

Art Therapy Online: ATOL

The emergence of Australian art therapies: Colonial legacies and hybrid practices

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Abstract

This article provides an overview of the emergence of art therapies in Australia, from the perspectives of two art therapy educators from the University of Western Sydney (UWS). It introduces the context of art therapy practice and education in Australia and draws together a background history to the development of the profession, including key historical figures. The paper locates current positions and horizons within a post colonial context, revealing the innovative and hybrid practices of arts therapies that have evolved and are emerging in this particular place. A series of images provides a visual, poetic counterpoint to the text.

Keywords: Art therapies, Australia, colonial legacies, art therapy education; hybrid practices



Figure 1. The 'New' Art Therapy Cottage, University of Western Sydney, Australia

Introduction

Australia is a vast, mainly desert, island continent in the southern hemisphere, with a relatively small population largely concentrated in cities around the coastal fringe. Although constitutionally linked to Britain, contemporary Australia is a culturally diverse nation with a strong Republican movement and a recently renewed commitment to multiculturalism. It has a vibrant contemporary arts scene and is renowned for the work of Indigenous artists from both remote and urban communities.

The oldest continuous living culture of Indigenous Aboriginal peoples have lived here for 40,000 years. By comparison, European settlement of Australia is only two hundred and thirty years old. Colonisation, which has also become known as an 'invasion' (Reynolds, 2001), has had a devastating and genocidal impact on the approximately 250 different Aboriginal peoples. Consequently, Indigenous Australians are profoundly disadvantaged in terms of their economic, social and health status. In 2008, the then Prime Minister, Kevin Rudd, finally offered a national apology to the Stolen Generations, the descendants of

Indigenous Australians who were intentionally separated from their families of origin. This was widely regarded as a major step toward reconciliation.

Australia was colonised by the British in 1788, beginning with the establishment of a penal colony in New South Wales (Macintyre, 2003; Hughes, 1987). Throughout the 1800's, the care of those with mental illness remained closely linked with criminality. It has been suggested that this led to a more custodial and disciplinarian approach to mental health care in Australia than in many other parts of the world (Gilroy & Hanna, 1998; Lewis, 1988). Within Australia's health care and psychiatric systems, both public and private, the medical model is dominant and the favoured approaches are cognitive, behavioural and psycho-educational. Psychotherapy and the arts therapies are on the margins, and more often outside of the mainstream hospital systems. Although Australia has a thriving 'Arts in Health' movement and numerous community arts programs, it has been difficult to establish art therapy as a legitimate psychological intervention.



Figure 2. Map of art therapy education in Australia: 2009 (Westwood)

The published literature suggests that art therapy began here in the 1950's through the work of artists such as Guy Grey-Smith and interested psychiatrists, particularly Eric Cunningham-Dax and Ainslie Meares. Guy Grey-Smith (1) (1916-1981) was employed as an artist/art therapist in the Hollywood Repatriation and Charles Gairdner hospitals in Perth (Henzell, 1997, 2003; Campanelli & Kaplan, 1996). Around the same time, Cunningham-Dax (1908-2008), a leading psychiatrist in the UK, arrived in Victoria (1953) to reorganize the psychiatric services. Cunningham-Dax had a strong interest in the 'art of the mentally ill' and he employed artists to work in hospitals. Although Cunningham-Dax emphasized the separation of art activity and the practice of psychotherapy, his influence led to the establishment of the first art therapy positions in Australia in the 1980's (Cunningham-Dax, 1953; Damousi, 2005; Robson, 2006).

In 1958, John Henzell, an art therapist and art therapy educator, began working alongside Grey-Smith before going to the UK and becoming involved in the development of art therapy there. Around this time, Meares (1958) wrote about his work with a patient and her journey in treatment which featured the use of art. From these beginnings in the 1950's and 1960's, a period followed where the momentum in the growth of art therapy was foremost in the USA and UK. Several Australians travelled to these places to undertake art therapy training, particularly during the 1980's, and returned filled with enthusiasm. The development of art therapy in Australia has been largely shaped by these returning Australians and various conference events that brought together expert practitioners from other countries to support the profession's emergence. One such early conference was '*The Arts in Therapy*' at the University of New South Wales, Sydney in 1981 (24-26 July). This brought together international specialists representing all of the arts. Beth Stone, a clinical psychologist originally from the USA and an early art therapy pioneer in Australia, invited Dr Harriet Wadeson, a leading figure in art therapy in the USA from the University of Illinois, Chicago, to be a keynote speaker (Wadeson, 1980/2010).

There were other notable activities around this period such as the presence of Dr Marcia

(1) Grey-Smith had learnt about and experienced art therapy from Adrian Hill, a founder of the practice in the UK.

Rosal from the USA, who completed her PhD in art therapy at the University of Queensland (Rosal, 1985), and the return to Australia of Annette Coulter, a key figure in the formation of the profession. Coulter had spent 1976-1983 in Britain, training and working as an art therapist and holding an office in the British Association of Art Therapists (BAAT). On her return, Coulter became a driving force for the formation of the Australian National Art Therapy Association (ANATA), which began in 1987 with 11 members. Coulter described how the first ANATA committee was made up of people who had either trained or gained experience in Britain, Canada or the USA and how this group endeavoured to work with different theoretical, clinical and ethical approaches, towards integration (Coulter, 2006).

Emergence of art therapy training programs

During the late 1980's and early 1990's, the ferment of activity created by this small group of interested people brought art therapy into being as a profession and a discrete area of study in Australia. The first ANATA conference was held in Brisbane in 1989. (2) At this conference, the first art therapy training program was proposed: a Postgraduate Diploma in Art Therapy, led by David Harvey (3) at Edith Cowan University (ECU), Western Australia. Subsequently this developed into a Master of Arts in Art Therapy in 1992. This was the first art therapy training in Australia and was shortly followed in 1993 by the Master of Arts (Art Therapy) at the University of Western Sydney (UWS), New South Wales (Coulter, 2006). (4)

Throughout the 1990's, developments in the field continued to centre on the emergence of training programs, with educators from the UK (Gilroy, Westwood), USA (Campanelli, Kaplan, Slater) and Canada (Katz, Hanna) influencing the shape of training within the

(2) John Henzell was the keynote speaker.

(3) Harvey was an academic and practitioner who had knowledge of art therapy from the UK having trained in Birmingham in the 1980's

(4) Coulter taught during the first year of the Masters program at ECU and also led the UWS program in its initial year.

public university sector. In January 1992, another significant arts therapy conference was held at La Trobe University in Victoria, convened by Dr Warren Lett, on the theme: “*How the arts make a difference in therapy*” (Lett, 1992). Lett initiated and led a program called ‘*The Arts in Therapy*’ as part of the Master of Counselling at La Trobe from 1991 to 1996. The program emphasized the use of dance and movement amongst the arts but did not focus on visual art therapy as such. Lett later went into the private sector to form the Melbourne Institute of Experiential Creative Arts Therapies (MIECAT) (5) in 1997. In 1998, the program at La Trobe became the Master of Art Therapy.

Other developments within the university sector in the mid 1990’s included those at the Royal Melbourne Institute of Technology (RMIT), where a Master of Creative Arts Therapy began in 1996 led by Gerry Katz, an academic originally from Canada. This program offered studies in multi-modal arts therapy until its closure in 2007. In the private sector other developments emerged, such as the private institute Ikon, based in Perth, Western Australia and the work of the Melbourne Institute of Experiential and Creative Arts Therapies (MIECAT) in Victoria. Ikon, founded by Dr Rafael Locke in 1988, began offering a Diploma in Transpersonal Art Therapy (6) in 1995. In total, seven training programs have emerged to date, the most recent being the Master of Mental Health (Art Therapy) at the University of Queensland (UQ), which began in 2006. Five of these have been within the public university sector (ECU, UWS, RMIT, La Trobe, UQ) and two within the private sector (MIECAT, Ikon). Two of the public university programs have since closed (RMIT and ECU, both in 2007). Currently there are three programs within the public university sector (UWS, La Trobe, UQ). The two programs within the private sector have both endured and grown (Westwood, 2010).

Within this range of programs, there has been a variety of views, from a single art focus (art therapy) to a multi-modal view (creative arts therapy). The university programs generally teach a range of the major theories of psychotherapy

(5) www.miecat.org.au

(6) Transpersonal Art Therapy is an approach which uses transpersonal philosophy as its theoretical underpinning – see Franklin, Farrelly-Hanson, Marek, Swan-Foster & Wallingford (2000)

psychoanalytic/psychodynamic; humanistic; developmental - learning, cognitive, behavioral; eclectic/integrative/other), underpinned with a psychodynamic or humanistic perspective. However, a movement towards a more integrative and eclectic approach is seen to be developing (Westwood, 2010). Economic issues are a significant driver of this trend, with courses increasingly sharing some units of study with related fields such as mental health (UQ) or counselling (UWS). However this is coupled with developments in the professional field, and therapies in general, towards an integrative approach to theory opened up by postmodern thinking, diversity and flexibility (Karkou & Sanderson, 2006). The private sector programs are much more distinctly grounded in teaching a particular theoretical perspective or philosophical view, although students are also exposed to a range of theories in these programs. The particular views taught are transpersonal (Ikon) and post modern inquiry (MIECAT). These perspectives are innovative and less mainstream than the university programs, and in the case of MIECAT a unique approach is offered. This creates a diversity of options within art therapy education and supports a vibrant field.

There are now more Australian trained art therapy educators in the programs than there were in the 1990's. This seems to be lessening both the influence of UK and USA perspectives and the impact of the tensions that were originally felt to exist between these perspectives. While theoretical influences in the early days may have come predominantly from other countries, contemporary praxis increasingly comes from within Australia, in response to specific professional and cultural contexts, to working with different groups and issues, and to opening the profession to learning from and collaborating with Indigenous communities. As graduates carve out work opportunities in the field in roles that have not previously existed in Australia, the prevailing theories in those fields feed back into the education process. For example, evidence-based practice and research are a necessary part of working in the health sector. Work with children and families necessitates familiarity with systems theory and other family therapy theories, attachment theories, developmental theories and research in neuroscience. Within mental health, there is an emphasis on cognitive-behavioural theories, dialectical-behaviour theories and group systems. Wider economic and socio-political forces are also influencing art therapy

practice towards more short term interventions, and towards increased social participation in the form of community interventions.

Professional perspectives

As the art therapy training programs became established and developed during the 1990's to 2000's, the art therapy profession also progressed. During these decades, the membership of ANATA had been around 150-200 members. Maintaining and growing viable membership numbers has been an ongoing issue. Several surges of development have taken the field forward. In 2005, following discussions with the Master of Arts - Arts Therapy at Whitecliffe College in Auckland, New Zealand, ANATA expanded to include New Zealand and became the Australian and New Zealand Art Therapy Association (ANZATA). (7) This increased the membership base and led in 2006 to the development of an art therapy journal: *The Australian & New Zealand Journal of Art Therapy* (ANZJAT). Following this, in 2007 a new category of membership was created to include other arts therapists such as Dramatherapists and Dance Movement Therapists. More recently in 2009, the Master of Art Therapy program at LaSalle College in Singapore gained recognition for its graduates with ANZATA, expanding the professional association across the Asian region. At the 2010 annual general meeting, ANZATA acknowledged the inter-relationships between art therapy and other arts/expressive therapies in the region by the addition of the letter 's', renaming itself the 'Australian and New Zealand Arts Therapy Association'.

While ANZATA is the main professional association for art therapy in Australia, there are other relevant associations (8) that represent the broader field of the psychotherapies and/or provide professional membership for graduates from courses that are not currently accredited by ANZATA. Meanwhile, efforts within ANZATA are moving towards greater inclusion and expansion of its membership in order to promote the profession and establish greater recognition and opportunities for employment. This is not an easy

(7) www.anzata.org

(8) Psychotherapy and Counselling Federation of Australia (PACFA), Australian Creative Arts Therapy Association (ACATA), Australian Counselling Association (ACA), Society for Natural Therapists and Researchers (SNTR), International Institute for Complimentary Therapists (IICT).

process as reconciling differences in training approaches, duration and required hours of clinical experience presents many challenges.

Current position and horizons

The field of art therapy in Australia is gaining momentum, although finding employment where the practice is recognised as a primary intervention is challenging. The majority of art therapists have gained employment through their own entrepreneurial efforts, creating positions from placement experiences as part of their training or setting up in private practice. Most are employed in the health and social/community sectors. The education of colleagues and the community about art therapy is an ongoing necessity in order to distinguish the difference between art therapy and other professions and further its potential to be regarded as a primary intervention. The Australian mental health context is dominated by a medical view and this, combined with vast distances and limited resources, creates a relatively harsh environment for art therapy to be professionally recognized as it is in the UK and USA. There are also economic and political issues that pervade the broader context and drive a neo-liberal business/market agenda across the education and health sectors. These considerations co-exist alongside an increasing presence of the discourse of arts and wellness. (9)

Advances have been made professionally through work between ANZATA and the Health Services Union to create pay awards in the health departments of the States of Western Australia and New South Wales (Eisdell, Shiell & Westwood, 2007). Following the establishment of these State awards, a national award covering art therapists in the private health sector was gazetted in 2009. These are small but significant gains in developing a profile for the profession. They open up the possibility of art therapy qualifications being recognized as relevant for positions within the health sector. ANZATA is currently working towards an application for State (i.e. national) registration to elevate the profession to a level on par with other related professions such as psychology and

(9) See: <http://www.artsandhealth.org/>

occupational therapy, although tensions and debates about the reductive nature of regulation and the difficulties of achieving this have hampered progress to some extent.

Opportunities for art therapy research are increasing through the various programs offering Masters (Honours) and doctoral qualifications. There is also a growing presence of research initiatives, such as the funded project *Creative Network for Recovery*. This is a broad based project looking at art making and health in the hospital sector with a focus on wellbeing and mental health (Van Lith, Fenner & Schofield, 2009, 2010). There are also smaller funded projects such as that conducted by Westwood, Keyzer & Evans (2010), who surveyed art therapy with children 0-6 years and their families in the Sydney region. These are just some of the projects emerging from the field.

A major theme of art therapy in Australia is centred on *working with difference*. The importance of holding a space for diversity within the profession so as to nurture seeds of a culturally relevant art therapy has been stressed by several authors (Campanelli & Kaplan, 1996; Gilroy, 1998; Gilroy & Hanna, 1998). The Australian context is unique, and its geography, colonial history and Indigenous communities are significant in shaping this uniqueness. These factors bring to attention the need for Australian art therapies to engage with the specificities of place, the legacies of colonisation and the diverse experiences and influences of migration. Taking up a postcolonial perspective in order to question and understand these experiences could enable us to respond to the needs of people in marginal groups and to work more effectively with different kinds of intercultural relationships (Linnell in Westwood, 2010).

For us, as this signals the importance of acknowledging how we are implicated in the ongoing legacies of colonialism. We believe that non Indigenous Australian art therapists need to listen closely to our Indigenous colleagues and to recognise the knowledges and rights of Indigenous Australians, positioning ourselves as junior partners and followers in the work of reconciliation and redress (Linnell, 2009). Taking up a post colonial ethics of art therapy also involves exploring our own cultural positionings and histories, including through art. It means questioning Eurocentricism and drawing attention to White privilege,

while simultaneously acknowledging the stories of difference, the experiences of persecution and marginalisation, and the hidden histories of protest, that may have informed our individual and collective becomings as art therapists. We need as far as possible to know what we are and how we reached this point, in all its fraught and rich complexity. Otherwise, there could be a danger of reproducing colonising practices in the name of art therapy (Gilroy, 1998; Holloway, 2009; Linnell, 2009, 2010). There is still much work to be done in our profession to honour and support Indigenous self determination through the arts – to ensure that interested Indigenous Australians can access culturally appropriate art therapy training and registration, while recognising that many Indigenous healers, community artists and activists will not wish to identify with professional art therapy.

The variety and openness in the art therapy field in Australia has been described as producing a freedom to explore (Edwards, 2007) and in some cases invent (10) approaches, particularly those that foreground art. The emphasis on a creative, experiential view (11) brings an innovative edge to these explorations and developments of theory and practice. Sometimes the vigour and inventiveness of Australian art therapies has been shaped by adversity, like one of our native gum trees recovering from fire (Figure 5). At other points, views and practices that migrated from other places have encountered local views and conditions, allowing new forms to emerge. This process has been conceptualised as a form of *hybridisation* (Westwood, 2010) and is explored in the artwork of Westwood and her teaching colleagues, where the participating artists (Linnell, Perry, Pretorius & Westwood, 2007), and other Australian art therapy educators (Westwood, 2010) often appear as hybrid creatures who transgress the boundaries between the known and the unknown (see Figures 2, 3, 4 & 6).

As art therapy emerges in Australia, it is leaning more towards the development of

(10) See Melbourne Institute of Experiential Creative Arts Therapies (MIECAT) www.miecat.org.au

(11) This refers to an emphasis on experiential approaches to working with people and to forms of teaching and learning that fore-ground and integrate the use of arts in the education process.

community-based initiatives that trouble the division between community arts and art therapy, rather than remaining primarily within a health or clinical environment. For instance, one of the current final year students' work based learning project for the Master of Art Therapy at the University of Western Sydney involves a partnership with the Richmond Fellowship, a large non government organisation (NGO) for people living with major mental illness. The art therapy trainee, Jane Miller, has been employed to develop and 'roll out' an arts based group program in around twenty community based centres throughout urban Sydney and rural New South Wales (Miller, 2011). Culminating this year in a series of activities and exhibitions for Mental Health Week, the project is associated with the preferred 'recovery model' for optimising the health and life opportunities of people living with a major mental illness. The project is intended to become an ongoing program, consequently expanding creative options for engaging the 'artist self' of people living with mental illness and, in the process, increasing employment opportunities for art therapists throughout NSW. The project developed by Miller is soundly based in studio art therapy theory and practice and is supported by UWS at a micro-level through regular art therapy clinical supervision. This is an unusually expansive, but not atypical, example of how Australian art therapy trainees and recent graduates are simultaneously training in, and shaping the definition and scope of, art therapy in Australia.

Writing together as the past (Westwood) and present (Linnell) leaders of the art therapy program at UWS, we have a keen sense of the potentiality, as well as the challenges, of art therapy in Australia. Perhaps this sketch of the field, and the metaphor of a variety of (Australian) 'hybrids', may contribute to thinking about different emerging forms of art therapy education, research, theory and practice within a postcolonial context. We hope to encourage ideas and practices that dynamically develop and reflect back and forth between people and places, towards a deepening understanding of the special and mysterious character of art therapy.



Figure 3. (Left) The 'Old' Art Therapy Cottage, UWS: 2007 - Mixed media on paper A3 (Collaboration by staff and students). Figure 4. (Right) Hybrid art therapy creatures during a performance at the old cottage leaving ceremony event: 2007 (Linnell & Pretorius).



Figure 5. (Left) Bark of a tree following a bush fire, NSW: 2010 – Photograph (Westwood). Figure 6. (Right) Collaborative image of art therapy educators at UWS: 2007 – Mixed media on paper (Linnell, Perry, Pretorius & Westwood).

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Figure 1. The 'New' Art Therapy Cottage, University of Western Sydney (Photograph: Westwood, 2010)

Figure 2. Map of art therapy education in Australia: 2009 (85cm x 60cm) Ink on paper. Image taken from PhD thesis by Westwood, J. (2010) *Hybrid Creatures: Mapping the emerging shape of art therapy education in Australia*. University of Western Sydney, Australia.

Figure 3. (Left) The 'Old' Art Therapy Cottage, UWS: 2007 - Mixed media on paper A3 (Collaboration by staff and students). Figure 4. (Right) Hybrid art therapy creatures during a performance at the old cottage leaving ceremony event: 2007 (Linnell & Pretorius).

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Figure 6. (Right) Collaborative image of art therapy educators at UWS: 2007 – Mixed media on paper (Linnell, Perry, Pretorius & Westwood).

Jill Westwood and **Dr Sheridan Linnell** are art therapy educators whose collaboration grew from working together for many years at the University of Western Sydney on the Master of Art Therapy and Graduate Diploma of Expressive Therapies. They continue to collaborate on projects that embody their shared interest in art therapy, relational aesthetics and social transformation. They are currently involved with other colleagues on an e-book project about art therapy in Australia which will be published soon.

Jill Westwood, BA(Hons), MA (RCA) PGDip ATh, PhD (candidate) AThR, A(s)Ta Westwood is a registered art psychotherapist (UK & Australia). She is currently part of a team offering the Master of Art Psychotherapy at Goldsmiths College, University of London. She is also an adjunct fellow at the University of Western Sydney (UWS), Australia (Research Centre for Social Justice & Social Change) where she is conducting research and completing her PhD - mapping the emerging shape of art therapy education in Australia. As Head of Program of the Master of Art Therapy & Graduate Diploma in Expressive Therapies at UWS 1995-2007 she has been extensively involved the development of the profession and the training of art therapists in Australia. She has work experience as an art therapist in adult psychiatry. She is originally from a fine arts background and is a practising multimedia artist. Her special interests include; the interface of art therapy and contemporary art, art therapy in organizations, art therapy education and she also has an independent practice.

Dr Sheridan Linnell, BA(Hons), MA ATh, PhD, AThR

Dr Sheridan Linnell currently leads the Master of Art Therapy clinical training course at the University of Western Sydney, Australia, where she completed her art therapy training as

part of the first cohort in 1993-1994. She has also studied psychodrama, narrative therapy and literature. Linnell is particularly interested in feminist, narrative and post colonial approaches to art therapy. She is a published poet and has exhibited with her art therapy teaching colleagues. A book based on her explorations of the ethics and aesthetics of art therapy and narrative therapy has recently been published. Linnell previously worked in community agencies and independent practice with adults, children and families, especially those dealing with child protection issues and the effects of child sexual assault.