An interview with one of Australia's pioneer art therapists, Beth Stone

Jo Kelly

On a cold, wintry day in Sydney, I met with Beth Stone, one of the pioneers of art therapy in Australia. Beth is a longstanding and experienced art therapist, psychologist and author, and also a mother, grandmother and great-grandmother. In her warm house, surrounded by her artwork and sculptures, I interviewed her for the Journal, while helping myself to thoughtfully provided hot tea and scones.



Jo Kelly: I know you have a vast amount of experience, and have been involved with the therapeutic community in Australia for many decades. Tell me, how did you come to be an art therapist?

Beth Stone: I was the first art therapist at Macquarie Hospital, which was then North Ryde Psychiatric Centre. The story behind that position is that the acting superintendent of North Ryde Psychiatric had seen art therapy carried out at the Tavistock in London, where he worked for a while. When back in Sydney and at North Ryde, he placed an advertisement in the paper for an art therapist.

When I started working there, there was a male nurse facilitating what they called an art group. He would pick up each person's drawing and he would be up on the stage with the drawings and he would say, "I know what this means, I've read your file, this means such and such".

JK: Oh no.

BS: I went to Dr Maurice Sainsbury who had hired me and I said, "I can't stay. I'd love to, but I can't stay because this nurse is unethical and what he's doing to the patients is damaging. The patients won't believe anybody holds confidentiality here". So he said, "Only one of you will run the group and that will be you". And that was that!

JK: When was that? **BS:** 1971, I think.

JK: Would you have been the first art therapist in this country under that title?

BS: That I know of, yes, I think so. I was certainly the first one in New South Wales and I don't think there were any others. The Jungian Society had some people they said did art, but there was no official job. That was the first job and it still stands.

JK: I read that in your résumé.

BS: I was here with two babies, who were then in preschool, and I thought, this would be a great thing, but I'm not an art therapist, but I'll see and go to the interview. I've done a lot of psychology and a lot of art. I was always trying to figure out who I wanted to be: the psychologist or the art therapist. So I put it together. I went for the interview with Dr Sainsbury and a person from the Department of Health. The other applicants were from the Royal College of Physicians, London, and the like and I thought, I don't have a prayer here. Then they took the Sandos pictures – copies of psychiatric patients' artwork with diverse diagnoses - and they showed me all these pictures - I have them now, but at that time I didn't have them. The interview panel asked me what I thought they meant. I did a bit of an internal roleplay and started interpreting, which I would never do now! I started doing this interpreting which I would never do and that, apparently, sold it.

(Both laugh) *JK:* So you got the job! **BS:** I got the job. There was another part I was going to tell you. Yes, I think it started there but there were no specific jobs for art therapists. I was in New York, and I was 18 or 19 and had left university because my father had problems and we were traumatised in the family. I got a job at New York University, Bellevue Psychiatric Department. When you get that, you also get to have three courses free at New York University, so I started art and psychology classes and that's how I got challenged with this question of what am I going to do – art therapy or psychology.

JK: Has it been resolved?

BS: Never! I guess I put more energy into working, into being a therapist integrating the art therapist and the psychologist. I want to do more art now, but because of my health, I can't do clay work or go into a clay studio, because of the dust.

JK: I noticed you are a sculptor. Is that your area? I also see around the walls other artwork and paintings. So would you say you are a sculptor?

BS: Somewhere in my soul I am a sculptor. If I could get back into the clay, I just love it. Or even a piece of stone, but I don't have the space here. I have paper-clay outside.

JK: You are the author of the Pictured Feelings Instrument. Tell me a little of how you came to write it.

BS: I was working in Hawai'i for about nine years. I was working with a woman, Eunice, who was in the Child and Family Service. She decided she would get a grant for me from the Chamber of Commerce because she had had some experience of art therapy and thought it was effective. I was working with women and children who had been abused and who were in residential accommodation. Some children were under 8 years old. There were two teenage residential centres and one for abused women and families. There was also a school program. My job was to conduct art therapy in these places. I said to Eunice that I wanted to implement a training-treatment program so that I would have one of their social workers with me all the time in each centre. They would learn the program and I would turn it over to them. During that time, I realised people could really express themselves through imagery, whereas they could not verbally, regardless of their language skills.

Emotions are, basically, non-verbal imagery. I started drawing pictures, and many people used those. For example, I saw a mother who was Hawai'ian and married to a Vietnam veteran who obviously had post-traumatic stress disorder. He was beating her and raping her. She was getting better and better and stronger but her daughter was struggling. The daughter was oppositional in school and was disengaging. I invited her to draw, but she wouldn't cooperate, everything was 'no'. So I showed her a drawing of someone tied up in knots and asked her, "Is it anything like this?" She said, "That's it, that's it, that's how I feel". That was the catalyst, and she started drawing her feelings, and her home situation. That helped her. There was no verbal language that could articulate her experience. The drawings in the Pictured Feelings Instrument are not great drawings.

JK: But they don't have to be, do they?

BS: No, I did them quickly, spontaneously. Artist friends of mine have said that is the charm of them. People can relate to them because they could have drawn them.

JK: They are not intimidated by the skill.

BS: I have presented these at conferences. When I finally started getting it together into a document, I thought I may as well turn this into a PhD. I went to Sydney University. I had a great supervisor, but I have had four primary cancers, and I had the second and third at Sydney University. My supervisor Ros Marcom told me, "You've got to leave or this could kill you". There is stress in doing a PhD in psychology, maybe there are other PhDs that don't seem so bad, but in psychology, they are as tough as hell.

JK: I understand that. The thing I learnt was persistence.

BS: Yes, I would have completed mine but for the bloody cancers. You get that kind of discipline doing your Honours in psychology. My empirical thesis was published in the States. I did it here too at Macquarie [University]. You do a theoretical and empirical and they cannot have cross-references.

JK: So you did your initial psychology in America.BS: I did three years and did it all over again here. Believe me, if the gods have anything to say about this, then Beth was not to get any degrees!

I got pregnant at the end of my honeymoon. I was at Northwestern University and had been to three universities already. I was at Northwestern because we were transferred to Chicago. I had one year to go. One of the psychology lecturers said, "Don't come back until your baby is a little bit older, enjoy your baby", which was probably very good advice. However, I never did get to go back, as we moved here. So by the time I got here, we were living on the North Shore and my credentials were about seven years old. Macquarie was the closest university. They wouldn't accept any of my credits, even though they were from Northwestern and New York University, both really good universities. So I started again. I should have done an applied doctorate when I was in Hawai'i, as I was doing bloody lectures there. A dear friend of mine I met at a trauma conference and who lives in Canada made a valuable comment. She was a psychologist with the Mounted Police and was in Australia because the Mounties were in Timor. We became very close. She said to me, "Beth, you may not have a PhD, but you have produced something people can use. Nobody has ever opened my PhD except to examine it".

JK: What changes have you seen in the profession since you began in Australia?

BS: Well, I've seen more people become art therapists! There weren't any! More training courses and more graduates.

JK: Jill Westwood wrote her thesis in 2010 on mapping the emerging shape of art therapy education in Australia. For me, the interesting thing is the rise of the vocational educational and training (VET) courses that exist in Australia, which produce graduates. How important is postgraduate training?

BS: I think it is very important, because you do not get the depth of training otherwise. You've probably had this experience. When I first went to university, I thought, this is going to be fantastic! I'll sit at the feet of these brilliant people and learn so much, but that didn't happen.

JK: No.

BS: I managed to get two art therapy unit courses into Sydney University Health Sciences Department at Lidcombe. They were repeated for three years. They were two postgraduate units. One was foundational and the other [taught] processes for survivors of trauma. I was developing another unit on family therapy, which I am also trained in, but there was a change in regime and that was the end of that.

JK: Hmm, that's what happens, doesn't it? BS: Yes.

JK: How important is research?

BS: Ha ha, very important!

JK: As a psychologist, do you have a view on what kind of research is most valuable?

BS: What do you mean by what kind of research, experiential versus theoretical?

JK: The old qualitative–quantitative debate.

BS: I like both. I guess I'm supposed to say qualitative, but I tell you what, doing statistics is meaningful. One has to in psychology, even if you do a qualitative thesis. You need the statistics to understand the literature. There is a big difference between people who write these fluffy papers. I wonder, where's the basis, where's the ground? It helps a lot to have the numbers as well as differences in, and between, groups.

JK: There is a growing number of individuals undertaking research at doctoral level, and there have been recent systematic reviews undertaken, so the body of research is growing.

BS: Are there statistics in these?

JK: Yes, in some, and you are right, there has to be more [use of] mixed methodologies to capture the process but also the validation of the numbers and outcomes. That's what people understand as well.

BS: It is ground to stand on, too. There are thousands of pictures out there in the world but these [referring to the Pictured Feelings Instrument] are empirically validated.

JK: The last question is, how important is a professional association?

BS: Well, obviously, it is quite important. Professionals need the support and the identity that goes with it. I mean, anyone can walk around and say they are something, that they are an art therapist or a music therapist, but if they don't have qualifications that somebody acknowledges and verifies as real, then it is problematic. All the professions I can think of have associations. JK: It is about lobbying and advocating for the profession, and the development of the profession is determined by the collective membership. Well, thank you so much for your time, Beth, and the scones were delicious!

Beth Stone's biography

Beth A. Stone – Registered Psychologist, Graduate Diploma, BA(Hons) Psychology, Macquarie University, MAPS, AATA.

Beth has been in practice for more than 37 years in both Australia and the USA, specialising in non-verbal and arts therapies. In 1971 she was the first art therapist employed by the New South Wales Health Department, a position that still exists at Macquarie Hospital. Beth uses visualisation, imagery, journeying, drumming, and various techniques of Gestalt therapy in her psychotherapy practice.

Beth's specialty is therapeutic intervention for people who have suffered trauma, including – but not limited to – Vietnam War veterans, indigenous Hawai'ian women who have undergone sexual and psychological abuse, adult survivors of child abuse, and sufferers of serious physical illnesses, particularly cancer.

Beth is passionately committed to her work in psychology, and has actively contributed to the developing body of knowledge in the fields of art therapy, trauma psychology and nonverbal communication. She is the author of the Pictured Feelings Instrument (PFI), published by the Australian Council for Educational Research (ACER), and has taught art therapy graduate courses in the USA and in Australia. In addition, Beth has presented at many conferences, both in Australia and internationally, and has been well published in peer-reviewed publications worldwide.

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