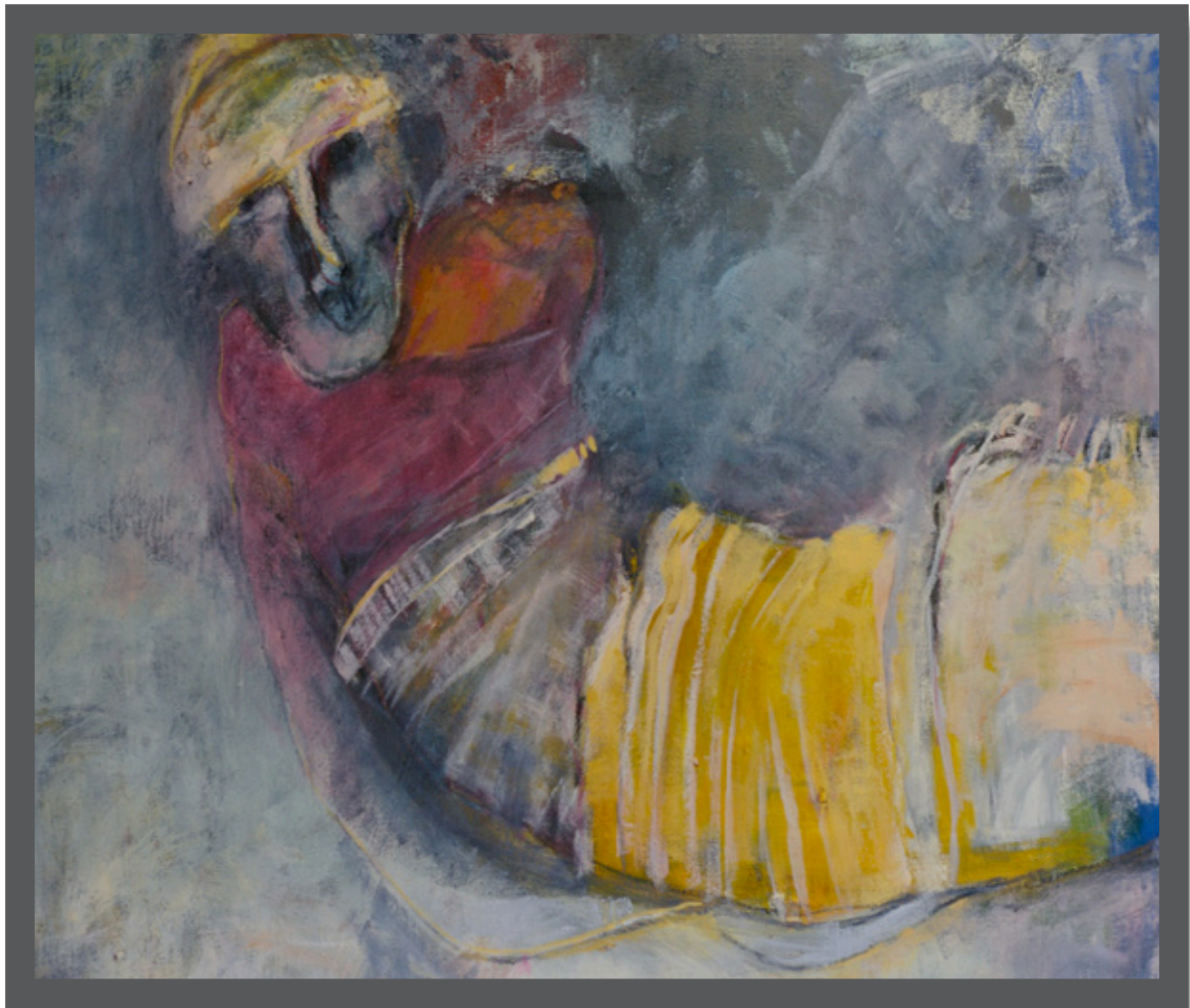


New Therapist

Indispensable survival guide for the thinking psychotherapist

January/February 2008

The Art Edition



The art of therapy

**When a therapist trades
her couch for an easel**

The therapy of art

**Finding therapeutic
meaning in clients'
artistic creations**

Art Psychotherapy: the wood in between the worlds

By Malcolm Learmonth & Karen Huckvale



Art making demands presence in body, mind, feelings and, many would say, soul. It engages the whole person. Art making moves in and out of words, the thing made and our stories about what is made and how it came to be. It demands spontaneity and control, immersion and reflection, conscious and unconscious processing. Psychotherapy also explores 'the places between' the spoken and the unspoken, the meaningful and the chaotic, between thoughts, actions and feelings. Both disciplines thrive in the liminal.

The "wood between the worlds" of our title is taken from CS Lewis' story *The Magician's Nephew*. While the wood itself is silent and still, in it there are many pools of water. They appear to be just shallow puddles. If you jump in however, each one is the gateway to a different (perhaps inner) world. Art psychotherapy is a bit like that!

This article is intended to allow a glimpse of the wood and a paddle in a couple of the "puddles" to be found there. We hope that this is enough to encourage further exploration.

Theoretical underpinnings of art psychotherapy

Art Therapy, or Art Psychotherapy, (both terms are used) approaches mental health treatment, resilience and recovery through a symbiosis between creative process and therapeutic relationship. Its roots therefore lie in both art and psychotherapy. This account is based mainly in UK experience.

Art Therapy is, however, practised internationally.

Many currents of psychotherapy thinking have influenced its development: person centred, Jungian, psychodynamic and group analytic orientations are all practiced. This case in this article has also been influenced by concepts from Marsha Linehan's 'Dialectical Behaviour Therapy'.

"One of the most robust findings in psychotherapy research is that a good therapeutic alliance is the best predictor of outcome in psychotherapy," says Holmes (2002).

John Bowlby's Attachment Theory has influenced understandings of the art room and the therapist as secure bases from which to explore, rehearse, revisit, reframe, play and take risks. There are powerful arguments made by Winnicott, Stern, Dissanayake and others that the origins of the arts themselves lie in the capacities for expression and attunement in early attachment relationships. Creativity and relationship, both rooted in attachment experiences, are probably more important than model.

The aims of psychotherapy have been summed up by Holmes (1993), also from an attachment theory point of view, as:

- 'Autobiographical competence' — a sense of our story, of how we got to be who we are that makes sense to us, and gives us a realistic sense of authorship for its continuation, and
- 'Affective processing' — being able to appropriately manage how we feel about that story, particularly as it continues to colour our everyday lives.

Image making, skilfully facilitated, leads seamlessly into story making, explorations of narratives and potential meanings. We powerfully identify with the images we make. (Imagine you have made a drawing, and your teacher/parent/therapist rips it up: you are likely to feel that you have been 'ripped up'). So the stories that we bring from image making into a therapeutic relationship are also likely to reflect aspects of our stories and identities, and their exploration helps in developing autobiographical competence.

Image making has the potential to both express and contain very powerful feelings, and help to develop affective processing and emotional intelligence.

Theory is constantly evolving and it seems likely that as the profession matures it will identify less exclusively with the psychoanalytic models which were the dominant narrative at an earlier stage. Frames of reference are broadening, cultural assumptions being questioned and new theory developed which locates art psychotherapy within a broader Arts & Health movement.

In the UK the art psychotherapy profession, from its beginnings in the 1940's as an innovative, if unorthodox, approach now shares with other allied health professionals a firm legal framework for ethical accountability, training standards, public protection and continuing professional development through the Health Professions Council. Qualification is via two-year full-time, post-graduate degrees with mandatory personal therapy. About 1,500 Art psychotherapists, work across the UK's National Health Service (NHS), education, criminal justice, charitable and voluntary sectors and in private practice. Working with all ages and a huge range of needs partly accounts for the necessity for flexible theory and practice. Many of the contexts are a million miles from the couch and carpeted rooms of Freud's work with the educated middle classes. In fact art psychotherapists are often working with some of the most socially marginalised and excluded populations such as: young offenders, those with severe and enduring mental health problems and people with learning disabilities.

As a form of art practice, art psychotherapy shares roots with broader Community Arts and Arts & Health approaches. The term 'art therapy' was coined by Adrian Hill in the 1940's. Hill also established the first scheme offering a 'library' of artworks for hospitals to borrow and wrote 'teach yourself to paint and draw' books. Art, from the beginning, was being thought of as a health intervention on many levels.

Other pioneers like Irene Champernowne (Stevens) grappled with what she called, "an uneasy partnership" between art and psychotherapy. Her radical 1940's experiment in therapeutic community, psychotherapy and art making at Withymead, Exeter, UK, initially employed Jungian analysts to do the therapy and artists to run the workshops. The result was a kind of hybridisation: ultimately the dual trained practitioners in art practice and psychotherapy we have today.

“There is a dynamic, and sometimes a conflict, in the arts and mental health between the product, the artwork itself, and the process of its creation. Art psychotherapists tend to focus on the process and relationship side of the equation. Nevertheless aesthetically stunning artworks are sometimes produced in therapy contexts. In art psychotherapy the maker's own creativity often astonishes them!”

There was already a long standing interest in the art world in 'The Artistry of the Mentally Ill' (Prinzhorn) and 'art brut' or 'outsider art'. The latter, championed by French painter Jean Dubuffet, focused on art making born of the innate human compulsion to make, and the originality of often eccentric, often lone and sometimes distressed or disturbed artists. "Art", Dubuffet wrote, "is at its best when it forgets its own name."

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relationship side of the equation. Nevertheless aesthetically stunning artworks are sometimes produced in therapy contexts. In art psychotherapy the maker's own creativity often astonishes them!

Well 'held' art making spaces have an inherent capacity to yield health benefits. Simply to experience oneself as an autonomous, creative and choice making being alongside others can, in itself, be a powerful medicine. The art room itself can be the antithesis of the 'invalidating environment' (Linehan) which leaves some vulnerable to mental health problems. Art rooms are often experienced as asylums within the asylum, a refuge or oasis within schools and other institutions.

Art making as validation has been commented on by artists:

"Art is not about art. Art is about life. All art comes from terrific failures and terrific needs that we have. It is about the difficulty of being a self because one is neglected. Everywhere in the modern world there is neglect, the need to be recognised, which is not satisfied. Art is a way of recognising oneself."

Louise Bourgeois.

And by psychotherapists:

"It was not until I started to experiment with spontaneous painting that I was first able to gain access to the undistorted reality of my childhood"

Alice Miller

Art making and mental health

Art psychotherapy melds the capacity for creative autonomy with psychotherapeutic insights and support. While it is the nature of art making and the image to have capacities both to express and contain extremely powerful feelings and experiences, working safely at depth requires the greater containment provided by psychotherapeutic boundaries. This

is particularly important when working with abuse and trauma. The role of the art psychotherapist is to be a kind of bilingual amphibian: equally at home in the deep pool of art making as on the containing banks of psychotherapy. Diagram 1, below, shows that these places are related through a spectrum.

they can not only facilitate reframing, new understanding and radical change but also the 'radical self acceptance' that can, in itself, be the greatest change. Images may serve to focus potential conflicts into workable dynamics. Jung commented

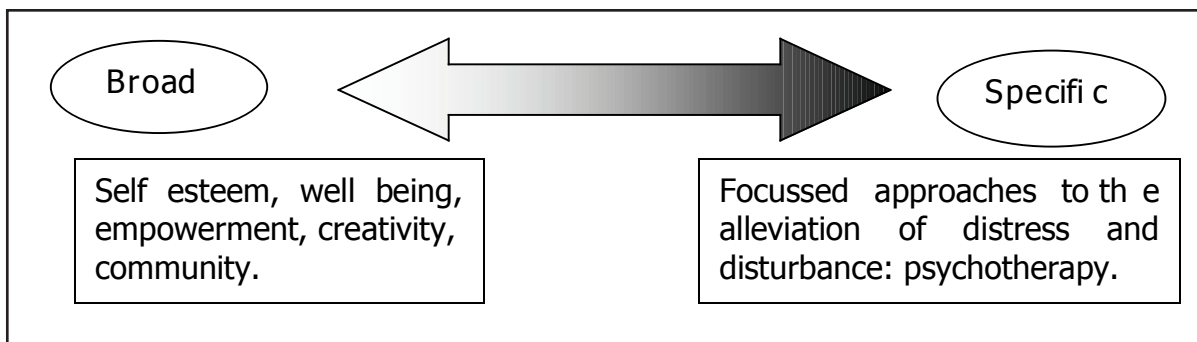


Diagram 1

The transition from broad to specific is not clearly defined. It is dependent on the training and integrity of the therapist, the context for the work and the capacity and state of mind of the client.

Only an unwise psychotherapist would dive unthinkingly into the pool of art making with no personal experience of what it entails. And an unwise artist would attempt to work at depth with distress and disturbance without the solid 'banks' of training, theoretical understanding, supervision and personal experience of psychotherapy. It is through the latter that we really understand the power dynamic, vulnerability and potential for abuse in psychotherapy.

Psychotherapists without considerable personal art experience often find that, in having introduced art materials, little more than 'psychotherapy with felt-tip pens' is produced. Or they find that they do not have a sufficient command of the language of images and image making to be able to take part in what is called in art psychotherapy The Triangular Relationship (Schaverien) and the conversations which follow.

The Triangular Relationship

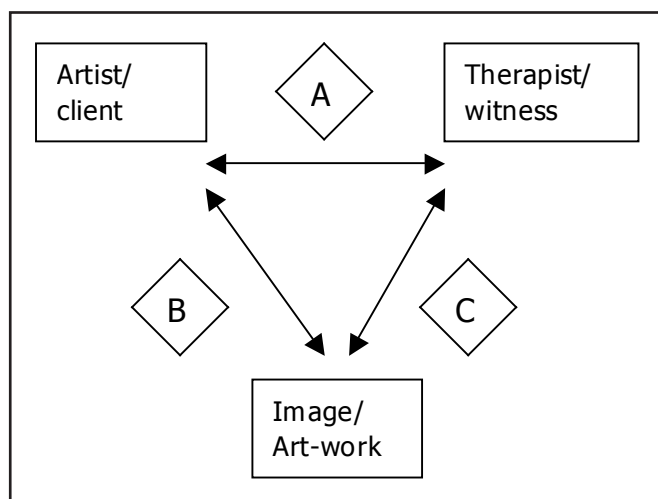
The relationship and potential for conversation between therapist and client is well documented in psychotherapy. In art psychotherapy we also have the image to consider. It is vital to understand the reciprocity of this process. The image 'speaks' to both maker and witness. It is through exploring and deepening this that meaning emerges. The destructive fantasy that 'interpretation' consists of a one way traffic that 'explains' the image is a frequent and naïve underestimation of the qualities of image language.

It is the nature of images, and of emotions, to be fluid, complex, ambivalent, and capable of many 'meanings'. This resonance is in itself what makes images such powerful psychological tools. Reducing them to a 'nothing but' analysis kills the goose that lays the golden eggs. The triangular relationship gives equal authority to the image, the maker and the witness in this case the therapist. Meaning and new understandings arise from repeated explorations of the 'spaces between' these partners. One of the many paradoxes of images is that

that in psychotherapy, by 'holding' and 'cooking' conflicts, rather than trying to 'fix' them 'problems are not solved: they are outgrown'. Art making can be where this growth is allowed to take place.

The consequences of the triangular relationship flex with the setting, the client and the artwork. The potential complexities of transference and countertransference between client and therapist in psychotherapy are recognised and worked with. The image additionally evokes an aesthetic countertransference from both the therapist and from the client. There is a life in the picture which stimulates its creation and the life of the picture once it is created. The image and all its components can be understood as aspects of the artist themselves. 'Rushing' this understanding to consciousness prematurely is invariably unhelpful. A Gestalt approach, where the artist is encouraged to 'speak for' or voice the often contradictory elements within an image is, however, extremely useful for exploring the conflicts, ambivalences and dynamics implicit in emotional reality. Images can feed back to us these, often muddled experiences simultaneously, which is so different from words. Simply to be helped to 'listen' to the image can encourage greater insight and self acceptance.

The therapist is interested in the process of creation and in the formal qualities of the completed image regardless of whether it is 'good' art or not. In order to distinguish between



different kinds of aesthetic responses to images Schaverien identified two distinct types of image or art object. These are:

Diagrammatic images are often a very conscious form of communication rather like a map. They often illustrate a spoken or written meaning. (for example, a 'broken heart')

Embodied images express a feeling state which cannot be wholly explained in words. Exploring these images often leads to perspectives not consciously intended, and the surfacing of unconscious meanings: 'The point about the embodied image is that in the process of its creation feeling becomes live in the present and so the psychological state of the artist/ client is transformed. Such a picture plays a significant part in the healing process' (Schaverien).

Embodied images tend to carry greater intensity in their making and presence. Five stages to the triangular relationship between image, maker and therapist have been suggested:

- **Identification:** Usually an unconscious and non-verbal process, where the client is focused on making. The therapists' role is as witness, offering containment. Aspects B & C of the triangle predominate.
- **Familiarisation:** The client/artist stands back and the process of becoming a conscious spectator of their work begins. The therapists' role remains as witness and container. Again aspects B & C predominate.
- **Acknowledgement:** The client's conscious attitudes to, and feelings about, the image emerge and the therapist may be invited to overtly become a second spectator and speak about the image. All aspects of the triangle are active.
- **Assimilation:** Here the client returns to observing and experiencing the image with new understandings and perspectives as a consequence of conversations, musings and further image making. All aspects of the triangle are active but the A & B aspects may be strongest and also alternating.
- **Disposal:** The disposal of artwork is always meaningful and is, in itself, a significant part of the therapeutic process. The image may become a talisman of a turning point or achievement to be displayed, a scapegoat to be rejected and perhaps destroyed, or recognised (consciously or unconsciously) as a significant stage which has been processed and which can be left with the therapist.

"Elaine"

Because of the range of stages, needs, contexts and orientations there is no such thing as a 'typical' art psychotherapy session or case. Each experience is essentially a unique encounter. We are using two very different vignettes of case work to illustrate how varied therapeutic approaches used in art psychotherapy lead to changes. Therapeutic interventions are tailored to the context, relationship and resources. Some factors are practical: is there a dedicated art room? Is it 'mess friendly', and with running water? What range of materials are available? Will therapy sessions be free from interruption? Some are systems based: is the therapy process understood/valued by other professions, carers or family who are involved? If someone can't make their own way to sessions, will this be facilitated? Others are specifically about the contractual: is this person overtly a 'customer' for therapy? Are they able

or willing to engage with the therapist? At what level? Is this person actively seeking help for themselves, or is it that someone else thinks it would be a good idea if they changed? These contractual questions are usually addressed as part of the assessment phase prior to therapy.

This first vignette is of an extremely pragmatic approach to art psychotherapy with severe and enduring mental illness, initially within a psychiatric inpatient context. It illustrates how what may superficially look more like an introductory art course rather than a psychotherapy programme succeeds in therapeutic engagement and results where a conventional psychotherapy would have stood little chance.

'Elaine' appeared to be an embodiment of the suburban housewife: tidy, sensible, softly spoken, the kind of lady who would match her handbag to her shoes. She carried diagnoses of long-term depression and obsessive compulsive disorder, with symptoms including intensive washing and cleaning, panic attacks, self harm, multiple suicide attempts and agoraphobia. She was a very high suicide risk.

Throughout her forty odd years Elaine had been subjected to intrusive and resented contact from her parents, which she felt unable to refuse. Her father was volcanically aggressive. Her mother demanded, then rejected support and couldn't contain her own needs. It was a picture of long-term emotional abuse. As a teenager Elaine had been raped by her father's friend, a man religiously obsessed, emotionally undermining and abusive. Attempting to talk with Elaine about her story resulted in her either becoming so distressed that she hyperventilated, or in her 'shutting down' and avoiding all communication.

This background was a picture of an invalidating environment. A classic psychotherapy approach might be to attempt to look at 'the issues'. With Elaine, and many like her, there is not enough 'dry ground' to stand on in the here-and-now to explore autobiographical competence. The only possible place to work was in the here-and-now manifestations of her problems, in other words with her 'behaviour'. Art making is something we do. It therefore offers a space on which we may learn to do differently. The assessment meetings were framed in terms of a place where Elaine could have a rest from her problems, not a place where she would confront or 'work on' them.

Elaine was on huge amounts of medication. She was 'sectioned' (compulsorily detained: nicknamed after Section 3. Mental Health Act. 1983. UK) and on her eighth admission to hospital. She had received numerous courses of cognitive behaviour therapy (CBT) and electro-convulsive therapy (ECT), 'disclosure work' — focusing on her rape, 'exposure work' — for her agoraphobia, anxiety management and social skills courses.

Hour-long art psychotherapy assessment sessions started whilst Elaine was in hospital. To begin with, all her anxiety about mess needed to be addressed. Anxiety about physical mess is often a concrete expression of fear about emotional mess. The anxiety had to be anticipated and proof of adequate containment demonstrated. Here this meant providing an apron, latex gloves, and several layers of potential 'spill absorbing' paper on the table.

When experiences may provoke intense anxiety 'anticipatory guidance' is helpful: seeding the idea of what will be encountered ahead of time, enables an 'acclimatisation' to take place.

Having set up the containment for mess, work started with a pencil — the least messy of all materials.



Art psychotherapy seeks to create a safe, uncontaminated space and to enable the client to speak in a language they 'don't understand': to have new thoughts and experiences. The shift in modalities from orally retelling a distressing history to creatively exploring an untainted and alternative present often allows for stuck perspectives to be re-visited or reframed and for new perceptions to appear.

As Elaine engaged with the materials, an emergent love of colour became greater than her fear of mess. The materials led the way and soon she was letting go of her precautions: smudging and blending chalks using an ungloved finger. Paradoxically she had more control of the mess if she was less vigilant about avoiding it. Elaine began to attend the ward art therapy 'open' groups, staying for the whole two hour period and was soon reassuring others who were anxious about mess.



Art Psychotherapists are frequently exasperated by the misunderstanding that their work is 'diversional'. Yet here this was the only way in. Sometimes it is completely valid for the art work to be working terms of compensation, rather than direct expression. Here the 'dialectic' is essentially between acceptance and change. If invalidation is a key cause of distress and emotional dysregulation, it is essential that therapy's 'change' agenda is balanced by, and in a constant dialogue with, an acceptance agenda. To do otherwise provokes distress, or resistance, or both (Linehan).

Working with Elaine, a dynamic agenda underlay the apparent 'diversional' and 'behaviourist' one. Safe containment for the necessary risk taking was established through 'holding' spaces and the therapeutic relationship.

As Elaine's current session was expiring, things were 'better'— largely due to minimal contact with her parents — and she was discharged. She took an overdose within weeks and despite increased support at home repeated this. After coming out of intensive care, she was 'sectioned' again. Drug and ECT treatment continued, and she returned to the ward art therapy open groups. Around this time, she said:

'The painting group is the only space where the voice telling me to kill myself doesn't intrude.'

Elaine was tolerating a remarkably high level of mess and surprise in the art work although she remained reluctant to speak about her difficulties. Her management was transferred to an Assertive Outreach Team, dealing specifically with clients suffering from severe and enduring mental health problems. This made it possible to offer individual art psychotherapy as well as the hospital groups. Art psychotherapy is often a treatment of last resort, as in this case. Art psychotherapists often find themselves working with those who have the most complex and seemingly intractable of problems.

With the transfer to individual art psychotherapy the work became more than just a kind of refuge for Elaine: it became central to how she was being helped. Her whole treatment was more creative as art psychotherapy became integral to her care and the psychiatric nurse who managed Elaine's care plan was supervised by the art psychotherapist.

Working with this client group and context, one of the authors has established that using 'homework' can be a powerful and effective technique because it gradually facilitates the development of independent creative life and provides snapshot views on the progress of internalising the 'good enough' relationship with the therapist as containing, enabling, and modeling of emotional regulation, self soothing and distress tolerance. 'Homework' requires a highly individual, flexible and negotiated approach to the tasks which evolve out of the art making in sessions. Different kinds of tasks are needed according to the clients' mood, current context, ability and motivation. The tasks described here were fully explored in sessions before being considered safe enough by Elaine and her therapist to risk attempting independently. Setting a task, whilst apparently overtly directive, can be very permissive. It ultimately leaves responsibility with the therapist who 'sets' the task. The more open the outcome the greater the likelihood of 'success'. The 'gift' of providing art materials to do the work often moves and excites people.

When Elaine needed to keep safe because the urge to self-harm was strong something predictable and psychologically holding was required such as easy rhythmic, repetitive doodles and patterns which had been well rehearsed. When

feeling relatively optimistic it was possible to initiate new and humorous ideas such as an imaginative cartoon-style soap opera about two friends. This eventually ran to over forty 30cmx 50cm paintings. Between these states colouring in pre-drawn doodles and line drawings, experimenting with colours in simple pre-arranged patterns such as colour wheels was valuable. The freedom to choose colours and the attendant responsibility for having done so was modest and not too challenging yet the results were invariably encouragingly lively. When Elaine was feeling positive it was possible to increase her sense of achievement by taking the risk of learning to do something overtly difficult which she was curious about such as learning to draw in perspective. It was vital the learning had no overt emotional connections. Though the parallel between envisaging and tolerating 'depths' was not lost on the therapist! All of these elements were integrated into bigger projects, such as collages of landscapes, which required at various stages: observing, planning, collecting, sorting and organising colours from junk mail and magazines, sticking, aesthetic choices, judgments, risks and revisions.

As the creative process develops, confidence and self esteem increases, people who never considered themselves remotely 'artistic' really engage with imaginative possibilities and completely self set tasks become possible.

Elaine came to love painting birds. There wasn't much discussion about what these 'meant' although she was well aware that a bird in flight was the antithesis of her agoraphobic state. What mattered was that she loved them, and wanted to keep exploring them and their freedom of movement through painting.

The process of exploring deep seated issues, acclimatising to new ideas and becoming habituated to new behaviours is inherently iterative. The process is seldom linear, and frequently leads us to what seem to be the same places, but to know them for the first time. In art psychotherapy these 'returns', or Jungian 'cooking', are frequently mirrored in the subject and/or style of images made.

Elaine became increasingly flexible in the art room, taking all kinds of risks with new materials and subject matter. She was visiting home and going for short walks without relapsing. She was also more able to reflect and think about her history and difficulties as well as future plans.

The approach was specifically using the creative process to address the problems of emotional regulation, both in and outside the art therapy room and in building up the capacity to work without the physical presence of the therapist, for

Elaine to internalise the process for herself.

The art psychotherapist uses art work and language to do the psychological work on:

- **Containment**
- **Expression**
- **Practice, desensitisation, and familiarisation**
- **Achievement and developing self esteem**
- **Learning**
- **Reviewing, reframing and making changes**
- **Doing things differently**
- **Tolerating anxiety, surprises, the unexpected and not knowing.**

It's interesting to note where the symbolic and 'interpretation' fits, and doesn't. Here the therapist is not working directly with 'the issues' nor using the unconscious or coding aspects of image 'meaning'. The conscious psychological content of the images was not as important as the aesthetic and formal properties: in this vignette, the medium really was the message.

Elaine was discharged. She continued with the hospital art group as an outpatient. Her individual art psychotherapy with subsequent 'homework' now alternated, one week in the art therapy room and the following week the therapist would visit her at home and work on the dining room table. Whilst it isn't common to work out of the safe container of a dedicated art space in this particular case extending the safe 'art space' into the home was desirable.

Many art psychotherapists have to continually transform unlikely spaces creating 'art rooms' out of multiuse offices, classrooms and communal spaces. A peripatetic approach has the advantage of getting into closer proximity with the socially excluded and hard to engage but does make working at depth less possible as the container is inherently less secure.

Elaine's work diversified, increased in complexity, and became a source of public valuation. She contributed to a service users art exhibition, framed work to have at home and to give as gifts. Her art language and range of references extended, she became a keen viewer of *Watercolour Challenge* (a UK TV art programme) which helped her validate her own struggles with art materials, and made the fact that paintings 'go wrong', is right and normal. Managing uncertainty, getting things wrong, capitalizing on 'accidents' and the unintended is key to creative process. Much was achieved in the art

In art psychotherapy, media is loosely divided into two categories:

Dry materials comprise pencils, crayons, felt pens, oil pastels and chalks. These mediums are contained, predictable and generally the mark made reliably stays where you make it.

Wet materials, consisting largely of paint and clay which are more prone to having a life of their own, paint has a natural tendency to dribble, drip, merge and not always go where the painter wants. Paint and clay are fundamentally less contained and more messy. Materials such as charcoal and good quality pastels have a similar capacity to potentially get 'out of hand' as they smudge and don't stay put.

Collage sits somewhere between wet and dry as does the use of scrap materials to create 3D models and the use of Sand Trays and figures.

work, but transferring all the skills into real life was still problematic: shopping with agoraphobia was difficult.

The art psychotherapist introduced Elaine to Andy Warhol's paintings. These were a revelation. It hadn't occurred to Elaine that groceries could be art! In carefully contracted sessions Elaine and her therapist went food shopping.

Building up her art work and learning to draw had involved Elaine in a lot of exercises in looking, and organising how to look. In an art context she had acquired skill in this. Here the task was to bring that same looking to shopping. It became clear that Elaine could not organise her looking in the supermarket. It overwhelmed her. This difficulty understanding organisation in the world would also show up in, for instance, how to find a book in library or how to read a map. Looking was fearful to her.

Elaine's parents lived a state of continual simmering row. As a child, noticing, looking, and asking questions would attract their attention, and she would then become a target for both. 'Don't look, don't notice, don't ask questions' became rules re enforced by fear. The simple act of looking was traumatised for her.

In art psychotherapy sessions more complex and demanding ways of seeing were introduced. Elaine was encouraged to explore the way 'negative space' (the knack, crucial to drawing, of defining shapes by what isn't there, rather than what is), in a picture provides a visual unifying principle. Elaine later expressed it as:

"Being like a jigsaw: every bit of what you see makes up the picture. You have to join all the pieces up in the right order".

Looking and noticing in the wider world became less traumatic as looking 'for arts sake' became more embedded in the process and, of course, improved with practice.

Elaine was using art work to develop an inner witness or observer, a 'wise mind' (Linehan). This is critical in psychological terms. It is from a wise mind that we can carry out Holmes' affective processing. Wise mind is less prone to emotional hijack, the being overwhelmed with feeling that results in panic, depression or self harm. This therapy was focusing on the fundamental organising capacity of art work. Art work, and psychological change, come from a dynamic between discipline and spontaneity. Here art psychotherapy was also working into the field of psycho social education, often neglected in psychotherapy theory, which likes to see itself as 'non-directive', but overtly or covertly is usually a part of how change happens. There are teachable skills involved in dealing with feelings. With Elaine the focus was strongly on using art skills (observation, colour wheels, perspective, negative space) as metaphors for broader psychological skills.

It is five years since this therapy ended. Elaine has remained at home, and with support and greatly reduced medication, leads a fuller life than she dared hope for. She attends a community art group, both for the art, and to get better at functioning in groups. The art making remains important

“The art psychotherapist introduced Elaine to Andy Warhol’s paintings. These were a revelation. It hadn’t occurred to Elaine that groceries could be art!”

in itself, AND because it is not about real life. It is a safe rehearsal space. It's important, because it is not important. This is a paradox for services as when things are going well, a crisis driven service neglects maintenance, which in turn produces crises.

“Christine”

This second vignette, rather than a progression through therapy, focuses on the many 'layers' of a short transaction. The context is still NHS, but working on an outpatient, community basis.

Christine was referred to art psychotherapy by her doctor. Midway through her second year of study for an art degree she had become deeply depressed and had to suspend her place on the course. 'Art therapy for artists' is an interesting area: on the one hand it is easier to be inauthentic when one has some command of the materials, and then being 'good at art' can therapeutically be a disadvantage. On the other, artists often stumble into deeply personal and sometimes traumatic material in the course of their creative process. Contrary to the widespread fear amongst artists that therapy undermines creativity ('as if all the psychotherapists in the world could do anything against the power of a god' Jung), in these circumstances it often serves to release it.

Christine was in her early 40's, her parents were of different nationalities, she was bilingual and had spent much of her childhood in another European country. She had two daughters under the age of 12 and was married to a farmer who was supportive, if incomprehending, of her artwork.

The artwork that had, at least in part, precipitated her breakdown was concerned with a fascination for decay and abandonment in derelict buildings including an abandoned refugee camp. There was more than a hint of the 'refugee' about Christine's own background.

This vignette takes place when the therapeutic relationship was well established and after the therapy has allowed connections to be made between these images, her depression, and the reality of an often alienated experience of a mother who completely failed to protect her and her sister from a desperately intrusive and abusive father.

She was sufficiently recovered to be back at college and had resumed art making there with some of the same themes and preoccupations, but with a clear understanding that her artwork was becoming part of working through childhood trauma. It was very important, in order to feel safe in making the 'public' work away from the therapy room, that she understood these connections could not be casually made by an external viewer — e.g. her teachers. Images are in this sense 'self secret'. ("There is no way of looking at a painting by itself, it's not self evident. It's part of a whole life" - Willem de Kooning.)

Christine began the session by talking about photographs she was taking of small wooden features on doors in an old building. These intrigued and disturbed her. She was invited to explore the features through drawing, the result of which is shown below.



The archetypally 'feminine' shapes of the form that emerged were discussed.

The following week she brought some of her photographs. It was clear from these that the feature was a wooden keyhole cover often found in 19th Century buildings in the UK. It was known from earlier work that her father was so invasive, and she felt so spied upon, that she plugged the keyhole of the bathroom of her childhood home with toilet paper to ensure privacy. It was not hard then to understand why key holes and things that cover them could have huge personal relevance. There were possible correlations through the feminine shape of the keyhole covers both to her own maturing body and the mother who failed to give her 'cover'.

Here the art making outside of the sessions was ongoing, informing and to some extent leading the therapy process.

What she had not consciously noticed was that the old building where therapy happened had several examples of similar keyhole covers on the front door and on a rather forbidding cupboard under the stairs. The personal and biographical level of the image was here taking place directly associated with the container of the therapy. There was transference level to the image.

Further research of the image revealed that these covers are properly called an 'escutcheon' and an astonishing range of potentially relevant meanings particularly the association to a family stain

emerged.

Dictionary definitions included:

- From Latin, *scutum*, shield
- A shield charged with armorial bearings
- Ornamental name plate on a coffin. Perforated plate to finish, opening, as a keyhole etc.
- Part of a ship's stern bearing her name
- 'a blot on the escutcheon' a stain on the reputation of a person, family, etc.

There was a further, social/ historical level to our 'unpacking' of the image. Was the architectural fashion pragmatic draught proofing or an example of the extraordinary levels of the Victorian obsession with sexuality? British Victorians were capable of putting skirts around the eroticised legs of pianos! Were 'escutcheons' created from a similarly prurient anxiety about what went on behind closed doors that might be spied upon? Christine had been brought up with intrusiveness at home and as a church-going member of a suppressing and puritan form of Christianity which had also contributed to her sense of shame. One does not need to be either a Freudian or a Victorian to make a symbolic connection between keys, keyholes and sexuality! There is a twelfth century English example of exactly this double entendre as the basis for a riddle.

In this snapshot we can make out a personal, biographical level of meaning making (the intrusive father who would have been quite likely to spy on his daughters through key holes, the mother who didn't 'cover' them), a transference level (the issues of the past are brought to the therapy space and the therapist), a social and historical level (Victorian and puritanical denial of /obsession with sexuality as a background to the current personal dilemmas), and possibly an archetypal level in the feminine form of the escutcheon itself.

While it was Christine's artist's eye that had resonated with an image on the 'outside' and been distressed by it, it was only by working with the image in an interior way and then externalising this through the drawings that the web of feelings and associations really opened up. It is this process or resonance and amplification through images that unlocks their therapeutic potential at the symbolic level: they are of many possible meanings. Through the triangular conversations coherent 'webs' of meaning emerge that can give full expression to what Jung aptly termed a 'complex'.

Art making appears to be a universal human behaviour even in cultures that have no word for 'art'. The word 'art' shares the same words roots as artisan and artefact, it simply means what is made. The separation of 'art' from community, religion, adornment, and life is both recent and western. This cultural split has tended to both elevate and marginalise the 'Arts'. Art psychotherapy is not concerned with this 'high art' but with art making as a deeply serious form of play. Like play for children it is part of how we learn and develop the life skills of: problem

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solving, emotional regulation, rehearsal and risk analysis, fluid and adaptable thinking, self respect and relationship.

Creativity and imagination are often undervalued as human resources yet without imagination we could not remember, anticipate, empathise, or make choices. Our adaptability as a species is dependent on these functions. To bring them to the service of psychotherapy whose business is so much to do with adaptation, resilience, and survival is therefore only a modern manifestation of one of our oldest and deepest resources.

By restoring art's centrality to human nature art psychotherapy contributes to the 're-enchantment of art' and perhaps to a revisioning of psychotherapy as creative process. Because of their dual training, art psychotherapists bring a uniquely different perspective to mental health. From the artist aspect of our selves the authors tend to agree with Peter Chadwick's observation that:

"If artists, rather than scientists, wrote diagnostic manuals of mental disorder... one might see 'disorders' like, 'Pathologically-Middle-of-the-Road-Personality-Disorder' or 'Emotional Blandness'; 'Insufficient Fantasy Life', 'Arts Aversion', 'Reality Obsession', or 'Aspiritual Personality'".

It is the fundamental nature of the arts to humanise, to help us to see the person and not the label. We consume the arts because at the most trivial level they are pleasurable and at deeper levels because they help us to construct, express and share meanings. Ultimately they help to make the human condition, with all its ambivalence, more bearable.

As new evidence accumulates from neurology, anthropology, and clinical experience it would be logical to predict the growth of art psychotherapy to be a referral of, first, rather than, last resort, and that many more people will be visiting its 'wood between the worlds' .

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Other resources

American Art Therapy Association <http://www.arttherapy.org/>

Canadian Art Therapy Association <http://www.catainfo.ca/>

Australian and New Zealand Art Therapy Association
<http://www.anzata.org/mambo/>

Insider Art: <http://www.insiderart.org.uk>

A good general introduction to the field: *The Handbook of Art Therapy*. Caroline Case & Tessa Dalley. Routledge; 2nd edition (2006)

About the authors

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Malcolm and Karen together established Insider Art, (www.insiderart.org.uk) a training, therapy and information resource.

