The Past and Present Story of Art Therapy in Slovakia: A story that is beginning to be told…

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Abstract:
This article brings the author´s personal experience of training in art psychotherapy at a British university and returning to her home country Slovakia. The article presents the historical context of Slovakia on political, social and psychological levels and the impact of these factors on the development of art therapy. Art therapy training in Slovakia is scoped from early beginnings to the present day, mentioning organisations and individual people´s contributions to contemporary art therapy. The author scrutinizes the place of art therapy in the Slovakian mental health system and is questioning of the current understanding of art therapy within Slovakia. The article is concluded by a discussion about the future of the art therapy profession in Slovakia and the task of finding possibilities through the author´s personal engagement.

Key Words:
Art therapy, Training, Slovakia, Political change, Professional recognition.
Introduction

This article is both a personal reflection and a ‘note from the field’ concerning my experience of training at a British university and returning to my home country, Slovakia, where professional development lags behind that of other European countries.

My path to art therapy seemed to me to be based on coincidence. However, looking back, I am now beginning to see it as a result of my personal growth within the influence of two cultures: the land of my birth and that of the United Kingdom. Before studying Art Therapy at Goldsmiths University in London, my knowledge and experience characterised art therapy as a form of diagnostic or supportive treatment, based mostly on drawing tests and art therapy techniques. However, the psychodynamic framework of my training changed my perspective completely. Through my growing knowledge and experience of psychodynamic and related art therapy theories, I began to appreciate the role of an art therapist, the therapeutic relationship and the function of art making in therapy. Clinical practice and associated supervision further bolstered my development.

After I graduated, I worked for a year within the NHS at a variety of primary and secondary schools in deprived areas in London. The following year, I moved back to Slovakia. My time since has been spent developing art therapy projects in primary schools and organising various public art therapy activities with Artea, a non-government organisation (NGO) based in Slovakia. My interest in art therapy with children who have emotional and behavioural problems, led to a research study proving effectiveness of art therapy in schools and just recently I gained a doctorate degree.

Despite the great efforts being made, the story of art therapy in Slovakia is still more or less a story of individuals. In this article, I would like to describe the social context that ‘gave birth’ to the development of art therapy in Slovakia by presenting the stories of the key people involved.

About Slovakia

To understand the current situation regarding art therapy in Slovakia and why its acceptance is still dependent on individuals and on their efforts, it is important to have an understanding of the historical context of the country. I will give a brief outline of
Slovakia’s formation as a new independent country, including the powerful influence of the past totalitarian regime, and on the development of psychotherapy and the Department of Curative Education there.

Certain events are considered significant milestones in the Slovakia's recent history. The Velvet Revolution in November 1989 brought the fall of the Communist regime and the establishment of the independent Slovak Republic in January 1993, facilitating a Czechoslovakia national split into the Slovak and Czech Republics. Before 1989, Czechoslovakia was a part of the Eastern Bloc. After the period of Stalinism and the harsh regime of the 1950s, a change occurred in the years 1960 to 1968 where a short period of relative relaxation in the Soviet Union led to a similar softening in the former Czechoslovakia. During this short interval it was possible to travel abroad and many of the political prisoners were partially rehabilitated. The brief period known also as ‘Socialism with a human face’ ended on 21st August 1968 when the Warsaw Pact invasion of Czechoslovakia took place. The following two decades became the years of conformity and ‘Normalization’, which were officially marked as ‘Real Socialism’.

Until the mid-twentieth century, Slovakia had a natural rural landscape. Rapid industrialization brought the concentration and dominance of heavy metal industries, such as metallurgy and mechanical engineering. At that time, what is now the Czech Republic had a much better developed infrastructure and economy with extensive ties to Western markets. The significant position of Prague, with one of the oldest universities in Europe and a rich cultural history, contributed to the creation of a more favourable intellectual environment. The lives of citizens were affected by many restrictions, for example the ban on travelling to capitalist countries or lack of freedom in political decision-making. On the other hand, the regime guaranteed social stability – mainly through employment, housing, free health care and education. Up to the present time, Slovakia is one of the few countries in Europe where everybody has still a right to free university education.
Mental Health Care

With the development of the psychological sciences and their application, the need to provide help to school children and young people gradually manifested itself. This led to the establishment of the first Educational Psychology Clinic in Bratislava in 1957. In 1964, the Research Institute of Child Psychology and Pathopsychology laid the foundation for research in child psychology and has continued to fulfil that function to the present day.

During the communist regime, until 1989, psychiatric care was centralized in several psychiatric hospitals that had lower status than the other medical institutions, such as general hospitals. In reality, this meant that psychiatric institutions were, and in most cases still are, located in unsatisfactory, old premises. The level of psychiatric care reflected the way in which the totalitarian regime perceived those people diagnosed with mental disorders – deemed as ‘failures’ that needed removing from the sight of a healthy society, so as not to remind the population of their vulnerability or, indeed, of the vulnerabilities of the system.

To the present day, this legacy of the past has remained in the form of under-staffing of psychiatric institutions, poor quality buildings and a lack of resources and technical support. Similarly, not enough attention is paid to the promotion of mental health and the prevention of mental disorders.

In 1990, after many meetings of the entire community of psychiatrists and psychologists, a group of experts prepared a plan for psychiatric care reform. This was later adopted by the Ministry of Health and became the foundation of psychiatric practice. However, the reform became merely a particular ideological vehicle for deinstitutionalization and the development of community care.

The lack of education in the area of mental health has contributed to a lack of awareness in the general population of the importance of mental health. Lack of understanding has resulted in the rise of stigmatization and discrimination of people with mental health difficulties.
Social Change and the beginnings of art therapy

Changes brought about by the Velvet Revolution in 1989 were important for the development of psychotherapy in Slovakia. Significant psychotherapeutic approaches were gradually established in Slovakia, providing education and training institutes for specialists and future psychotherapists.

The first training courses in psychotherapy included Rogerian training, Process-Oriented Psychotherapy, Gestalt Psychotherapy, Katathym Imaginative Psychotherapy and Cognitive Behavioural Psychotherapy. The development of these psychotherapeutic modalities was influenced by the fall of the totalitarian regime when 'borders were opened' and the citizens could, once again, travel abroad. Those interested in the development of psychotherapy began to make contacts and were enriched by their studies in other countries. A significant character in the story of art therapy in Slovakia begins here. The chairwoman of Katathym Imaginative Psychotherapy, psychologist Eva Dorota Uhrová who was the daughter of renowned sculptor Rudolf Uher, began to actively pursue the development of art therapy. At first she organised short weekend art therapy workshops/courses, together with the psychologist Viera Andreánska, to which they invited lecturers from abroad. In 1992, Uhrová introduced training in art therapy to the Department of Psychology, at the Faculty of Philosophy, Comenius University. Art therapy is still taught there by way of workshops that are designed to provide students with an insight into the complexities and possibilities of working with art therapy. With workshops lasting only 20 hours they cannot be described as a systematic approach to art therapy education, but rather an opportunity to 'learn through experience'.

In 1993, the first Slovak professional book about the diagnostic possibilities of children’s drawing was published by a team of Slovak psychiatrists: Pogády, Nociar, Mečíř, Janotová: Child’s Drawing in Diagnosis and Treatment (Slovak Academic Press, 1993). The book discusses how creativity is reflected in the artistic expression of children, both with and without psychological/psychiatric difficulties. The book provides an overview of theoretical approaches to creativity and the authors’ ideas on the use of drawings within therapy and diagnosis.
Art therapy training

Art therapy has formed part of the study program at the Department of Curative Education at the Faculty of Education, Comenius University in Bratislava since 1967. However, after the start of 'Normalization', it was interrupted for twenty years. The painter Roland Hanus was the first university teacher who, along with a Slovak music therapy pioneer, Zlatica Mátějová, developed texts on art therapy techniques in 1984 (Šicková-Fabrici, 2008).

At the start of the 1990s, Dorota Eva Uhrová taught art therapy to students of the Faculty of Education from the Department of Psychology (Grohol, 2008). Meanwhile, at the Department of Curative Education, Jaroslava Šicková-Fabrici developed an art therapy curriculum that is still used today. Art therapy is also taught at the Department of Curative Education as one of the subjects for six terms while students are gradually shaping their future orientation. Art therapy in Curative Education is conceived and taught as a supporting therapy. The curriculum explores technique, putting emphasis on diagnostic possibilities and the soothing and healing effects of the creative work.

Art Therapy today

Jaroslava Šicková-Fabrici is an academic and a sculptor, who gave art therapy an individual identity and who has significantly contributed to its establishment in Slovakia. Šicková-Fabrici was appalled by the way in which the arts were regarded during the totalitarian regime. Corruption in assigning commissions for works of art made independent art production impossible. Therefore, in 1984, she decided that as well as continuing her own art-making activities, she would get involved in art activities with children with a variety of disabilities. She focused especially in modelling from clay with children with learning disabilities (Kšajt, 2011). From 1991 onwards, Šicková-Fabrici became involved in education at the Department of Curative Education at the Comenius University in Bratislava. Her influence extended to other countries when she complemented her education in art therapy with lecture tours to Czech Republic, USA, Germany and Austria.
In 2000, together with her husband and three students, Šicková-Fabrici established a non-profit organisation called “Terra Therapeutica”. This involved mainly students of the Department of Curative Education, who had developed an interest in the process of art therapy (Grohol, 2008). Since 2000, Terra Therapeutica has been intermittently providing individual and group art therapy, especially to children with specific educational and social difficulties and children with physical or learning disabilities and their families.

In 2002 the Terra Therapeutica collaborated with the Czech Art Therapy Association and South Bohemia University to provide a two-year training named 'Intervention by using Art Therapy within the Process of Socialization, Re-education, Education and Treatment’. Ministry of Education accreditation followed in 2010. This particular course represents the only comprehensive study in art therapy in Slovakia and is part of a continual education programme. It is composed of 7 weekend meetings and 5 two-day workshops, accumulating 260 hours. It is designed especially for teaching staff, psychologists, special teachers, social workers, health care professionals and artists, as well as for all those who would like to apply art therapy in their practice. The graduates of this course are awarded a certificate of attendance.

Terra Therapeutica had been organizing art therapy conferences and previously published the magazine: Art Therapy Letters.

Professor Šicková-Fabrici is the author of the book Basic Art Therapy - Základy arteterapie (2008) and also Arteterapia - zážitkové umenie? (Art Therapy – Experiential Art, 2006), which have served as key texts for education in art therapy on Slovak and Czech art therapy courses. In these books, Professor Šicková-Fabrici introduces her unique approach to art therapy, influenced by humanistic traditions and existentialism. It is focused especially on the specifics and benefits of 3-dimesional art, reflection and tactile sensibility, as part of the art therapy intervention. In her transcendental-spiritual-ecological art therapy, she perceives and approaches the client as an integral being in his/her physical-emotional-mental-social and ecological unity (Šicková-Fabrici, 2008). She developed the basis of her approach on the concept of responsibility, which she explains as equivalent to freedom, authenticity and love. This is reflected in her practical
art therapeutic approach, which “is limited not just to archiving, finding or reconstructing understanding, and clarifying past and present experience” (Šicková-Fabrici, 2008, p.41), but mainly on the reconstruction of understanding and on the integration process of a human being in all his/her different parts. Through the use of art, “Problems are recycled into a purifying, acceptable (but not only) art form...” (Šicková-Fabrici, 2008, p.41).

Figure 1: Jaroslava Šicková-Fabrici with the students of the art therapy at NGO Terra Therapeutica
Since 2009 Artea, another Slovakian NGO, has raised an awareness of art therapy by providing educational events and workshops (art therapy workshops, art-making workshops, self-experiential art therapy groups for adults and Balint groups for professionals) for people from helping professions and the general public. Two Artea members are psychologists with additional art therapy training (Katarína Mihinová, Ivona Rankovová) and one member (Zuzana Krnáčová) gained her masters in art psychotherapy at Goldsmiths College. The educational activities of Artea have achieved great popularity and success. Czech lecturers, who advocate individual approaches in art therapy, have usually led these short courses.

In the clinical field, Artea is presently working to develop art therapy intervention into primary schools through individual and group art therapy and art therapy based psychoeducation groups (Z. Krnáčová). Art therapy in schools is linked to a further initiative on which Artea is collaborating with various professionals. This pilot project “Complex Care for a Child”, is also exploring the need for an internal art therapist in the primary school setting. The hypothesis is that an art therapist would be effective in preventing the progression of deeper mental health difficulties of children through early intervention in the educational environment. This initiative is inspired by my personal experience from working as an art therapist in an educational setting in London.

As an outcome of this pivotal project in November 2013, Artea organised an International Art Therapy Conference, hosting art therapists from the USA, Ireland,
Czech Republic and Slovakia. They introduced their art therapy practice with children, young people and families in the context of the school environment and therapeutic centres. These lectures were video recorded and, together with the conference booklet, are available on Artea’s website. In 2015, as a follow up, a second International Art Therapy Conference was organised to contribute to the field of art therapy in education, as well as to expand further collaboration with art therapists from England, Japan, Poland and Czech Republic. This outward looking approach has helped develop links across the world.

Figure 3: NGO Artea: Ivona Rankovová and Katarina Mihinová leading self-experiential art therapy group
Figure 4a: NGO Artea: Zuzana Krnáčová and Viktor Križo leading art therapy group with children at primary school
Figure 4b: NGO Artea: Zuzana Krnáčová and Viktor Križo leading art therapy group with children at primary school

Figure 5: International Art Therapy Conference 2015 organised by NGO Artea: Katarina Mihinová, Zuzana Krnáčová and Nicky Sutton (UK)
Fitting-in and finding a place

The mental health system in Slovakia is long established and introducing art therapy as a new mental health profession has its challenges. The system has grown with many health professionals acquiring art therapy techniques through short courses and there is a general consensus that this is adequate and therefore what might be called ‘specialist practitioners’ are unnecessary. However, as someone with an art therapy training, my perspective is rather different; these so-called ‘techniques’ are often better described as art activities or diagnostic tests and could be re-traumatising if used without sufficient training and supervision.

The Faculty Hospital in Bratislava has been developing art therapy in the child oncology unit, and in the child psychiatric unit. There are also a number of people that have been applying art therapy with psychiatric clients, with patients with psychiatric disorders and also in the crisis centres for abused and neglected children and the victims of domestic violence. Long-term experience with running art therapy groups for psychiatric patients can be found in the psychiatric hospital of Philippe Pinel in Pezinok. There are many institutions and professionals who have been using the art therapy approach. Since no comprehensive overview of all Slovakian art therapy exists, I have mentioned only those who are known as being actively involved in the development of art therapy by publishing articles and by presenting their art therapy work.

In my own experience, being trained in a country where art therapy has a relatively long history, a strong theoretical background and a clear professional identity, my own journey of reintegration back into Slovak working life can be frustrating and disappointing. This is mainly because there are very few, if any, working opportunities for stand-alone art therapists, instead there is a general preference for mental health professions who have additional art therapy skills.

Art therapy, in this add-on form, has gradually been finding its place at many Slovak universities (Bratislava, Nitra, Trnava, Levoča) often as a part of training future psychologists, occupational therapists and art teachers. Despite that, it is just a brief introduction into the basics of art therapy through experiential workshops, which amount
to a small number of hours. As we have seen, aspects of art therapy in Slovakia have been very popular. However without a clear definition and concept of education in art therapy, it remains an ‘outsider’ compared to other therapeutic approaches. It seems impossible to create a space for the development and application of art therapy to certain workplaces in the absence of cohesive professional identity. Until then, it will probably remain dependent on the abilities of individuals, without whom little will happen.

Despite an array of educational art therapy courses and activities, their graduates do not have permission to call themselves art therapists. This is also due to the fact that professional status has still not been established in the Slovak legislation, meaning that art therapy is considered of ‘additional value’ within the practice of psychologists, curative pedagogues¹, doctors and teachers. Individuals who graduated from an accredited art therapy training abroad represent exceptions, but they are not permitted to use the university title of an art therapist unless it is approved by the Slovak Ministry of Education after they finish their training.

Despite increasing interest in art therapy both within the educational setting and in clinical practice, until recently Slovakia has been lacking an institution that could embrace and gather people who use the art therapy approach in their practice. In September 2012, such a gathering took place of many professionals and students enthusiastic about the application and development of art therapy. This meeting was the first General Assembly. After working on the status and legalisation of the Slovak Art Therapy Association for more than a year, a chair of the Slovak Art Therapy Association

¹Curative pedagogue as a graduate of the Department of Curative Education. The department was founded in 1967 with an aim to teach different forms of Occupational therapy to facilitate people with behavioural disorders. Today, Curative Pedagogy is a discipline that lays in the space between the general and special education and borderline medical, psychological and social sciences expertise. It focuses on therapeutic and educative help to those individuals who have developmental or behavioural disorders. Curative pedagogues are trained to work with a wide range of disadvantaged people of all ages. In practice, it aims to develop the competencies of clients independent lives by using movement, work, play and any creative individual and group community activities (it uses elements of art therapy, music therapy, drama therapy, bibliotherapy, occupational therapy, play therapy and family therapy) (Horňáková, 2007).
(SAA) was democratically chosen. The chairperson, Andrea Orosová, is a curative pedagogue by profession and has been using art therapy professionally for 15 years at the psychiatric unit of the Faculty Hospital in Košice. The General Assembly chose professor Jaroslava Šicková-Fabrici as honorary president of the association.

Due to fragmentation and the lack of a system in art therapy education and its practice, one of the greatest challenges faced is earning the trust of professional groups and the public. There is also the important task of unifying the requirements and needs of the art therapy community itself.

**Hopes for the future**

Being a board member of the Slovak Art Therapy Association gives me an opportunity to participate in shaping policies around the future of the profession and its practice. I see my mission as advocating the importance of understanding the therapeutic process in art therapy and in that way challenging the current preference for art therapy techniques as a ‘bolt-on’ to other professions. This will, hopefully, open a route to comprehensive art therapy training in Slovakia. At present my efforts to move towards these objectives are through research into utilising art therapy approaches to support the integration of children with difficulties into the primary school setting, working in mainstream schools with emotionally disturbed children and organising art therapy public events through Artea.

**Conclusion**

I began this article by describing my own journey towards qualification. By training in a country where art therapy education and practice is regulated by the state and where art therapy practice has gained a relatively greater recognition than is presently the case in Slovakia, I have been afforded the opportunity to develop insights that are potentially useful in my activities in my homeland.

Dramatic social change and severe economic problems, resulting from a major transition from totalitarian socialism to the neoliberal socio-political system of today, have inevitably shaped the way art therapy has developed, or perhaps, more
accurately, failed to develop. In many ways this has encouraged people, perhaps 
defensively, to inhabit a fragmented and individual position. However, health provision, 
along with other social services, is an expression of a particular nation's political past 
and present. The nature of the particular policy ‘container’ further impacts on 
development of its professions. For example, it is interesting to observe the differences 
in art therapy as it has evolved under health insurance funding in the United States and 
that of public funding in the United Kingdom. If nothing else this reveals art therapy to 
be a plastic object that has the capacity to mould itself to the features of its 
environment. Therefore I remain hopeful that a Slovakian model will eventually emerge 
that will embrace art therapy as a distinct profession, unique in its identity, amongst 
other psychotherapeutic approaches.

**Biography**

Mgr. Zuzana Krnáčová, MA, PhD.

She is a graduate of Art Psychotherapy at Goldsmiths College, University of London 
and a graduate of Visual Arts at the Faculty of Education at Comenius University in 
Bratislava. She recently gained a doctorate degree at the Faculty of Education at the 
Comenius University in Bratislava. She is a member of NGO Artea, where she is 
involved in art therapy work and long-term research in primary schools, and also has 
been co-organizing art therapy activities for the public. Her main interest is in 
implementing and advocating art therapy with children with emotional and behavioural 
needs in mainstream schools. She is a founding member of Slovak Art Therapy 
Association. She has also been regularly publishing about art therapy practice.

**Bibliography**


