Art therapy and Outsider Art share similar beginnings as both were founded on similar psychological, philosophical, and artistic trends that highlighted the connection between madness and creativity. Despite this, contemporary art therapists reject this concept and instead use art for strictly therapeutic purposes. Art therapy’s evolution has consequently created a discrepancy between how art therapy and Outsider Art approach “psychotic art”. This discrepancy poses a significant problem for art therapists as Outsider Art now challenges the cultural authority art therapists strive for. I argue that the professionalization of art therapy since the 1970’s has allowed art therapists to maintain this authority by aligning art therapy with Western medicine and creating practices within the field that allow art therapy to coexist with Outsider Art. These practices namely include the medicalization of patient artwork and the projection of art therapy’s values onto Outsider Art exhibitions, thus undermining Outsider Art’s legitimacy and preventing galleries from acquiring this art. By instituting these practices at both a macro and micro level, art therapists have protected their profession’s cultural authority.
Pictures of Madness:
Art therapy and Outsider Art’s struggle for cultural authority

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INTRODUCTION

The connection between madness and art is long-standing and pervasive throughout conversations about art, mental health, and creativity alike. The trope of the “mad artist” like Vincent Van Gogh has become stereotypical and romanticized. The artist has consequently become a character who is expected to be quirky, passionate, and visionary.

Madness and art are not related solely on a conceptual level; rather, their relationship has been solidified through the establishment of several social groups. My research will provide a sociological explanation of the relationship between art therapy and Outsider Art, two organizations whose practices are founded on the connection between madness and art. In the following sections I will explore the history of art therapy and Outsider Art, as well as provide an account of how their relationship has changed and the challenges these changes have posed for art therapy.

Art therapy is an alternative form of therapy that uses art as a means for patients to communicate with their therapist, express their emotions, and improve their well-being. Mental illness and art are intimately connected in art therapy given that therapists use art as a healing mechanism for patients seeking to improve their mental health. Outsider Art is also based on the relationship between art and madness. Outsider Art, an art movement that grew in popularity in the 1970’s, exhibits works from artists who exist on the fringes of society. Many of these artists struggle with mental illness; consequently their works are considered genuine and extraordinary because their creative process is
unique and unaffected by traditional artistic conventions. Like art therapy, Outsider Art is also founded on the assumption that there is an inherent connection between mental illness and art.

While both art therapy and Outsider Art study the relationship between mental illness and art, their approaches to this subject are radically different. Although the founding art therapists of the 1940s saw art as a direct reflection of the unconscious, the profession now views art as a therapeutic tool with which to improve and express oneself. Outsider Art, on the other hand, views mental illness as a catalyst for creativity. Furthermore, despite art therapists’ insistence that there is no direct “translation” for these works of art, the Outsider Art community regularly approaches them as reflections of the artists’ inner-turmoil. Art therapy’s contemporary approach to mental illness and creativity has thus diverged from that of Outsider Art, resulting in two organizations that claim to be the authorities on madness and art yet have conflicting philosophies.

This conflict is problematic for these groups in several ways. By promoting an alternative approach to mental illness and art, Outsider Art challenges the professional legitimacy of art therapy. Furthermore, art therapy’s increasing medicalization has deliberately restricted access to patients’ artwork, consequently preventing Outsider Art galleries from obtaining artwork from psychiatric patients. The differences between art therapy and Outsider Art have therefore created a conflict that affects the function of each group. While art therapists have changed how Outsider Art galleries obtain their artwork, the Outsider Art community has put art therapy in a position of defending their legitimacy as a credible medical profession. Outsider Art and art therapists are thus faced
with the challenge of asserting their own authority in the face of a competing organization within the same tradition.

The conflict between art therapy and Outsider Art is an intriguing example of the interaction between two organizations. My research will show how art therapy and Outsider Art’s relationship is reflective of how organizations interact with one another and navigate tensions that might arise between them. In exploring the particular relationship between art therapy and Outsider Art, I will ask: how do groups maintain cultural authority when challenged by a competing group whose professional goals and philosophies conflict with their own?

I will use several theoretical frameworks to answer this question. I will draw from DiMaggio and Powell to understand how organizations respond to other organizations within their environment. DiMaggio and Powell also provide insight into how organizations undergo processes of professionalization in order to adapt to their environment. I will use their theory to understand the interaction of art therapy and Outsider Art, as well as the effects of art therapy’s professionalization and medicalization on their relationship (DiMaggio and Powell 1983). Furthermore, I will use Wolpe’s application of Starr’s term “cultural authority” in studying why art therapy must preserve their authority over Outsider Art. “Cultural authority” refers to a source of authority that conveys a particular construction of reality. For example, Starr references both the Bible and doctors as cultural authorities as both promote a particular way of understanding the world (1982). Wolpe’s concept of cultural authority is vital to understanding why art therapists protect their legitimacy and strive to be seen as authorities over Outsider Art (1985). Finally, I will use Paul and Joseph Berger’s social-psychological theories of
legitimation in order to understand how macro-level changes are implemented by individual art therapists in order to preserve their professional authority (1967; 1998).

My research uses qualitative data from interviews with art therapists and members of the Outsider Art community to address this question. I interviewed four art therapists, two of which are employed by a psychiatric hospital and two who own private practices. My conversations with these therapists focused on several topics such as how they interpret patient artwork, what they do with the artwork after a session is done, their experiences with and opinions on Outsider Art, and why they think art is a valuable therapeutic tool.

I also collected data from the annual Outsider Art Fair in New York. The Fair is a significant event in the Outsider Art community; 50 galleries from around the world are invited to exhibit well-known or new and notable works in their collection. While the Fair is open for public viewing, it also operates as a point of business as all the works on display are also for sale. The Outsider Art Fair is thus an optimal event for gaining insight into the community as it provides one space in which to observe viewers, art dealers, gallery owners, and of course, the art itself. I spent two days at the Fair talking to gallery owners and dealers as well as observing how galleries chose to present the artists they represented and their work. My conversations and observations revealed how galleries talk about their artists and what information they deem important for the viewer to know. Furthermore, these conversations often focused on Outsider Art’s perspective on mental illness and its relation to creativity. Keeping in mind that my research approaches art therapy and Outsider Art’s relationship in terms of how art therapists respond to the challenges posed by the Outsider Art community, I did not conduct formal
interviews with individuals at the Fair. Rather, my conversations were spontaneous and less structured than those with the art therapists. Nonetheless, the conversations I did have thoroughly illuminated the workings of this community. Together these two sets of data revealed valuable information on the differences between Outsider Art and art therapy and how they have responded to these conflicts.

Drawing upon the data I collected from my conversations at the Outsider Art Fair and with art therapists, I argue that art therapy’s evolution since the 1940’s has created conflict between art therapy and Outsider Art’s approaches to the cultural tradition of mental illness and the arts. Art therapists must consequently work to maintain their cultural authority in order to preserve their credibility as a legitimate, rather than a “quack”, profession. The data I collected from art therapists and members of the Outsider Art community reveals that the professionalization of art therapy has brought art therapy in line with Western medicine and created practices within the field that allow art therapy to coexist with Outsider Art and protect art therapists’ cultural authority. Art therapists maintain their authority by medicalizing patient artwork and framing Outsider Art exhibitions in terms of their own goals, thus asserting their own authority and preventing galleries from acquiring this art. By utilizing these strategies art therapists have protected their reputation as legitimate professionals.
The Tradition of “Psychotic Art” and Authenticity

The relationship between Outsider Art and art therapy has not gone unnoticed by researchers, although this research is largely focused on the Outsider Art community rather than exploring both sides of their relationship. Existing literature has aimed to understand the social construction of psychotic art and why it is appealing to the art world and its viewers. In his book, *Outsider Art: From the Margins to the Marketplace*, David Maclagan explores the relationship between artists’ mental illness and its effect on the appreciation of their artwork. Maclagan argues that there are three reasons why “psychotic” art is celebrated. First, Maclagan states that viewers appreciate that an individual is able to create a work with “aesthetic quality” despite their mental illness. Second, the viewer shows sympathy for the suffering artist. Finally, viewers have come to value the unusual, frantic quality that many of these works of art possess. Thus, Maclagan indicates that the mental health status of the artist does not hinder the public’s approval of their work, but rather, helps the viewer appreciate it (Maclagan 2009). Other literature (Bowler 1997; Parr 2006; Peiry 2001; Wojcik 2008) has confirmed Maclagan’s argument, concluding that our admiration of “psychotic art” is a social construction which views mental illness positively because of the creative energy that it supposedly generates.

Literature on the appreciation of Outsider Art is related to more general research on the relationship between mental illness and creativity. For example, Gary Alan Fine has argued that artists have very little agency in forming their own identities; rather, it is...
the art community and public that determines what characteristics artists should possess. These characteristics have historically focused on manic and abnormal qualities, consequently romanticizing artists’ mental illness and social dysfunction. Fine argues that this has led others to project these qualities onto artists who are otherwise functional and ordinary (Fine 2004). Nathalie Heinich has titled this phenomenon the “van Gogh Effect” in reference to the archetypal model for the “mad artist”: Vincent van Gogh. Heinich’s research reveals that van Gogh was not always seen as a visionary; rather, he only grew in popularity after his suicide. Since then, van Gogh has come to be known as the stereotypical suffering artist, a man given godlike creative genius who suffered for the brilliant art he created. Heinich’s research thus reveals the social construction of the “mad artist” that is exemplified by suffering artists like van Gogh. Furthermore, Heinich argues that the fixation on van Gogh’s mental health has motivated individuals to project van Gogh’s “madness” onto other artists despite the state of their own mental health. Consequently, suffering has become a prerequisite for artists (Heinich 1996).

Other literature has attempted to explain how the social construction of the “mad artist” has affected Outsider Art’s relation to the contemporary art market. For example, Carole Tansella views the introduction of Outsider Art in the 1970’s in terms of changes within the art community in the 1960’s. Tansella argues that in the 1960’s the art community rebelled against the contemporary art market, focusing on issues concerning the artist’s identity in lieu of the art’s aesthetic characteristics. Rather than focusing on the artist’s ability to create beauty, members of the community promoted artists based on their opposition to the dominant culture and mainstream art market. Outsider Art continued this trend, focusing on individual artist’s mental health and “outsider” identity.
in order to authenticate and distinguish itself from the oversaturated art market. Outsider Art has therefore utilized the trope of the “mad artist” in order to draw attention to their artists and validate them within the art market (Tansella 2007).

Anne Bowler affirms the important role mental illness plays in Outsider Art. Bowler argues that the Outsider artists’ insanity guarantees their authenticity, stating that “…biography supersedes the aesthetic analysis to which works by conventional artists are subjected” (1997:29). Consequently, insanity liberates the Outsider artist and frees them from more traditional evaluations of artists. Therefore, despite Outsider Art’s growth in popularity, its artists are protected from becoming too mainstream because their insanity is a form of definite proof that they are “outsiders” (Bowler 1997).

This body of literature is significant in its explanation of the importance of mental illness to Outsider Art. As Maclagan, Fine, Tansella, and Bowler indicate, the prevalence of mental illness in Outsider Art is a consequence of the construction of the “mad artist”, the genre’s relationship with the contemporary art market, and efforts to maintain authenticity. Therefore, although Outsider Art’s perspective on mental illness is not in line with modern psychology’s approach, the community has good reason to diverge from it.

While there has been significant research on Outsider Art’s relationship with mental illness and institutionalization, there is a lack of literature on art therapy’s reaction to Outsider Art, consequently leaving research on their relationship one-sided. Literature on art therapy tends to avoid discussion of how patients’ art is used outside of a therapeutic context and instead focuses on its history or differences between therapeutic
models (Case and Dalley 2006; Denny 1975; Edwards 2004; Ulman 1975). My research will fill this gap by exploring how art therapists come into contact with Outsider Art and how they cope with their contradictory perspectives on mental illness and the role of art. While previous literature has noted tension between art therapy and Outsider Art, my literature will add how this tension threatens art therapy’s legitimacy and how they have responded in ways that protect their professional authority. My research will therefore provide new insight into the relationship between art therapy and Outsider Art and the significance of this relationship for therapists.

*The Maintenance of Legitimacy and Professional Authority*

By understanding the process of legitimation and how it is both earned and maintained, I will explore how art therapy has come to be seen as a legitimate profession and how it has preserved this status despite the challenges Outsider Art has posed. In utilizing a different framework for understanding mental illness and art than art therapists, Outsider Art inherently confronts art therapists’ authority. The challenges posed by Outsider Art consequently undermine art therapy’s legitimacy. The topic of legitimation is thus essential to my research as it addresses why Outsider Art is a significant problem for art therapists and why they strive to diffuse the tension it creates.

Sociological literature has studied legitimacy in either organizational or social psychological terms. Social psychological approaches emphasize how organizations and institutions are founded and legitimated through individuals’ construction of their social realities (Johnson, Dowd and Ridgeway 2006). Organizational approaches, on the other
hand, are more in line with a Weberian model that emphasizes collective behavior, rather than the individual, and how it is dictated by the construction and maintenance of an organization (Weber 1947). My research will utilize both approaches in order to understand how the profession of art therapy as a whole and individual art therapists have maintained their professional legitimacy. First, it is necessary to understand how art therapy’s increasing professionalization has helped legitimize the profession on an organizational level. Second, I will use social psychological frameworks to understand how these changes have trickled down to the individual level, affecting how art therapists themselves act in ways to protect their profession’s legitimacy. Using both of these perspectives will grant me a complete picture of how art therapy has preserved its legitimacy.

Organizational approaches

As previously mentioned, organizational approaches to legitimation strive to understand how standards for collective behavior reinforce an organization’s legitimacy. Literature that takes an organizational approach to Outsider Art and art therapy has often adopted a Bourdieuan framework. Bourdieu argues that practice is determined by a combination of an actor’s habitus, capital, and the characteristics of the field in which they operate. A given field has a standard for what is considered prestigious and what forms of capital will aid an actor in earning prestige; the hierarchy of social groups is thus defined by their position within their given field and the capital they are able to accumulate (Bourdieu 1996). Sociologists have previously used this model to understand
the structure of Outsider Art and why certain individuals are successful within the community while others are not—in other words, how artists and dealers within the field “play the game” to earn status and prestige. For example, Cara Zimmerman’s thesis, “Formulaic Narrative in Outsider Art: the Containment of Martín Ramírez and the Classification of Thornton Dial” (2009), explores the importance of Outsider Art “discovery narratives”, meaning the stories about Outsider artists’ personal histories and discoveries that are constructed, recounted, and shared. Zimmerman argues that there are several tropes used throughout the field such as the stereotype of the suffering artist or the artist who is naively unaware of the talent they possess. Zimmerman argues that it is these narratives that help define the genre and allow some Outsider artists privilege over others. For example, while Martín Ramírez’s personal narrative has led him to great success, other artists such as Thornton Dial, have a more ambiguous outsider status and therefore do not earn the same recognition and status (Campbell 2009).

Julia Ardery’s article “‘Loser Wins’: Outsider Art and the salvaging of disinterestedness” also adopts a Bourdieuan framework in her study of how artists are able to become financially successful while simultaneously maintaining their “disinterested” façade. Ardery draws from Kant to argue that artists are expected to focus on their art for its own sake rather than the economic gains motivating its production. Ardery argues that contemporary artists in the 1970’s were able to resolve this dilemma by drawing their attention to Outsider Art. By discovering Outsider artists who were not interested in money or fame, dealers were able to gain recognition without compromising their own reputation. Ardery’s argument draws heavily from Bourdieu as it depends on the idea that actors’ hierarchical status is determined by pre-existing
notions of what it means to be an authentic artist. Consequently, cultural life is determined by the struggle for capital and prestige (Ardery 1997).

Despite Bourdieu’s significance, his model is limiting in its focus on social class. Furthermore, Bourdieuan approaches fixate on the strategies individuals use to earn capital and status. While status is important for my consideration of how art therapy has maintained its professional legitimacy, it is limiting to solely attribute it to the accumulation of capital. My own research will alternatively focus on how professionalization grants status and legitimacy, specifically drawing from DiMaggio and Powell’s research as well as that of Paul Wolpe.

DiMaggio and Powell define an “organizational field” as an aggregate of organizations that “constitute a recognized area of institutional life: key suppliers, resource and produce consumers, regulatory agencies, and other organizations that produce similar services or products” (DiMaggio and Powell 1983:148). In this sense, art therapy and Outsider Art operate in the same organizational field as they both interact with “psychotic art” in some manner. Furthermore, the existence of fields depends on whether or not they are institutionally defined. According to DiMaggio and Powell, institutional definition takes place in four parts: 1) increased interaction between organizations within a field, 2) the birth of “interorganizational structures”, 3) an increase of information that organizations must process and react to, and 4) increased awareness among organizational actors that they are part of a field with other organizations. DiMaggio and Powell therefore emphasize that fields are not isolated; rather, several organizations within one field must learn how to interact with one another and may change their goals and practices in response to the introduction of a new organization.
The organizational field between art therapy and Outsider Art has become defined in several ways. First, the organizational field is defined by the interaction between art therapy and Outsider Art, primarily in terms of Outsider Art’s attempts to exhibit art from psychiatric hospitals. These attempts have led to increased awareness in both the art therapy and Outsider Art communities. Art therapists are aware of the Outsider Art community and their attempts to exhibit patient artwork, as indicated by both their disapproval and attempts to restrict access to this art. Consequently, the Outsider Art community has become aware of what art they can exhibit and what art is restricted by confidentiality regulations. These regulations also act as an interorganizational structure that determines what patient artwork can enter the Outsider Art community.

DiMaggio and Powell additionally address what they have termed “isomorphism”, a process in which organizations in one environment become increasingly similar to one another. Furthermore, DiMaggio and Powell identify two kinds of isomorphism: competitive (market competition) and institutional (in which organizations compete for resources, power, and legitimacy). The relationship between art therapy and Outsider Art can be classified as institutional isomorphic. Given the discrepancies between their approaches to psychotic art, art therapy and Outsider Art are put in competition with one another. Both organizations must keep the appearance that they are experts on psychotic art and diffuse contradictions and challenges posed by their counterpart. For example, art therapists must contend with the Outsider Art community’s assertion that art therapy smothers creativity, while art therapists argue that Outsider Art gallery exhibits can be stigmatizing and harmful for their clients. Thus, art therapy and
Outsider Art occupy the same institutional field, but must consequently contend with the competition that emerges between them because of their differences.

Finally, DiMaggio and Powell identify three mechanisms of isomorphic change: coercive (political influence), mimetic (response to uncertainty), and normative (professionalization). DiMaggio and Powell define “professionalization” as a “collective struggle of members of an occupation to define the conditions and methods of their work” (1983: 152). Furthermore, they argue that professionalization involves compromise with actors outside their own profession, increasing importance placed on formal education, and increasing involvement with other organizations across a professional network (DiMaggio and Powell 1983).

DiMaggio and Powell’s discussion of professionalization is applicable to changes art therapy has undergone since the mid-twentieth century. Since its establishment in 1969, the American Art Therapy Association has introduced increasing numbers of regulations. Whereas art therapists were once considered psychiatrists, art therapists must now pass a national test to earn a certification specific to art therapy. Furthermore, art therapists are held to standardized expectations that regulate how they practice therapy. Using DiMaggio and Powell’s framework, I understand these professional advances in terms of art therapy’s attempt to distinguish themselves within their institutional field and garner the power and prestige that they are in competition for.

My research will also draw from Paul Wolpe’s (1985) explanation of cultural tradition and authority. Like DiMaggio and Powell, Wolpe studies organizations in terms of their response to changes in their environment. Wolpe adds to this discussion in
significant ways. While DiMaggio and Powell identity professionalization as a form of isomorphic change, Wolpe elaborates on why professional authority is desirable and necessary to protect. Wolpe argues that professions are only powerful if they maintain their “cultural authority” within a given tradition. Wolpe borrows the term “cultural authority” from Paul Starr, meaning the power given to individuals to represent and present to others a given reality of meanings and values that they presume to be true (Starr 1982 [1949]). For example, doctors have cultural authority as well as objects like the Bible. Wolpe argues that professions must work to maintain their authority by acquiring social capital. Professions have historically acquired this capital by employing tactics such as making licensing procedures more stringent or increasing the number of internal educational institutions. Tactics such as these often boost the public’s confidence in the profession and thus solidify the profession’s authority.

Wolpe’s article is a particularly applicable model for Outsider art and art therapy given it uses the introduction of acupuncture to Western medicine to demonstrate how one organization maintains its authority in the face of conflict. Confronted with an Eastern medical practice that did not fit with the Western model of medical care, Western biomedicine “stripped acupuncture of its theoretical framework” and re-presented it to the public from a Western approach. Wolpe argues that this was done through two processes. First, increasing numbers of grants were awarded for researchers to study acupuncture. As the recipients of these grants were from Western biomedical fields, this research was conducted in terms of a Western scientific model and presented to the public in Western terms. Second, acupuncture became increasingly regulated by physicians and soon required a medical license and supervision. By doing so,
acupuncture was successfully controlled and brought into the folds of Western medicine, diffusing its conflicting ideology and reaffirming Western medicine’s cultural authority (Wolpe 1985).

Wolpe’s model is an appropriate framework for understanding the conflict between art therapy and Outsider Art. Like Western medicine, art therapy has been confronted with an alternative means of understanding “psychotic art” that undermines their own cultural authority. As I will show in the following sections, art therapy has utilized two methods to reaffirm their authority. First, art therapists have medicalized patient artwork, consequently restricting who can access it and increasing regulations on how it can be displayed. Furthermore, in situations where art therapists cannot prevent the exhibition of patient artwork, art therapists re-frame the goals of Outsider Art by emphasizing the potential therapeutic value in displaying a patient’s artwork. These methods have preserved art therapy’s cultural authority despite challenges from alternative understandings of psychotic art.

The research of DiMaggio, Powell, and Wolpe thus provide models for understanding how art therapy has protected its professional authority on an organizational level. This macro-level approach reveals how the profession of art therapy has changed as a whole in order to reinforce its authority and garner status for the occupation. By utilizing these approaches, I will explain how the professionalization of art therapy has helped maintain its legitimacy despite its conflict with Outsider Art.
While organizational approaches to legitimacy are vital to understanding how art therapy’s professionalization has preserved its authority, it is also necessary to understand how these changes are carried out by individual art therapists in their day to day lives. Social psychological approaches like that of Joseph and Paul Berger reveal how legitimation emerges from how individuals construct their realities and replicate social values and standards. Social environments draw support and validity from individuals’ “cultural accounts”; in other words, social organizations, practices, inequality structures, etcetera are legitimated by individuals’ beliefs about their environments and how they act within them. Furthermore, individuals recreate authority structures through their expectations of how they and others will perform in a given scenario. When expectations are collectively held, power structures are legitimated. The creation and maintenance of status is thus attributed to individual’s perceptions of their reality and the interactions they have with others (Berger et al. 1998). My interviews with art therapists reveal how art therapists understand their “realities”, specifically their tension with Outsider Art, and what they personally do to diffuse it and legitimate their own profession. By using these interviews I am able to understand art therapists’ perceptions of this reality and how they individually behave to replicate and enforce it.

Although social psychological approaches use individual behavior to explain legitimation, this process is not completely removed from macro-level activity. Rather, social-psychological sociologists argue that legitimation is a multi-level process that involves both social frameworks and the construction of individual realities. For example, Paul Berger argues that “the micro-sociological or social-psychological analysis of
phenomena of internalization must always have as its background a macro-sociological understanding of their structural analysis” (Berger 1967:163). Therefore, it is essential to understand individual behavior as well as the social context in which they are acting.

With this in mind, I use both individual interviews with art therapists as well as information about the professionalization of art therapy to understand how art therapists have resolved conflict with the Outsider Art community. By adopting both approaches, I am able to present a complete picture of the conflict between art therapy and Outsider Art: one that art therapists have resolved through macro-level professionalization as well as their individual practices.
CONFLICT BETWEEN OUTSIDER ART AND ART THERAPY

An Evolving Relationship

Over the years the discrepancy between art therapy and Outsider Art’s approaches to “psychotic art” has grown, resulting in two organizations that use very different frameworks to conceptualize mental illness and the arts. Although art therapy currently emphasizes the therapeutic value of art, the field first grew from the religious and spiritual qualities attributed to art and philosophical debates about the relationship between creativity and madness. Art therapists argued that creating art would release the patient’s unconscious thoughts, thus encouraging a system of free association between a patient and their therapist. This theory was a product of several psychological ideas of the period, namely those of Freud and Jung, which placed a positive value on dreaming and emphasized their patients’ creativity and their development as a creative individual. Freud argued that our imaginative process is related to our primal instincts that are normally controlled. Jung elaborated on this theory by arguing that images are a fundamental aspect of our human experience as art mediates our conscious and unconscious thoughts (Edwards 2004). Therapists consequently intervened sparingly so as not to interfere with the patient’s creative process (Case and Dalley 2006).

The original philosophy used by art therapists was as much a continuation of artistic trends as it was a product of emerging psychological theories. Since the evolution of the Romantic Movement, art had increasingly emphasized self-expression rather than illusionism. By the emergence of Surrealism, the artistic field had accepted that artists should express their unconscious thoughts in their work, thus reinforcing art therapists’
arguments that art was a means to “tap into” a patient’s primal thoughts. Furthermore, the development of art therapy coincided with a philosophical debate that linked creativity and madness, sparking the notion that artists are inspired to create because of their mental illnesses, thus fostering what appeared to be a “natural” connection between art and therapy (Edwards 2004). These factors worked together to develop the argument that art therapy was a legitimate means to understand mental illness via artwork.

Although the term “Outsider Art” was not coined until 1972, its predecessor Art Brut originated in the late 1940’s during the same period as art therapy. Although it is referred to by a different name, Art Brut shares the same philosophies as Outsider Art. Art Brut also fosters the work of atypical artists who have not been assimilated into mainstream culture. Jean Dubuffet, one of the founding members of Art Brut, sought to find works of “genuine creation” that were untainted from the art market. Dubuffet thought that these works must come from “spontaneous impulses” that emerged from atypical individuals, such as those affected by mental illness. Although Dubuffet reported that he did not deliberately seek out the art of mentally ill artists, much of this art originated from asylums where artists would be removed from the world of artistic conventions (Peiry 2001).

Art Brut also explored the connection between an artist’s unconscious and their art. Art Brut was heavily influenced by the Spiritualist movement of the early 1900s, arguing that by letting the subconscious flow freely art became a reflection of the artist’s psyche. Furthermore, viewers consider this art a reflection of the artists psyche because of its highly individualistic and abnormal qualities (Maclagan 2009). Although the Art Brut movement is for the most part confined to Western Europe, it sparked the birth of
Outsider Art in the United States during the rise of folk art in the 1970’s. Despite the fact that Outsider Art operates under a different name the two genres are almost identical and remain intertwined with one another.

Like the art therapists of the 1940’s, Art Brut and Outsider Art argued that truly authentic art came from artists whose work had not been interfered with by others. Furthermore, like art therapy, Art Brut and Outsider Art were founded on the idea that madness and creativity are inherently related (Maclagan 2009). In this regard, Outsider Art developed in a similar way to art therapy as both movements relied on the theory that artwork reflects the unconscious and can lead the viewer to better understand the artist.

Despite these similarities, art therapy has since shifted to a psychotherapeutic approach in which symbols no longer have fixed meaning and patients do not qualify for art therapy based on their creative skills. Art therapy now emphasizes self-awareness, teaching coping mechanisms, and personal development (American Art Therapy Association). Outsider Art, on the other hand, continues to view these works of art as they once did, resulting in a discrepancy between how art therapy and Outsider Art understand the intersection between mental illness and the arts. While both organizations maintain that there is a connection between the two, it is for very different reasons.

I will argue that this conflict between art therapy and Outsider Art stems from three main differences: how art therapists and galleries talk about artists’ biographies, their process of interpreting the work of art, and how they understand the purpose of the artwork (either as a therapeutic tool or an aesthetic object). These differences illuminate
how art therapy’s evolution has changed its relationship with Outsider Art and what
sources of conflict art therapists must address in maintaining their professional authority.

*Madness and Biography*

One important way in which art therapy and Outsider Art differ is how they link
mental illness and creativity. As I have previously stated, both organizations once argued
that mental illness plays a role in generating creativity. This assumption still persists
despite advances made by the psychological field. For example, Maclagan states that
“like the artist, the mad person is supposed to be a prey to unusually strong feelings:
sometimes joy, but usually rage, despair, or terror. These feelings are excessive and
imaginary, and may be aggravated by the fact that the mad person seems to have lost
contact with (external) reality and does not see the world as we do” (Maclagan 1999).
This theory has become a common trope, as evident by the fact that social dysfunction
and mental illness continue to be romanticized, particularly in the fine arts (Fine 2004).
Art Brut and Outsider Art are firmly founded on this philosophy that mental illness
somehow generates creative energy. For example, Jean Dubuffet argued that artists
should be like a mad-person in their ability to separate themselves from society and
create (Peiry 2001). Outsider Art’s fixation on mental illness is therefore a product of the
belief that these artists have a unique and extraordinary creative ability not possessed by
other artists.

This belief is all too evident in how galleries and literature produced by the
Outsider Art community (such as promotional materials and Outsider Art magazines like
Raw Vision) choose to portray these artists. This literature frequently focuses on the artist’s mental illness and often uses language that portrays their illness positively, as if it were an artistic gift. Biographies relating to artists’ mental illness are prominent throughout venues such as the annual Outsider Art Fair. Even prominent gallery owners, such as Andrew Edlin, informed me that although they are primarily concerned with the aesthetics of the artwork they nonetheless want to learn about the artist’s background. The ways in which they choose to frame Outsider artists’ biographies is indicative of how the genre understands mental illness and its relation to creativity.

For example, many artists’ artistic abilities are attributed to a creativity that stems from their mental illness and acts on the artist. This is certainly true for Solange Knopf, a Belgian Outsider artist who has previously been hospitalized for depression. In his article on Knopf, Edward Gómez writes, “Humble in the face of the mysterious nature of artistic, creative energy—her own or that of any other art-maker—Knopf says that she is awed by the thought of where it comes from and how, through her own efforts, it is released…” (Gómez 2014:54). Furthermore, Knopf states that, “During my crisis period years ago, I felt that my spirit has left my body and then returned to me after having visited an astral world….That experience opened up my ability to express myself, and I began to discover myself through drawing…I do not draw any distinction between my life and my art. They are completely entwined” (Gómez 2014:56-57). Gómez thus depicts Knopf in a deliberate way. Gómez chooses to represent her creativity in a way that suggests it is an unstoppable and external force that acted on Knopf following her “crisis” with depression.
This kind of representation is common in the Outsider Art world. For example, at the annual Outsider Art Fair the Rizomi Art Brut gallery chose to provide a description of Giordano Gelli that thoroughly discussed how numerous traumatic events spurred him to start making art. The Henry Boxer gallery took a slightly different approach by emphasizing how Nick Blinko’s creativity was so powerful he decided to abandon psychiatric medication, lest it diminish his artistic ability. The gallery stated, “These pictures produced in periods when he was not taking medication bring no respite from the psychic torment and delusions from which he suffers. In order to make art, Blinko risks total psychological exposure.” The cases of Giordano Gelli and Nick Blinko emphasize the connection galleries make between mental illness and creativity and the power this creativity possesses for these artists. These galleries present the artists’ mental illnesses as an external driving force behind their creativity. In these terms, it is therefore impossible to separate an artist’s mental health from their artwork as the two are intimately connected.

It is therefore clear that Outsider Art emphasizes artists’ mental illness in order to explain the source of their creativity. The importance of this perspective is evident by the consistency with which they focus on the relationship between mental illness and creativity, both in terms of how mental illness drives artists to create and the sheer power and genius this creativity possesses. While Outsider Art’s attitude towards mental illness may at first seem naively romanticized, it is not coincidental or arbitrary; rather, the emphasis on artists’ biographies, specifically their history with mental illness, serves a purpose in legitimizing and defining the genre. An artist’s biography helps dealers and galleries determine who qualifies as an “outsider”. Focusing on an artist’s mental illness
authenticates their work and grants them outsider status. Given that Outsider Art is based on this qualification, this distinction is incredibly important for galleries and dealers (Campbell 2009). Furthermore, the artist’s mental illness guarantees that their work remain authentic and fringe despite the inclusion of Outsider Art into the mainstream art market. By guaranteeing their outsider status artists are not in danger of compromising their authenticity (Bowler 1997). Therefore, in order to protect their authenticity and guarantee the outsider status of their artists, Outsider Art galleries and dealers choose to focus on their artists’ biographies in ways that connect their creativity and mental illness.

Furthermore, two gallery employees revealed that the biographies of Outsider artists distinguished Outsider Art from other contemporary art. A gallery owner stated that whereas “nowadays in contemporary art people are interested in where artists got their MFAs or who they’re influenced by…”, Outsider Art focuses on artists and their personal stories. Outsider Art’s fixation on biography therefore helps the genre distinguish itself from the rest of the art market.

While this perspective continues to be important for the Outsider Art genre, the art therapists I spoke to reacted negatively to the fixation on artists’ history with mental illness. The art therapists I spoke to provided two reasons for disapproval: that focusing on an artist’s mental illness is stigmatizing and increases the risk of making assumptions about the artist and their work.

Several art therapists expressed their concern about how focusing on an artist’s mental illness might become stigmatizing. These therapists argued that by explicitly
picking these artists, Outsider Art uses disability as a device to authenticate their art. One therapist stated:

“I question just because someone has a mental illness, a physical disability, whatever it is-I think it’s a stigma by saying ‘here’s this Outsider Art and we’re going to have this gallery and we’re going to do all of this art—we’re going to show this art from people who have psychiatric disabilities.’ And then everybody ooh’s and aah’s, you know, and to me art is art. If it has an aesthetic quality to it that’s fabulous. If it does something to cause you to have a response then I think it’s doing its job. It doesn’t matter whether….you know, six patients from an inpatient unit do it.”

This art therapist, like many of the therapists I spoke to, criticized the use of an artist’s mental illness as a point of intrigue. According to them, galleries should take interest in their patient’s art solely for aesthetic purposes rather than focusing on their mental health. When asked if she thought focusing on an outsider artist’s identity was more problematic than providing no context for their artwork, this specific therapist continued on to say that yes, there might be more dignity in galleries providing no description of the art rather than highlighting the conditions under which it was made. From her perspective, knowing nothing about the artist would be preferable to knowing only about their mental health.

Furthermore, several art therapists expressed concern over the fact that knowing about the artist’s mental illness invites viewers to make assumptions about the artist that may romanticize or exaggerate their mental health. Art therapists worry that viewers will draw conclusions that may not necessarily be true solely based on the fact that they know the artist struggles with mental illness.

As one art therapist told me:
“...if you know something about the person...do you start making assumptions then about what was going on in the art. ‘Oh look it’s so and so, she painted this and you know, we heard she’s crazy so...’ Then it becomes easy to make assumptions....”

She went on to discuss whether viewers would even give these works of art a second glance if they did not know it was created by a psychiatric patient. She argues that it is the artist’s mental health status, not their artistic ability, which makes these works so notable. Another art therapist made a similar conclusion, stating that contrary to Outsider Art’s philosophy, the nature of viewing art is subjective as we can never really understand “what’s going on” in an artist’s head. With this in mind, it becomes infeasible to understand the artist’s mental illness solely through looking at their artwork. Furthermore, viewers’ assumptions about their mental illness risk creating false information about the artist that may embellish and exaggerate the artist’s experience, consequently creating false information and dismissing reality.

Art therapists’ fear of making assumptions is also reflected in their own practices. One therapist stated how even as therapists they are careful of jumping to conclusions about their patient’s art. She explained how the therapists employed at the hospital will ask their patients to explain their artwork to them in order to avoid misinterpretation. By asking the patient to explain their own artwork art therapists refrain from making conclusions based on what they already know about the patient. Therapists are wary of false conclusions as they create an inaccurate picture of their patient’s health and may lead to misunderstanding and ineffective treatment. For example, one therapist I spoke with used the common example of misinterpreting the color black. She stated that although many people assume black indicates depression this is not always the case.
Rather, there may have been other factors that contributed to this choice such as black being the only color paint available to the patient. Consequently, art therapists take precautions to prevent such misinterpretation.

The fact that art therapists are wary of assumption-making even in their own practices highlights a key difference between art therapy and Outsider Art; while Outsider Art places great importance on the artist’s biography, art therapists deliberately avoid letting this knowledge affect how they interpret their patients’ artwork.

It is thus clear that Outsider Art and art therapy have very different approaches to understanding the artist’s mental illness. Outsider Art has historically utilized the trope of the “mad artist” to explain how mental illness has gifted Outsider artists with extraordinary and unique artistic abilities. Furthermore, this trope is essential to the existence of Outsider Art as it guarantees the movement authenticity. However, art therapists react negatively towards this perspective, arguing that it is stigmatizing for the artists and encourages the viewer to make false assumptions about the artist and the work. As I will show in the following passages, how the viewer interprets the artwork and how one determines its purpose are also major sources of conflict.

Interpretation of the Artwork

The trope of the “mad artist” plays a vital role in how Outsider art galleries and dealers interpret the artwork they buy and showcase. As I have shown, the Outsider Art community views this artwork as a product of the artist’s mental illness; consequently they talk about the artwork as a window into the artist’s “inner world”. David Maclagan
explains this phenomenon by stating that, “….both expressive and psychotic art still tend to be seen as direct imprints of the artist’s ‘inner world’: all the more so when madness involves those spectacular contaminations of outer-world perception labeled hallucination or delirium” (Maclagan 1999:24). This art is thus portrayed as a physical reflection of the artist’s inner turmoil that can be used to understand the artist’s mental illness. While Outsider Art dealers do pay great attention to the fantastical formal qualities of this art, they also utilize what they know about the artist to interpret it.

This process of analysis is clear in how the Outsider Art community talks about these artists and their work. These discussions are rooted in the causal relationship between an artist and their mental illness; these artworks are seen as a product of the artist’s mental illness and therefore serve as a window into the artist’s suffering. This method of analysis is evident in Bruce Webb’s representation of Hector Alonzo Benavides in Raw Vision, a leading Outsider Art magazine. Webb writes, “Benavides is completely devoted to his art, and he boasts of being the most obsessive-compulsive person in the world. This can be felt in each piece, which offers a view into the mind of this talented man driven to create a world of his own, loaded with emotion and obsessive-compulsive energy” (Webb 1999:48). Webb therefore uses Benavides’ obsessive-compulsive disorder as a framework for interpreting his art, and in doing so, comes to see the art as a way to access the artist’s “world”.

This mode of analysis is not unique to Webb. For example, another author writes that Lee Godie’s “…artistic expression has the innocence of a child’s, but she would soon imbue it with all the weight of a woman who had experienced a lifetime of hardship and pain” (Bonesteel 1999:43). Lee Godie’s artwork, like Benavides’, is therefore thought of
in terms of the negative place from which it came. With this in mind, it is evident that works of Outsider Art are interpreted in terms of the viewer’s knowledge of the artist’s mental illness. These artworks are understood to come from a place of suffering and turmoil and serve as a translation for the artist’s thoughts, allowing others to understand their very personal experience.

Despite the popularity of this kind of interpretation, modern art therapists have come to analyze images in a very different way. Art therapists argue that images do not have direct translations despite the fact that Outsider Art sees works of art as a window into the artist’s “inner-world”. Although art therapists understand that the images their patients create can be meaningful, they assert that they cannot be directly translated. While images are a bridge for thoughts and feelings this does not mean that they have concrete meanings. Furthermore, it may even be harmful to the patient to give their artwork a fixed meaning as it may cause misinterpretation and inhibit the patient’s emotional and mental growth (Case and Dalley 2006).

The art therapists I spoke to described the importance of allowing for multiple meanings. For example, as previously stated, the colors a patient chooses to use are not directly correlated to their mood. A color like black, therefore, is not a sure sign of depression. Other therapists elaborated on this idea, stating that they never make presumptions about a patient’s artwork. They stated that these presumptions might be false and patients who are eager to please their therapist might confirm them to make their therapist happy.
Furthermore, the art therapists I interviewed rejected the idea that Outsider Art is a window into the artist’s “inner-world” given that the viewer does not have the necessary contextual details to understand the artwork or artist. They argue that without knowing the artist or the context in which the painting was made the artwork has no meaning. Rather than making assumptions about the patient’s emotions or the meaning of their work, art therapists strive to connect with their patients and learn more about their process of creating the work of art. For example, one therapist recounted how she deliberately talks to her patients before and after they make their art, asking them how they personally feel about their art and what they see in it. Furthermore, she described how she asks her clients to journal about their art. By helping her patients explore their emotions she helps them understand their own therapeutic journey and makes her own conclusions based on the patient’s experiences rather than her own assumptions.

With this in mind, the popular assumption that Outsider Art provides a glimpse into the artist’s inner turmoil is problematic for art therapists. While viewers of Outsider Art hope to learn about the artist and their mental illness, art therapists assert that this is impossible without knowing the context in which the art was made.

Product versus Process

Finally, and perhaps most importantly, Outsider Art and art therapy understand the purpose of this art in significantly different ways. As I have demonstrated, Outsider Art treats this artwork as an aesthetic object. For the majority of the time, galleries and dealers do not emphasize how art is therapeutic for the artist, but how the artwork is a
product of mental illness that possesses amazing aesthetic qualities. Furthermore, by entering the art market, Outsider Art becomes a product that is meant to be consumed (whether this is economically or through the viewer’s gaze).

Art therapists, on the other hand, avoid treating their patients’ art as a product and instead talk about it as a therapeutic tool. As one therapist stated, “It’s not about the aesthetics of the art, it’s not about what it’s ‘supposed to be’.” She continued on to explain that, unlike other art, works from art therapy are not meant to be turned into an aesthetic product for display. This distinction is exemplified by an anecdote one therapist told me about a young male trauma patient. She described how as the boy drew an intricate mandala she started talking about the traumatic event he had experienced. As she spoke, he became upset about the topic and began aggressively scribbling over the complex details he had just drawn. The therapist explained how her first reaction was that he had “messed up” his drawing. However, she continued on to say that as a therapist she had to correct herself and come to view the scribbles as a representation of the therapeutic process; as the drawing was not meant to be an aesthetic object there was no way to “mess it up”. Several art therapists expressed this sentiment with the same statement: “art therapy is about the process, not the product”.

Furthermore, because art is used as a tool to communicate intense emotions, many therapists argued that it is inappropriate to display art that originated from a difficult place. One therapist said:

“…I think it becomes particularly important if it was material that was really…intense for the person. Because then you can have all kinds of stuff and it may not help that individual to have their art hung. And then it shouldn’t be. Then it shouldn’t be and I have had that experience where
Another art therapist made a similar statement, explaining how she encourages her patients not to display art that was part of a long, more intense process. In this case, the art might have an powerful emotional backstory and is therefore more personal and potentially triggering.

With this in mind, art therapists explicitly disagree with Outsider Art’s treatment of this art as a product. Rather, art therapists view their patient’s artwork as a physical representation of the therapeutic process. Consequently, they refrain from making aesthetic judgements and may discourage their patients from displaying their more sensitive art.

Although both Outsider Art and art therapy are interested in the connection between mental illness and art, they have come to view this relationship in significantly different ways. As I have shown, Outsider Art and art therapy understand mental illness differently. While Outsider Art perpetuates the trop of the “mad artist” by emphasizing Outsider artists’ biographies, art therapists have reacted negatively to focusing on artists for their mental illness. Furthermore, Outsider Art and art therapy have come to interpret this art in polar ways. On one hand, Outsider Art views this artwork as a window into the artist’s “inner-world”. On the other, art therapists are wary of making assumptions about their patients’ art and argue that images do not have fixed meanings. Finally, Outsider
Art and art therapy disagree over whether this art should be treated as a product or a process. While Outsider Art treats these artworks as aesthetic objects, art therapists insist on only viewing the art as a representation of the therapeutic process.

It is therefore clear that art therapy and Outsider Art conflict with one another on multiple levels. In the following passage I will explore what strategies art therapists have used to maintain their professional authority despite the discrepancy between theirs and Outsider Art’s philosophies.
MAINTENANCE OF CULTURAL AUTHORITY

In the previous section I argued that Outsider Art and modern art therapy come into conflict with one another in several different ways. Although both organizations are founded on the belief that there is a connection between mental illness and art, they approach the subject with different philosophies. As I have shown, Outsider Art and art therapy differ in terms of their emphasis on the artist’s biography, how they interpret the artwork, and whether they treat the artwork as an aesthetic object or therapeutic tool. These differences are not trivial; rather, they have significant consequences for art therapy’s authority as a legitimate profession. By presenting a different depiction of mental illness and art than art therapy, Outsider Art challenges art therapy’s authority on the subject. This challenge is significant for art therapy as it threatens to diminish therapists’ work to that of a “quack” profession, rather than a legitimate faction of Western medicine. Art therapists must therefore diffuse this tension in order to preserve their professional authority.

In the following passages I will use Wolpe’s model of cultural authority to explain how art therapy has maintained its authority despite challenges it has faced from Outsider Art. I will argue that like Western medicine, art therapy’s professionalization since the mid-twentieth century has increased its cultural authority. In order to establish this authority, art therapy has developed professional standards that protect their profession against divergent interpretations of “psychotic art” created by Outsider Art. By medicalizing patients’ artwork and re-framing the aesthetic goals of Outsider Art in terms of their own therapeutic goals, art therapists have been able to prevent galleries
from acquiring art from psychiatric settings and have used Outsider Art to strengthen their own cultural authority.

*Professionalization of Art Therapy*

Over the past 45 years art therapy has undergone significant changes that have solidified art therapy’s status as a legitimate profession. The increasing professionalization of art therapy has spurred the creation of new professional associations and standards that align art therapy with Western medicine. Art therapy’s adherence to Western medical practices has increased its recognition as a legitimate medical practice and consequently increased its cultural authority. Furthermore, art therapy’s professionalization has instituted universal practices that allow art therapists to negate the challenges posed by Outsider Art.

Before the late 1960’s art therapy was for the most part unorganized. Although art therapy existed as its own profession, there was no formal organization for them to turn to. Art therapists would only gather at psychiatric conferences like the American Psychiatric Association and the International Society for Psychopathology of Expression (ISPE). Although the ISPE did focus on the relationship between psychiatry and artwork, it was controlled by psychiatrists and lacked a significant number of art therapist members. Art therapy was thus addressed as a faction of psychiatry in general.

Towards the end of the 1960s there was growing support for a separate art therapy association that would address professional concerns such as how art could be used as treatment. Furthermore, art therapists began to push for a professional group that would
solely be run by art therapists, not psychiatrists. Thanks largely to Myra Levick’s efforts, art therapists achieved just that with the founding of the American Art Therapy Association (AATA) in 1969. The AATA set out to cultivate professional knowledge and competence (Junge 2010). Furthermore, the AATA established art therapy as a separate practice from psychiatry and developed a stronger sense of professional identity among art therapists.

The establishment of the AATA initiated the establishment of other professional practices such as official registration and licensing. In 1970 the AATA began granting the title “Art Therapist Registered” (A.T.R) to signify that the registered individual met the standards of the AATA. As state-licensing did not exist at this time, the title A.T.R indicated that the art therapist was a legitimate practitioner. Registration also held art therapists to professional standards. First and foremost, art therapists are expected to look after the welfare of their clients. Furthermore, art therapists are obligated to protect confidential information about their clients, only use assessment methods they are qualified to use, and treat their patients’ art as sensitive clinical material. These standards have had several important effects. Clearly they insure patient care and prevent malpractice. However, they also prevent outside access by regulating confidentiality and access. Consequently, these standards frame art therapists as the “experts” and limits access to others who might have contradictory opinions. The standards required for registration have therefore bolstered art therapists’ professional identity and power.

Beginning in 1990 art therapists were required to pass a national test to obtain “Board Certified” status. In 1993 the Art Therapy Credentialing Board was formed. This board exists as a separate entity from the AATA in order to distinguish registered art
therapists from those who were accredited. Along with the establishment of professional standards, certification marked those art therapists who were truly experts and qualified to do their work. Certification therefore enforced the professional status that had been established with the introduction of A.T.Rs.

The significance of these changes is best understood in terms of DiMaggio and Powell’s explanation of professionalization, which they define as the collective definition of professional practices and methods. Furthermore, DiMaggio and Powell identify professionalization as a reaction to institutional isomorphism, the competition between organizations for resources and power. It is clear that art therapy has undergone institutional isomorphic change given its push to separate from psychiatry. By identifying art therapy as a separate profession from psychiatry, art therapists have gained legitimacy and power. The institution of registration and certification has attributed status to art therapists who are identified as experts within their field. Furthermore, these changes have aligned art therapy with Western medical practices. For example, art therapy’s ethical principles are based on those of American doctors. Art therapists uphold four of the same values as doctors (autonomy, non-maleficence, beneficence, and justice) as well as fidelity and creativity. Furthermore, art therapists’ strives to standardize their practices and organize their profession within an official association reflects Western medicine’s own professionalization and formation of the American Medical Association. These similarities have helped identify art therapy as a legitimate, rather than a “quack”, medical practice. The implementation of the AATA, A.T.R, and certifications has thus had profound consequences on the profession by increasing art therapists’ professional status and legitimacy.
The institution of professional standards and regulations has had another profound consequence for the profession of art therapy; while they have served to garner status for art therapists, they also protect the profession from other contradictory organizations, namely Outsider Art. By creating and adhering to professional practices that value confidentiality and therapy above aesthetics, art therapists have barricaded their profession from Outsider Art’s conflicting approach to psychotic art. Furthermore, the professionalization of art therapy has not only increased the authority of art therapists; it has also created standardized practices that allow art therapists to assert their authority over competing groups.

In the following sections I will outline the strategies art therapists employ to protect the professional authority they have created in the past 50 years. I will argue that by medicalizing patient artwork and projecting their own professional values onto Outsider Art, art therapists protect their profession from Outsider Art’s contradictory beliefs and maintain the authority they have deliberately constructed.

**Medicalization of Artwork**

One way in which art therapists have resolved their conflict with the Outsider Art community is through the medicalization of their patients’ artwork. By “medicalization” I refer to the process by which phenomena come to be understood and treated by medical means (Conrad 1992). While talking to art therapists it quickly becomes clear that their patients’ artwork has come to be understood through a medical framework, both in terms of how the art is talked about and protected from becoming public knowledge.
Art therapists do not solely view their patients’ art as products of creativity. Rather, they have come to use this art medically in their assessment and treatment of the patient’s mental health. For example, a patient’s artwork might be an indicator of anxieties that the patient is unable to communicate. In such a case, the artwork becomes a tool with which the art therapist can better understand their patient’s mental health.

One therapist recounted an anecdote where a client was so affected by a traumatic event that she ripped up a drawing she was working on and immediately threw it in the trash. Rather than focusing on the dramatic nature of their client’s decision, this therapist reflected on how it revealed the extent of her client’s anxiety surrounding their trauma. In this case, the therapist used her patient’s artwork as an indicator of their mental health status and was able to proceed in treating them accordingly.

Another art therapist chose to recount a particularly striking example of how a patient’s artwork might be used medically. In this particular case she was able to recognize that the patient was afflicted with an organic brain disorder by comparing his past and present works of art. By noticing that her patient’s fine motor skills were rapidly deteriorating, this art therapist was able to notify his doctors and get him treatment. Although this example is particularly dramatic, it highlights how art therapists use their patients’ artwork to understand medical processes.

This process of medicalization is also evident in how art therapists frame patient art as medical records. The art therapists I spoke with frequently referred to patient artwork as medical records numerous times and used this rationale to explain why Outsider Art was problematic. One therapist stated:
“...if someone had something that they were working through that, you know, was difficult for them...I don’t feel that it’s justified to then hang it up so other people can then delve into what they went through. That’s for them, that’s a part of their treatment. We don’t hang up people’s medical records or psychiatric records. I’m not going to hang up their artwork that they used in a therapeutic way.”

Another therapist expressed a similar opinion, saying:

“...sometimes it’s art that can be exhibited and sometimes it just needs to be part of the person’s therapy and it’s not going to go anywhere, it will be like-then it is just that, displaying the medical record. And of course we never do that so why would we then do the art.”

These statements express two important ideas. First, a patient’s artwork is equivalent to a medical record obtained at a doctor’s office. Consequently, this artwork becomes a private object that is not meant for the public.

Art therapists have successfully prevented the public from viewing these records through the institution of standardized regulations. As I have previously articulated, in 1970 the AATA created the title of A.T.R and compelled all registered art therapists to adhere to universal standards. These regulations value confidentiality and prevent the artwork from leaving the psychiatric hospital or, alternatively, give the art therapist control over who they release the artwork to. Even so, art therapists are only allowed to disclose confidential information in an event where the patient is endangered, in legal trouble, or a minor under the care of a guardian. Most of the therapists I spoke with could only distribute their patient’s artwork after having signed a release and those who worked in psychiatric hospitals were obligated to keep their patients’ artwork for seven years if the patient decided not to keep it themselves. The AATA’s institution of
professional regulations has therefore affected art therapists’ attitude towards confidentiality, specifically in terms of who is allowed access to the patient’s artwork. A patient’s artwork has consequently come to be seen as a private matter that is only meant to be seen by the art therapist and their patient.

These regulations thus approach patients’ artwork like a medical record as they grant the therapist control over the artwork and prevent the public from accessing it. Artwork for therapy is consequently distinguished from art for aesthetic purposes; while aesthetic art is meant to be viewed publically, therapeutic art is considered a private matter between the patient and therapist.

Restricting access has consequently prevented Outsider Art galleries from acquiring this artwork. Psychiatric hospitals are no longer a source of Outsider Art; rather, galleries must gather art from out-patients, previously hospitalized artists, or artists who have now passed away. While Outsider Art galleries still have access to this artwork, the disappearance of art from psychiatric hospitals is a significant loss. Outsider Art and Art Brut have historically valued this art as it was created in spaces that were isolated from mainstream society. Furthermore, many members of the community argued that psychiatric hospitals promoted imaginative thought and liberated the creative process (Peiry 2001). Therefore, although Outsider Art galleries continue to exist they are no longer able to exhibit the art they previously valued. The medicalization of patient artwork has thus been largely successful. By reframing this art as medical evidence of their mental health, art therapists now possess full control over these works of art. This process
has consequently changed the purpose of this artwork and prevented galleries from acquiring these works of art.

Appropriation and Empowerment

Despite art therapists’ efforts to medicalize patient artwork and prevent galleries from showcasing it, Outsider Art galleries do manage to obtain works of art from mentally ill artists who are in out-patient programs, have completed treatment, or have passed away. Art therapists must consequently find ways protect their cultural authority in these cases.

In order to preserve their authority, art therapists have acted in similar ways to the Western medical field when confronted with the introduction of acupuncture. Just as Western doctors present acupuncture in terms of their own theoretical framework, art therapists often use their own terminology and beliefs about exhibitions to talk about Outsider Art. Although art therapists see Outsider Art first and foremost as problematic, they often concede that displaying patient artwork might also be beneficial for therapeutic reasons and for their profession as a whole. All of the art therapists I interviewed had exhibited their patient’s artwork in one way or another. While all four chose to hang a selection of their patient’s artwork on their walls (per the patient’s request or approval), two of these therapists had also participated in a more formal exhibition. Although the purpose of these exhibitions was radically different than those of Outsider Art galleries, the art therapists I spoke to conceded that they might benefit the patient in similar ways. By finding redeeming qualities of Outsider Art and re-framing its goals in terms of their
own, art therapists are able to diffuse the tension created by Outsider Art’s contradictory philosophy and promote their own.

First, art therapists argue that displaying art, when it is not too personal or emotionally-triggering, can be empowering for the patient. The therapists I talked to argued that patients might benefit from displaying their artwork because it shows them the value of their work and gives them the opportunity to showcase something they have put work into. Furthermore, displaying a patient’s artwork allows them to share their experiences with the viewer. These therapists stated that viewers of this art might learn more about mental illness and the needs of the patient. Unlike Outsider Art, which focuses on how this art gives the viewer access into the artist’s “inner-world”, art therapists talked about how displaying patients’ artwork might be educational and de-stigmatize mental illness. Finally, the art therapists I interviewed stated that showcasing this artwork might even be beneficial for their profession as it increases awareness of non-traditional forms of therapy.

Art therapists, therefore, do not only have negative critiques of Outsider Art. They argue that displaying their art might be empowering for a patient, educational for viewers, and beneficial for their profession. However, they do so in terms of their own theoretical framework, consequently appropriating the goals of Outsider Art and restating them so that they align with their own philosophies. For example, all the art therapists I spoke to stated clearly that galleries stigmatized mentally ill artists by focusing on their mental health. However, when confronted with the fact that they cannot fully prevent Outsider Art galleries from acquiring these works of art, art therapists choose to focus on how this might become an empowering part of the patient’s therapeutic journey. Art
therapists, therefore, have found ways to understand Outsider Art in a positive way that reinforces their goals for their patients. The challenges posed by Outsider Art are consequently diffused by this reinterpretation of Outsider Art’s practices. By finding redeeming qualities about Outsider Art and re-framing them in terms of their own professional goals, art therapists are able to control their cultural authority over Outsider Art even when they cannot prevent this art from being used.

Confronted with an alternative perspective on mental illness and the arts, art therapists therefore utilize similar tactics to those outlined by Wolpe. Threatened by acupuncture’s Eastern basis, Western medicine practitioners projected their own theoretical framework onto acupuncture, consequently bringing acupuncture under their control. As I have argued, the process of art therapy’s professionalization has aligned the profession with Western medicine. Consequently, art therapists have been able to utilize similar tactics as the medical practitioners Wolpe explores. By medicalizing patient artwork and re-framing the goals of Outsider Art in terms of their own art therapists are able to face the challenges they face from Outsider Art in two ways. First, the medicalization of patient artwork has prevented galleries from obtaining these works of art. Secondly, in cases when they cannot prevent galleries from exhibiting this artwork art therapists project their values onto the exhibition and re-frame Outsider Art’s goals in terms of their own. Namely, art therapists argue that the exhibition of a patient’s artwork might be validating for a patient rather than stigmatizing. By employing these tactics, art therapists are able to preserve assert their professional authority and maintain their legitimation in the face of a threatening organization.
CONCLUSION

My research has illuminated a complicated relationship between art therapy and Outsider Art. Art therapy and Outsider Art originated from the same psychological, philosophical, and artistic trends of the mid-twentieth century. These theories supported the argument that madness and art are inherently related, consequently bringing art therapy and Outsider Art into the fold of a cultural tradition that has persisted into present day. However, as I have shown, art therapy has evolved in significant ways that conflict with Outsider Art’s philosophy. Although the two organizations once shared a similar perspective on mental illness and art, they now differ in the importance they put on the artist’s biography, how they interpret their artwork, and whether they treat the artwork as a therapeutic tool or an aesthetic object.

I have argued that these divergent approaches pose significant problems for art therapists. Outsider Art’s divergent perspective on mental illness and artwork confronts that of art therapy and therefore challenges art therapists’ cultural authority, risking their status as a legitimate profession. As I have shown, the professionalization of art therapy has not only increased the status of art therapists, but also created standardized practices similar to those of medical practitioners. These practices have allowed art therapists to diffuse their conflict with the Outsider Art community. First, art therapists have medicalized their patients’ artwork by treating the art as a kind of medical document. Patient artwork has consequently become a confidential object that is protected from public access. Therefore, while psychiatric patients were once a major source of Outsider Art, these works of art are prevented from entering the Outsider Art community and becoming an aesthetic object. Furthermore, in cases where art therapists cannot
prevent access to these works (for example when a patient has completed treatment), art therapists concede that displaying a patient’s artwork may actually be beneficial for the therapeutic process, thus projecting their own goals onto Outsider Art exhibits. By using these tactics art therapists have maintained their cultural authority.

The relationship between art therapy and Outsider Art is an intriguing demonstration of the interplay between macro-organizational and individual processes. On one hand, the professionalization of art therapy and its consequential increase in status exemplifies DiMaggio and Powell’s theory of institutional isomorphic change. In response to its competition for status and authority with Outsider Art, art therapy underwent a process of normative isomorphic change in which it professionalized considerably. This process involved the formation of the AATA, registration, certification, and the creation of standardized practices and ethical obligations. The professionalization of art therapy granted therapists a newfound status and professional authority. Furthermore, the creation of professional standards like confidentiality laws has allowed art therapists to negate the threats Outsider Art poses.

While this macro-level approach reveals how art therapy has professionalized as a whole, these changes have been executed on an individual level by art therapists who personally experience the tension with Outsider Art. My interviews with art therapists have revealed their personal frustrations with the Outside Art community and how they cope with the challenges its poses for their profession. These experiences are vital to understanding how art therapists construct their “realities” and reinforce the legitimacy of their profession. By using this social psychological approach to legitimacy in addition to that of DiMaggio and Powell, my research has thus revealed the multi-leveled nature of
this relationship. Through its professionalization as well as the efforts of individual art therapists, the profession of art therapy has been able to maintain its cultural authority despite Outsider Art’s divergent perspective on psychotic art.

It is important to consider several limitations of this research. While my interviews with art therapists revealed significant information about their profession and interaction with Outsider Art, I drew from a relatively small sample size (in total four therapists). As these therapists conveyed consistent information and opinions with one another I determined that my sample size was not a significant detriment. However, future research should include more participants. Furthermore, all of my subjects are practicing art therapists in Connecticut. Given that art therapy licensing is determined at the state-level, my subjects may have been bound to specific laws or procedures that are not in place in other states. While I do not believe that this has a significant impact on how art therapists think about their profession or its relationship to Outsider Art, increasing the variation of location might reveal interesting differences among art therapists.

While my research mostly approaches this relationship in terms of how art therapists cope with the tension created by Outsider Art, future research should elaborate on how art therapy’s professionalization has affected Outsider Art. For example, researchers might explore whether the Outsider Art community shuns art therapists to the extent that art therapists dismiss them. They may also investigate to what extent the public is aware of this conflict and whether this affects galleries.
Furthermore, my research has provided an example of how organizations navigate relationships with one another on both a macro and micro level. Future research should also adopt this multilevel approach. While a plethora of literature exists on professionalization, most of this literature focuses on changes professions undergo as a whole. Instead, researchers should also expand on how these macro-level changes are carried out by individuals. For example, researchers might also study how doctors individually fought to professionalize their practice before Western medicine was highly respected. Adopting this approach would allow researchers to fully understand the social mechanisms of organizations and their multi-leveled nature.
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