in the making, an absence of men should be seriously questioned.

### Conclusion

I have presented abridged histories of Art Therapy in Britain, the U.S and Canada. I have illustrated how events in the initial stages of art therapy's professionalization, either implicitly or explicitly involved gender issues. It was suggested that socially

constructed notions of gender impact the profession and practice of art therapists. There are a number of other factors, related to issues of status, which contribute to men's absence as art therapists. As we will see in the methodology section, a thematic analysis of responses to the questionnaire indicates that most art therapists and interns responded to the question: "why are there so few men in art therapy" by acknowledging that issues of power and socio-economic status were central. The question of status will be considered further on.

A number of possible reasons have been suggested to account for the absence of men from the field of art therapy. It was first considered that the social image of men as war makers during the second world war had set the stage for women to take on the role of healers and rehabilitative art therapists in veteran's hospitals. I also suggested that men were initially absent because art therapy emerged as a hybrid of other professions in which men were not participating. It was proposed that art therapy is presently associated with feminist minded approaches to health care and social justice. These approaches emerged in opposition to traditionally patriarchal conceptions of health care and men may erroneously continue to feel that they cannot make valuable contributions within a feminist framework.

I have suggested that art therapy began as an invisible college of mostly women, grouped together by similar interests and objectives. I have put forward the case that the professionalization of art therapy was a path paralleled by the goals of the women's movement towards self-empowerment and social equality. The professionalization of art therapy and the women's health movement, were both concerned with the de-institutionalization of health care, and deconstruction of patriarchy. De-

institutionalization itself, has historically been synonymous with removing power from men (Foster, 1989). Through their professionalization as art therapists, many women have, to their credit, found a professional and political voice amidst traditionally patriarchal domains of mental health care and art history.

Art therapy was defined by its movement away from institutional settings. It is important to note that even though art therapy has distanced itself from the institution of “medical hierarchy in which patients would take a dependent role and where professions would have strictly regulated tasks” (Waller, 1991, p. 42), it was at the same time, moving in alliance with the professional institutions of art education and social work. So while it is safe to claim that art therapy moved away from institutionalization, it may be more accurate to suggest that it moved towards more feminist minded versions of health care, both inside and outside of institutional frameworks.

Finally, it was proposed that even though there has been a significant increase in the number of women crossing over into traditionally male domains, relatively few men have been crossing the gender barrier into women’s professions. This point was raised as an important concern in general because of the implication that both genders may be abandoning traditional women’s work in favour of the higher pay and status offered in traditionally male sectors. This was presented as an important issue to be addressed within the discourse of professional art therapy.

## Chapter 4

### Literature Review

#### Introduction

A focus on gender roles in the profession and practice of art therapy is valuable for at least four reasons: **1)** Some literature suggests negative psychological consequences related to inflexible gender role expectations (Barbee, 1996; Neighbours, 2003; Hogan, 2001); **2)** there is an abundance of literature in the area of art therapy approaches by women and for women's issues but there is a comparative gap in the literature pertaining to the experience of male art therapists and as Barbee (1996) notes the literature reveals "almost nothing about working with adult male clients" (p. 31). This suggests a lack of understanding regarding men's perspectives and experiences as art therapists and clients. **3)** My experience of **privilege and isolation** as the only male student in my program/year has energized a desire to sensitize aspiring art therapists and professionals, to the reality that gender is an important dynamic within our profession. **4)** As Kaplan and Free (1995) have noted: "given the unique role of psychotherapists in setting standards for mental health, it is especially important to characterize their beliefs about gender stereotypes and how those beliefs affect the practice of psychotherapy"(p. 59).

Studies to be reviewed suggest gender-linked variations in the verbal and non-verbal expression of men and women. Other research suggests that males and females are socialized in different ways, leading to sex-typed behaviours. For instance, one compilation of authors suggests that the different ways in which boys and girls are socialized in western society informs each gender's style of emotional expression



(Marchand, 2002; Kelly & Hutson-Comeaux, 2002; Barbee, 1996); career aspirations (Watson et al., 2002; Levy, Sadovsky & Troseth, 2000); artistic preference for form and content (Boyatzis & Eades, 1999; Cox, 1993; Silver 1999, 1993, 1992, 1987); preference for style of interaction (Cumberland & Eisenberg, 2002; Moller & Serbin, 1996); counselling style (O'Donohue & Crouch, 1996; Vogel et al. 2003) and preference for gender of therapist (Glover and Wylie, 1999). Given that it has such bearing in human development, an understanding of how gender roles operate should inform the practice of art therapy. Counsellor and client may then become empowered with a deeper understanding of what it can mean to be a man or a woman.

There is an abundance of literature about the relevance of gender in fields related to art therapy. As Connell (2003) points out, gender continues to be one of the most researched topics in psychology. Vogel (et al., 2003) observe that gender affects many areas related to the practice of art therapy, such as counsellors perceptions of a) responsibility for presenting difficulties, b) problem formulation, c) diagnosis and treatment recommendations, d) degree of severity of the problem. In a study to be discussed in the methodology section, Vogel (et al, 2003) have found evidence to support Connell's (2003) contention that male and female clients of psychotherapy are perceived differently in relation to problem formulation and treatment recommendations. In another study to be reviewed, Kaplan and Free (1995) also found supporting evidence for the proposition that male and female physician and non-physician psychotherapists attribute different responsibilities for presenting problems and designate different treatment recommendations for hypothetical clients; depending on client gender. These differences were found to be related to gender of therapist, to a statistically significant degree.

Gerhart and Lyle (2001) have studied client experience of gender in therapeutic relationships. They found within a sample of 15 client co-researchers that male and female therapists were consistently described along the gender stereotypical norms of “the caring female and the problem solving male” (2001, p. 455). Harvey and Hansen (1999) also reported: “therapists in this study thereby tended to have more nurturing and empathetic qualities when compared with the masculine gender role counterparts but also more instrumental, cognitive qualities than their feminine counterparts” (p. 110). In: “The essential difference” Baron-Cohen (2003) reviews how such stereotypical differences are supported through social constructivist or biological determinist arguments. Questions emerge in response to the noticeable trend of perceiving dichotomies in masculine and feminine behaviour: “Are such differences biologically based or socially constructed?” “How do our perceptions of such differences affect the profession and practice of art therapy?” Art therapists beliefs and attitudes regarding these problems are targeted by the second question in the survey: **“In your view, would such differences be more socially or biologically constructed? Please elaborate”**

Most studies in this literature review make reference to the gender role norm of the caring, expressive female and the problem-solving male. In addition, most studies also make reference to Bem’s Sex Role Inventory, or actually use the inventory as a tool. In fact Bem’s Sex Role Inventory (as cited in Gomez, 1991, p. 3) is perhaps the most widely used inventory pertaining to sex roles and identifies masculine and feminine attributes along the same norms. As Gomez (1991, p.3) tells us, the Bem Sex Role Inventory reports that persons high in masculinity score higher on problem solving while persons high in femininity demonstrate more emotional expressivity. Art therapist

Michael Barbee (1996) has also referred to “the tendency of males to emphasize somatic concerns and approach their problems in a very cognitive, problem solving manner.” adding “art therapists may face strong resistance to *expressive* techniques by men who are depressed” (p. 35). As we will see, Karniol’s (2003) research also concluded that persons high in femininity, as defined by the Bem Sex Role Inventory (1974), demonstrated an ethic of care, defined by direct expressions of empathy and caring behaviours in a helping relationship, while persons high in masculinity demonstrated an “ethic of justice”, defined by helping in less direct ways and being concerned with “righting the system”.

In harmony with Karniol’s findings, Baron-Cohen (2003) concurs that men’s approaches are oriented towards understanding systems such as computers and physics while women have developed greater skill in fields that require empathy. Baron-Cohen reviews numerous studies suggesting that men and women generally perform differently on psychological, survey type tests of empathy and systemizing. Cohen (2003) notes women have been observed to perform better on the Empathy Quotient (EQ) questionnaire and the “reading the mind in the eyes” test, while men generally score higher on the Systemizing quotient (SQ) questionnaire and the Autism Spectrum (AQ) questionnaire.

In support of the finding that men would score higher on assessments of autism spectrum disorder is the DSM IV’s observation that rates of autism are: “four to five times higher in males than in females” (1994, p. 68). This is troubling when one considers that some symptoms of autism are dangerously similar to many accepted “symptoms” of masculinity, such as: a) “impairment in the use of nonverbal behaviours...and gestures to regulate social interaction” (p. 70) and d) “lack of social or

emotional reciprocity” In fact, the criteria for autism do resemble many of the criteria associated in the literature and questionnaire responses, with traditional masculine gender role in the extreme. Could structures of diagnosis such as the DSM IV be tending towards a pathology of masculinity?

Barbee’s (1996) research was conducted to determine if inflexible male sex roles were correlated with men’s experiences with depression. The researcher (p. 31) asserts: “Attempting to live by the cultural stereotypes which dichotomize behaviour and character traits into masculine-feminine results in men’s avoidance of all behaviour associated with being feminine”. If that statement is true, then men may be avoiding art therapy as a career choice because the professional image of the field is highly associated with notions of femininity.

The DSM IV (1994, p. 335) suggests, there may be a double standard in which girls taking on behaviours traditionally viewed as masculine, are encouraged, while boys are discouraged from taking on feminine behaviours. Gomez (1991, p. 13) supports this idea by citing the statistic that “95% of children taken to see a psychologist for sex-inappropriate behaviour are boys.” The definition of “masculine” provided by the Collins (1993) dictionary defines the term masculine as “unwomanly” (p. 701) while there is no negation of masculine or manly qualities in the same text’s definition of “feminine” (p. 416). Women are encouraged to enter traditionally masculine domains such as law and politics while men are expected not to enter what were traditionally considered women’s fields such as childcare/education art therapy and social work. Could it be that the social construction of our gender roles precludes men from choosing art therapy as a profession? We will explore this question in further detail later on.

Barbee (1996) suggests that men who adopt culturally defined male sex role stereotypes avoid behaviour associated with being feminine, and suffer from doing so, because they cannot adapt to a changing environment in which a balanced gender role is required. Bem (as cited in Karniol, 2003) has referred to the psychological advantage which androgynous individuals possess for coping with the shifting demands of social life. In agreement, Harvey and Hansen (1999) have found that male therapists are “reportedly practicing what is espoused by some gender role scholars as the benefits of androgyny” (p. 110).

Barbee, (1996) states that increased rates of ulcers, heart attacks, and hypertension are also attributable in some measure to inflexible male sex roles. It was observed in a small sample of men (N=5) that inflexible gender role was correlated to the experience of depression. In addition, 3 of the subjects described the inability to meet the expectations for their gender roles, with particular emphasis on those roles played in the family setting. The inability to meet those expectations was defined by subjects as contributing to their experiences with depression.

Though Barbee’s study is interesting for what it tells us about some men’s experiences of depression, it may also tell us something about the relevance of gender for male art therapy interns. Male art therapists in particular have chosen non-traditional male roles, and may therefore struggle with an inability to meet traditional male role expectations such as being an economic provider in a high status profession. What Barbee (1996) has called “sex role strain” might be aggravated when one considers that art therapy positions are scarce, and not all art therapists necessarily find work as such.

A male art therapist may be running contrary to the societal expectations for a traditional male role, by identifying with a profession and the attributes thereof which have traditionally been considered feminine. When one considers the professional status of an art therapist in today's mental health market place, men who choose art therapy as a profession may be at a serious risk of not meeting traditional expectations for their gender roles. More importantly, based on Barbee's (1996) findings, male art therapists may be at increased risk of depression if they are not adequately prepared for the reality of being non-traditional men.

A number of negative social and biological consequences have been attributed to men's inflexible gender roles. Gomez (1991) lists a shorter life span, increased predisposition to death by accidents, serious chronic disease, homelessness as some of the misfortunes that men fall into as victims. Gomez (1991) goes on to list predisposition to adolescent delinquency, violent and sexual deviance as adversities which men particularly fall into as perpetrators and victims. Given men's earlier mortality, there may be health hazards associated with the choices for gender appropriate behaviour available to men. While it has been recognized that women's roles continue to be restricted by economic, social and biological pressures, men may also encounter obstacles to crossing over into what have traditionally been considered more feminine roles. The nature of these obstacles remains to be discussed.

Men may be in a double bind in which those who cling to rigid traditional male patterns may incur health risks, while men who venture into more classically feminine role orientations may be at risk of adverse social and financial repercussions. To place this proposition in the context of my personal experience, I offer the following example:

As a man in the traditionally feminine profession of art therapy I forgo much of the competitiveness and aggressivity which might be required of me were I a politician, or businessman. Though this may offset some of the health risks associated with those male roles, I also forgo much of the status and financial rewards of those professions. As Neighbours (2003) notes, I also run the culturally constructed risk of being perceived as gay or somehow not masculine. As a male art therapist in training, I am currently living out a reversal of the traditional male roles in which men were financially responsible for their spouses. Like I did, some future men art therapists will undoubtedly find this situation difficult. For, being a man with little income may still be stigmatized as more shameful than the reverse situation in which a woman has no income but is supported by a man who does.

### Gender and Creative Process

Gender has been central in my experience as a male art therapist but has also been a crucial dimension in the creative lives of all of the clients I have seen. A number of studies (Silver; 1987; 1992; 1993; 1999) have suggested the drawings of males and females differ in statistically significant ways. Female participants in those studies, tended to depict figures in friendly relationships and peaceful settings while boys drew figures in conflict and threatening situations. In projective drawing tasks, boys and girls tended to depict principal subjects of the same gender as themselves to a statistically significant degree (Silver, 1993; 1992). In the same studies, boys demonstrated negative attitudes towards relationships and positive attitudes towards solitary subjects. The findings for girls were generally the reverse. Age of participant interacted as dependant

variable, inversely correlated with the degree to which girls attributed positive attitudes to relationships. Taken together, Silver's findings suggest that boys are socially or biologically more predisposed than girls to perceiving the world as a dangerous environment, from which they must achieve independence. Conversely, Silver (1993) suggests that girls in this study tend to perceive themselves as an integral part of their social environment, rather than opposing it.

As mentioned, Rawley Silver has conducted a number of studies demonstrating the relevance of gender to the practical applications of art therapy. Like many others (Baron-Cohen, 2003; Karniol, 2003; Haeseler, 1997; McNiff, In Gonick-Barris & Shoemaker. Eds., 1976), Silver (1993) notes that it is "usually expected that males are more aggressive and that females are more caring" ( p. 167) This assumption has been the trend through nearly all of the literature on gender roles reviewed for this paper.

Boyatzis and Eades (1999) also found statistically significant differences in boys' and girls' artistic preferences for style and formal content, in the drawings of preschoolers. Their study examined gender in the context of pre-school children's artistic productions and preferences. The results indicated that children as young as 4.5 years of age, made artistic productions and choices along gender-stereotypical norms, suggesting that biological and/or social mechanisms underlying these gender differences may be operational in children's art earlier than previously reported. (p.5)

Boyatzis and Eades (1999) assert that "If artistic expression and preference are windows into gender-related socialization, it would be valuable to learn if such gendered socialization manifests itself in art production and preference in the preschool and kindergarten years." Their contention that created images reflect gendered socialization,



is analogous to Jamie Rhyne's observation that "clients' images are isomorphic with their behavioural patterns" (cited in Rubin, 2001, p. 139). Taken together, these authors tell us that the images created by boys and girls can reflect their respective gender socializations and consequent gender-related behavioural patterns.

So far, we have discussed studies of gender in relation to creative production in children. Gender is not only an important dimension of individual client issues, but can also be a factor in determining how art therapists approach the product and process of therapy. The following illustration is borrowed from Maureen Cox (1993), and serves to illustrate the potential effect of gender role bias in perceiving creativity. Focussing on the final product of a 1 year old may reveal that there is no representational quality. Emphasis on the final product may be a male tendency in general. Alternatively, focussing on the creative process may reveal that a child has made attempts at representation, which were not evident in the final product. Emphasis on process of emotional expression may be a predominantly feminine way of approaching therapeutic work. Accordingly, Harvey and Hansen (1999) have stated that "Masculinity is frequently associated with instrumental behaviours, possibly translating into a cognitive orientation, whereas femininity has been associated with expressive behaviours and a humanistic or feminist orientation".

Harvey and Hansen's proposition (1999) receives modest support from Gerhart and Lyle (2001) who interviewed clients regarding their experience of gender in therapeutic relationships. Nearly all participants described male therapists as more problem-focused and female therapists as more emotion centred. The suggestion that men's gender roles are more product or problem oriented while women's gender roles are

more process/feeling centred, has been alluded to in some literature on gendered behaviour (Karniol, 2003; Baron-Cohen, 2002; Gerhart & Lyle, 2001; Barbee, 1996; Dutton-Douglas & Walker 1987) and appears to be an assumption made through much of the research reviewed for the present study. Rather than attempt to support or refute the above findings an important question seems to be: how much do such studies influence the reading community's beliefs and attitudes regarding gender roles?"

#### Client Experience of Gender in Therapy.

Gerhart and Lyle (2001) used interpretive ethnography towards an understanding of the question: "Do you have any thoughts about working with a male or female therapists based on your experience?" (p. 447). A questionnaire was employed, using an unstructured collaborative interview style to gather information about the subject. Though the present study differs from that work in a number of ways, the methodologies are similarly designed to gather qualitative data regarding the perceptions of participants in the area of gender role orientations.

Gerhart and Lyle (2001) gathered data from 7 female and 8 male clients of psychotherapy (N=15). Participants were currently working with a marriage and family therapist intern or licensee. All participants had prior to the study, experienced a combined lifetime total of at least 3 months of therapy across a variety of modalities including short and long-term therapy with either male, female or both male and female therapists. Participants were invited to take part in the study by their current therapists. All participant co-researchers described previous and current male therapists as more direct and problem focused, but only half (1 woman and 7 men) described this approach

as helpful. All participant co-researchers in the sample described female therapists as more feeling focused. All but two women participants described this approach as helpful. Participants defined their experiences of male and female therapists' behaviour along stereotypical norms such as "the caring female and problem solving male".

Gerhart and Lyle (2001) concluded that "clients perceive and/or experience male and female therapists differently and that there is a complex relationship between therapist gender, alliance, process, and outcome." (p. 456). Given the small sample size of this study, generalizations should be avoided. In keeping with this principle, generalizations in the present research are also not advised.

Prior to Gehart and Lyle's study, a preference for specific gender of therapist was investigated by Glover and Wylie (1999) in their study of "the importance of the gender of the therapist to the patient presenting with sexual problems." Researchers found that 12 out of 32 male and 5 out of 9 female clients of psychotherapy stated a preference for a particular gender of therapist. Of 12 men respondents, 3 would accept only male and 9 would accept only female therapists. Of the five women respondents all stated that only a female therapist was acceptable. This finding may echo a female art therapy intern's response to question 1 in the present study: *"Many people prefer women therapists I think because they remind them of their mothers or grandmothers that give advice and cuddle them, where as many people have probably experienced their fathers as possibly more distant emotionally and physically."* (first year intern).

It has not been stated that the gender of therapist actually has any bearing on the outcome of therapy. It would not presently be possible to make such an assertion. It is much more likely that, as Glover and Wylie (1999) assert: "indeed, it is accepted that

certain gender-related factors including therapist skills, selective case assessment and socio-political issues, including training opportunities, may be more influential in the therapy process and outcome than the gender of the therapist per se” (p. 140). In spite of this assertion, the stereotypical norms of “the caring female and the problem solving male” (Gerhart and Lyle, 2001, p. 455) have been assumed either implicitly or explicitly supported throughout most of the literature reviewed here.

### Gender and Empathy

Rachel Karniol’s research (2003) set out to determine if similar norms were present within a sample of adolescents. Thirty-four male and 43 female Israeli high school students(N=77), aged 15-18.5 years participated in the study. Researchers first set out to determine if masculine or feminine gender role orientations were associated with either an ethic of care or an ethic of justice. An adoption of either ethic was measured by the World View Questionnaire (in Karniol, 2003, p. 2). In a second objective, the study attempted to uncover whether adopting an ethic of care translated into “behavioural tendencies associated with caring” (p.7).

Results suggested first that boys were most high in masculinity as defined by the Bem Sex Role Inventory, and therefore adopted mostly masculine gender role orientations, while girls scored higher in femininity as defined by the same measure, and adopted mostly feminine gender role orientations. Karniol next sought to determine if a masculine gender role orientation was correlated with and ethic of justice while a feminine gender role orientation might be correlated with an ethic of care. Individuals of either gender, presenting a feminine gender role orientation demonstrated more “direct

caring” as observed in behaviours directed to “interpersonal relations”, “cooperation and compromise” and “success in interpersonal terms’ (p. 2003, p. 2). Those presenting masculine gender role orientations were more likely to adopt an ethic of justice as measured by a sense of “responsibility”, and behaviours directed towards “power, assertiveness, freedom” and helping in less direct ways. In addition, those who were either female or higher in femininity, were nearly twice as likely to volunteer and for more hours than were individuals presenting androgynous or masculine gender roles. 23% of boys, and 43% of girls volunteered. Karniol found that even “when level of caring was relatively low, being female was still sufficient to engender volunteering.” (p. 7).

Contrary to the stated hypothesis, Karniol (2003, p. 8) did not find that the setting in which one volunteered (direct interpersonal versus less direct) was correlated with caring scores. Volunteers were higher in caring scores than non-volunteers, but were equally willing to volunteer in either type of setting.

Along the same lines of inquiry, Harvey and Hansen (1999) conducted a study entitled “Gender role of male therapists in both professional and personal life”(p. 105). Researcher’s hypothesized that male psychologists would exhibit an androgynous gender role as opposed to feminine or masculine orientations, because the androgynous role was perceived as indicating the psychological attributes of both sex-roles and “high self-esteem, behavioural flexibility, and enhanced interpersonal adjustment” (p. 106).

Harvey and Hansen (1999) used questionnaires, mailed out to 300 male psychologists registered with the American Psychological Association in 6 regions across the United States. The questionnaire packets consisted of a letter of introduction and

instruction, a consent form with a separate envelope, a demographics questionnaire, and two personal attributes questionnaires (PAQ). The short form of the (PAQ) consists of a 24-item self-administered questionnaire using a 5-point likert scale ranging from masculine to masculine-feminine and to feminine. Individuals scoring high in the masculine and feminine areas are classified as androgynous.

Sixty of the 61 respondents were Caucasian and one was Native American. In the professional setting, 33 participants were identified as demonstrating androgynous gender roles while 15 demonstrated feminine orientations and 9 evidenced masculine gender role orientations. In the personal setting, 27 participants exhibited androgynous gender roles. The next highest response rate was in the undifferentiated gender role category (n=16), followed by feminine (n=11) and masculine (n=7).

Harvey and Hansen (1999), concluded that the “majority of male therapists are reportedly practicing what is espoused by some gender role scholars as the benefits of androgyny.” (p. 110). As did many other studies (Barbee, 1996; Karniol, 2003; Gerhart and Lyle, 2001), Harvey and Hansen’s work was built upon the assumption that “masculinity is frequently associated with instrumental behaviours possibly translating into a cognitive orientation, whereas femininity has been associated with expressive behaviours or a humanistic or feminist orientation” (p. 107). These studies either supported the assumption through research or simply by adopting it as an unsupported claim.

The notion of men as cognitively oriented and women as generally more expressive may be at the core of beliefs about gender roles. The present study set out to probe the value of this notion for art therapists. The third question in the survey used for

the present work is designed to explore whether similar gender based assumptions are present in perception of art therapists and interns: **“In your experience, do these attributes accurately reflect the different dispositions or capabilities of men and women therapists? Please elaborate”**. As we will see in the analysis of the responses, common themes did emerge.

In direct opposition to the assumption of “the caring female and problem-solving male”, alluded to by Gerhart and Lyle (2001, p. 455), stands Carol Tavis, with her text: “The Mismeasure of Woman” (1992). Tavis refutes the contention that males are more aggressive while females are more empathic. It is proposed that women and men are identical in their willingness and ability to go to war or raise children. It is argued that the expression of empathy has been traditionally considered a feminine characteristic because women have historically given birth and been primary care givers, while men’s early roles prompted them into situations necessitating aggression and competitiveness, such as required for hunting, mating and protecting. “Much of the stereotype of women’s innate advantage in empathy derives from the different jobs that women and men do and their different average levels of power.” (p.65).

Baron-Cohen (2003) notes that women perform better on the “reading the mind in the eyes” test and that this suggests women exhibit enhanced performance in empathy related tasks. Tavis (1992) states that empathy is a skill more closely associated with women because it evolved as a self-protective adaptation enabling women to better “read” (p. 65) men’s expressions and avoid confrontation with them. The power dynamic between men and women has traditionally been such that women’s ability to “read”

men's temperament developed as a necessary adaptation. Tavris suggests that when the power dynamic is equal, the sex gap in empathy skills fades.

Though Tavris appears to downplay the relevance of biology in determining gender roles, her argument does support the notion that men have historically been more aggressive while women were, and still are more empathic. The question remains: did the different jobs that women and men do not evolve based on their different biological capacities? Are women's bodies not designed for bearing children, while men's bodies are designed for manual labour? (Gomez, 1991). In conjunction with this explanation, women may have developed a heightened sense of empathy because that trait is an indispensable asset to caring for children. Over millennia of evolution then, women's physiology may have adapted to facilitate their capacities as child bearers and nurturers of children. Therefore, the gift of empathy may have evolved biologically as a natural adaptation to the requirements of women's historical workload. If this is the case, then boosting men's empathic abilities may require biological interventions. In a recent anti war poster the prominent feminist collective known as: "the guerrilla girls" mockingly suggests in their poster: "send oestrogen bombs to the white house" that injections of oestrogen could bring an end to male aggression and promote men's interest in human rights, education and health care (retrieved 10/09/04 from: <http://http://www.guerrillagirls.com/posters/voiceestrogen.shtml>). Though this is but one instance of such a blatant stereotypical view of sex differences, it is included here because it is believed to reflect a wider spread public perception regarding gender differences. Because I will not be presenting biological or essentialist arguments of



gender differences, it is sufficient call attention to the fact that such arguments are abundant, compelling and currently very popular (Curran, 2004).

In agreement with Tavis, the importance of our gender role socialization, and in particular the socialization of power differentials, in determining women's and men's expression of empathy and aggression, can not be overemphasized. Yet, the ability for people to transcend biological gender through socially constructed genders remains a fact of human experience. In support of this contention, Karniol (2003) recognizes that socially constructed gender role orientation is more important than biological gender in determining whether one displays empathy or not. However, our socially constructed gender roles are still maintained along biological or essentialist principles which stipulate that women are more caring while men are more cognition oriented. As we have seen, Tavis claims that once the power imbalance is neutralized, men and women display equal propensities for empathy and aggression.

In spite of the popular human rights movements, we have never seen a day in which men and women held equal political or economic power. Therefore, we should not expect for the time being, that the expression of empathy and aggression to be attributed in any other way than mainly to women and men respectively. Perhaps when women globally hold equal power in determining the fate of nations we will be in a place to test out Tavis' contention, that men and women are equally capable of empathy and aggression once the power dynamic is level.

Gomez notes (1991), even though modern technology has diminished the relevance of men's pronounced physical strength, the capacity for men to dominate physical, material, political and economic spheres remains intact. For now, and so long as

the power differential in physical force and willingness to use it remains, I fear men will continue to demonstrate more overtly aggressive behaviours while women continue to demonstrate more acts of empathy and pro-social behaviour.

In opposition to the conception of men as war makers and women as empathizers, Tavis notes that women have historically been complicit in every war as supporters, apathetic bystanders, producers and combatants. Tavis notes many exceptions to the rule of higher aggression in males, by pointing out that some women have been ruthless too. No doubt, these exceptions exist, but they are nonetheless exceptions to the general rule that men demonstrate aggression to a greater degree, with more significant consequences than do women. Though Tavis' contention that this circumstance is largely the result of socialization is compelling, I am not able to dismiss the reality of men's and women's physiological differences as they relate to the production of hormones, because these account for significant behavioural differences in the expression of empathy and aggression. Similarly, I cannot discount the notion that a long social evolution has preceded the present condition of gendered perceptions. However, I remain optimistic because as human rights movements have shown, this evolution can be re-directed and social change can come about in a relatively short time frame through the process of activism. I am hoping that I will see such a change in my lifetime where more men will without shame, join women in the predominantly female professions of art therapy and social work, childhood education and nursing. Until then, I will remain a rarity as male whether I am an art therapist or a client.

Hopefully, I have in no way conveyed that men are inherently destined to wear the shameful title of "Man the Life-Destroyer" while women are inherently destined to

benefit from the honourable projection of “Woman the Life-Creator” (Tavris, 1991, p. 67). Like most respondents in this study, I do not adhere to these dichotomous stereotypes. However, after conducting some review of the literature on gender roles, I have observed that such notions are rampant. I argue simply that the assumption that men are more aggressive and women more empathic exists within the literature on sex roles but to an even more problematic degree in western culture in general. I would also posit that such an assumption whether based on biological fact or socially constructed fiction, impacts men’s participation as professional art therapists.

This assumption is relevant for the present work because it underscores some widely adopted expectations and beliefs held by and about male and female clients and art therapists. These beliefs have evolved biologically and/or socially, based on either real or fictitious differences. Whatever their origin, beliefs lead to expectations, and this is relevant to the practice of art therapy because, as Lambert (1971, p. 4) notes, “expectations actively shape interpersonal relations”.

#### Gender, Career Aspirations and Men’s Absence as Art Therapists.

Virtually every category of Diagnostic and Statistical Manual of Mental Disorders (1994) includes some reference to gender differences in the incidence and manifestation of pathology. To this effect, the DSM IV concedes that the higher number of males referred for Gender Identity Disorder may “reflect the greater stigma that cross-gender behaviour carries for boys than for girls” (DSM IV, 1994, p. 335). If it is true that the freedom for cross-gendered behaviour carries greater stigma for boys, and art therapy is considered “a woman’s profession” (Burt, 1996, p. 12), men may be reluctant to choose

art therapy as a profession, believing that aspiration runs contrary to societal expectations for masculine identity.

Barbee (1996) has shown that what is perceived as failing to meet the expectations for one's gender role can carry negative social consequences for men. Concurrently, Blandy (in Collins & Sandel, 1996) observes that "self esteem plummets in relation to the degree to which a man or boy fails to conform to the perceived norm" (p.72). Neighbours (2003) illustrated similar gender issues for male nurses who are sometimes perceived as gay or not masculine. Accordingly, Kaplan and Free (1995) have noted that "'feminine' jobs such as teaching, child care, secretarial work, and nursing are stigmatized as undesirable for men" (p. 65).

There may be a gender-based double standard involved in men's professional aspirations. To illustrate this, Watson (et al. 2002) find that a girl with "high career aspirations" is forced to reconcile the conflict between her gender-stereotyped role as a woman on one hand and the stereotypically masculine role as a breadwinner/high achiever on the other. (p. 327). By analogy, men with relatively "lower career aspirations" such as becoming an art teacher or an art therapist, may encounter conflict between their traditionally 'masculine' role as economic provider and the stereotypically 'feminine' role of contributing to society through social interest and helping professions. This means that men who take on what are still considered to be feminine roles, may be at risk of failing to meet the expectations that they or others have for their 'male role'

The minister of education may want to ask: "what kind of message are we sending to children by providing them with so few male teachers?" and "Do children grow up assuming it is the job of women to take care of them because they see only women

therapists and teachers?” Perhaps boys learn that childhood education is not a suitable profession for them because there are so few male teachers to model that behaviour. Conversely, girls may be learning that it is their assigned gender role, to become childhood educators because they have had so many female teachers to reinforce this belief.

Kaplan and Free (1995) find that men have less flexibility about whether or not to be breadwinners. To this effect, a public relations officer with an important European art therapy association suggested a similar factor in men’s absence from the profession. In response to the question: “why are so few men entering the field?” the respondent suggested: “The reasons for this are not entirely clear but probably have a lot to do with the nature of the training. The training is expensive and few people would be able to go through the training without support from family or partner. Generally it is still the case that women are more likely to be able to access this kind of support than men.” (personal communication, August 27<sup>th</sup>, 2003). Could this be one reason why men are absent from the profession of art therapy?

#### Gender, Diagnosis and Treatment Considerations

I have just proposed that men may avoid art therapy as a career aspiration because of possible negative repercussions for failing to meet gender role expectations. To illustrate this proposition, I have used the DSM IV’s definition of gender identity disorder, because it is a diagnosis, which not unlike being an art therapist, carries different socially constructed meanings for men and women.

In addition to the diagnosis of gender identity disorder, there are a number of other diagnoses which are affected by the bio-psycho-social construction of gender. The higher prevalence of females among those diagnosed with Borderline Personality Disorder (DSM IV, 1994, p. 652) and Anorexia Nervosa (p. 543) should also lead one to question the role of gender in pathology. Rust (cited in Hogan, 1997, p. 1995, p. 50) suggests that the high prevalence of eating disorders among women has its roots in a gender imbalance. Rust observes that men are taught to act out while women tend to internalize feelings, in a manner consistent with the development of eating disorders. In the case of these psychiatric diagnoses, we can observe that gender plays an important part both in a client's expression of symptoms in the case of eating disorders as well as in our interpretation of those symptoms in the case of gender identity disorder.

Current authors seem to agree that negative psychological consequences stem from the different gender roles men and women take in society. Could some forms of human suffering be caused in part by the inflexible gender roles which clients and therapists adopt? Benn (cited in Hogan, 1997, p. 142) suggests an affirmative answer and proposes that societal ills such as rape are a direct result of the inflexible, socialized constructs of masculine and feminine. This is particularly relevant to the practice of art therapy since many art therapists will likely, at some point in their careers, work with clients presenting issues of sexual abuse. The hazards of inflexible gender roles are highlighted in the following studies and statistics.

Barbee (1996) finds that sex-role strain and inability to meet the expectations of one's gender role, can exacerbate depression in men. Haeseler observes that the percentage of adolescent boys living in homes with no adult male present can be as high

as 100% in a clinical population (1997). She notes that the absence of male role models may lead adolescent boys to show greater feminine role identification, mental disorders, and poor self esteem (p. 275). Haeseler's work leads to wonder: How does the absence of male art therapists affect such a population in need of male models? A study on the relevance of gender in the profession and practice of art therapy, takes us closer to answering this question.

While Barbee (1996) demonstrates that the social construction of gender can impact mental health in very real ways, gender also has a role to play in our perception of mental health. In their study of male and female psychiatrists and non-physician psychotherapists' beliefs about gender-appropriate behaviour, Kaplan & Free (1995) concluded that women psychiatrists were likely to define traditionally masculine traits as optimal for psychological functioning. One hundred and sixty questionnaires were sent to physician and non-physician psychotherapists, 80 licensed social workers and 80 doctoral level psychologists, with equal numbers of males and females in each group. Half of each group in the sample was asked to evaluate the optimal psychological attributes of a female patient described as: "a 35 year old employed woman, in psychotherapy to explore difficulties in intimate relationships and work satisfaction" (p. 60). The other half of the sample was asked to do the same thing; however in this case the patient was described as male.

Eighty-four percent of women and 60% of men returned the surveys from both the physician and non-physician participants. The response rate among physicians was 7 percent. Results were scored according to instructions provided with the Bem sex role inventory. Stereotypical gender roles were not endorsed by either physician or non-

physician psychotherapists. When both groups were combined, men most frequently ascribed the undifferentiated category attributes (low levels of feminine and masculine characteristics) as optimal for functioning for the hypothetical client's situation. Men of all educational backgrounds were least likely to ascribe masculine traits as optimal. Women were most likely to choose the masculine or androgynous attributes (high levels of both masculine and feminine characteristics) as optimal for functioning, whether the hypothetical client was male or female. Response type was found to be more linked with gender of therapist than with gender of hypothetical client, or educational background of participant.

Kaplan and Free (1999) suggested that male respondents may have been sensitive to the possibility of being labeled chauvinistic, resulting in a higher proportion of men choosing the undifferentiated category as optimal for psychological functioning. The researchers have also suggested that psychological androgyny may be more adaptive for women than it is for "men because men have relatively less flexibility about whether or not to be breadwinners" (p. 64), and the highest paying jobs in our society require principally masculine as opposed to androgynous traits. This proposition implies that women who wish to integrate into male dominated areas may be obliged to take on the masculine characteristics of the men who are already there. By reverse analogy, male art therapists may be obliged to take on the feminine attributes of women who are already in the field, if they do not already possess those attributes.

Vogel et al. (2003) found differences in male and female psychotherapists' descriptions of male and female client problems. Male therapists in this study were most likely to define women's problems as requiring active intervention and assertiveness,



while emphasizing a number of adjectives related to vulnerability. Female therapists were more likely to characterize men's issues as requiring emotional expression and attention to relationships. The findings of Vogel et al. (2003) are supported by Gerhart & Lyle, (2001) who find that male and female therapists are described differently by couples in therapy. Male therapists were generally described as more action oriented while female therapists were described as placing more emphasis on relationships, feelings, and empathy.

Taken together, Vogel (et al. 2003) raise questions asked by Gerhart and Lyle (2001): "Do I do some things differently to connect with different genders?" "Would I be able to connect with a client who preferred problem focused therapy and/or feeling-oriented therapy?" "Do I have different expectations about the level of emotional expression for men and women?" "Do I interpret tears and anger the same across gender?" "Should I?" (p. 415). O'Donohue and Crouch (1996) find that there are gender based linguistic expressions revealed in both the form and content of communication within couples. The researchers recommend that therapists directly enquire about the client's constructs and expectations regarding gender-appropriate communication. These expectations may become a point of intervention in marital therapy and couple counselling.

### Conclusion

We noted some research (Silver, 1987; 1992; 1993; 1999; Boyatziz & Eades, 1999) suggesting that boys and girls as young as 4 years of age, are interested in and consequently express themes consistent with socially prescribed notions of gender

identity. Girls tended to depict figures in friendly relationships and peaceful settings while boys drew figures in conflict and threatening situations. In projective drawing tasks, boys and girls tended to depict principal subjects of the same gender as themselves to a statistically significant degree (Silver, 1993; 1992). In the same studies, boys demonstrated negative attitudes towards relationships and positive attitudes towards solitary subjects. The findings for girls were generally the reverse. In one particular paper, Silver (1993) suggests that girls tend to perceive themselves as an integral part of their social environment, rather than opposing it. Silver's observation (1993) may suggest inferentially that girls are more likely to become art therapists than their counterparts.

Another trend, explored in the literature review was pointed to by Kaplan and Free (1995); Harvey and Hansen (1999); Gerhart and Lyle (2001). These studies suggested that clients and therapists do hold gender mediated views about each other and these views exert an influence upon process and outcome of therapy. More specifically, the trend is that male therapists and clients tend to be perceived as more problem focused or cognitive in orientation, in contrast to their feminine colleagues who are perceived as more emotion or person-centered. Could it be that men's absence as art therapists is somehow connected with the wider perception of women as caring/empathic and men as aggressive/competitive? I believe that this dichotomous perception of masculine and feminine identities is an important contributor to the sense within men and women that art therapy is women's work.

The social construction of gender clearly plays an important role in areas related to art therapy by modulating creative process and product as well as client's and therapist's perceptions of each other. Such constructions may influence therapeutic

approach in general but certainly play into the manifestation and interpretation of symptoms and consequent treatment interventions. The studies we have reviewed so far have suggested that empathy is a trait most commonly found within feminine gender role behaviour while being problem focused and cognitive in orientation have been associated with masculine gender role norms. We noted that career aspirations are affected by gender and that work perceived as feminine is stigmatized as undesirable for men. We will see that some male respondents identified this stigmatization when accounting for men's absence from the profession. The implication that gender of therapist impacted the treatment recommendation more than gender of client or educational background of therapist is an important one for the present study of the relevance of gender in the profession and practice of art therapy. As we will see in the forthcoming analysis of responses men art therapists and interns presented common themes to account for men's professional absence, which appeared to be qualitatively different from the views of their female colleagues.

There are countless articles and research publications on the issue of gender but few of these directly involve art therapy. I believe this chapter is representative of the general trend in research regarding the social construction of gender and its impact in areas related to art therapy. Parallels have been drawn between the social construction of gender and the practice of art therapy. The literature review has been presented within the context of my own experience of gender as a male art therapy intern in an otherwise all female training group.

The literature review has informed the phrasing and type of questions included in the questionnaire. Gender role norms alluded to in the literature (Karniol, 2003; Vogel et

al., 2003; Baron-Cohen, 2002; Gerhart and Lyle , 2001; Kaplan and Free, 1995) were also employed in the questionnaire. The following section presents the questionnaire, which tapped art therapists and interns beliefs and attitudes regarding the relevance of gender in the profession and practice of art therapy.

## **Chapter 5**

### **Methodology**

#### **Introduction**

The present methodology was initially motivated by my own experience and followed a heuristic methodology, as outlined by Douglas and Moustakas (1985). The objective was to investigate the beliefs and attitudes of those in the art therapy milieu regarding the relevance of gender in the profession and practice. To gain insight into the subject, a semi-structured questionnaire was employed. Information about the role of gender in the professional and practical experiences of respondents was gathered and interpreted using a procedure for qualitative analysis known as the “constant comparative method” outlined by Maykut and Morehouse (1994). Common themes emerged in response to the question: “do you have any thoughts on why there are so few men in art therapy?” This data is examined within the context of my personal experience of 2 years as a male art therapy intern.

A number of studies pertaining to the relevance of gender in psychotherapy were discussed earlier in the literature review. That summary suggested gender-linked variations in a broad range of verbal and non-verbal expressions and presented gender as

a salient dimension across a variety of issues related to psychotherapy and art. The above studies used qualitative and quantitative procedures. The structure of the present research was guided by those designs which surveyed participant responses to explore perceptions regarding gender (Karniol, 2003; Gerhart & Lyle, 2001; Harvey & Hansen, 1999; Barbee, 1996).

### Heuristic Design

A heuristic approach was employed within a framework of social constructionist theory (Neimeyer, 1993; Fenner, 1996). Accordingly, it was assumed that meaning is made once diverse and relevant perspectives come together. In the present work, it was assumed that all respondents share experiences of gender role socialization which bear on their understanding and perspective of the relevance of gender in art therapy. All of the respondents then, whether men or women, have had experiences of gender which, with some parallel to my own experiences, have been shaped through joint social constructions of masculinity and femininity.

The present design incorporated a heuristic approach, defined by Douglass and Moustakas (1985), as “clarifying the meaning of experience in terms of self in relation to self and self in relation to others” (p.40). A heuristic approach, based on an internal model of knowing (1985) was used in conjunction with Maykut and Morehouse’s (1994) procedure for acquiring and analysing qualitative data derived from external sources such as questionnaires. The inclusion of participants’ responses is intended to offset the heavy subjective element brought to this research by the inclusion of my personal perspective. What follows, is an outline of how the heuristic approach was combined with the constant

comparative method to gain insight about the relevance of gender in the profession and practice of art therapy.

Douglass and Moustakas (1985) assert that heuristic enquiry consists of the three main steps of 1) Immersion; 2) Acquisition and 3) Synthesis. This process: “begins with immersion, self dialogue, and self exploration, and then moves to explore the nature of others experiences” (p. 43). This first step has been taking place over the last 2 years during which I have been *immersed* in an otherwise all female group as a male art therapy intern. During that period, I was a minority in a group of 11 women. As I collected my own journals and course work, I observed that these were inevitably illustrations of a male perspective of the relevance of gender in the profession and practice of art therapy. The sub-steps of **indwelling** and uncovering my **internal frame of reference** through **self-search** (p. 47) began at that point and have been documented in the chapter entitled “Reflexivity”.

Beyond immersion, a procedure for **acquisition** (Douglass and Moustakas, 1985) takes place, in which one seeks out archetypal, preconscious aspects that underlie **tacit** understanding. As a painter, I have chosen to use my creative process and product as a means to access to any non-verbal and less conscious insight into it. The medium of painting is also a means to **self-dialogue and self disclosure** as outlined by Douglass and Moustakas (1985). The rationale for incorporating my creative process into this design is based on a general assumption within art therapy theory, that creativity transcends ordinary consciousness towards a richer understanding of one’s Self. The images that I have painted in the theme of gender and art therapy will be considered in the conclusion of this research.

Based on Douglass & Moustakas (1985) conception of the heuristic process of **intuition and inference** I will draw links between 1) the experience of being a male art therapy intern, 2) responses of those in the community to the questionnaire and 3) my emerging art work. **Signitive-symbolic representation** (p. 51) is attained as connections are made between these three sources of data. The last phase of heuristic enquiry is termed **realization and synthesis** (p. 52). In this phase, the data are interpreted through a search for what lies at the root of the data. There is a tendency towards “a new monolithic significance” and a truth, which moves from the “individual to the universal,” (p. 52).

### Participants

Seventeen men and women art therapists and interns participated. Of the 7 men who responded, 4 were professional art therapists, 2 were second year interns and 1 was a first year intern. Of the ten women respondents, 5 were professional art therapists, 4 were second year interns and 1 was a first year intern. One second year intern woman answered only 2 questions, while 1 male professional respondent answered only 1 question. All responses are included in the following discussion. Though no clients were directly surveyed, the literature review provided a number of examples of how clients might be affected by various dimensions of gender in an art therapeutic alliance.

### Procedure

The procedure followed for data analysis was outlined by Maykut and Morehouse (1994) and can be broken down into 9 basic steps. **1) Coding** data to their sources; **2) Unitizing** the data into perceived meanings based on words and actions of respondents;

**3) Discovering and Identifying** emerging themes/patterns in the responses and creating a discovery sheet where general categories of meaning will be placed; **4) Grouping** unitized responses from step two, into categories of meaning from step three. New categories of meaning may emerge while old ones may become less relevant; **5) Refining** categories and creating rules of inclusion to those categories; **7) Negative instances** are discussed in the conclusion; **8) Connections** between categories/propositions are noted; **9) Additional Feedback** may be obtained from participants regarding the accuracy of the researchers interpretation.

The questionnaire was uploaded onto the Canadian Art Therapy Association (CATA), Quebec Arts In Therapy (AIT) and the Concordia Art Therapy Student's Association (CATSGA) web sites. The questionnaire and a request for participation in the study were sent out electronically or handed directly to participants whenever possible. Responses were retrieved over a period of 12 months. Compiled responses were coded and unitized according to gender of respondent, level of education, and thematic content, in accordance with the constant comparative method outlined by Maykut and Morehouse (1994).

The phrasing of questions was designed to elicit information about how art therapists perceived the stereotypical gender role norms alluded to in the literature. Therefore, the qualifiers most commonly used to define masculine and feminine gender roles in the literature, were also used in the phrasing of the questions designed for this study. In particular, Bem's (1976) descriptive categories of masculine and feminine served as a guide for the questions. Not only is Bem's Sex Role Inventory (BSRI) likely the most widely used inventory in the area of gender roles, but most of the studies in this



literature review either administered the BSRI (Barbee, 1996; Kaplan & Free, 1995); or reported findings which were consistent with the general categories of masculine and feminine gender role orientations contained within the inventory such as the: “Instrumental man and the expressive woman” (Karniol, 2003; Gerhart and Lyle, 2001, Vogel et al, 2003; Harvey & Hansen, 1999; Cohen, 2002; Haeseler, 1997; Levy et al. 2000; Dienhart & Myers, 1994; O’donohue & Crouch, 1996).

### Rationale

The survey presents 6 questions about beliefs and attitudes of art therapists and interns in relation to the relevance of gender in the profession and practice of art therapy (Appendix A). More specifically, the six questions in the survey were worded to tap beliefs and attitudes in response to six different aspects of gender in art therapy. The rationale for exploring each of the six questions is as follows:

1. How do art therapists and interns perceive the absence of men from the profession? Are men perceived to be absent for reasons based in personal choices, or as a result of social/biological circumstances they have less control over?” An understanding of this question helps illuminate possible avenues for increasing men’s participation and helps to determine if respondents actually consider men’s absence to be an important issue.
2. How do art therapists perceive any differences between genders alluded to in the literature? This question reveals whether respondents agree or disagree with the trend in the literature which portrays men and women along the stereotypical gender role norms

of: “the caring female and the problem-solving male”. If participants agree with the dichotomies of masculine and feminine gender role norms, then it could be argued that men’s absence as art therapists is perceived as a “natural” phenomenon.

3. Do those in the art therapy community agree that such norms exist? If so, do participants believe that these dichotomies accurately reflect the different approaches of men and women to art therapy work?

4. Do art therapists and interns define art therapy using any of the language employed in previous research to describe men’s and women’s gender roles? Do respondents use any of the terms used by Sandra Bem to describe masculine or feminine gender role orientations, in their definitions of art therapy practice? A response to this question indicates whether or not respondents associate feminine or masculine gender role attributes to their definitions of art therapy.

5. Given the definition that each participant has provided in question 4, are there perceived to be similarities/differences in how men and women might approach those definitions? Question 5 is intended to clarify whether or not art therapy is defined as an intrinsically masculine or feminine process.

6. Do you have any other thoughts on the subject of gender in art therapy? This dimension of the survey allows for the widest possible range of those views to be included in the final analysis.

Responses

**WOMEN**

**Question 1, N=9**

Burt (1996, p. 12), cites a 1991 American Art Therapy Association survey, in which 92.6% of respondents were female and 6.8% were male. In Canada, the proportion of women to men art therapists is around 86% to 14%. Hogan (2003, p. 9) has observed an even higher proportion of women to men art therapists in some European countries. **QUESTION: Do you have any thoughts on why there are so few men in the profession of art therapy?**

<b>STATUS</b>	<b>SOCIAL</b>	<b>OTHER</b>
professional	Professional	Second year intern
professional	First year intern	Professional
Second year intern	Second year intern	Second year intern

Data

In General, all women respondents attributed men's absence to factors related to socialization either explicitly using the words "social", "socialization" or implicitly by using the word "status". Three women used "status", 3 used "social" and 3 used both terms. Six out of 9 respondents presented men's interest in status to be a primary factor in men's absence. This perception was presented by three out of 4 professional respondents and is referred to throughout this work as the "status attribution".

**MEN**

**Question 1. N=7**

<b>STATUS</b>	<b>SOCIAL</b>	<b>OTHER</b>
	Professional	Professional stating economic or social causes
	Second year intern	Second year intern stating economic causes.
	Professional	professional
	First year intern stating a socialized difference in skills such as sensitivity, listening, containing	

## Data

Of 7 male respondents, all but one stated socialization as a primary factor. Four men stated socialization alone, 2 stated both socialization and economic considerations, and 1 stated only economic factors without negating the importance of socialization. All professional respondents answered within the “social” of “other” category of responses.

Of those stating socialization as primary in accounting for men’s absence, the following statements illustrate a variety of dimensions related to that socialization: *“Art is for sissies. At least that is what I got when I went through my art program” (professional).* *“It could be because the art therapies attract a more non-directive (by definition involving art and projection) approach which is traditionally a female quality.” (second year intern)* - *“Socio-economic factors are primary such as the absence of full-time art therapy positions and other opportunities. If there were more of these, I think there would be more men” (professional).* *“unfortunately, some gender issues do not change over the years. Few men are attracted by the art field, combined with few men being attracted by psychology field” (professional).*

## WOMEN

### Question 2. N=9

Baron-Cohen (2003) has observed that women score higher on standardized psychological tests of empathy, while men tend to score higher on standardized tests of systemizing. These results suggest that women have developed better empathy skills, required for interpersonal relationship building, while men have developed more pronounced abilities for understanding and designing systems such as computers and mathematics. **QUESTION: In your view, would such differences be more socially or biologically constructed? Please elaborate**

<b>PRIMARILY BIOLOGICAL</b>	<b>PRIMARILY SOCIALIZATION</b>
Professional stating biological factors as primary	Second year intern
Professional	First year intern
	Second year intern
	Professional
	Second year intern
	Second year intern
	Professional

Data

Of 9 women respondents, all attributed any perceived differences in capacities of men and women in whole or in part to factors related to socialization. Seven women stated socialization as having greater effect than biological factors. Two out of 4 professional responses presented biological as more important than socialization.

In general, all respondents but two downplayed the relevance of biological determinants in accounting for perceived differences. Several respondents included exceptions to refute what may have been perceived as the general rule of men's and women's differences: -*"Women are capable of systemic thinking and some of the greatest empathizers I have worked with are men (straight men!)."* (**second year intern**) - *"Look at Gandhi !"* (**professional**) - *"I have a female cousin who is a mathematician...she has been raised in modern times where she has been encouraged to pursue the sciences, and she has a natural inclination for them...as it turns out, she is not much for human relations and has low interpersonal skills"* (**second year intern**)

## MEN

### Question 2. N= 8

PRIMARYLY BIOLOGICAL	PRIMARYLY SOCIAL
	<b>Professional</b> stating agreement with Baron-Cohen's categories. "woman developed more empathy. Should be more intuitive and often more accurate." Social > biological
	<b>Professional</b> , Social > biological
	<b>First year intern</b> Social > biological, childhood toys.
	<b>Professional</b> stating Social > biological: men to act and women to talk.
	<b>Professional</b> stating Social > biological. Downplays importance of the question: "Gender is only one among many variables".
	<b>Second year intern</b> stating a combination of biological and social influences.
	<b>Second year intern</b> stating a combination of socialization, genetics and free-will

### Data

Of the 7 male participants, all presented biological and social factors as combined when accounting for differences alluded to in the literature. Five respondents presented socialization factors as more important, while the 2 remaining participants stated a combination of both factors was important; placing less emphasis on one factor over another.

## WOMEN

### Question 3. N=7

A number of researchers have reported gender based differences in counselor's perceptions of clients (Vogel et al, 2003), counselors perceptions of gender appropriate behaviour (Kaplan & Free, 1995), countertransference reactions (Wheeler & Smith, 2001), approaches to therapy and counselling styles (Harvey & Hansen, 1999). Throughout these studies and numerous others, men therapists are frequently ascribed attributes such as: *assertive, aggressive, competitive, instrumental behaviours, cognitive orientations, task oriented, firm, direct, confrontational, controlled affect*. Women therapists are often ascribed attributes such as: *nurturing, compassion, expressivity, empathic, sympathetic*,

*warmly, soft voice, using feeling reflections.* **QUESTION: In your experience, do these attributes accurately reflect the different dispositions of men and women therapists? Please elaborate.**

YES	NO	OTHER
	First year intern stating No with exceptions	Professional stating partial agreement
	Professional stating stating No with exceptions	
	Professional stating no with exceptions	
	Second year intern stating no with exceptions	
	Professional stating no with exceptions	
	Professional stating no with exceptions.	

Data

Of 7 participants, all but one submitted answers falling within the “No” category, affirming the view that the gender role norms alluded to in the literature do not accurately reflect the abilities or attributes of men and women art therapists. Interestingly, as a rationale for their rejection of the gender role attributes listed in question 3, all “No” responses included exceptions to the stereotypical norm of the caring female and the instrumental male. These participants clearly found it important to provide instances which disproved the stereotype. Similar references to exceptions were noted in some women’s responses to questions 1 and 2.

## MEN

### Question 3. N=7

YES	NO	OTHER
Professional stating yes, but how to learn both?	Second year intern stating no.	
	Professional stating no	
	Professional stating no.	
	First year intern stating No, therapists should provide both.	
	Professional stating No, exceptions.	
	Second year intern.	

#### Data

Of 7 male professional art therapist and intern respondents, 6 submitted responses in the “No” category, stating their belief that the characteristics attributed to men and women in this literature review do not accurately reflect the characteristics of men and women art therapists. Comments to this effect were: 1) *“No. I believe that every therapist will be different on these values. I believe that the gender stereotypes run deep, are triggered and perceived differently by different situations, dynamics (authority figures), contexts, roles, times (second year intern).* 2) *“No. They don't. I have met many female therapists that come across as aggressive, competitive, task oriented, etc. I have met men who have the attributes that are ascribed above to women” (professional).* 3) *“Not at all, I think that both male and female should be able to provide the written above according to clients needs” (first year intern);* 4) *“No, as stated above” (professional).* -5) One respondent in the “No” category added his perception that women might feel threatened by men as professional art therapists: *“No. I feel many art therapists, especially females feel threatened by males. Why? I don't know. Again it*



*comes from that stereotypical man's world view" (professional).* This response refers to a power dynamic within gender relations, through which men have traditionally been perceived as holding more power. This perception seems related to one professional woman's response to the first question in the survey, in which she stated: "*Maybe some women feel it is a profession where they don't have to compete with men.*" **(professional).** This response leads to the question: Are men more competitive? If so, how is competition between genders different from competition within them?

## WOMEN

### Question 4. N=8

#### **What is the definition of Art Therapy that you currently use?**

1. *"using art within the therapeutic frame to explore the inner world of (and with) the client to increase the quality of lif". (first year intern)*
2. *"Art therapy is like psychology, in that it is to help you work through problems you might have. But it is different, in that as well as talking, you can use art to express your thoughts and feelings. " (second year intern)*
3. *"Consciously enlisting the inherently therapeutic value of drama and the arts in the therapeutic process" (second year intern)*
4. *"A therapeutic process involving our visual experience and our creative process which is not so dependent on verbal communication". (professional)*
5. *"A form of psychotherapeutic intervention that makes use of art making in various ways to further help the development of the therapeutic process. (this is vague , I know, but a definition should be vague)" (second year intern)*

6. *“A pluralistic definition, defined by what emerges during a therapeutic encounter. What does the client need ? Structure, free expression, art in the presence of another, art to focus soul searching, etc. Whatever is needed... and would include play, writing etc.”*

**(professional)**

7. *“Art therapy is a form of therapy where you can work/practice on your goals of treatment but not with words, in doing, doing painting, drawing, modeling with clay..”*

**(professional)**

8. *The following is something I am working on for my flyer. Some of it comes from my thesis and is protected by copyright. Fundamental to art therapy is, and always has been, the belief that every human being has creative potential - an original creative impulse. To promote and sustain its development is the goal of art therapy. Through this development of creativity, we grow in a way that is unique to each of us. Art-making is an inborn faculty of all human beings of all societies. From the fashioning of a useful object to the expression of the deepest of emotions art can convey the full range of human experience. In an art therapy group, individuals can explore feelings, thoughts and ideas through the visual arts in a safe, non-judgmental atmosphere. No special art training or skills on the part of the participants are needed. It is through the process of the art making that personal creative expression evolves. As this happens, one's life can begin to feel more meaningful and one can come to feel more self-confident. During art therapy, the members of the group may explore the symbolism and meaning of their imagery with the art therapist and/or group. Art therapy can also help develop personal strengths and promote communication within a group. It can be used to identify, explore and resolve problems and foster community”.* **(professional)**

Data: Eight women provided definitions of art therapy, 4 professionals and 4 interns. The goal of this question was to explore definitions of art therapy and identify any references to the gender role norms alluded to in the literature. If art respondents defined art therapy in terms of attributes traditionally viewed as masculine or feminine, then we might begin to have an understanding of the relevance of gender in shaping the actual definitions and images associated with art therapy. Accordingly, Neighbours finds that: “it is the job title and associated images, not the practice of nursing that deters men from the profession.” If this is so, then perhaps similar forces play into men’s absence from art therapy. Perhaps, as one professional male respondent suggested men’s involvement as art therapists could be bolstered by: “re-positioning the image of the work,…”

## MEN

### Question 4. N=7

1. *“creativity that encompasses the individuals way of understanding their own uniqueness. I feel too many art therapists are so busy trying to validate the profession. Coming up with trying to form standardized testing. I feel art therapy is part of the holistic approach. I don’t believe art therapy can be it’s own entity.” (professional)*
2. *“As an engagement in the mediums of art, drama with the intention of healing and growth.”*
3. *“The use of art to communicate between a client and his/her therapist (professional).”*

4. *“The one in AATA mission statement.... [the process of art making is healing and life enhancing. Art therapy is based on the belief that the creative process involved in the making of art is healing and life-enhancing. Through creating art and talking about art and the process of art making with an art therapist, one can increase awareness of self, cope with symptoms, stress, and traumatic experiences, enhance cognitive abilities, and enjoy the life-affirming pleasures of artistic creativity. Art therapists are professionals trained in both art and therapy and hold a masters degree in art therapy or a related field. Art therapists work with children, adolescents, and adults and provide services to individuals, couples, families, groups, and communities. They often work as part of clinical teams, in settings that include mental health, rehabilitation, medical and forensic institutions; community outreach programs; wellness centres; schools; nursing homes; corporate structures; art studios; and independent practices. Art therapists are skilled in the application of a variety of art modalities (drawing, painting, clay, and other mediums) for treatment and assessment and conduct research as well as provide consultations to allied professionals].” (professional)*

5. *“An Emotional process based on using art tools.” (professional)*

6. *“My definition of art therapy changes depending on who I am talking to, or what job I am working at”. (second year intern)*

7. *“Art therapy is a vehicle for connecting the person with his/her real experience through the aesthetic AND emotional aspects of their art, and in being such a vehicle art therapy facilitates healing by allowing integration of the fragmented experience.” (professional)*

Data: Of the 7 men professional and intern respondents describing the process of art therapy, there did not appear to be an abundance of the gender role norm attributions alluded to in the literature. However one intern did make implicit references to those norms, but ascribed both feminine and masculine attributes in equal proportion (5): “An emotional process based on using art tools”. While attention to emotional process is associated with notions of femininity in the literature, using tools and being instrumental appears to be associated with masculinity. This type of definition is therefore deemed to be androgynous in nature and parallel to a professional woman art therapists response, which also made use of the terms “expression” and ‘tool” in the definition. In line with this androgynous definition, Haeseler asks: “are there masculine and feminine characteristics in art? Can we see the art process itself as embodying both feminine and masculine characteristics-empathy and expressivity combined with forceful action?” Haeseler then asks: “do we not all contain the masculine and feminine within us, the animus and anima?” (p. 275).

## WOMEN

### Question 5. N=7

**Given the definition of art therapy you have provided, how might men and women approach it similarly or differently?**

1. *Couldn't really say because its only a definition, I don't think there would be differences.*

*If there were, they would probably be similar to differences described in Q's 2 and 3.*

**(first year intern)**

2. *“It seems that a common answer would be that men would emphasize problem solving and woman, feelings. But I have no idea. I think both would include self expression in the definition.” (second year intern)*
3. *“To me there is no difference!” (second year intern)*
4. *“The creative impulse is there for all of us to access. How we express it and share it with others, how we motivate others to do so is not gender-specific in my opinion. It is the same creative impulse in all of us and we access it and express in our own individual and unique ways.” (professional).*
5. *I don't believe they would. A person, be it man or woman should make use of their own life experiences, education and training in order to best help the client in need. One should mold their form of treatment to the clients needs. Lets say a client suffered the loss of their mother or abuse at the hands of their mother. As a male therapist your job may be to take on the role of 'parent'/mother to provide them with a restorative experience. The opposite might be true for a female therapist who has a client in search of their good-enough father. As therapists we have to be like chameleons, capable of taking on the role that our client needs us to be, in order to best help them. We must be self-aware and willing to fit into any role.” (Professional)*
6. *“It's a pretty androgynous definition.” (professional)*
7. *“I don't really know if this has to do with the definition of art therapy or with gender. I don't really see much difference between their approaches” (professional).*

Data:

Of the 7 female respondents, none stated that that men and women would approach the definitions given in different ways. One participant observed: “It seems that a common answer would be that men would emphasize problem solving and woman, feelings. But I have no idea. I think both would include self expression in the definition”  
**(second year intern).**

**MEN**

**Question 5. N=7**

1. *I don't know. It can be approached directly, non-directively, behaviourally, psychodynamically, spiritually depending on more than the person's gender I bet. But gender role stereotypes would say that women would approach it more non-directively. Art Therapies are a freak field though because I have not found many therapists who fit the rigid traditional gender stereotypes. (second year intern).*
2. *I feel approaching it as a piece of the pie that creates the whole person. It is one slice, as is physical therapy, cognitive therapy, psychotherapy, nutrition, spirituality, individual awareness. (professional)*
3. *The same way that we communicate differently (professional)*
4. *I cannot make these gender splits and have seen no evidence that they exist in any significant way. (professional)*
5. *According to my definition one cannot distinguish between male and female therapist. (first year intern)*
6. *My definition(s) is one based more on practicality than anything else so I do not see differences in how men or women might approach it differently. (second year intern).*

7. *I think I would narrow the "men and women" you are talking about to the north american population (and more specifically to Canada and USA). The majority of men and women in our society have been socialized to ignore the aesthetics or to separate it from the content. As for emotions, men and women are trained to accept only some and not all emotions. Some live with fear and depression, some with rage and violence, but seldom do I see someone who is at once at home with both rage and sadness without being debilitated by either (professional).*

Data:

Of the 7 men respondents, only the 3<sup>rd</sup> recognized that men and women art therapists might approach the given definition of art therapy in a different way. This respondent suggested that men and women behave in different ways and that such differences would generally be reflected in men's and women's different approaches to art therapy.

## WOMEN

### Question 6. N=5

**Do you have any thoughts on the subject of gender in the profession and practice of art therapy that have not been touched on by these questions? Please elaborate.**

1. *"Many people prefer women therapists I think because they remind them of their mothers or grandmothers that give advice and cuddle them, whereas many people have probably experienced their fathers as possibly more distant emotionally and physically. I think for women who have had problems relating to or with men in their lives it might be hard for them to see the male therapist as competent or trust him. The idea of women*



*being fortune tellers, witch or spiritual mediums also is intriguing in that women are sensed to be connected more with the spirit world and possibly the unconscious.” (first year intern)*

*2. Again, I think that men might be a little bit embarrassed to go into a profession that seems typically feminine and lacking in western values of success. But this would highlight how feminine characteristics are undervalued or stigmatized in western society. Females are not embarrassed to have masculine traits, whereas I think it is more difficult socially, for men to show traditional ‘female’ traits. Or, one might argue that women are freer to encompass qualities of empathy and understanding as well as assertiveness and competition, but I don’t know. I think a lot of it is the (lack of?) money and the social stigma attached to a job like art therapy. Even as a female, I had to really think hard about becoming an art therapist because it doesn’t have the same social status as my high school girlfriends who are now RCMP officers, teachers, lab technicians, actresses, or firefighters. Maybe men are generally less interested. I wonder if it will change in the future? Who knows. Probably a mixture of many of the above variables. (second year intern)*

*3. Times are changing. A whole generation of men have grown up during a time when traditional gender roles have been turned topsy-turvy. Men take care of their babies - women have joined the workforce; men attend the birth of their children - women engage in all aspects of society. Yours is the first generation of men to grow up in a radically changed familial, social, cultural and work environment. Men’s and women’s attitudes have changed dramatically. I wonder what effect this will have on the future of art therapy and the helping professions (professional)*

4. *We need more men in the field to help...to be the fathers they never had...like so many children in this society who grow up with no dad...maybe a male therapist who empathizes with the demands of manhood would be helpful to their recovery. I hope this was helpful Tom. (second year intern)*

5. *Maybe the different likes of materials of men and women; I see that some younger men want to be "tough" and therefore like the more "tough" materials like wood and stone. (professional)*

Data:

Five women responded. Of these participants, a variety of responses surfaces without necessarily falling into any particular grouping. The first respondent contends : *"Many people prefer women therapists I think because they remind them of their mothers or grandmothers that give advice and cuddle them, whereas many people have probably experienced their fathers as possibly more distant emotionally and physically"* (first year intern). The fifth participant holds that: *"we need more men in the field to help those clients who need positive male role models in their lives"* (professional).

**MEN**

**Question 6. N= 7**

1. *"I think the politics of gender relationships have interfered greatly with the work of therapy. Misogyny has begot mesentery and both have entered many therapy sessions unchecked. I believe all therapists bear the responsibility of looking into their own*

*foundations to find the root of their personal gender culture. Without that we will always be victims of expedient politics of the time. (professional)*

*2.I think that males and females have the same abilities in general. Whether the therapist (male or female) is competent or not depends on other factors. I do think that a male in our modalities should be aware for his own personality traits, and should include being connected to his feminine side (anima). (first year intern)*

*3.The disproportionate numbers of men and women in art therapy are a clear fact. In no way do I attribute them to biological differences between men and women. They are perhaps outgrowths of socio-economic factors related to the availability and quality of work. If there was a general trend toward the creation of attractive, well-paid art therapy positions, across the US, I am confident that both men and women would take advantage of these opportunities. The issues are more about the status of art therapy, the history of the field and how it was formed, current opportunities, and re-positioning the image of the work, and the nature of the art therapy community, the quality of its discourse and vision. Perhaps the questions need to get at this primary and defining factors. Gender differences of course exist but they are not the core factors in my opinion. Too much attention on them can mislead. Perhaps they can be viewed as surface illusions, like skin colour, that block a view to deeper phenomena. (professional)*

*4.I believe more men are becoming involved in this field. I do believe the field needs to broaden its horizon if it is to be implemented for a long time. We need to allow other health care professionals to become part of the art therapy profession. (professional)*

*5.I most feel that gender has a role to play influencing our work when there is a transference/counter-transference happening, and when there is a gender homogenous or*

*majority group environment. From experience, being the only man in training with a group of women, I have definitely felt that I was entering in a female culture, experiencing subtle and not so subtle pressures and expectation within that to behave a certain way (in fitting in and being more attentive, receptive, but also in maintaining peer perceptions of how the guy should act, playing the male role: strong, silent, pragmatic, analytical, reasonable, protective). It also was motivated by my own conflicted feelings of wanting to compensate for my manhood and to fit in and be liked and accepted by my female peers. Definitely, I would add that you discover who you are when you are in an environment where you are different and also that if you aren't aware of gender dynamics and stereotypes around you then they are probably at play in subtle or subconscious ways. (second year intern)*

### Data

Five out of 7 men responded to question 6. In general, these respondents all recognized the importance of considering the relevance of gender in the profession and practice of art therapy.

### Discussion:

Overall, 17 respondents were motivated by the topic of gender in art therapy. The response rate of 17 participants was relatively low considering the potential return rate given that more than 254 participants received the questionnaire electronically. Perhaps the topic area or the questionnaire itself were not framed in such a way as to attract participation. Given that a number of respondents re-directed questions towards other

related areas and 3 respondents did not answer all questions, dissatisfaction with the phrasing or subject of questionnaire must be considered.

One professional respondent re-directed some questions towards other considerations, stating that the category of men and women was too broad: "I think I would narrow the "men and women" you are talking about to the north American population (and more specifically to Canada and USA). However, given that the proportion of men to women in art therapy remains consistent no matter where art therapy is practiced, there may be common or generalized factors involved in men's absence.

One professional male respondent found that the sex differences alluded to in the literature were essentially accurate, but re-directed the survey question towards a discussion perceived to be more pertinent: -6) *"In my experience, there is such difference. The question is more how can we extend our skills. Sometimes, it is necessary to be directive and other times, to be more connected"* (**professional**). The seventh male respondent to question 3 also seemed to find difficulty in answering the question even though he had several years of experience observing gender roles in art therapeutic settings as one of few men in a predominantly female training group. *"...I have not facilitated enough therapy sessions with other men and women therapists to give an informed answer"* (**second year intern**). Some responses from women participants also seemed to indicate a problem with the wording or the direction of the third question in the survey. One female intern responded: *"Phew. That's a loaded question."* Another intern wrote - *"This question is confusing. You refer to counsellor perception yet you ask about their attributes and dispositions. Are you looking for an answer about how they are*

*or how they see things?... If you are looking at attribute, then we are talking about behaviour and style of therapy. That's for the therapist to decide and the client to test out to know if he/she is well matched. As for accuracy... I believe in variety on a continuum. I don't ascribe to polarized views of gender. For example, I worked with a number of professionals in this field and found the best ones can take on either when need be."* This respondent's view is mirrored by a professional male respondent's view in question 5: *"I can not make these gender splits and have seen no evidence that they exist in any significant way"* This participant later seemed to negate the importance of considering gender altogether: *"--I do not put faith in these testing instruments... I see commonality at the depths of experience, and endless variations of style in which gender is only one of many variables."* **(professional).**

Carol Tavris (1991, p. 53) has well noted that much of the research on sex differences suffers from tremendous flaws in design and procedure but is nonetheless disseminated to the public. Tavris goes on to suggest that the results of such research "should be "encumbered with *maybes, sometimes and we-don't-know-yets*" rather than being stated as fact. In agreement with this position, I recognize that there are a number of client/therapist variables which are relevant in the profession and practice of art therapy. However unlike those, gender is a naturally occurring biological reality which physically divides one half of the human species from the other half in terms of and biological and social realities. There is no other variable to my knowledge which bears such universal influence on human experience.

It may be that there is some resistance to even a discussion in the area of gender roles in art therapy. Perhaps there is a fear on the part of some respondents that a discussion of

gender roles is too political to entertain. Given that only 3 women in a class of 11 interning peers responded to the survey, dissatisfaction with the form or disinterest in the topic of this study can not be ignored.

### The Status Attribution

Socialization was resoundingly attributed by both groups as the main factor inhibiting men's participation. In question 1, 9 out of 9 women respondents attributed factors related to men's socialization as primary when accounting for men's absence. Three of these respondents made the "status attribution" signalling a perception that men are socialized to seek higher status professions. One second year, female intern offered: *"Men were generally brought up to be financially responsible and to strive for success and social status, and this was closely tied with having a wife or a girlfriend"*. Of 7 male respondents to this question, 4 also stressed factors related to socialization but no men made the "status attribution". Rather than status, the men described social stigma as inhibiting participation. It may be that women respondents perceive men's absence as related to their interest in seeking status, while men respondents perceived the same absence as related to their interest in avoiding social stigma. Avoiding stigma, and seeking status might be seen as two sides of the same reality that men are absent.

The contention that men are absent as professional art therapists because they are more motivated by status than by altruism is a perception which itself may reinforce the stereotypical gender role norm of the competitive, self interested male. Though many men are undoubtedly drawn to status, I do not believe this trait to be more characteristic of men than of women. Accordingly, each gender must have it's own ways of seeking

and attaining power and status. Should one conclude that women who are art therapists, are drawn to low status because men who are absent are drawn to high status? While the “status” attribution may explain some men’s absence from the field, it can not adequately account for why so many women are interested in becoming art therapists. I can not endorse a view that there is a female majority of art therapists because women are unable to find work elsewhere, due to factors of male oppression. Instead, I choose to believe that the women and men who have chosen art therapy have done so because it suits their abilities and interests while the men and women who have not chosen art therapy have done so partly because it does not suit their abilities and interests but also because the profession is, in Martine’s terms, perceived to be: “...personal rather than political...feminine rather than masculine.” (retrieved, from: [www.feministstudies.org/283abstracts.htm](http://www.feministstudies.org/283abstracts.htm))

Making the “status attribution” further blames men for their absence by characterizing non-participants as uncaring and socially disinterested. For this reason, the attribution of status to account for men’s absence should be made cautiously. It may be more likely, from men’s perspectives, that their absence is more accounted for by the reality that women’s work is stigmatized as undesirable. As one male participant stated: “art is for sissies...”. Other factors inhibiting men’s participation include the scarcity of employment opportunities and compensation which may be inadequate to their needs.

Of those making the “status attribution” without mentioning socialization, one participant stated: “*I would not be surprised to see more male psychologists given the status of the profession*” (**professional**). However, based on recent census data (Statistics Canada, 2001), there are in fact twice as many women psychologists in Canada. Another



participant who made the “status attribution” stated: *“most of the men in the helping professions are doctors. Also, in the field of drama therapy, the canon consists of mostly men”*. Though it is true that most doctors are in fact men, recent statistics retrieved from the American Medical Association suggest that women are surpassing men among those applying to medical school (AMA, 2002)

The “status attribution” was also made by a second year interning woman: *“Men were generally brought up to be financially responsible and to strive for success and social status, and this was closely tied with having a wife or a girlfriend. As art therapy does not offer high promise of financial security, high social status, or an easy route to a well-paid salary, this may contribute to the lack of men in the field”*. In agreement with the direction of this participant’s statement, some men may feel that choosing a relatively low status/pay profession like art therapy would place them at a disadvantage for finding intimate relationships if status and success are believed to be *“closely tied with having a wife or a girlfriend”*. If men’s social status and success are perceived to be factors favouring their ability to find mates of the other sex, then a relatively low status/pay profession like art therapy may be perceived as limiting men’s opportunities for having a wife or a girlfriend. Clearly, having a mate of the other sex is an important component in the establishment of heterosexual male gender role identity and if art therapy is deemed to limit a man’s potential for finding a mate, then art therapy will appear a less appealing career choice than professional sports, politics or medicine.

### Social and Biological attributions

In conjunction with biological realities, socio-economic factors must be considered in any investigation of the gender gap in art therapy. When accounting for men's absence, one male respondent on behalf of the British Association of Art Therapists (BAAT) suggested: *"The reasons for this are not entirely clear but probably have a lot to do with the nature of the training. The training is expensive and few people would be able to go through the training without support from family or partner. Generally it is still the case that women are more likely to be able to access this kind of support than men"* **(professional)**. This participant later added, *"I hope that doesn't sound too sexist"* (Personal communication, 10/08/2004). This response is in line with a professional woman art therapist who suggested: *"It is also possible that many women are looking for work that they can combine with raising a family. Art therapy is something you can do part-time very easily. It can also be done from home."* Taken together, these responses may suggest that some women choose art therapy as a career partly because of the unique financial position they are in. Though this interpretation is presented by only one man and supported by one woman out of a sample of 17, it may support the notion that more men would become art therapists if they received financial support from their partners. It is not assumed here that women who become art therapists do so from a position of economic or social privilege but simply that some women art therapists might be in that position. It must also be highlighted that it would be extremely difficult for both members of a couple to work fulltime and raise children without a great deal of outside support. Hence, many heterosexual couples may find it easier to depend mainly on the man's salary which

still tends to be relatively larger, while the woman works part time as an art therapist and provides most of the childcare.

There was some suggestion that the onus for narrowing the gender gap in art therapy rests with the men themselves. One respondent mentioned: "*Honestly, I don't really think about it unless the subject is raised by my male art/drama therapy counterparts.*" This response suggests that if the majority group does not place any consideration upon the gender gap in art therapy then the minority must. As women and minorities of the Canadian 1960's have shown, the daunting challenge of gaining recognition from -or being included in- the dominant system, rests with the disenfranchised group, who may have more economic, political and social privilege to gain. Correspondingly, Neighbours (2003) finds that "hospital society is very sexist, but male doctors are the only group who do not see this" (p.6).

Based on the history of women and minorities who have challenged dominant groups, men will likely have to shoulder the brunt of an uphill battle to be included as art therapists. This is not to suggest that men entering art therapy face the same challenges encountered by women and minorities in the freedom movements of the 60's. However, much like those oppressed groups, men who wish to become art therapists, will have to be courageous enough to defy societal expectations of what they should be doing. Such expectations may take the form of social consequences such as those outlined by Neighbours (2003), including being labeled as: "a ladder climber", "troublemaker" or a "homosexual" (p. 4). I can personally attest to the reality that male art therapy interns might encounter the "ladder climber" and "the homosexual" stereotype in their professional and practical experience. I have encountered those perceptions

unambiguously. Arguably, because I am confronting the social construction of those stereotypes within and beyond the profession of art therapy, and because as Neighbours (2003, p. 4) suggests: males “are socialized to be more assertive”, I may also be viewed as a “trouble maker.”

Those men who cross over into the women’s professional sphere of art therapy, will have to assume less traditional male roles and be prepared to work in areas perceived as less “masculine”. Initially at least, these men will also have to be prepared to work in a field with little social status and financial reward relative to other traditionally masculine professions. These men will also have to defy traditional male roles, as I have done, in order to remain open and able as art therapists. In reference to another female dominated profession, Neighbours (2003, p. 6) finds: “male nurses have to have a strong sense of self identity , or they will cave in to the pressures from outside the profession”. As one male respondent indicates, there are also pressures exerted from within the professional milieu: *“From experience, being the only man in training with a group of women, I have definitely felt that I was entering in a female culture, experiencing subtle and not so subtle pressures and expectations within that to behave a certain way (in fitting in and being more attentive, receptive, but also in maintaining peer perceptions of how the guy should act, playing the male role: strong, silent, pragmatic, analytical, reasonable, protective)”*

The question remains: “how can men find the courage to go against what much of society endorses as appropriate male behaviour?” Without the support of women and other men, I fear it may be a long while still before men can find the strength to join in the valuable work done through traditionally women’s sectors. However, if men do not

make the cross-over, then the women's professions will continue to be shunned by men and many women, as lower status/lower pay professions.

In question 2, 8 out of 9 women recognized some combination of biological and socialization factors as accounting for any of the differences between men and women alluded to in the literature. Of those perceiving biological factors as primarily accounting for any male/female differences alluded to in question 2, two participants seemed to place particularly high importance on biology when contrasted against other responses. The following illustrate how those factors were perceived to be jointly implicated: "*first of all there are biological differences like strength etc. These make that women and men do certain things. On the other side there is the social impact, all boys and girls learn role patterns from their environment and roles to take on in life*" (**professional**). "*To me there is a combo of the two biological and environment. Women have the natural predisposed biological mechanism to nurture and they have extended this capacity into their professional lives*" (**professional**). The last response suggests that men and women have entered professions that they were initially biologically predisposed to work in. This perception is echoed in Gomez's (1991) assertion that men's bodies are designed for manual labour while women's bodies are designed for childbearing. These far-reaching biological predispositions have largely resulted in the present divisions of labour.

Two participants included biological and social factors as more balanced: "*Biology and social factors are both important and cannot be separated so clearly*". This participant added: "*Women learn to socialize early on and are taught differently than men with regards to social importance etc... but if comparing gay men with heterosexual women, would one find such a difference?*" (**professional**). In this response, a likeness is

drawn between the attributes of women and homosexual men. This may reflect the common perception that gay men behave more like women than like men. Another respondent made allusion to the notion of men's sexual orientation when attributing both social and biological factors to men's absence, in response to question 2: "*Both... Women are capable of systemic thinking and some of the greatest empathizers I have worked with are men (straight men!)* (second year intern). It can safely be said that the use of the term "straight men" in association with men who display empathy, suggests this respondent is aware of the culturally constructed stigmatization of men in caring professions as potentially gay.

All 7 male respondents to question 2 stated that biological factors were relatively less important than socialization. Of 7 women perceiving socialization as clearly more important than biology, the following statements reveal a variety of perspectives: - "*Socially. Aside from hormonal changes in moods that modulate intensity of various reactions I don't see any other connection*" (professional). Other respondent indicated: - "*I think this contributes to only about 1% of the equation. The other 99% is socialization*" (first year intern). "*In my opinion, such differences are likely more socially constructed. There may be small biological tendencies*" (second year intern). "*Look at Gandhi! But when you are brought up in a culture that clearly communicates that it is unmanly to have any female qualities, its a lot easier to relate to computers and computer games-much to the detriment of the male race!*" (professional).

Tavris (2003) has correctly identified a trend towards perceiving economics and war as men's issues while day care, birth control and peace are women's issues. Is it to the detriment of "the male race" as this respondent puts it, that men and women have strictly

regulated socially constructed tasks? Or is that to the detriment of all people? Men's and women's traditional domains such as technology and mental health care respectively, affect all of our lives, and to assume that either of those fields are primarily the concern of one gender over another, is to sidestep the importance of dealing with them in a more productive way.

In parallel to the trend of responses included here, I believe gender differences are mostly socialized from the earliest age. Given this socialization however, what role should an art therapist play? Given that Barbee (1996) and Gomez (1991) have presented some of the health risks associated with the adoption of rigid gender role patterns, should art therapists be directing efforts towards widening the spectrum of gender role behaviours available to clients? The issues relevant to the treatment of children and adolescents are exemplified in the following questions: "is it adaptive for boys to feel and express so much aggression?" if not: "what can we do to help boys develop less aggressive ways of functioning?" Simply knowing that boys tend towards expressing aggression informs how I will conduct therapy with them. Similarly, being aware that some women may suffer from a lack of assertiveness/aggression will affect how I respond to their unique presenting issues.

As Tavris (1989) notes, and most respondents appear to agree, biological and sociological determinants are intertwined. Given this interrelationship, biological sex differences such as hormones play a role in behaviour while social behaviour consistently produces biological effects. The purpose of this research has not been to determine which parts of biology or socialization are most influential in the gender gap within art therapy. The aim has been to shed light on how people in the art therapy community view the

gender gap and the gender role attributes alluded to in the literature towards an understanding of men's absence as professional art therapists.

### The left brain/right brain attribution

Two participants referred to left and right brain differences as being specialized for masculine and feminine gender role attributes respectively in question 3: *"I believe that although this has been proven to be correct, we are conditioned re: gender roles from an early age on...we are told that we are either right or left brained which I believe to be false. Women are capable of systemic thinking and some of the greatest empathizers I have worked with are men (straight men!)."* This is consistent with the response of another woman intern participant to question 1: *"From my experience, I have seen that many men are raised to be detached from their emotions, hard and left brain oriented (Logical) instead of emotional"* (second year intern). Taken together, both respondents illustrate their awareness that parallels have been drawn between right and left hemispheres and feminine and masculine behaviours respectively.

The association made by these respondents between left brain thinking and masculinity is considered an important finding alluded to by 3 women participants, in their definitions of art therapy has been associated with right brain thinking (Edwards, 1989) and right brain thinking has traditionally been thought of as a feminine process. Accordingly, Edwards lists the following attributes of right brain thinking as:

Non-verbal- awareness of things, but minimal connection with words

Synthetic- putting things together to form wholes

Concrete- relating to things as they are, at the present moment



Analogic- seeing likenesses between things; understanding metaphoric relationships

Nontemporal- without a sense of time

Nonrational: not requiring a basis of reason or facts; willingness to suspend judgment.

Spatial: seeing where things are in relation to other things, and how part go together to form a whole.

Intuitive: Making leaps of insight, often based on incomplete patterns, hunches, feelings or visual images.

Holistic: seeing whole things all at once; perceiving the overall patterns and structures, often leading to divergent conclusions.” (p. 40)

From this account of hemispheric specialization, one can see how right brain thinking comes to be associated with notions of femininity and more importantly, with conceptions of what art therapy is.

Betty Edwards' widely read educational book: "Drawing on the right side of the brain" (1989, p. 40) lists the different functions of left and right brain thinking in a manner which is strikingly similar to the way that Bem (cited in Gomez, 1991, p. 3) divides masculine from feminine traits. Accordingly, Edwards finds that the left brain is analytic, abstract, rational, digital, logical, linear and verbal, while the right mode is concrete, analogic, non-rational, intuitive, holistic and non-verbal. In accordance with Edwards' categories, the non-verbal function is primarily a right brain, and by popular association a feminine function. The verbal/non-verbal attribution will be considered further on.

Edwards (1989) also finds that the so-called “left brain mode” is dominant, and impedes an individual’s artistic abilities because it does not possess the attributes most suited to many creative processes in art. To become a better artist, Edwards recommends a number of procedures for enhancing the control of, and receptiveness to one’s right hemisphere. By analogy, the implications for art therapists are that right hemisphere thinking may be attributed to women, and artistic potential in general. Therefore, so-called “right hemisphere thinking” or feminine type thinking may be perceived as related to abilities for art therapists while the left mode, which is popularly associated with masculinity, might be perceived as more specialized for cognitive behavioural type therapies.

In keeping with the left brain/right brain dichotomy, Janet Marstine, (2004) notes: “art therapy is commonly marginalized as being intuitive rather than intellectual, personal rather than political, uncontrolled rather than deliberate--in short, feminine rather than masculine.” (retrieved, from: [www.feministstudies.org/283abstracts.htm](http://www.feministstudies.org/283abstracts.htm)) Marstine’s association between the stigma faced by women and that faced by art therapists is noted in one first year intern woman’s response to question 1: *“Men may also see art therapy as a profession more suited towards women because of the caring nature of it or, if uninformed may view it as 'flighty' or feminine.”* Marstine’s observation of gender role attributions also finds resonance in one professional man’s response to question 2: *“Woman developed more empathy in terms of art. As well, to feel the work of art instead of analysing it, woman should be more intuitive and often more accurate.”* This response endorses the view that women art therapists are more intuitive and feeling than their analytical male counterparts. This position echoes the associations made in the literature

as gender role stigmatization. Though they seemed to do so from different perspectives, both men and women respondents appear to agree that socially constructed beliefs and attitudes were shaping the gender makeup of the profession.

The question as to which parts of biology and socialization determine gender role attributes is an illusive one, beyond the scope of this exploratory study. Based on the responses of those in the art therapy community 14 out of 17 participants found that the effect of socialization was either equivalent to, or more important than any biological factors implicated in determining gender role attributes. There are clinical implications for this finding. Art therapists might plan treatment approaches to help men and women who suffer from the adoption of overly rigid gender role norms. Art therapist training groups might initiate open discussions about the relevance of therapist gender to therapeutic process. Art therapists who work with sex offenders or abused women might facilitate group discussions about what it means to be a man or a woman and plan activities involving role playing of the opposite gender. Ideally, clients in those groups might begin to explore new ways of experiencing intimate relationships.

Harvey and Hansen (1999) noted in their investigation: "Gender role of male therapists in both professional and personal life" that a response bias may have occurred. The authors found participants may have been sensitive to the possibility of being labeled as chauvinistic. There is a similar possibility that respondents in the present study were also sensitive to this. In response to the question: "given the definition of art therapy that you have provided, how might men and women approach it similarly/differently?" One male participant found: "*I cannot make these gender splits and have seen no evidence that they exist in any significant way (professional).*" This respondent seems at first to

present a categorical rejection of the idea that gender differences help to account for the disproportionate number of men and women in the profession. In the final question: “Do you have any thoughts on the subject of gender in the profession and practice of art therapy that have not been touched on by these questions? Please elaborate.” This same respondent ads: *“Gender differences of course exist but they are not the core factors in my opinion. Too much attention on them can mislead. Perhaps they can be viewed as surface illusions, like skin colour, that block a view to deeper phenomena.”* Surface illusions bear great influence on human behaviour and deeper phenomena can not be considered unless these illusions are addressed. Perhaps this participant was sensitive to the possibility of being labelled chauvinistic, as was another male participant who stated in his response to question 1: “I hope that doesn’t sound too sexist.”

The absence of men from the profession of art therapy is a clear fact. Though some may believe that this absence is irrelevant, I do not. Gender is relevant in so much of what we do, make, say and think, and is surely worthy of consideration within the socially oriented field of art therapy, especially given the gender makeup of the profession.

No research is required to observe that most incarcerated persons within the penal system are men. Most crimes are committed by men and men hand out most of the justice for those crimes. Wars have continuously been declared and fought by men. No research is required to observe that men dominate in politics and economics. However, women have consistently been more numerous in health care and childcare fields requiring empathy and social interest. I believe that art therapy must question the cause and consequence of professional and social gender divisions if it is to be a forward moving

discipline; adapted to the needs of both men and women. Considering that such divisions so clearly impact the professional status of art therapy, every professional art therapist is concerned.

Art therapy is a humanistically oriented field. As such it is directed towards the care of those in need. By concerning itself with the betterment of the human condition, art therapy has made a business out of human suffering. Nursing, childhood education, firefighting, policing, social work, psychiatry, and medicine have all made similar businesses for themselves. Art therapists are the most recent addition to the human service and health care sectors. As art therapists we bring a new hope, and new optimism that as illnesses and suffering find creative ways to thrive, we can find creative ways of overcoming them. Yet art therapy finds itself within a fiercely competitive health care sector where professionals are vying for limited resources and government money. Unfortunately, based on the tradition of undervaluing women's work, art therapy risks being undervalued, and possibly even rejected as a mainstream approach to healthcare. This risk remains perhaps closer to reality than it need be so long as men do not take a professional interest in art therapy.

### Feminization of empathy

As one respondent suggested, women's work has traditionally been undervalued: *"...men might be a little bit embarrassed to go into a profession that seems typically feminine and lacking in western values of success. But this would highlight how feminine characteristics are undervalued or stigmatized in western society."* Some women have fought for greater financial compensation, and social recognition of the work they

traditionally did for free as mothers, wives and volunteers. As one professional female respondent stated: "*Women have the natural predisposed biological mechanism to nurture and they have extended this capacity into their professional lives.*" The first part of this response suggests a feminization of empathy: "*Women have the natural predisposed biological mechanism to nurture*". The second part of the response points to what may appropriately be called the privatization of empathy: "... *they have extended this capacity into their professional lives*". I have interpreted this second part as indicating a privatization of empathy because it suggests that the work of nurturing, once done for free has moved into a more private sector where financial compensation is required.

The above response is emphasized for it captures the essence of what I perceive to be a disturbing trend of first feminizing, then privatizing empathy. Through strong advocacy for women's rights, women have essentially been able to professionalize that work and receive some legal and economic recognition for it. It follows, as Madeleine Bunting (2001, p. 1) observes, that in the 21<sup>st</sup> century: "women make up over 70% of the public sector workforce, dominating the nation's caring and implementing the vision of the common good..."

Ultimately, There is no product produced from the work of empathy, which can be bought or sold in an open market economy. For this reason, it may be more difficult to compensate appropriately. This has resulted in typically feminine virtues like empathy, being undervalued. The privatization of empathy has made empathy itself, the product. It appears that through the professionalization of empathy when those who need empathy seek it, they will be obliged to pay for it.

As men refuse to become involved in the business of art therapy, and women continue to fight for financial recognition as art therapists, there may be dire consequences on the health system. As Bunting (2001, p. 2) notes: “there could be a hefty bill to pay for the services that until now altruism has subsidised”. Many women are choosing not to struggle in lower paying, socially oriented fields, opting for the traditionally male occupied domains which are perceived, based on compensation, as more valuable to society. This trend is disturbing because it may imply that many women are themselves identifying with patriarchal tendencies to view so-called women’s work as less valuable. Ironically, Bunting (2001, p. 1) has suggested that women who choose caring professions with little financial reward may be conforming to the gender identity of being caring and unmaterialistic thereby colluding with patriarchal expectations for feminine gender roles. Yet women who abandon those professions for high pay, high status fields are definitely colluding with traditional patriarchal values of being materialistic and motivated by personal interests.

I believe that nearly all western social issues are affected by our values and beliefs regarding to gender roles. Carol Tavris has stated: “We worry, as well we should, about the feminization of poverty, but we do not see its connection to the masculinization of wealth.” (1992, p. 17). By extension of Tavris’ terms, I have observed that there is also a process of feminization of empathy, which is related to the masculinization of aggression. For if aggression is attributed to men, then its opposite: empathy, characterized by preservation of species and nurturing is likely attributed to women in public consciousness. However ludicrous or inappropriate such binary views of gender roles

may be, I believe that they are to varying degrees held by an alarming number of western people.

The feminization of empathy is an important consideration for art therapists, for if empathy is to be associated with feminine behaviour, and so-called feminine behaviour is undervalued, then there may consequently be little value placed on fields requiring empathy. This greatly affects the professional image of disciplines like art therapy, which depend mostly on women's empathy to do business.

In a time when what is needed may be more empathy, less competitiveness, more understanding, less conflict, more social interest, less apathy, greater numbers of men and women appear to be choosing professions characterized by status, financial gain and individual power. While women remain in helping professions and socially interested fields, few men appear to be crossing over. In theory at least, gender roles have shifted, and more women than ever before, are entering traditionally male held occupations. Art therapist Michael Barbee asserts that "...the women's movement has illuminated the rewards of being male in this society..." (p. 31). This leads one to wonder, have men become more aware of the rewards of being female in this society? Are there rewards?

Salaries greatly determine career interests and I fear that helping professions may never see an increase in men's participation so long as salaries remain uncompetitive. Yet, if the trend of perceiving women's work as less valuable persists, then attractive salaries will not emerge until men join in. Worse still, women may choose to abandon these fields for higher paying professions. This phenomenon is, I believe, more alarming than is presently recognized.



Through women's rights movements and feminism, women and some men have learned that what women do has value and should be compensated commensurately with men's work. The proposition that men's and women's salaries should be equal, only applies if men and women are doing the same work. However, given this method of measuring pay equity, how do we determine the appropriate compensation for professionals in a field where there are few men to measure salaries against? The answer to this may be that the men at the heads of political, economic and medical structures assign a value to the work of art therapy as they see fit. It seems a feasible solution would be for more women to gain political/economic positions and for more men to explore art therapy as a career choice.

Bunting points to alarming evidence that "when women enter new professions in significant numbers, pay levels drop" (2001, p.1). If this is the case, then perhaps an influx of men into the profession of art therapy might bring about an increase pay levels. Men must, with the shortest delay, support traditionally women held occupations by showing interest in them as professionals. This contentious proposition may be interpreted by some as reinforcing a notion that women's work should be undervalued because men don't want to do it. Though I am not making that assertion, I believe it is one accurate reflection of reality.

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## Appendix A

A Survey of art therapy professionals and interns attitudes and beliefs about gender in the profession and practice of art therapy.

The following questionnaire is intended to gather information about art therapists' beliefs and attitudes regarding gender in the profession and practice of art therapy. The results of this questionnaire may be used as data in a culminating Master's degree research paper in the field of art therapy. The project is entitled: the relevance of gender in the profession and practice of art therapy: a male perspective. Your identity will remain anonymous and no identifying information will ever be used without your consent. Your time in completing this form is greatly appreciated and will hopefully provide much needed information on the subject area. Please use the back of the page if necessary. Thank you for taking the time to complete this form.

Art therapy intern 1 <sup>st</sup> year ____	Art therapy intern 2 <sup>nd</sup> year ____	professor/professional ____
Gender _____		

- 1) Burt (1996, p. 12), cites a 1991 American Art Therapy Association survey, in which 92.6% of respondents were female and 6.8% were male. In Canada, the proportion of women to men art therapists is around 86% to 14%. (retrieved October 10<sup>th</sup>, 2003 from <http://vati.bc.ca/stats.html>.) Hogan (2003, p. 9) has observed an even higher proportion of women to men art therapists in some european countries. **QUESTION: Do you have any thoughts on why there are so few men in the profession of art therapy.**
- 2) Baron-Cohen (2003) has observed that women score higher on standardized psychological tests of empathy, while men tend to score higher on standardized tests of systemizing. These results suggest that women have developed better empathy skills, required for interpersonal relationship building, while men have developed more pronounced abilities for understanding and designing systems such as computers and mathematics. **QUESTION: In your view, would such differences be more socially or biologically constructed? Please elaborate**

3) A number of researchers have reported gender based differences in counselor's' perceptions of clients (Vogel et al, 2003), counselors perceptions of gender appropriate behaviour (Kaplan & Free, 1995), countertransferential reactions (Wheeler & Smith, 2001), approaches to therapy and counselling styles (Harvey & Hansen, 1999). Throughout these studies and numerous others, men therapists are frequently ascribed attributes such as: *assertive, aggressive, competitive, instrumental behaviours, cognitive orientations, task oriented, firm, direct, confrontational, controlled affect*. Women therapists are often ascribed attributes such as: *nurturing, compassion, expressivity, empathic, sympathetic, warmly, soft voice, using feeling reflections*. **QUESTION: In your experience, do these attributes accurately reflect the different dispositions of men and women therapists? Please elaborate.**

4) **QUESTION: What is the definition of Art Therapy that you currently use?**

5) **QUESTION: Given the definition of art therapy you have provided, how might men and women approach it similarly or differently?**

6) **QUESTION: Do you have any thoughts on the subject of gender in the profession and practice of art therapy that have not been touched on by these questions? Please elaborate.**