

## **'A GAP IN THE ARTS'**

### **Proposed a-n magazine (Artist's Newsletter) article 2002**

Working the arts in the contexts of Healthcare, social action, social inclusion, and creative empowerment is an idea with a long history. A glance at recent issues of a-n shows the extent to which these branches of arts practice are again 'flavours of the month'.

From just the April 2002 issue we can glean: Martyn Stanton Harris's letter: 'Artists are being used like Social Workers'; the 'Ideas popular piece reporting that 'three quarters of people want to see more art in schools, hospitals....as alternatives to public galleries; the 'Arts and Agriculture Forum', the learning disabilities arts database (p19); the 'Arts and Culture for the People' conference focussing on Social Inclusion (p19), the 'mentoring' scheme for residency artists (p43), 'The Art of Well-being' project 'creatively exploring health issues' (p47). And so on.

There is shared assumption between these diverse initiatives. It is that, in some way, the Arts Are Good For Us. This premise assumes, but seldom states, that the 'good' ingredient is psychological.

Yet the psychology of creativity is seldom mentioned, let alone taught in art trainings. One field of art practice has however developed, over sixty years, considerable expertise in exactly this field. It is called Art Therapy. All Art Therapists have arts trainings and backgrounds, and many of us still work as artists. In addition to this, we are expected to have a rigorous two year postgraduate level of training in the psychological and therapeutic aspects of art making in order to qualify for State Registration (without which it is now illegal to practice).

Art Therapy grew from some very similar situations to some of what we now see in say, artists residencies in health contexts. Some of what was to

become art therapy came from Adrian Hill's work in a TB sanatorium in the 1940s for instance. Artists working in these contexts were quick to realise that the results were very powerful. They sought alliances with psychological and therapeutic thinkers to gain better understandings of, for instance, the way that this that the personal relationship between facilitator, the painter and the art work produced creative, emotional and psychological change. They became more and more interested in the 'living effect on the painter themselves' than in producing art 'products'.

Over time, this led to a professional organisation (The British Association of Art Therapists, BAAT), the establishment of training standards, recognised career structures with the NHS, and ultimately State Registration. Getting art making into the 'system' as part of what should be) available where there are health needs has been a huge achievement. There are around 1500 Art Therapists in this country. Between them, they meet with a lot of people! When people are offered this service, all the available research shows that they value it very highly indeed.

The price on this has been defining therapeutic art making as 'Treatment', which conjures up images of Men In White Coats, Who Do Things To You. In reality, Art Therapy is not about 'interpreting' images, or making diagnoses from them. What we do is have some expertise in how people who 'can't draw' can find ways into art making, and once this has happened knows how to have ongoing and interesting conversations about what's happening, how it feels and where it leads. Most practising artists will be aware through their own experience how powerful the feelings and autobiographies that come up through art making can be. Many of us will have had quite damaging experiences, often at arts colleges, of how crushing and disempowering aesthetic and ideologically damning judgements around tentative processes can be.

The shared assumption that the arts are psychologically beneficial partly rests on their impact on self esteem. It is empowering to create and feel your own stories. Partly because these processes are delicate and wither under premature judgement, and partly because we are so often working with some pretty terrible stories of the abuse and neglect that so often contribute to emotional and psychological problems, Art Therapy work is frequently invisible.

Because Art Therapists are also highly aware of the importance of relationships, they are also often concerned with what kind of 'boundaries' make the work safe. The need to protect non judgmental creative spaces, the nature of the distress that we work with, the kinds of relationships that we form, and the kind of psychological language that is often used to describe these things can make Art Therapy seem a closed world that has more in common with fantasies about Freud's Couch than the reality of the creativity conversations of an art studio.

Art Therapy has struggled hard to become 'a profession'. And professions are 'a conspiracy against the public'. Yet what has ultimately driven this development, and what got government support for it, was public protection (the world does not need more amateur psychotherapy) and accountability of training standards and ethics. The arts are psychologically powerful. They deserve to be handled with respect, as do the frequently silenced and disempowered people who turn to them, often when other 'treatment' has failed.

Art Therapy is built on art practice. It was invented by artists, not by psychiatrists (who frequently don't support it). Neither is it psychotherapy with felt tip pens, though it has learned a great deal from psychotherapeutic and psychological thinking. It has much to offer the sorts of projects outlined in the April edition of a-n. We have sixty years of work on the psychology of image making, therapeutic relationship and creative empowerment behind us.

There is huge amount of experience, particularly around mental health and disability issues. There is very clear thinking about what sort of support psychologically engaged practitioners need to be safe and effective.

Ideas do come round in cycles. The This new cycle of thinking about art as functioning in, and having some responsibility towards, social and psychological contexts is to be welcomed. It would be foolish however to reinvent the wheel. We expect artists to be visually literate and intelligent. We should expect artists who are functioning in Social, and especially Healthcare contexts, to be emotionally and psychologically literate and intelligent. Many projects are. Others neglect these areas to the point of themselves being abusive. We are aware for instance of a two artist residency in a psychiatric setting where service users were invited and encouraged to paint. The artists then took it on themselves to rip up and collage the work. Their offered rationale was that the work was 'egotistical'. This appeared to mean that it was important to the person who had made it. The artists were apparently astonished at the hostility their intervention provoked.

A pretty short conversation with an Art Therapist would have produced some insights: that people will usually psychologically identify with their art work: it is to all intents and purposes an aspect of themselves. How we treat the work is how we treat the person. Working creatively means taking risks with ourselves, letting ourselves be vulnerable. If we can't do this, we can't discover anything new. Creative and psychological growth happen in the right conditions: If we are trying to facilitate this experience, our contract is of trust, the absence of aesthetic and psychological judgements and labels, and of a 'holding' relationship.

These aspects of good practice are not confined to specific 'treatment' of emotional and psychological distress or disturbance, but to the whole field of participatory arts projects in these settings. It would seem natural then, to seek Art Therapy involvement with this sort of work. To have arts based, well

informed, psychologically trained practitioners who are already well established in many health and social settings and to not make use of what they have to offer is the opposite of 'joined up thinking'.

This is not just about good practice for service users, it is about the support and protection of practitioners too. An Art Therapist is working every day with some of the extremes of distress the services have to offer. We have learned how survive and work effectively with this. An artists on a residency in say, and oncology ward (it happens), will be subject to very similar pressures.

The time is right for much broader thinking across the arts/health field. Art Therapy is a largely untapped resource of psychologically and emotionally informed thinking and practice about why people need the arts, how this works, where some of the pitfalls are and how real creative and health benefits are attained. It is conversation that we look forward to.

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