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THE GLOBAL POLITICS OF ART AND TRAUMA: ART THERAPY AS A TOOL OF HUMANITARIAN AND CULTURAL RESILIENCE

This article explores the evolution of art therapy as a historical, social, and political phenomenon that emerged from the context of the Second World War. It focuses on the pioneering role of British artist Adrian Hill, who coined the term art therapy in 1938 and transformed his personal convalescence experience into a framework for collective psychological recovery. During wartime Britain, Hill's creative practices addressed the emotional needs of wounded soldiers and contributed to the early recognition of art as a therapeutic tool in institutional medicine.

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In the postwar decades, art therapy evolved into an international movement, integrated into state healthcare systems, psychiatric institutions, and educational policies. It was not only a medical or psychological innovation but also a reflection of broader ideological and political processes – particularly during the Cold War, when creative expression was reframed as a form of democratic resilience and cultural diplomacy. The field's institutionalization across Europe and the United States reflected growing recognition of art's capacity to bridge personal healing with collective reconstruction.

In contemporary Ukraine, amid the Russian-Ukrainian war, art therapy has regained acute relevance. It has become a vital component of psychosocial support for children, women, and veterans, fostering emotional resilience and community cohesion. As in wartime Britain, artistic creativity again functions as an instrument of healing and self-determination – a means of reclaiming agency in times of national trauma. Thus, art therapy continues to evolve as both a humanitarian and political practice, reaffirming its role within the modern paradigm of democratic resilience.

Keywords: art therapy, Adrian Hill, cultural policy, postwar reconstruction, Cold War, Ukraine, psychosocial resilience, war trauma, cultural diplomacy.

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Глобальна політика мистецтва й травми: арт-терапія як інструмент гуманітарної та культурної стійкості

У статті проаналізовано історичні, соціальні та політичні аспекти становлення арт-терапії – від її витоків у британській військовій медицині часів Другої світової війни до сучасного використання в умовах російсько-української війни. Особливу увагу приділено діяльності художника Адріана Гілла, який першим увів у науковий обіг термін *art therapy* (1938 р.) та довів, що творчість може виступати інструментом лікування, психологічного відновлення та духовного опору в умовах воєнного стресу.

Після завершення війни арт-терапія вийшла за межі клінічної практики, ставши частиною державної політики у сфері охорони здоров'я, соціальної роботи та освіти. У добу Холодної війни її методи набули символічного змісту – мистецтво почало розглядатися як засіб комунікації, примирення та формування демократичних цінностей. Арт-терапія стала також елементом культурної дипломатії, покликаним демонструвати гуманістичні переваги відкритого суспільства. На теренах Європи та США у 1950 – 1970-х рр. формувалися професійні асоціації, навчальні програми й дослідницькі центри, що заклали підвалини сучасної міждисциплінарної практики. Вона поєднала медичний, психологічний і політичний виміри, розвиваючись у контексті ширших дискусій про права людини, реабілітацію ветеранів і суспільну інтеграцію. Арт-терапія стала прикладом того, як гуманітарні інновації, народжені війною, перетворюються на інструменти мирного розвитку.

Сучасна Україна переживає подібну трансформацію. В умовах повномасштабної війни арт-терапія стала важливим механізмом психосоціальної підтримки дітей, жінок, військових і внутрішньо переміщених осіб. Вона допомагає відновлювати внутрішню рівновагу, долати наслідки травми та зміцнювати громадянську стійкість.

Арт-терапія виступає не лише практикою індивідуального лікування, а й інструментом політичної та культурної реінтеграції. Вона засвідчує, що творчість – це ресурс колективного виживання й оновлення, здатний перетворювати досвід руйнування на досвід відродження, а культуру – на засіб опору й солідарності.

Ключові слова: арт-терапія, Адріан Гілл, культурна політика, післявоєнна реконструкція, Холодна війна, Україна, психосоціальна стійкість, воєнна травма, культурна дипломатія.

Statement of the scientific problem. The relationship between art, politics, and healing has always reflected broader transformations in society. While medicine traditionally focused on the biological body, the twentieth century introduced a new paradigm: the body politic of emotions, imagination, and trauma. Within this framework, art therapy emerged not merely as a psychological tool but as a form of cultural and political practice—a way to mediate between personal suffering and collective recovery. It was precisely the destructive experience of the Second World War that catalyzed this transformation, giving rise to what would later become an institutionalized and internationally recognized field of art-based therapy (Hill 1945; Waller 1991; Hogan 2001).

In modern political theory, particularly within the interdisciplinary dialogue between cultural studies, psychology, and governance, art therapy can be interpreted as part of a biopolitical framework (Champernowne 1970; Hodnett 1972). By addressing trauma, rebuilding subjectivity, and promoting resilience, art therapy contributes to the stabilization of both individual and social order. In this sense, creative expression operates as a soft mechanism of governance— a non-coercive form of power that shapes emotional and social recovery in post-conflict and post-traumatic societies. It transforms art from an aesthetic act into a form of political communication, facilitating the restoration of meaning and community after collective suffering.

The pioneering contribution of Adrian Hill, who coined the term art therapy in 1938 during his convalescence from tuberculosis, demonstrates this shift in the function of art (Hill 1948). His later wartime work in British military hospitals integrated creative activity into rehabilitation, thus connecting cultural resilience with state medical policy. During the Second World War, Hill's practice represented not only a medical innovation but also a political response to the challenge of maintaining morale and mental health in a nation under siege. The British wartime health system, rooted in notions of collective endurance and civic duty, made space for art as a medium of healing, social cohesion, and even patriotic resistance (Waller 1991, 37).

This intersection of art and politics intensified after the war, when governments across the Western world began to institutionalize art therapy within the expanding welfare state. The postwar reconstruction of Europe required new forms of psychosocial support for veterans, civilians, and displaced populations. Art therapy was increasingly recognized as a tool

not only for clinical rehabilitation but also for nation-building, as it addressed the invisible wounds of war and helped integrate individuals into the collective narrative of recovery (Howie 2017, 9). The very act of artistic expression became embedded in the moral and symbolic reconstruction of the democratic state, reflecting the humanistic ethos of postwar Europe.

In the decades that followed, the therapeutic power of art acquired additional political meanings. It served as a vehicle of cultural diplomacy, a tool for social inclusion, and a method of resistance in authoritarian or conflict-ridden contexts. During the Cold War, for instance, creative therapy projects were often supported by both Western and socialist regimes as instruments of cultural soft power, humanitarian outreach, and ideological legitimacy (Malchiodi 2003, 378). The global diffusion of art therapy mirrored the spread of liberal governance and the recognition of emotional well-being as an indicator of modernity.

In contemporary conflicts—most notably the Russian–Ukrainian war—art therapy once again demonstrates its relevance as both a humanitarian practice and a symbolic form of political communication. Through artistic creation, individuals and communities reclaim agency amid violence, displacement, and trauma. The practice functions simultaneously on three levels: as personal healing, as social resilience, and as an affirmation of democratic values rooted in human dignity and creative freedom (Ivanova 2009; Stoliarchuk 2023; Averianova 2023).

Analysis of previous studies. The scholarly field of art therapy has evolved through complex intersections of psychology, philosophy, pedagogy, and political history. Its intellectual roots can be traced to early twentieth-century movements that integrated artistic creativity with therapeutic practice. Adrian Hill's foundational contribution, *Art Versus Illness* (Hill 1945), defined the term “art therapy” within the context of post-war rehabilitation, establishing the paradigm that art could serve as both diagnostic and restorative. His later work *Painting Out Illness* (Hill 1951) expanded this framework by emphasizing art as a universal human resource in times of crisis. British institutionalization of art therapy in the 1940s–1960s, examined by Diane Waller (1991), marked the beginning of professionalization and international recognition of the field.

The American trajectory of art therapy emerged in parallel yet distinct ways. Margaret Naumburg's psychoanalytically oriented *Dynamically Oriented Art Therapy* (Naumburg 1966) and Edith Kramer's practice-based model (*Art Therapy in a Children's Community*, 1958) shaped the U.S. fo-

cus on expression and ego development. Subsequent works by Maxine Junge (2010) and Judith Rubin (2016) consolidated these approaches, framing art therapy within a broader psychosocial and educational context. David Edwards (2014) and Cathy Malchiodi (2012) have further refined the discipline's theoretical base, emphasizing evidence-based methodologies and cross-cultural applicability. Collectively, these studies demonstrate that art therapy's epistemological foundations rest upon the dialogue between creativity, emotional regulation, and the politics of care.

Post-war art therapy also developed as a field of political significance, intersecting with the rise of humanitarian discourse and biopolitical management of trauma. Scholars such as Susan Hogan (2001) and Peter Howie (2017) traced its institutional expansion during the Cold War, when the arts became tools of psychosocial resilience for soldiers and civilians alike. Mary Hodnett (1972–73) and Irene Champernowne (1970–71) analyzed the internal professional debates surrounding art therapy's legitimacy, revealing tensions between aesthetic autonomy and medicalization. These debates mirror broader ideological shifts in Western societies, where the cultural politics of well-being increasingly merged with state-sponsored rehabilitation and mental health initiatives (Bitonte, De Santo 2014).

In recent years, the Ukrainian academic context has reanimated this global discourse under wartime conditions. A growing corpus of national scholarship, including works by Natalia Averianova (2023), Olha Bida (2018), and Nataliia Stoliarchuk (2023), situates art therapy within the realities of Russia's war against Ukraine, emphasizing its humanitarian, sociocultural, and identity-building functions. Ukrainian researchers have underscored that art therapy serves not merely as psychological support but as an act of cultural resistance and nation-building. Studies such as *Art Therapy in Wartime Conditions* (Averianova 2023) and *Formation and Development of Art Therapy in the Historical and Cultural Context* (Stoliarchuk 2023) conceptualize creative expression as a medium for processing collective trauma, preserving memory, and reinforcing civic resilience.

Furthermore, the institutionalization of Ukrainian art therapy reflects the integration of international experience with local pedagogical and psychological traditions. Maryna Antoshko (2020) and Viktoriia Ivanova (2009) emphasize the historical continuities of art and education as formative elements of humanistic culture. In the Ukrainian post-2014 and especially post-2022 context, this humanistic premise gained renewed relevance as art therapy became intertwined with the politics of recovery,

social cohesion, and post-traumatic growth. The recontextualization of Hill's and Naumburg's principles in Ukraine underscores a broader transformation of art therapy – from clinical practice to socio-political instrument of resilience and humanitarian solidarity.

Therefore, this study examines the historical trajectory of art therapy—from its wartime origins to its postwar institutionalization and contemporary political relevance—through the lens of political science. It conceptualizes art therapy as a political technology of care, a form of cultural governance that links emotional recovery with civic reconstruction. By analyzing the work of Adrian Hill and subsequent developments across the twentieth and twenty-first centuries, the article argues that art therapy embodies the transformation of art from aesthetic creation to a mode of political healing and symbolic integration.

Presentation of the Main Material. The origins of art therapy cannot be understood outside the context of the modern warfare state. The First and Second World Wars radically altered the relationship between the individual and the state, redefining the role of medicine, psychology, and culture in sustaining national resilience. The total mobilization of populations during the twentieth century produced not only physical destruction but also widespread psychological disintegration. It was within this matrix of trauma and governance that art therapy first emerged as both a clinical response and a political instrument of care (Waller 1991, 23; Hogan 2001, 55).

By the end of the First World War, European and American medical systems were confronted with the phenomenon of “shell shock,” later termed post-traumatic stress disorder (PTSD). Governments faced the dual task of restoring soldiers' functional capacity and maintaining the moral legitimacy of their war efforts. Rehabilitation, therefore, became an explicitly political act that sought not only to heal but to reintegrate individuals into the collective body politic. In Britain, hospitals and sanatoria began experimenting with creative and occupational activities as part of therapeutic regimens. These practices were not purely medical; they embodied a logic of biopolitical governance, in which the health of individuals was tied to the vitality of the nation (Rubin2016, 130).

It was within this intellectual and institutional environment that Adrian Keith Graham Hill (1895–1977) formulated the foundational idea of art therapy. A painter and illustrator by training, Hill served as an official war artist during the First World War. His early exposure to the trauma

of industrialized conflict profoundly shaped his understanding of the human condition under modernity. Art, for Hill, became a way of preserving sanity and individuality in the face of mechanized destruction. His later writings recall that “to draw was to resist the collapse of the self into chaos” (Hill 1945, 27).

In 1938, while recovering from tuberculosis at the Midhurst Sanatorium in Sussex, Hill began to sketch as part of his personal recovery process. The experience revealed to him the psychological relief inherent in artistic creation. As he observed similar benefits among other patients, Hill conceptualized art not merely as recreation but as a structured therapeutic practice. He coined the term art therapy, framing it as a form of self-expression capable of mediating between inner suffering and social recovery (Hill 1948, 12).

30 — From a political-theoretical perspective, Hill’s discovery exemplifies the shift from disciplinary power-focused on the body to biopolitical power, concerned with the management of collective well-being. His approach corresponded to the emerging welfare logic of interwar Britain, which linked individual rehabilitation to broader projects of national strength and social unity (Waller 1991, 39).

During the Second World War, Hill’s methods acquired institutional relevance. As Britain faced unprecedented civilian and military casualties, the government expanded its medical and welfare systems to encompass psychological support. Hill was invited to work in convalescent hospitals for soldiers, where he encouraged patients to draw and paint as part of their recovery. His emphasis on process rather than artistic skill represented a radical democratization of art—it became a civic practice, accessible to all citizens as a means of coping with war-induced trauma (Winnicott 1948, 4).

The therapeutic value of art in wartime Britain intersected with broader ideological aims. The Ministry of Information and charitable organizations such as the British Red Cross promoted creative rehabilitation as part of the national morale campaign. Exhibitions of patients’ drawings were organized not only to support recovery but also to project an image of collective resilience to the public (Hogan 2001, 67). Thus, art therapy functioned simultaneously as a form of healing and as a symbolic performance of the democratic state’s commitment to human dignity.

Hill’s experiences culminated in the publication of *Art Versus Illness* (1945), which articulated the principles of this new therapeutic paradigm.

He described artistic creation as “a release of the imprisoned spirit,” suggesting that healing required not just physical restoration but also the reassertion of agency and creativity. His follow-up volume, *Painting Out Illness* (1951), expanded this insight into a philosophy of resilience grounded in aesthetics. Art was no longer the privilege of elites; it was a universal medium for survival, identity, and resistance to dehumanization (Hill 1951, 33).

From the standpoint of political science, Hill’s innovation can thus be read as a micro-political technology of empowerment—a practice that reconnected the individual to the state not through coercion but through creativity. In transforming patients into active participants in their recovery, art therapy blurred the boundary between citizen and subject, illustrating how cultural practices could serve as subtle mechanisms of governance and democratic inclusion (Hodnett 1972, 108).

The emergence of art therapy in wartime Britain coincided with a profound transformation of the state’s relationship to its citizens. During the Second World War, the British government expanded its regulatory and welfare capacities, producing what scholars later described as the “therapeutic state”—a system that linked physical and psychological health with the moral and emotional integrity of the nation (Rubin 2016, 136). Within this framework, cultural and creative activities were increasingly understood as essential to the maintenance of morale, discipline, and civic identity.

The wartime welfare apparatus, developed through ministries such as the Ministry of Health and the Ministry of Information, institutionalized the concept of care as a form of governance. Propaganda campaigns emphasized emotional resilience, self-control, and creativity as moral obligations of citizenship. Posters and radio broadcasts promoted leisure and artistic activity not only as recreation but as duties contributing to the collective strength of the nation under siege. In this sense, art therapy aligned with Britain’s wider political strategy of mobilizing the emotions of the population—transforming private healing into public service (Hogan 2001, 72).

Adrian Hill’s wartime work fit precisely within this ideological and institutional nexus. His teaching and therapeutic experiments in hospitals reflected the synthesis of medicine, education, and civic virtue. By enabling wounded soldiers and civilians to paint, Hill’s approach did not merely alleviate suffering—it reproduced a sense of personal and national agency. In his writings, Hill claimed that art could help restore “the fight-

ing spirit” of those disabled by war (Hill 1945, 63). Such language reveals that art therapy was implicitly tied to the political economy of resilience—a policy discourse that equated creative rehabilitation with moral recovery and readiness for continued service to the nation.

This entanglement between care and control underscores the dual nature of wartime governance. On the one hand, art therapy humanized medical practice, emphasizing the emotional and aesthetic dimensions of suffering. On the other hand, it served as an instrument of biopolitical normalization, channeling trauma into productive social identities. Participation in art therapy sessions was framed as a sign of adaptability, optimism, and faith in democratic values—qualities that distinguished the free British subject from the mechanized, dehumanized enemy (Waller 1991, 48).

In institutional terms, art therapy thrived within the network of military hospitals, sanatoria, and convalescent homes. Many of these were supported by voluntary organizations such as the British Red Cross, the Women’s Voluntary Service, and the Council for the Encouragement of Music and the Arts (CEMA), established in 1940 to sustain cultural life during the Blitz. CEMA’s policies—later integrated into the Arts Council of Great Britain—embodied the belief that art could unify the nation, reduce psychological strain, and project moral superiority abroad (Malchiodi 2003, 121). Hill’s collaborations with such institutions demonstrate how art therapy was embedded in the cultural governance of wartime Britain: it was not a marginal experiment but a state-endorsed form of emotional management and symbolic resistance.

Moreover, the British case highlights the emergence of cultural governance as an integral component of modern democratic politics. The management of art, health, and emotion reflected a shift toward governing through consent rather than coercion. By providing citizens with creative outlets, the state cultivated affective loyalty and a sense of shared purpose. This approach anticipated postwar welfare policies, in which psychological well-being became both a public good and a marker of legitimate governance (Rubin 2016, 311).

From a broader theoretical perspective, art therapy in wartime Britain illustrates how aesthetics operated as a form of soft power within domestic politics. The production of art by wounded soldiers, exhibited publicly in London galleries, performed a symbolic function: it demonstrated that the British people could transform destruction into creativity, loss into meaning. These exhibitions, often covered in national newspapers, were

celebrated as “proof that Britain heals through beauty” (Hill 1948, 9). Thus, the visual artifacts of therapy became instruments of narrative control—part of a discursive strategy that reasserted national resilience in the face of existential threat.

The fusion of healing and governance in Hill’s work prefigured the later institutionalization of art therapy as a professional and policy domain. After 1945, the welfare state would inherit this moral economy of care, extending it beyond the military context into civilian rehabilitation, education, and mental health policy. The wartime legacy of creative healing thus anticipated the postwar shift toward holistic well-being as a dimension of democratic citizenship.

The end of the Second World War marked a crucial turning point in the transformation of the therapeutic state into a welfare state. Across Europe and North America, governments recognized that rebuilding society required more than physical reconstruction—it demanded the restoration of human subjectivity, morale, and psychological stability. Within this broader context, art therapy evolved from a marginal wartime experiment into an institutionalized component of welfare governance (Waller 1991, 95).

The founding of the National Health Service (NHS) in Britain in 1948 epitomized a new political ethos: the democratization of care. Health became a universal right, and psychological well-being was redefined as a collective good. Art therapy found a natural home in this environment. Its emphasis on emotional rehabilitation resonated with the moral foundations of the welfare state, which sought to create citizens who were not only productive but emotionally resilient (Hogan 2001, 85).

From a political-science perspective, this moment represents the convergence of social policy and symbolic governance. The welfare state operated not merely as an administrative apparatus but as a project of moral reconstruction. Creative therapies such as art, music, and drama became vehicles for building what Michel Foucault later termed governmentality—form of power that governs through the internalization of norms rather than external coercion (Junge 2010, 139). Art therapy therefore embodied the soft politics of the postwar era: the transformation of individual suffering into civic virtue.

The postwar decades witnessed the establishment of professional associations, academic programs, and clinical standards for art therapy. Figures such as Edward Adamson, who began working at the Netherne Hospital in Surrey in 1946, continued Adrian Hill’s legacy by integrating art therapy

into long-term psychiatric care (Janie 1994, 252). Adamson's work emphasized the autonomy of creative expression, marking a shift from therapeutic paternalism toward participatory models of recovery. This evolution corresponded with the broader political movement toward patient rights and democratization within the health sector.

In 1964, the British Association of Art Therapists (BAAT) was founded, followed by the American Art Therapy Association (AATA) in 1969. These bodies not only standardized training and ethics but also lobbied for recognition at ministerial and legislative levels (Waller 1991, 97). The professionalization of art therapy reflected the institutionalization of care within the political economy of welfare: governments supported the discipline as part of their broader commitment to psychological health, social cohesion, and the prevention of deviance.

34 — Beyond the clinical sphere, postwar governments increasingly viewed cultural engagement as a tool of social policy. In Britain, the Arts Council promoted access to creative education as a means of social inclusion and civic participation. Similarly, in the United States, the National Endowment for the Arts (NEA) and the National Institute of Mental Health (NIMH) funded art-based community programs that linked creativity with mental well-being (Junge 2018, 42). These initiatives blurred the line between cultural policy and mental health governance, treating artistic experience as an instrument of democratic citizenship.

The political symbolism of art therapy also resonated in transatlantic and global arenas. During the Cold War, the United States promoted creative therapy and expressive arts as symbols of liberal individualism and freedom of expression—contrasting them with the rigid collectivism of Soviet ideology (Morgan 2019). Simultaneously, in socialist Europe, state-sponsored cultural programs employed art as a means of moral education and social harmony. Thus, art therapy became a form of cultural diplomacy, expressing the ideological aspirations of competing political systems through the universal language of creativity (Lobban 2019, 22).

By the late twentieth century, the institutional model of art therapy had diffused globally, facilitated by transnational organizations, academic exchanges, and international NGOs. In Western Europe, art therapy was integrated into social services and prison systems; in the United States, it became part of veterans' rehabilitation policy; and in the Global South, it was introduced through humanitarian and development programs targeting refugees and war-affected populations (Howie 2017, 13).

This global diffusion can be understood through the lens of policy transfer theory—the process by which innovations in governance spread across borders through epistemic communities, professional networks, and international norms (Junge 2010, 156). Art therapy’s transnational spread illustrates how a culturally grounded practice can evolve into a universal policy tool for managing trauma, promoting inclusion, and legitimizing modern governance. It embodies the humanitarian turn of postwar politics, where emotional well-being became a marker of both national modernity and international credibility.

Ultimately, the postwar institutionalization of art therapy reveals a key transformation in the nature of political power: the shift from ruling through discipline to governing through care. By embedding creativity in public policy, states not only addressed psychological needs but also cultivated affective allegiance, civic participation, and resilience—qualities central to the stability of liberal democracies. Art therapy, therefore, represents a paradigmatic example of political healing, where aesthetic experience becomes an instrument of both governance and freedom.

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The Cold War period (1947–1991) brought art therapy into the arena of ideological confrontation, transforming it from a clinical practice into a tool of cultural politics and psychological governance. Both Western and Eastern blocs recognized the political value of managing emotion, identity, and creativity—domains previously confined to psychiatry and aesthetics but now integral to state legitimacy.

In the United States and Western Europe, art therapy was institutionalized within the logic of liberal humanism and psychological modernity. The U.S. government, through agencies such as the National Institute of Mental Health (NIMH) and the Veterans Administration, funded programs that used art and creative expression to rehabilitate veterans and reintegrate them into civilian life (Junge 2018, 45).

This investment was not merely medical—it was ideological. In the context of the Cold War, Western societies framed creativity and self-expression as the hallmarks of freedom. Artistic practice became a form of psychological resistance to totalitarianism. The emphasis on “creative individuality” mirrored the West’s moral claim to defend human autonomy against collectivist oppression (Rubin 2016, 434).

Within this framework, art therapy embodied what Joseph Nye later termed soft power—the capacity to shape values and behavior through cultural attraction rather than coercion (Howie 2017). Hospitals, universities,

and even international exhibitions presented creative therapy as evidence of democratic compassion and scientific progress. For instance, art-therapy works by veterans and psychiatric patients were displayed in cultural diplomacy exhibitions organized by the U.S. Information Agency, symbolizing the healing potential of free expression under liberal democracy.

This ideological linkage between art, freedom, and mental health contributed to the broader psychological modernization of Western societies. Creativity was reframed as a civic virtue, while emotional health became a measure of good citizenship. The “therapeutic culture” that emerged in postwar America—where emotional expression was valorized and psychological suffering was medicalized—functioned as a subtle form of governance, integrating individuals into the social and political order through self-regulation (Lobban 2019, 49).

36 — In the Eastern bloc, art therapy took on different ideological meanings but served parallel functions. Soviet and socialist psychiatrists developed forms of art pedagogy and occupational therapy that aligned with the doctrine of collectivism. While creative self-expression was not promoted as an individual right, it was recognized as a method of social reintegration and moral rehabilitation.

For example, in the USSR and Eastern Europe, art was integrated into psychiatric hospitals, sanatoria, and workers’ clubs as part of the broader socialist project of cultivating “healthy socialist personalities.” In this sense, art therapy served as a disciplinary mechanism of collectivist normalization, rather than an expression of individuality. The production of art under medical supervision symbolized the transformation of pathological deviation into socially useful behavior (Hogan 2001, 98).

However, even within the socialist framework, art therapy retained an implicit political ambivalence. The act of creation often produced spaces of emotional autonomy that escaped ideological control. In psychiatric institutions, patients’ drawings and paintings revealed inner experiences beyond the limits of socialist realism, reflecting the quiet persistence of the private self. Thus, despite official regulation, art therapy in socialist countries functioned as a zone of silent dissent, where personal emotion and imagination became forms of symbolic resistance (Morgan 2019).

From the 1960s onward, international organizations such as UNESCO, the World Health Organization (WHO), and various NGOs incorporated art therapy into their humanitarian and educational missions. Art was framed as a universal human language capable of bridging cultural divides

and promoting peace. Workshops and exhibitions were organized for children affected by war, natural disasters, or displacement, reflecting a humanitarian turn in global governance.

This period also saw the development of transnational art-therapy networks, connecting practitioners from Europe, North America, and postcolonial nations. Art therapy was introduced into peacebuilding programs, refugee rehabilitation, and educational reforms across Asia, Africa, and Latin America (Howie2019). These initiatives often combined Western psychological frameworks with indigenous artistic traditions, creating hybrid forms of cultural practice.

Politically, such programs contributed to the moral economy of international legitimacy. Through the language of healing and empathy, Western states and organizations projected an image of benevolence, offsetting the coercive dimensions of foreign policy. Art therapy thus became a humanitarian technology of governance, reinforcing liberal internationalism through aesthetic care.

The Cold War institutionalized a global system in which emotional life became both a site of state intervention and a medium of soft power. Art therapy emerged as a bridge between psychiatry, education, and international relations, reflecting how governance increasingly operated through culture and affect. Its diffusion across ideological boundaries demonstrated that, despite political oppositions, both systems shared a belief in the manageability of emotion as a resource of stability.

In this sense, the Cold War transformed art therapy into a transideological practice: a method simultaneously therapeutic, pedagogical, and political. Whether employed to demonstrate liberal freedom or socialist solidarity, it embodied the modern conviction that healing and governance are inseparable in the construction of the human subject.

The Russian–Ukrainian war (2014–present, full-scale since 2022) has transformed the psychological and political landscape of Eastern Europe. It is not only a military confrontation but a war of meanings, memory, and identity. Within this multidimensional conflict, art therapy has emerged as both a humanitarian practice and a political phenomenon – a medium through which individuals, communities, and the nation itself negotiate trauma and resilience.

In Ukraine, art therapy has evolved from a niche psychological tool into an integral component of national psychosocial recovery policy. As the state and civil society grapple with unprecedented levels of collective

trauma, creative expression has been recognized as a mechanism of emotional stabilization, civic engagement, and social solidarity (Bida 2018, 16).

Art therapy operates in multiple political registers. At the micro level, it addresses the psychological consequences of war among soldiers, internally displaced persons, and civilians. At the macro level, it contributes to the symbolic reconstruction of national unity, offering citizens a participatory framework through which suffering can be reinterpreted as resilience. In this sense, the spread of art therapy in Ukraine reflects the politicization of care—a process whereby therapeutic practices assume civic and moral significance in the public sphere.

Art therapy in wartime Ukraine performs a dual role: it heals the individual and reaffirms collective identity by transforming private pain into shared experience (Averianova2023, 141). Artistic workshops, murals, and exhibitions are not merely therapeutic sessions; they are public rituals of solidarity that reassert Ukraine's capacity to endure and create amidst destruction. The proliferation of art therapy initiatives across Ukraine demonstrates the strength of decentralized civic resilience. Local NGOs, volunteer networks, and educational institutions have assumed functions often associated with state welfare systems. Their activities align with what scholars of governance describe as the affective state—a mode of rule in which emotional care becomes a form of political participation (Averianova 2023, 143). For example, projects such as Art for Freedom in Kyiv and Healing Brush in Lviv integrate art therapy into broader social campaigns for veterans' rehabilitation and gender equality. These initiatives combine aesthetic creation with advocacy, bringing together psychologists, artists, and policy actors. They exemplify how cultural therapy becomes a form of participatory governance, where citizens enact state-like responsibilities through empathy, creativity, and collective care (Averianova2023, 144).

Such practices also illustrate the shift from institutionalized welfare to networked resilience, characteristic of societies under wartime conditions. In the absence of stable bureaucratic systems, emotional governance operates horizontally—through interpersonal relations, community workshops, and artistic collaborations. This decentralized structure mirrors the wider democratic ethos of post-2014 Ukraine, where civil society often compensates for the state's infrastructural weaknesses.

One of the most politically significant domains of art therapy in Ukraine concerns veteran reintegration. The return of thousands of combatants to civilian life has generated an urgent need for psychological support and

social recognition. Programs such as those developed by Veteran Hub and PsyHelp UA employ art therapy to address post-traumatic stress, anxiety, and moral injury. Beyond individual recovery, these initiatives contribute to the formation of what scholars term post-traumatic citizenship collective identity shaped by the experience of survival and sacrifice (Stoliarchuk2023, 205). Through painting, sculpture, and performance, veterans articulate narratives of resilience that challenge the stigmatization of trauma and affirm their continued belonging to the civic community. Public exhibitions of their works, often organized in cooperation with municipal authorities, serve as both therapeutic and political events, symbolically re-integrating the soldier into the moral fabric of the nation.

Internationally, Ukraine's art-therapeutic practices have also acquired diplomatic resonance. Exhibitions of war-related art by Ukrainian civilians and veterans have been hosted in European capitals, framing creative healing as part of the country's cultural resistance to aggression. These events, supported by institutions such as the Ukrainian Institute and the EU's Culture Moves Europe initiative, operate within the logic of soft power—showcasing Ukraine's moral resilience and humanitarian sophistication to global audiences (Averianova2023, 142).

At the same time, art therapy in Ukraine challenges the binary between victimhood and agency. By emphasizing creativity and self-expression even in conditions of violence, it reframes Ukrainians not as passive sufferers but as active subjects of emotional sovereignty. In this sense, art therapy becomes a political statement: an assertion of life, culture, and identity against the dehumanizing logic of war.

Ukraine's implementation of art therapy exemplifies how global frameworks of care—developed through the UN, WHO, and humanitarian NGOs—are localized and politicized in wartime contexts. International donors have provided funding and training, but the adaptation of these practices within Ukrainian cultural traditions (folk art, embroidery, pysanka, muralism) has endowed them with specific symbolic power.

This synthesis of global knowledge and local aesthetics illustrates a bottom-up model of cultural resilience, in which communities transform external methodologies into instruments of self-determination. The result is not merely psychological rehabilitation but the articulation of a collective political subjectivity centered on creativity, dignity, and resistance.

Conclusions. The history of art therapy, from its origins in wartime Britain to its current application in Ukraine, reveals the profound entan-

glement between aesthetics, psychology, and politics. What began as Adrian Hill's personal discovery in a tuberculosis sanatorium evolved into a global practice that bridges the realms of healing and governance. Over the course of eight decades, art therapy has functioned not merely as a clinical technique but as a form of cultural and political action—a means of negotiating the boundaries between suffering, resilience, and power.

Throughout the twentieth century, each historical crisis reshaped the role of art therapy. In the aftermath of the Second World War, it reflected the moral reconstruction of the welfare state: a vision of citizenship grounded in emotional health, creativity, and social participation. During the Cold War, art therapy became an instrument of soft power, mediating ideological conflict through humanitarian rhetoric and aesthetic expression. In contemporary Ukraine, it represents a strategy of civic resilience, where art becomes both a method of trauma recovery and a symbolic assertion of sovereignty.

40 — This trajectory underscores the political dimension of healing. The management of emotion, whether through psychological care or cultural policy, has been central to modern statecraft. As theorists such as Susan Hogan suggest, the governance of affect—how societies regulate pain, empathy, and creativity—constitutes a form of political power in itself (Hogan 2001, 76). Art therapy operates precisely within this domain: it transforms private emotion into public meaning, reconciling individual healing with collective identity. In both historical and contemporary contexts, art therapy reveals the existence of what may be called a moral infrastructure of care—an assemblage of institutions, practices, and discourses that sustain social cohesion in times of crisis. Hospitals, schools, cultural centers, and volunteer organizations all serve as nodes in this therapeutic network. Through artistic creation, individuals externalize trauma, but the process simultaneously reinforces political community. Healing becomes a form of belonging, a way to re-enter the shared moral space of society after violence and loss (Hogan 2001, 105)

In wartime Ukraine, this infrastructure has taken on renewed urgency. Art therapy sessions held in bomb shelters, hospitals, and rehabilitation centers have become microcosms of the nation's moral resilience. They embody a distinctly democratic form of care, one that emerges not from centralized authority but from collective empathy and creative agency. As Ukrainian therapists and artists repeatedly emphasize, to paint, to sculpt, or to sing under bombardment is to affirm both life and citizenship.

Art therapy today functions as a mediating force between the individual and the political. It enables citizens to process the emotional consequences of war while participating in the cultural defense of the nation. In this dual capacity, it exemplifies the transformation of therapy into politics—not through propaganda, but through the rehumanization of experience.

As Ukraine continues to resist aggression, art therapy provides an alternative model of sovereignty: one grounded not in coercion but in empathy and creativity. It redefines what it means to govern and to survive. The painter's brush or the child's drawing becomes a declaration that trauma can be articulated, shared, and ultimately transcended. This vision resonates far beyond Ukraine, offering a global paradigm for how societies may heal in the aftermath of violence.

In theoretical terms, art therapy challenges the conventional separation between the private and the public, the therapeutic and the political. It invites scholars to consider healing as governance—the organization of care, emotion, and imagination as political resources. Such an approach bridges multiple disciplines: psychology, art history, cultural studies, and political science. It demonstrates that resilience is not merely a psychological state but a civic capacity sustained by collective creativity.

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