


A House in Tension: Boundary Spanning and Resistance in the Origins of North American Art Therapy

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<https://www.doi.org/10.5209/arte.99362>

Recibido: 29/11/2024 • Aceptado: 02/03/2025

Abstract: This article traces the origins of the art therapy profession in North America, beginning with its early 20th century forerunners whose influence branched across the continent and subsequent generations that produced the uniquely multicentered, pluralistic nature of the field today. Born in the boundary-spanning, overlapping domains of art, education, and psychology, art therapy was formed in the turbulent exchange of dominant and resistant energies that characterize social ecotones. Such tensions can harden boundaries or make them more permeable for creative adaptation. Polarizing conflict that arose in the founding of the profession in North America is examined within the context of art therapy's hybrid nature, which may illuminate similar struggles that have accompanied art therapy throughout the world. Origin narratives are a source of valuable insights for art therapists: for locating the lineage of their own professional identities and for letting go of that which no longer serves in order to open up spaces for new possibilities.

Key words: art therapy, history of the profession, ecotone, resistance, polarization, professional identity

ES Una casa en tensión: Cruce de fronteras y resistencia en los orígenes de la arteterapia en Norteamérica.

Resumen: Este artículo rastrea los orígenes de la profesión de arteterapia en Norteamérica, comenzando con sus precursores de principios del siglo XX, cuya influencia se extendió a lo largo del continente, y con las generaciones posteriores que dieron lugar a la naturaleza pluralista y multicéntrica que caracteriza hoy al campo. Nacida en los dominios interconectados y transfronterizos del arte, la educación y la psicología, la arteterapia se conformó en el intercambio turbulento de energías dominantes y resistentes que caracterizan los ecotonos sociales. Tales tensiones pueden endurecer los límites o volverlos más permeables para la adaptación creativa. El conflicto polarizador que surgió durante la fundación de la profesión en Norteamérica se examina aquí en el contexto de la naturaleza híbrida de la arteterapia, la cual puede arrojar luz sobre luchas similares que la han acompañado en distintas partes del mundo. Las narrativas de origen constituyen una fuente valiosa de reflexión para los arteterapeutas: permiten ubicar la genealogía de sus propias identidades profesionales y desprenderse de aquello que ya no sirve, abriendo así espacio a nuevas posibilidades.

Palabras clave: arteterapia, historia de la profesión, ecotono, resistencia, polarización, identidad profesional

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Cómo citar: Kapitan, L. (2026). A House in Tension: Boundary Spanning and Resistance in the Origins of North American Art Therapy. *Arteterapia. Papeles de arteterapia y educación artística para la inclusión social*, 21 (Especial), 25-32. <https://doi.org/XXXXXX>

1. Introduction

As the profession of art therapy moves through the world, it is continuously shaped and reshaped to meet the particular needs of each society and systems of care it encounters. Every art therapy community develops narratives to explain its origins and sources of knowledge. These are passed on to successive generations who revise and elaborate them further, branching out into webs of influence across time and space. Art therapists come to identify with the profession through these narratives and use them to locate themselves; to imagine how things once were and have changed or stayed the same; and to gain insights into where certain ideas came from, what and who gained credence, and why.

The profession of art therapy originated in the United States and Great Britain at a time when psychoanalytic ideas dominated mental health care (Rubin, 2016). As Gantt observed (as cited in Gantt et al., 1997, p. 31), “we constructed our house on the foundation laid by Freud.” However, the record shows that our identity was never quite so fixed. To acknowledge these origins in the profession’s journey to present-day Spain, I was invited to provide a narrative account of early art therapy history in North America for this article. I begin with a group of remarkable women, all born in the first two decades of the 20th century, and trace their impacts on a subsequent generation of art therapists. As I will argue, ours was a “house in tension”—its foundation built upon a turbulent exchange of dominant and resistant energies that produced art therapy’s hybrid nature. To understand these dynamics, I locate art therapy within a *social ecotone*: an in-between place where different systems or social habitats intersect and generate new ideas, practices, and even entire professions from the spanning of their boundaries. Insights from the historical record of North American art therapy will illuminate how the tensions of the ecotone can harden into binaries and unresolved conflict. Alternatively, such tension can further creative adaptation and a reworking of boundaries that open up inclusive spaces for diverse, new possibilities to emerge.

2. Forerunners/Early Influencers

Although people have turned to the arts for healing throughout human history, the modern roots of art therapy can be traced to the early 20th century in Europe and North America when psychoanalysis vividly captured the imagination of the public. Freud’s theory of the unconscious, revolutionary at the time, forever changed how people understood the human mind and its role in shaping development, culture, and society. New psychoanalytic views on art developed after the publication of Freud’s *Interpretation of Dreams* (1899/2010) and his psychoanalytic essay on Leonardo da Vinci (1910/1989). By the 1920s, psychologists, educators, art historians, and artists were debating how their fields might be interrelated (Davidow, 2018). In North America, New York City emerged as a global center of this discourse.

One subject that arose from the intersection of psychoanalysis and art was art therapy, first articulated by Margaret Naumburg, a progressive educator who had been taught by John Dewey and Maria Montessori. As early as 1917, she argued that art was an important conduit for free expression in children (Davidow, 2018). Although Naumburg is regarded by many art therapists as the “mother” of the field in North America and its psychodynamic orientation, they may not know about her deep roots in the modern art world. Naumburg lived in bohemian Greenwich Village and had close ties to New York City’s avant-garde, having in her social circle such artists as Arthur Dove, Georgia O’Keefe, and Alfred Stieglitz, her husband the writer Waldo Frank, and poet Melville Cane who was married to her sister. Rosenfeld’s 1924 book of essays on the rising modern art movement included a profile of Naumburg that identified her as a modern artist who was committed “neither to stone nor pigment, tone nor words” but rather to the “human being as a medium of expression” (as cited in Davidow, 2018, p. 80).

Whereas Naumburg’s focus was on psychoanalytic aspects of art, her older sister Florence Cane was an artist and art educator who worked from an intuitive, transpersonal perspective (Franklin, 2016; Wix, 2000). Cane emphasized the creative process over problem solving and believed that technique followed from feeling. She did not endorse directing people in their art making nor offering symbolic interpretation (Wix, 2000). Both sisters underwent Jungian analysis; for Cane, Jung’s psychology provided an important foundation for her view that contemplative art making served a wholistic function of uniting body, mind, and spirit (Cane, 1951/1983; Franklin, 2016).

New York City also generated the Harlem Renaissance movement during the same era. Harlem was a major cultural center for African Americans migrating from the U.S. South and seeking a better standard of living and relief from racism. Writers, poets, visual artists, and musicians converged there to produce new, innovative artistic forms. Augusta Savage, a prominent sculptor, helped establish the Harlem Art Guild in 1935 and the Harlem Community Art Center. Georgette Seabrook Powell, born in 1916, studied at the center before being accepted into New York’s prestigious Cooper Union Art School. She was selected to be a master artist for a Federal Arts Project mural at Harlem Hospital (Boston & Short, 2006). Powell combined art and Black activism in her mural work, which she brought to her art therapy studies in 1958. Her artistic vision of art therapy was rooted in community advocacy work (Boston & Short, 2006).

A fourth figure to emerge from this confluence was Edith Kramer, an artist and art educator who had grown up in the thriving center of psychoanalysis of 1920s Vienna. Kramer fled Jewish persecution and relocated to New York City in 1938 (Junge, 2016). A key influence in her life was her teacher Friedl Dicker-Brandeis, with whom she taught art before emigrating. Dicker-Brandeis was educated in the German modernist art movement known as the Bauhaus and had studied with such European artists as Paul Klee, Vassily Kandinsky, and Johannes Itten. According to Wix’s (2009) research, Dicker-Brandeis applied the Bauhaus aesthetic of artistic empathy when teaching art to children at the concentration camp of Terezin, knowing that it could help them with their extreme psychological distress. Dicker-Brandeis’s belief in the living power of art was acknowledged by Kramer, who said that “nobody on earth could have given me what she did—an understanding of a thing’s essence and the rejection of lies and artificiality” that degraded the human spirit (as cited in Wix, p. 158).

A final forerunner in North American art therapy from the same generation is Mary Huntoon, which shifts the historical geography from New York City to the center of the continent and the famed Menninger Clinic of Topeka, Kansas. After her studies with fine artist Robert Henri at the Art Student League in New York City in the 1920s and 5 years in Paris, Huntoon returned to her native Kansas to work for the Federal Art Project

during the 1930s (Wix, 2000). She was hired by the Menninger Clinic where she established a studio-based art therapy program. Similar to Florence Cane, Huntoon's theories were rooted in an artistic philosophy that believed a synthesis occurs when painting and contemplation are practiced together. Based on her close observations of hospitalized patients, Huntoon believed that healing was inherent in art through both its process and resulting products. Notably, when Naumburg visited the Menninger Clinic in 1938, she met with Huntoon, who described her working methods to Naumburg as the "dynamics of art therapy." According to Wix (2000), fellow Menninger art therapist Bob Ault believed that Naumburg "borrowed" Huntoon's term when she published her seminal text, *Dynamically-Oriented Art Therapy* (1966).

That the Menninger Clinic was the site for art therapy outside of the New York art scene is no accident. Founded in 1919 by Karl Menninger and his father in the unlikely locale of Kansas, the clinic was the first psychoanalytic hospital in North America (Timnick, 1990). Karl Menninger was ahead of his time in his commitment to destigmatizing and actively treating mental problems. In addition to psychoanalytic methods, the clinic created interdisciplinary teams of social workers, nurses, psychologists, and occupational therapists who worked together to provide socio-environmental treatment. Menninger added art to this mix, stemming in part from his enthusiasm for collecting art objects used in healing (Spencer Museum of Art, n. d.).

By the late 1940s, art therapy practice was emerging in the post-war expansion of psychiatric care in North America. Art therapy came to Canada at this time with Martin Fischer, a charismatic psychiatrist who had trained with Freud in Vienna and fled Nazi persecution. He first used art therapy at a Toronto psychiatric hospital in 1947 and began developing a national vision for the profession, founding the Canadian Art Therapy Association 30 years later in 1977 (Fischer, 1991). At the Menninger Clinic, art therapy was pioneered throughout the 1950s and 1960s by Bob Ault, Don Jones, and Charles Anderson, a visionary Black art therapist. The field migrated with Jones to the U.S. Midwest when he began training a new generation of art therapists in Ohio. Wayne Ramirez, an art therapist of Puerto Rican descent, helped establish the nation's first art therapy association in the nearby state of Wisconsin (Potash & Ramirez, 2013) after he relocated from Philadelphia to work at Milwaukee Psychiatric Hospital.

3. Webs of Influence on the Next Generation

The forerunners of art therapy influenced the development of the theories and practices that comprise the uniquely multicentered, pluralistic nature of North American art therapy that was to come. For example, early art therapists who trained in New York were exposed to the teachings of Naumburg and Kramer, either directly or from faculty who claimed them as mentors. Naumburg's 1956 lectures drew the interest of Elinor Ulman, an important figure in U.S. art therapy who later founded a training program at the George Washington University (University of Pennsylvania, n.d.). Many art therapists who were working to establish art therapy in school settings were guided by Kramer's and Cane's published texts. Years later, when Franklin (2016) described transpersonal approaches to art therapy, he traced their roots to the Jungian and holistic practices of Florence Cane. A generation of Black activist art therapists aligned their work with Powell's legacy and the social protest artists of the U.S. civil rights movement, and included Lucile Venture, Sara McGee, and Cliff Joseph who, with Powell, was present at the formation of the American Art Therapy Association (AATA) in 1969. These art therapists resisted dominant frameworks of art therapy and worked to make art therapy accessible to socially marginalized communities (Potash, 2005), a legacy that endures among many contemporary art therapists today.

North American art therapy continued expanding geographically in the late 1960s and 70s, owing to the counter-cultural turmoil of the times and the rise of the Human Potential Movement. At the geographic center of the movement, Helen Landgarten established in 1976 the first art therapy training program on the continent's west coast. Psychotherapists were experimenting with new approaches that derived mostly from humanistic psychology, which had developed in reaction to the dominance of psychoanalytic and behavioral psychiatry. In addition to phenomenology and existentialism, early origins of humanistic psychology trace back to Otto Rank, a close associate of Freud who focused on the here-and-now, emotional-relational force of psychotherapy (Rank, 1924/1994). Freed of Freudian theory, the psychology of art and visual perception evolved via another mid-century emigree from Nazi Germany: Rudolf Arnheim, who applied Gestalt principles of wholeness and phenomenological sources of knowing to the study of art. Arnheim mentored art therapist Shaun McNiff (2007), giving the field another trajectory in North America that was counter-cultural to art therapy's psychoanalytically-oriented forerunners.

A major influence that helped facilitate these and other expansions was the *Bulletin of Art Therapy*, the profession's first journal founded by Elinor Ulman in 1961. Envisioned as a means to advance discourse and connect art therapists across the continent, the *Bulletin* also worked to solidify the field's boundaries. In the journal's second issue, Ulman set out to explain that "some artists put the emphasis on art and some on therapy" (p. 11) and that Naumburg was the spokesperson for the latter group, whereas Kramer was the preeminent representative of the former. Ulman then described Naumburg and Kramer's views as opposite ends of a spectrum: "By Naumburg's recent definitions, Kramer is an art teacher rather than an art therapist. Into Kramer's ideological scheme, Naumburg fits as a psychotherapist, not an art therapist" (p. 12).

Ulman's characterization had a significant impact in at least two respects. First, she elevated Naumburg and Kramer as art therapy's main theorists and used the journal's power of dissemination to promote this view. Though Ulman may not have known about the equally influential forerunners of Powell and Huntoon, nor valued the contributions of Naumburg's sister Florence Cane, both they and the broad diversity of the emerging field were marginalized or erased by this act. Secondly, to clarify the ambiguity found in the

overlapping domains of art and therapy, Ulman constructed art therapy as a binary. Over time, her description was further reduced into a shorthand of “art in therapy” and “art as therapy” comprising two opposing poles around which art therapists would come to identify and define their practices. In her historical account of U.S. art therapy, Junge (2016, p. 14) wrote that “from this split began the great argument—with noisy proponents on both sides—which would dominate the field for decades.”

4. The Great Argument: A Traumatic Origin Story

In 1968 Texas art therapist Felice Cohen, along with 50 other art therapists from across the U.S. and Canada, accepted an invitation by Myra Levick to attend a meeting at Hahnemann Hospital in Philadelphia. Menninger Clinic art therapists Ault and Jones had been talking with Levick for some time about the need for a professional association that would not be dominated by psychiatrists and the hierarchies of the medical establishment. Cohen wryly recalled how she learned at the meeting that “we’d all been doing something called art therapy but we didn’t know it” (Corbit, 1994, p. 247). It seemed to her that Naumburg, Kramer, and Ulman “thought there was no need for any art therapy association because *they* were the art therapists of the United States” (p. 247, emphasis added). In response, Cohen proposed a five-member committee to create an association constitution and bylaws. In Ault’s recollection (Junge, 1994a), Naumburg pounded her cane on the floor in vehement disagreement and stormed out when she was not voted onto the committee.

The American Art Therapy Association (AATA) was founded the following year, in 1969. Cohen recalled that “there was a terrible fight . . . an absolute split” (Corbit, 1994, p. 247–8) at the time. Some felt an urgent need to define art therapy in order to not be subsumed into the field of occupational therapy that was dominating the psychiatric hospitals where many art therapists were employed. Others sided with Ulman, Kramer, and those who felt that emerging definitions and diversity would be crowded out in the rush to organize the profession. As recorded by Ulman (1970), acrimonious controversy came to a head at AATA’s first conference, when Wayne Ramirez formally objected to proposed standards that narrowed the definition of art therapy, required a master’s degree, and privileged work experience in a psychiatric setting. Art therapists in educational and community settings would be marginalized as a result. Heated debate went on for hours into the night. The new standards were approved at last by the remaining attendees who had not already left the room and over the objections of those who viewed the meeting as a failure to advance an inclusive vision for the field.

Over the ensuing decades, the bitter conflict and divisiveness that broke open at that 1970 meeting was often recalled by many art therapists who were in attendance. Junge described the event in her writing of *A History of Art Therapy in the United States* (1994b) and both she and several of her peers mentioned it in their published reflections on AATA’s 25th anniversary. Founding member Judith Rubin wrote that at the time “I wondered whether I really wanted to be a part of this noisy group” (as cited in Junge, 1994a, p. 177). She was not alone. As recently as 2016 (Potash et al. 2016), Ramirez revisited the conflict and its effects on colleagues who left that night—and art therapy altogether. How might have art therapy’s evolution been different had there been room for different visions and expressions from the many art therapists who were disenfranchised and lost to history?

As a member of the “second generation” of art therapists who were trained by the founders of AATA, I heard retellings of the story, often flavored with remarks about the egos and strong personalities involved in that fight. Naumburg’s elitism and disdain for versions of art therapy that were not her own were well known (see, e.g., Agell, 1994; University of Pennsylvania, n.d.). When I first read Junge’s *History*, I believed she had wrongly conflated the origins of art therapy with the founding of AATA. Unaware of Ulman’s role in the matter, I was critical of how Junge had aligned Naumburg and Kramer with two dominant schools of thought while leaving out the lineages of Black and Hispanic art therapists, humanistic and school art therapists, and many others. However, I have since reassessed Junge’s work in light of the biases of historical research and the scant documentation she had to work with at the time. I also came to detect the presence of *repetition compulsion* in the narrative, a psychoanalytic term that refers to how a traumatic event in early life becomes central and endlessly repeated. The history of North American art therapy is entangled with the story of the profession’s difficult birth, its suppressed and missing perspectives, and recurrent splits and polarized debates that marked its development. Similar stories of art therapy’s historical struggles to define itself are found throughout the world (Kapitan, 2023).

Vivian and Horman (2015) noted that a traumatic origin story can have a lasting impact on any organization’s culture and psyche, leaving it open to reproducing dynamics that prevent its healing from traumatic events. The collective may incline toward intense emotions, extreme language, and reactivity seemingly from nowhere. Denial that the trauma still exists may protect people in the short term but can leave them vulnerable to recurring events that trigger fears and anxieties from the trauma of the past that brings up unresolved pain. For example, after fresh controversy arose in AATA in 2006, Ault found himself remembering a remark Ulman had made to him decades earlier by which she justified the acrimony and discord, saying that “things were better when they were forged in fire” (p. 90). Organizational culture becomes unfeeling toward its traumatic history except in the common retelling of its wounding.

Terrif (2006) found that origin narratives often mix historical fact with legends, fiction, and myths. Emotional memories attach to historical figures, like Naumburg and Kramer, who then are woven into collective folklore, becoming larger-than-life icons. Having put forth a vision of art therapy and passionately committed to shaping it into a profession, they are intimately bound up with identity: theirs and all who are attracted to their creation. The same principle applies to the resisters and counter-cultural icons of art therapy. As archetypes to be emulated, these various historical characters come to embody characteristics of professional identity.

The narratives, symbols, rituals, and practices they pass on to others convey what it means to be an art therapist, who we should be, and how we should behave. In this way, the past is always in the present.

5. Boundary Work in the Art Therapy Ecotone

The history of North American art therapy is a story of migration: the movement of people and ideas over time and space, resistance and the erection of barriers to that movement, and the spanning of differences by which art therapy can be sustained, grow, and evolve. Conceived in the intersections of psychology, education, the arts, and healing, art therapy's narratives are infused with the language of who or what does and does not belong within its scope (Kapitan, 2023). To deal with the uncertain boundaries of these overlapping domains, early art therapists felt the need to fix their identity, as Ulman (1961) did, by defining art therapy in binary terms. That is, as *this* or *that*—art versus therapy, clinic versus art studio, direct versus spontaneous art making, etc.—and gravitating toward one or the other domain instead of the ambiguous middle of their overlap. These and similar dichotomies have emerged wherever art therapy is introduced (Kapitan, 2023).

In the natural world, the place where two or more habitats overlap is called an *ecotone* (Figure 1). Wetlands and estuaries are ecotones that occupy the place between land and water, for example. But ecotones also describe overlapping cultural and social habitats, such as found in the gradual transition from urban, suburban, and rural locales; between the newly-arrived and the well-established or first, second, and third generations of art therapists; in the interdisciplinary composition of a team working together in a large psychiatric hospital, school system, museum, or other place of employment. Every encounter between an art therapist and a client or patient produces a micro-ecotone of interactions across the boundaries of their respective social worlds.

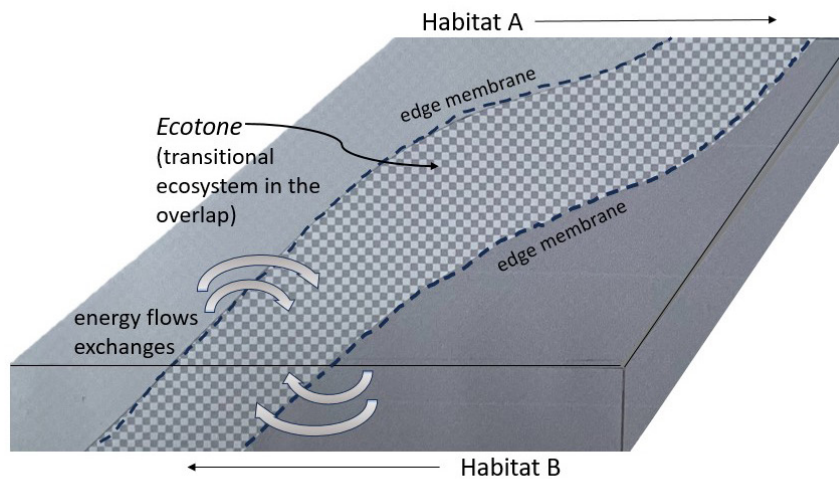


Figure 1. Structure of an Ecotone

Because they can access the resources of more than one habitat, diverse species and people are attracted to the ecotone, making it a kind of biodiversity crossroads. At the same time, living together and sharing resources produces flows of heightened energy that generate tension and instability. In fact, the word *ecotone* derives from the Greek *eco*/house and *tonos*/tension (Seidman, 2009). A “house in tension” provides fertile ground for both creative adaptation and resistance as boundaries once thought to be stable become disrupted and blurred. As Figure 1 suggests, relationships in the ecotone are constantly unraveling and reconfiguring themselves. Over time, a hybrid may emerge from the overlap: something that is neither art nor therapy anymore, but an entirely new being called art therapy.

As I have written elsewhere (Kapitan, 2023, 2026), art therapists can examine their hybrid nature by considering the mangrove (Figure 2). No longer trees that live on land, mangroves are hybrids that evolved to live at the very edge of the sea in the constant ebb and flow of the tides, sudden flooding, and even hurricanes. To survive, they hold on by growing their roots horizontally in an extensive system of intertwining stems. If any one stem is broken, due to the pressures of changing conditions, their entangled connections keep them rooted all the same. Connectivity and adaptation are essential because, like many art therapists, their place is neither fixed securely nor assured: they must constantly negotiate, changing their position and altering their shape in response to the unceasing movement of their environment. In North America and the United States in particular, the health care system where art therapy took root has always been turbulent and constantly changing: from the large public psychiatric hospitals in art therapy's early history to community mental health in the 1980s, the shift of funding to private insurance and evidence-based health care in the 1990s, and the scramble for occupational licensing and pressures from the growing dominance of professional counseling in the 2000s and today, all of which have shaped and reshaped art therapy practice over time.

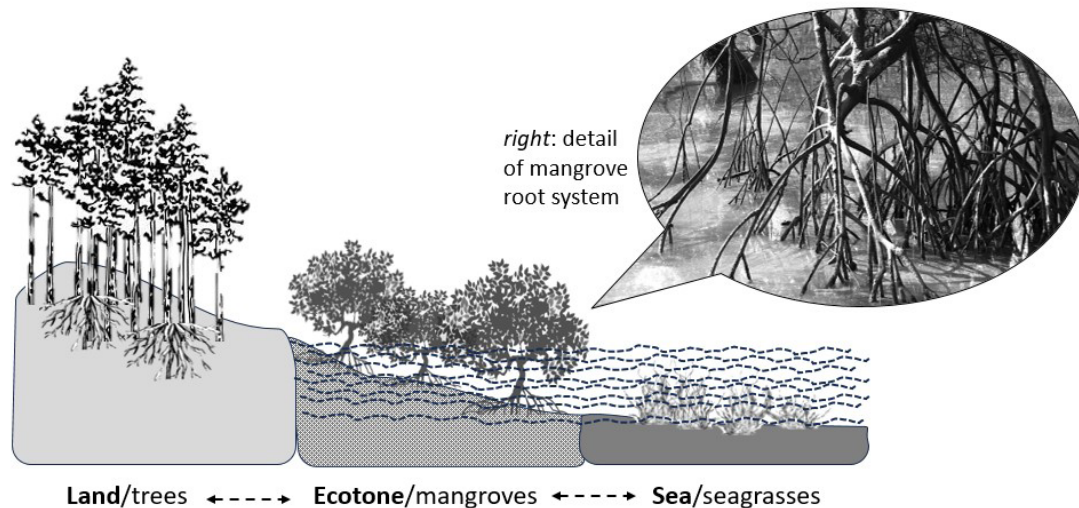


Figure 2. Mangroves as Hybrids in a Land-Sea Ecotone

Revisiting the traumatic origin story of AATA's founding, one can understand the urgency that art therapists working in psychiatric hospitals felt in defining and securing their place while fearing they would become absorbed by better-resourced occupational therapists who, in turn, were positioning and repositioning themselves in relation to psychiatrists and social workers (Potash et al., 2016) in complex power arrangements. The AATA members who resisted the push for definition were likewise trying to locate themselves in the ecotone, but sought more open, permeable boundaries that could connect and shift with different social priorities along the margins of practice. The concept of the ecotone not only helps illuminate art therapy's hybridity but also provides insight into how resistance, innovation, and alternative trajectories come to be through the tensions and interactions that occur in whatever social systems art therapy tries to find its footing.

I have reflected on my own straddling of habitats throughout my career as an art therapist (Kapitan, 2025, 2026), gradually becoming a hybrid myself. Like many art therapists elsewhere, I had to travel to a distant place to receive my training and then return home to figure out how to root this unknown profession in my own cultural habitat. I struggled to bridge seeing my work through the classic psychoanalytic lenses I had been taught and the distinctly different needs and psychological traditions of my home locale. My art therapy identity, skills, and worldview transformed with each new context I encountered. Vestiges of my experiences remained or disappeared in the practices of art therapists I trained, while they, too, traversed and adapted to new habitats. Ideas that were held in common helped establish uniformity for the field, while new knowledge and practices arose from the place-specific needs of the locale, displacing that which no longer fit. Collectively, such transformations over time and space have produced a stunning diversity of theories, practices, and more than 50 post-university post-baccalaureate diploma and master's level training programs throughout the United States and Canada today.

However, this is not the only story. As revealed in the historical record, liminal spaces can get tidied up, their messy complexities reduced or separated into binaries. Structures are added and firm boundaries drawn in hopes that they will keep everything in their proper place. When new ideas and knowledge arrive, they are received mostly in relationship to existing ideas and knowledge; new people or cultural practices relative to established and dominant culture (Kapitan, 2023). Then come polarizing arguments for and against blending in or overstepping boundaries that could disrupt prevailing powers and authority. In the contact zone, transgressive activity puts pressure on existing borders and serves to stretch them. Having encroached on the habitats of dominant professions while carving out a space for art therapy, art therapists know well the systemic reactions that can occur when their boundary-stretching presence is detected.

A "house in tension" means there is an intensive transfer of energy going on between the overlapping entities of the ecotone. A hybrid may emerge but never without complex power dynamics. The arrival of something new always disturbs the status quo, the known and familiar of who or what belongs and who or what does not. Do we invite it in? Or refuse and resist it? After all, sometimes the boundary crosser is an unwelcome invasive species that colonizes the overlapping habitats and disperses itself through the power of its competitive advantages. Colonizers take control of a habitat to exploit its resources while extending their way of life to those it subjugates, often by establishing a monoculture. As reflected in the historical narrative described in this article, when people hold a monocultural worldview, they cannot experience the difference between their perceptions and those of people who are different from them, with different needs and priorities (Bennett, 2004). However, with greater awareness of the ecotones that art therapy inhabits, it becomes possible to perceive pathways that span these differences with co-created, alternative definitions and practices that meet the requirements of these differences. Belonging is facilitated when differences are connected and allowed to co-exist.

In their process of professional socialization, art therapists everywhere receive beliefs and theories formed in the past. I would argue that the binaries used to define the field are a vestige of a colonizing lens embedded within art therapy's Euro-American origins. Rather than be dominated by this legacy, we can place the legitimacy of multiple knowledges at the center of our narratives. Making this shift is essential to those who carry unequal burdens of histories that render them invisible and at risk of being colonized or displaced (Kapitan, 2023). Their resistance should alert art therapists to constantly reexamine their power, cultural humility, and the availability of permeable boundaries. As bell hooks (1989) contended, the notion of "home" in a changing world can dramatically transform when minds are decolonized and opened to new, radically expanded possibilities.

6. Conclusion

This brief account of the history of North American art therapy is, of course, partial and incomplete. It is more descriptive of U.S. origins than those of Canada, due to the greater availability of published U.S. accounts and the entanglement of Canadian art therapists with AATA's founding and the influence of the field's early texts. It is one perspective, limited by my positionality as white woman from the U.S. Midwest who entered the field in the early 1980s and had access, through my academic role and leadership in AATA, to the thinking and mentorship of many early art therapists. I experienced polarizing debates and have witnessed their recurrence in many habitats throughout the world where art therapy has been working to establish itself. Understanding the nature of art therapy as a boundary-spanning hybrid, I believe, can help settle the tensions that accompany the profession's birth. In a social ecotone, a moderate degree of tension can be welcomed as a catalyst for creative adaptation.

To help art therapists place themselves in the field and locate their own ancestors and lineages, oral and written histories need to be revisited and viewed with fresh eyes. In every generation, forerunners and pathfinders give us the gift of seeing a new horizon not seen before. Groundbreakers help create the conditions that allow art therapy to adapt and grow. Innovators de-center and displace older versions of art therapy with new developments to fit the times. And in every history, there is an honorable place, too, for dissidents who are vocal in their resistance. Origin narratives serve art therapy as a source of valuable insights when they are thoughtfully put into context, their iconic characters rehumanized as fellow journeyers.

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