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The Dialogical Dimension of Art Therapy in Educational and Therapeutic Relationships: From Theory to the Practice of Creative Encounter

Dialogiczny wymiar arteterapii w kontekście relacji edukacyjnych i terapeutycznych: od teorii do praktyki twórczego spotkania

Abstract: The article explores the dialogical dimension of art therapy, considering its educational, therapeutic, and social contexts. Drawing on over thirty years of experience in both academic and therapeutic practice, the author presents art therapy as a space for authentic encounter, where dialogue is understood not merely as a method of communication, but as an attitude rooted in openness, attentiveness, and shared presence. Central to this reflection is the concept of accompaniment – a relational process characterized by a safe creative environment, a willingness to listen, sensitivity to the uniqueness of each encounter, and an embrace of diversity. Art therapy is portrayed as a collaborative process of meaning-making that demands authenticity and a readiness to engage with otherness. When approached dialogically, art therapy becomes not only a means of supporting individual development, but also a method of mutual exploration for both therapist and participant. The article outlines various qualitative research methodologies – including participatory observation, performative ethnography, hermeneutics, and narrative interviewing – applied within workshops conducted with children, adolescents, and adults. Particular attention is devoted to the concept of *genius loci*, understood not simply as the physical location of a workshop, but as the creation of an atmosphere and a distinct identity that nurtures emotional engagement and supports dialogical interaction. The author highlights the risks associated with poorly executed art therapy – such as insufficient training, oversimplified methods, and the neglect of ethical principles – which can exacerbate emotional difficulties and erode participants' trust in the process.

Keywords: art therapy; educational dialogue; triad of relationships; creative approach; therapeutic responsibility

Abstrakt: W artykule podjęto refleksję nad dialogicznym wymiarem arteterapii, uwzględniając jej edukacyjne, terapeutyczne i społeczne konteksty. Opierając się na ponad trzydziestoletnim doświadczeniu zarówno w praktyce akademickiej, jak i terapeutycznej, autorka przedstawia arteterapię jako przestrzeń autentycznego spotkania, w której dialog rozumiany jest nie tylko jako metoda komunikacji, ale też jako postawa zakorzeniona w otwartości, uważności

i wspólnej obecności. Centralnym elementem tej refleksji jest koncepcja towarzyszenia – proces relacyjny charakteryzujący się bezpiecznym środowiskiem twórczym, chęcią słuchania, wrażliwością na wyjątkowość każdego spotkania i akceptacją różnorodności. Arteterapia jest przedstawiana jako wspólny proces tworzenia znaczeń, który wymaga autentyczności i gotowości do zaangażowania się w inność. Przy podejściu dialogicznym arteterapia staje się nie tylko środkiem wspierania indywidualnego rozwoju, ale także metodą wzajemnej eksploracji zarówno dla terapeuty, jak i uczestnika. W artykule przedstawiono różne jakościowe metodologie badawcze – w tym obserwację uczestniczącą, etnografię performatywną, hermeneutykę i wywiady narracyjne – stosowane podczas warsztatów prowadzonych z dziećmi, młodzieżą i dorosłymi. Szczególna uwaga jest poświęcona koncepcji *genius loci*, rozumianej nie tylko jako fizyczna lokalizacja warsztatu, ale również jako tworzenie atmosfery i odrębnej tożsamości, które sprzyjają emocjonalnemu zaangażowaniu i wspierają dialogiczną interakcję. Autorka zwraca uwagę na zagrożenia związane ze źle przeprowadzoną arteterapią – takie jak niewystarczające szkolenie, zbyt uproszczone metody i zaniedbanie zasad etycznych, które mogą zaostriżyć trudności emocjonalne i podważyć zaufanie uczestników do procesu. Ostatecznie w artykule zaproponowano refleksyjną perspektywę, opowiadając się za odpowiedzialną praktyką, w której dialog, obecność relacyjna i twórcza ekspresja zbiegają się jako katalizatory znaczącej zmiany i rozwoju osobistego.

Słowa kluczowe: arteterapia; dialog edukacyjny; triada relacji; postawa twórcza; odpowiedzialność terapeutyczna

INTRODUCTION

Among the numerous philosophical and pedagogical studies that address the issue of educational dialogue and communication between individual participants who experience and benefit from participation in this life-long project, there are also those that pay close attention to the lack of arbitrariness in dialogical decisions and place greater emphasis on the importance of accompanying and noticing (not just listening). Supporting the inseparable school triad of student, parent, and teacher with art therapy workshops can be an effective remedy when other methods are ineffective. Many researchers have raised the question of what constitutes real dialogue in schools, understood as a process of reaching not only consensus but also truth (Przyłębski, 1992, p. 6). Such dialogue invariably remains a dream, even though rational communication is the basis of human relations with the world. It was already proposed in the 1980s that humanistic psychology, sociology understood as critical theory, philosophy constructing itself as hermeneutic reflection, and pedagogy aiming to make dialogue the essence of educational activities should attempt to integrate these approaches in order to develop their own new quality (Folkierska, 1986, p. 32). More and more authors are becoming interested in this topic, but depending on their individual experiences, they express different views on particular structures, using different language to describe them and formulate their opinions. Nevertheless, the number of publications on this subject is growing (Kawecki, 1995, pp. 337–340; Kłockowski, 2005; Kochanowska & Miczka-Pajestka, 2024; Pawlak, 1998, pp. 177–180; Rosner, 2011; Rutkowiak, 1992; Śnieżyński, 2001), although the move from theoretical discussions to practical applications is not a simple matter. How open to new ideas can one be in the aforementioned educational triad (Kwatera et al., 2018), that at the beginning one is not even aware of one's own assumptions, and their reveal happens

at the end of the undertaken path, becoming the beginning of the next one? Is such a continuously revisited dialogue a valuable educational resource, or could it lead to fatigue with the subject itself? How many teachers, when communicating with parents, will adopt the approach of the philosopher who wrote that what makes a conversation is not that we have experienced something new in it, but that we have encountered something in another person that we have not yet encountered in our experience of the world (Gadamer, 1980, pp. 371–372). Therefore, when communicating with others, we should not exert pressure at all costs to understand them, but allow their words to speak to us – not as an encounter with an inferior individual, but as an encounter with someone who is not yet understood. Is such an understanding possible in a reciprocal relationship with a parent who repeatedly searches for a “recipe” rather than a path?

DIALOGUE IN PRACTICE: APPLICATION POSSIBILITIES

Exchanging perspectives and experiencing the unfamiliar can be an opportunity, search for and exploration of unity, which I have observed many times while working in schools, educational centres, and universities. Perhaps that is why, during my 30 years of academic and art therapy work, constantly experiencing the unfamiliar, I adopted an approach that seeks mutual connection within it. In both individual and group meetings, I never wanted to touch on what was righteous, and I certainly never tried to eliminate what was unrighteous **through discourse**. Especially when it comes to art therapy sessions, there cannot be any sense of superiority or reduction of differentness (Witkowski, 2000, p. 53). I encourage everyone to talk to each other (even if sometimes without words), using the creative process, mainly through visual arts. I often use workshops to fill the void and existing “lack”, but without using the tool of role-playing or establishing any kind of authority, instead giving courage and equal opportunities to the parties involved in the dialogue, which include not only the art therapist and their work with a young person/group, but often the participation of a parent/guardian (sometimes a teacher is also included in this dialogue circle). I believe that in such a desirable art therapy dialogue, especially in the field of developmental art therapy, goals do not always have to be clearly and precisely formulated, precisely in order to avoid a decisive voice, where the educator/trainer/teacher decides everything on their own, without taking into account the arguments of the child/client/patient/pupil (Rutkowiak, 1992, p. 39). Therefore, I will once again refer to Gadamer’s idea that understanding someone “different” does not lead to true understanding if that understanding is based on a presupposed empathic identification with the other person’s experience. By anticipating everything our partner says, we do not actually allow their words to reach us. It is a way of not letting ourselves be told anything (Gadamer, 2002, pp. 29–30). This is particularly dangerous when preparing the targets of therapeutic workshops, where, as facilitators, we decide not only on the

set targets but also on the expected outcomes several days in advance. The art therapy dialogue that accompanies the meeting cannot be about persuasion, conversion, or reducing differences of opinion. What I am advocating is the selection of such means and resources that will allow the parties involved in the process to build themselves up and figure out what they want to learn from it (Gadamer, 1979, p. 61).

Therefore, art therapy (similarly to the dialogue described by Reut (1992, p. 197) is not an instrumental means of action that serves to achieve specific effects. Art therapy workshops are not a game with preset roles and situations, but rather a process of exploration and open-mindedness, because dialogue cannot be arranged, set up, or organized here. It is also extremely important to recognize and accept the fact that dialogue can sometimes simply fail. Depending on the people involved, their attitudes, moods, and willingness to communicate, such meetings are not always successful. Since we assume that such a dialogue is based on equal opportunities, that there will be no “instructions” in it, but instead it will be possible to create a sphere BETWEEN, which is a place of human “becoming” (Buber, 1992, p. 56) and a platform for further work. Therefore, it is good to allow differences to be heard, explore their meaning, and learn from them the order appropriate to our times (Tarnowski, 1993, pp. 148–149), bearing in mind the theoretical assumptions of Mikhail Bakhtin, Paulo Freire, Jürgen Habermas, and many others.

SESSION AS A FORM OF RESEARCH: A DIALOGICAL PERSPECTIVE

In art therapy workshops, dialogue can be treated (similarly to educational practice) as: a method, a process, and an attitude. I will briefly discuss these elements. The research material consists of photographic/video documentation and records of participant observation of individual meetings, but also workshops conducted as longitudinal studies, covering in my case 30 years of practical experience and participation. During this time, qualitative research methods were used (Gubrium & Holstein, 2001; Ostrowska, 2000), including those derived from the hermeneutic approach, action research (Kluzowicz 2023), and performative ethnography (Madison, 2018). These were sometimes complemented by social constructivism assumptions and participatory research. The research process often involved ethnographic in-depth interviews, narrative interviews, and sometimes Socratic interviews (Bogus, 2016b, pp. 127–139), which were combined with research conversations. However, I believe that the dialogical method, placed within the hermeneutic model, is the most powerful and allows us to deeply understand the nature of human experiences and needs, including those oriented on art therapy activities. It combines conversation, interpretation, and an attempt to create an open-minded comprehension that takes into account many opinions, supplemented by questioning, listening, and reflection.

The second element of the dialogic approach is the process (Nęcka 1995), which is difficult to define and takes place not only during a meeting or event, but also dynam-

ically works and develops outside the time of the workshops. The ideas and meanings developed during art therapy sessions engage the mind far beyond the accepted hours of direct interaction. Co-creating new, previously inaccessible spaces requires a readiness for change, and this readiness can be developed, but in most cases it is authentic and spontaneous. Giving new meanings to expressions, including visual ones, interpreting and remaining in dynamic relations (with participants, with the art therapist, and with oneself) often manifests itself in new, surprising content. For clients/patients participating in classes, the open process of understanding is often more important than understanding itself (including the creative process). And here we touch upon the third element of the dialogical triad, namely attitude, which is strongly associated in art therapy with a creative mindset (Popek 2001). This is certainly a choice of initiative (also towards oneself) that implies respect for diversity, open-mindedness, and reflectiveness. I would like to emphasize once again the role of authenticity in interpersonal relations during meetings and in co-creative presence. In this context, there can be no room for superiority or arbitrariness in building a workshop environment. A significant problem in discussing the dialogical/creative attitude is the willingness to share oneself, to be present, and not just to use this verbal formula. In any case, in the delicate nature of the relationship, it is not only what the participant says or expresses that matters, but also what they leave unsaid.

SIGNIFICANT SPACE IN ART THERAPY: *GENIUS LOCI* AND ITS THERAPEUTIC POTENTIAL

Art therapy conditions and readiness for dialogue often involve working in reference systems where we receive no verbal response to a question, or the response is very general and not expressed directly. However, in order to help, be ready to understand, and provide empathetic support, we must ask about feelings, emotions, and opinions. We ask about behaviours and situations, but also about knowledge related to a given event/experience. In cases where we do not receive verbal communication, we have a variety of art therapy methods and techniques at our disposal (Gilroy, 2009). If not words, then perhaps activities that utilize the potential of the visual arts, and if not art, then perhaps music, dance, movement, film, fairytales, drama, theatre, and other forms of expression (Malchiodi, 2012; Szulc, 2011) that we can use to support our patients, encouraging them to tell a broader story through a given activity, often intuitively chosen by them. However, in the context of art therapy workshops conducted on the basis of dialogue, I set certain ground rules that I do not compromise on. These are, above all, accepting me as an art therapist by the workshop participants, creating an atmosphere of mutual coexistence, respecting the participant's refusal to perform a specific action, and maintaining therapeutic focus/vigilance at the same time. The proposed working methods cannot be invasive, and I cannot become an intruder violating the privacy of one side

of the process. These rules apply to individual, ephemeral meetings, but also to those that last for years. During these regular meetings, it is much easier to build what I call the *genius loci* of three decades of art therapy, and although the term refers to a place, it also perfectly suits meetings in various places and spaces, the specific character of these classes, the atmosphere, the mood, the emotions felt by the participants, the diversity of options (methods, techniques, materials), but also a sense of repetition, which, for example, creates a safe, predictable structure for people on the autism spectrum. Due to text limitations, I cannot cite a series of examples that would describe the atmosphere of the work, but feedback in the form of messages such as: “Mum, there are no corners here” (“mamo, tu nie ma kątów”) (Bogus, 2000, pp. 192–195) or the emotions of the moment associated with sharing a secret (Bogus-Spyra et al. 2019, pp. 109–110) allow us to conclude that the art therapy process conducted in this way (shaped over many years, combined with teaching how to experience relations with other people) has practical applications and brings specific benefits. Interpersonal relations provide the best opportunities to reveal and realize one’s ability to understand oneself and to initiate changes in one’s behaviour and attitude (Rogers, 1991, p. 6). The way I work depends on the problem I am dealing with in art therapy (developmental, clinical, or a mix of both approaches). I choose a method that could be individual or group sessions (with peers, family, or people of different ages), and I propose appropriate creative activities, from simple expressions, such as pencil sketches, to artistic interventions (Bogus, 2016a, pp. 21–35). All this is done in order to bring to life significances that did not exist before or that were misunderstood. In the creative process, it is not always possible to combine specific paths focusing on relationships and dialogue, but also on solutions. The resources we want to discover and the emotions that accompany a specific activity, along with senses tuned to change, are all about building focus on “me” and “you.” Growing awareness (varying depending on developmental age), developing potential, compensating for low self-esteem (fulfilling the hubristic need), regulating (self-regulating) tensions, and other ways of improving, maintaining, and upgrading mental, physical, and emotional state are the objectives and co-dependent aspects of human well-being.¹

THE DANGERS OF THE WORLD VERSUS THE DANGERS OF A POORLY CONDUCTED ART THERAPY

When discussing aspects of art therapy practice, for many years I have been raising the issue of the responsibility of a therapist/educator/animator for the improper use of a method, an inappropriately directed process, or suppression of creative expression.

¹ Such approaches are also used by other art therapy centres, e.g. the “Siedem ścieżek” Art Therapy Program developed by Anna Bany and Jolanta Madej, <http://www.artreja.pl/oferta/szkolenie-program-arteterapeutyczny-siedem-sciezek/>

Art therapy is not just playing with art (although it often involves ludic elements), and if conducted unprofessionally, instead of protecting, it may unintentionally escalate the sense of various threats (external, social, civilizational). Overwhelming and distressing not only for adults: social and political crises, media manipulation and disinformation, the pace of life, stress related to achieving success, identity crises combined with increasingly severe (especially after the pandemic) social isolation, and thus an increased sense of loneliness, the disappearing of communities, or even social exclusion, are topics of therapeutic work that cannot be handled by someone whose knowledge of conducting workshops is based on a two-hour online course.²

Poorly/inappropriately conducted sessions, or labeling every activity that uses art/culture as art therapy, is a therapeutic and pedagogical malpractice (Bogus, 2015, pp. 11–23; Skwarek & Szulc, 2017, pp. 93–107), which can lead to retraumatization, deepening the participant's emotional difficulties, and strengthening the feeling of a lack of understanding of their needs. On top of that, the instructor conducting such a session may not be prepared to interpret not only the work, but also the creative process itself, which may threaten the participant's sense of security and block their creativity, resulting in an intensification of symptoms (e.g. in neurotypical individuals), cessation of creative activities, or aversion to further therapy.

The conclusions are clear: art therapy should be performed by professionally trained experts who have both the theoretical and practical tools to conduct this sensitive type of therapy. These are people who have obtained certificates³ during their studies in psychology, medicine, pedagogy, and art, and who seek supervision in order to properly use the available methods of support. A specialist should simply be responsible. This is what various associations and expert organizations are calling for. In the art therapy space, in meetings and dialogue, but also in the clash of two different perspectives, it is good to be prepared to see something that could not be seen in any other way (Kwaśnica, 1990, p. 232). That is why, within our network of specialists,⁴ we prepare scientific papers, but also offer (often free of charge) training and consultations, supervision, and workshops.

Responsibility is an issue that weighs heavily on all of us. Picht stated that only those who understand the importance of combining theory with practice can consciously take it on. This awareness is an expression of the unity of the mind, which is manifested in the cognition of reality (Picht, 1981, pp. 256–257). Its particular scope of influence

² This issue was discussed, *inter alia*, during the lecture and workshops: “AAAarte pilnie kupię/sprzedam”, during the Summer School of Art Therapy of the Polish Art Therapists Association “Kajros” in 2022.

³ <http://kajros.pl/regulamin/>

⁴ The Scientific and Research Team for Clinical Art Therapy and Promotion of Mental Health of the Polish Art Therapists Association “Kajros”, also the Art Therapy Center of the Faculty of Social Sciences at the UJD.

concerns education, including pedagogical, creative, and therapeutic activities within the area of interpersonal interactions, and hence also encounters between children, parents, and teachers (educators).

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