

**Keynote Speech: 'Making Connections and Clarifying roles'
Scottish Arts Therapies Forum, British Association of
Drama Therapists, British Association of Art Therapists,
March 2002, Edinburgh.**

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Painting Ourselves Out of a Corner.

Thanks for inviting me here today. I'm flattered that the article I wrote with Karen Huckvale for the National Network for Arts in Health web site, 'Support for the Arts in Health from Art Therapy', has been drawn to your attention in case it helps our thinking today. Karen has also contributed generously to this morning's paper, and is sharing the task of representing BAAT with NNAH. Our paper was an attempt to encourage Arts in Health projects to see how Art Therapists could help. Reduced to an essential 5 points, we claimed that:

1. The roots of Art Therapy lie in similar ground to that which is now producing the surge of Arts in Health projects. There is a shared assumption across the field that producing and appreciating art is in some way good for health and a shared understanding that this effect is primarily psychological.
2. Art Therapy has focused on developing the adaptive function of art by combining it with theories and practice of therapeutic relationship derived from psychotherapy models. This can generate misunderstandings and suspicions about what art therapists do with art, the biggest bogeyman being 'interpretation'.
3. Art Therapy practice is distinguished from arts practice by the definition of our work as Treatment, and this is the aspect that is formally protected by State Registration.

4. Arts and health projects, particularly those that focus on, or work with, user involvement, need to consider the psychological aspect of their work. This is important for the protection and benefit of service users, and of practitioners who may be exposed to very emotionally provocative people and situations. Art Therapists are familiar with the practice and value of supervision. In situations where there are intense psychological factors, this experience may be a key contribution to the creation of creative, safe and ethical projects.

5. We identify the need for projects to be visually and emotionally literate, and see a mutually rewarding prospect for supervision, training and respect across the field.

Some of these themes I would like to leave, others to develop, and others to perhaps change my mind about!

Our theme today is 'Making Connections and Clarifying Roles'. Making Connections means being able to give a clear account of what we are doing, why, how it works. 'The Truth', William Blake wrote 'cannot be told so as to be understood and not believed'. Emphasis on **'so as to be understood'**.

Accounting for Ourselves.

We have two challenges here. The first is **language**. Psychotherapy has given us a wealth of deep and useful concepts to describe processes of psychological change. It may also have left us with a language that is obscure and exclusive. Here's an example of psychotherapy language working to mystify:

'An intense object relationship to the sexual partner leads to the event of impregnation, in which a significant representation of the love object become part of the self' (Bibring et al quoted Estrellas Eldon, Mother, Madonna Whore p20)

I think that this writer is probably trying to describe sex and conception. I believe that the official term for this language is 'Psycho babble'.

If we can't describe ourselves in common tongue, we cannot hope to be understood.

The second, related, challenge is **theory**. It has to make sense. I have an unrealised ambition to be able to describe why art therapy works on the back of an envelope. Here's another attempt.

- ☒ Art making is a universal human behaviour.
- ☒ There has to be good evolutionary reason for this. Nature does not gild lilies.
- ☒ The 'big bang' of art making in the Palaeolithic coincides exactly with the beginnings of religion and science. Creativity is indivisible.
- ☒ One explanation of this is that art making stimulates '**cognitive fluidity**.' (Mithen: *The prehistory of the Mind*, 1998, Phoenix, London). Thinking about one thing in terms of another is one of the most powerful problem solving tools that we have.
- ☒ It is easy to observe the way that all children will use play to resolve problems, including emotional ones. Art is adult play, and serves the same function.
- ☒ The aims of psychotherapy have been described as a *a) 'Autobiographical competence' (mental health is characterised by having a meaningful account of oneself and one's life), and b) 'Affective processing' (the capacity to be able to appropriately express and contain feeling, to be neither denying of feeling, nor possessed by it)* (Holmes, John Bowlby and Attachment Theory, 1993, Routledge)).
- ☒ When people make images they will almost always tell stories about them. The stories feed our **autobiographical competence**. Images allow for very powerful yet contained expression of feeling. They feed **affective**

processing. Images help us to think metaphorically. They increase **cognitive fluidity.** Image making taps into a natural psychological and emotional problem solving ability.

☒ We know that problems with early attachment are a reliable predictor of later psychological difficulties. For this reason, therapeutic relationships are very important.

☒ Nature makes sure that we do what is good for us by making it **feel** good. Once past any inhibitions, art making feels extremely good. At a baseline level therapeutic art making builds self esteem, promotes problem solving, and puts people back in control of their own stories and creative resources.

Of course only a thumbnail sketch will fit on the back of an envelope, and another therapist would do it differently. What I think is imperative is that we **all** address this task of expressing a coherent theory in clear language.

Professions: a conspiracy against the public?

38 years ago BAAT was formed. 18 years ago we gained recognition as a profession in the NHS. Last year Art Therapy became State Registered. To achieve this, we have **had** to identify our work as Treatment. That is what the Health Service does. Although actually it is actually an illness service. I wonder what of the original vision we may have lost, particularly in terms of how we are perceived. For me, there has always been a political and social agenda to Art Therapy. (My first training was in 'Art and Design in Social Contexts', not fine art). I agreed with Sally Scaife when she wrote:

*'Art therapy by its nature is radical. It is about empowering people. By making art, people discover their own ability to act and create originally. It provides a mirror or comment on society, it reaches beyond the conventions of daily life. Art Therapy is thus nearly always a subversive activity. Introducing art into psychiatry presents a challenge to medical model of **applying treatment to people....'** (Dialectics of Art Therapy, Inscape 1995 vol1 p2). (my emphasis).*

The longer I'm a therapist the more awe-struck I am, not by how easily damaged, or sick or crazy people are, but by their courage, resourcefulness, and adaptability. Pathologising and labelling can be dehumanising. As one rookie psychiatrist quoted a colleague as saying recently: **'Psychiatry is easy : six diagnoses, and twenty medications'**. (Guardian 14/2/02: Michael Fixation: 'Bedside Stories'). Of course there are values and uses to diagnoses and medications: they can be a great relief as well as a terrible burden. Some of what we work with (bi polar disorder, autism,) really seem to fit an illness model. Many aspects of mental health do not: despair, powerlessness, rage...

The Treatment model can do some funny things to how Art Therapy is seen. The National Organisation for Adult Learning published last year an excellent book called **'Prescribed Learning: a guide to good practice in learning and health'** by Kathryn James. In the section on 'Arts and Health' we find this summary of art as a **'powerful force linking learning and health'** .

'The opportunity to use the imagination as a way of connecting with feelings, or to express feelings, is very empowering. In the arts, thoughts and feelings are what make people unique. Recognising such feelings and expressing them can be incredibly creative, as well as a learning process. In any human situations, however difficult or traumatic, there is the opportunity to find some relief or resolution... The process involved will involve profound and often intensely personal learning for individuals, communities and societies' (p45).

Would any Art Therapist here disagree with what is being said? But alongside this is a case study of a project that 'used arts as a positive learning experience for users of mental health services' in which 'The tutor was determined to get away from the notion of arts as therapy, ***and therefore based in a deficit model'***(my emphasis).

A *deficit model? Me?!*

Is this what we have bought into, by defining ourselves as 'treatment'? My own formative experiences of art as therapy were partly shaped by Jung's work. Jung's whole concept about the arts in therapy was that they were able to catalyse, through play and symbolisation, the inherent capacities of the psyche to be *a self regulating, self healing, organism*. We're playing to people's strengths, not to their weaknesses. Many of us, like Sally Scaife, would see our practice as empowering, and thus subversive, yet here we are being seen as in some way reducing our clients to their 'deficits' . But our whole area of expertise is to create situations in which people can self heal through art. We are gardeners, not mechanics.

It seems to me deeply ironic that on the one hand 'treatment' is taken to mean that we demean our clients, yet on the other the notion of 'prescribing' arts, as in the title of the book is itself a deeply medical metaphor! The recent Scottish Conference was called 'Art as Medicine'. It feels strange to be under attack as Men in White Coats, or maybe controlling Mummies Who Know Best on this basis! And to be shot by both sides: its not as though we are psychiatry's best buddies. There is an understandable, but very unhelpful, tendency to respond to being shot by both sides by developing a chip on both shoulders.

Art Therapy has struggled to achieve credibility for the notion that therapeutic art making delivers mental health benefits. Our penetration of the system has been impressively swift. Now we need to use the strength of this position to both contribute to and benefit from the upsurge of arts and health activities. We've managed to get into The System, and we've got in through a 'treatment' door. No regrets there, but do we want to settle for buying into the whole world view that 'treatment' implies?

When teaching about the basics of art therapy I often draw a line representing a continuum, which has 'psychotherapy' at one end, and 'therapeutic baselines' at the other. I explain that my work takes me up and down this line. With one group I may be working with the therapeutic baselines (and proud to be doing so): self esteem, liberating creative potential, stimulation, working with the group as a supportive space, communications and social skills. This work is not 'lesser' than the end of the continuum where I am definitely working as a psychotherapist. When I'm working as a Psychotherapist I am very frequently dealing with trauma, abuse, and some serious difficulties in living. I explain that many people work effectively at the basic therapeutic benefits of art end of the range. But if you want to work with psychological intensity, then train. We do not need more amateur psychotherapy, and State Registration is ultimately an exercise in public protection from this. And this will also be perceived as professional group defending its own patch. Which it partly is.

'The professional drift towards ever increasing periods of training and ever heightening levels of qualification can readily be construed as serving professional self interests, and this probably runs counter to the needs of society' (Derek L Milne: Social Therapy, A Guide to Social Support Interventions for Mental Health Practitioners, John Wiler, 1999, p 34)

Where people feel able to work on the continuum is ultimately a matter of integrity. A key skill of using art work with people is to know when they might need a therapist, and to access one.

Psychological thinking is not limited to the psychotherapy end of the continuum. If arts interventions in general produce health benefits by having a psychological impact (and what else can explain this?), then we'd expect to see successful projects reflecting this. And in good practice we do. Exeter has a flourishing Arts in Hospital project: Exeter Health Care Arts. Stephen Pettet Smith, the director, has an office that overlooks the main entrance to a new

general hospital. He observed the anxiety that people experience on such a threshold. What could an art intervention be that would ease the transition of this literally liminal space? Steve commissioned an enormous bench, quite roughly cut from a huge tree trunk, with a beautiful carved swell to the form of it. To sit on it is to feel held. And people do. It is an art intervention with warmth, heart, emotional intelligence. It helps, it is psychological arts intervention, but it is not art therapy. I am moved whenever I see it. And who knows what feats of autobiographical competence and affective processing happen in the minds of people afforded this little respite? This is an Arts and Health project that did not involve user participation, other than sitting on the bench and feeling the difference. If an environmental art project goes wrong the worst that can happen is that it is ignored, disliked, vandalised even. Where one involving users goes wrong, the effects can be abusive and damaging.

There may be a possible common language that goes between art therapy, environmental arts and participatory arts with health implications. It is the language of emotional literacy. Here are some of the objectives of one research based programme for an emotional literacy for Drug and Alcohol problems:

Emotional skills include: Identifying and labelling feelings. Expressing feelings. Assessing the intensity of feelings. Managing feelings. Delaying gratification. Controlling impulses. Reducing stress. Knowing the difference between feelings and actions.

Cognitive Skills include 'Self Talk' conducting an inner dialogue as a way to cope with challenge, Using steps for problem solving and decision making. Understanding other's perspectives. Self awareness, e.g. realistic expectations of self. (Emotional Intelligence, p301 , Goleman, Bloomsbury 1996)

All these components of an emotional literacy programme can be catalysed and amplified by art making. They also help to identify some of the basic training and support for an Arts in Health project when there are vulnerable people involved. Some of the participatory projects make one wish that this was in place.

An example: 'Artists in residence' on a psychiatric unit who encouraged the people there to paint, and then without the knowledge or consent, let alone the participation, of their 'victims', tore up the paintings in order to make a collective collage. Their rationale for this was that they felt that their patients were 'egotistical'. They seemed a little puzzled and pained by the hostility of the reaction they evoked. This is emotional illiteracy to the point of abuse.

At another conference, in the tea and chat area were big video monitors. On them we could watch a seriously disabled man laying on a expanse of white paper. Paint had been applied to his hands. As he made repetitive rocking movements, marks were made on the paper. He had apparently given his 'consent' for this exhibition. It was unclear what consent meant in this context. The intention was to hold this up as 'art'. Whose art? It is not that I haven't done this sort of work: I did in fact once work with a man whose physical limitation was that his main movement was head rocking, and we made him a 'painting hat' which he took to with great enthusiasm. I haven't however assumed an informed consent that this individual in any case would have been incapable of making and made him a sort of freak show in the name of art.

This leads us to another aspect of what makes communications across the field harder. When does an audience become voyeurs?. Because so much of the work that we see in our art therapy rooms is so real, so raw, so personal, and so intimately linked with very privileged glimpses of the inside story of peoples lives, it is not just conforming to the rules of 'medical' confidentiality that makes us reluctant to share this work. We defend our spaces, our clients

and their art work fiercely. We see a breaking of the therapeutic crucible as damaging to the process. And in any case, we are not fundamentally interested in the 'product' or the object, stunning though these can be. As Jung put it 'we are interested in something more and other than art: the living effect on the painter themselves'. And I am sure that I am not the only art therapist who has had their fingers burnt by dipping them in the very hot water between a private therapeutic art and a public one.

The Art World: a conspiracy against the public?

The therapeutic space has the quality of suspended aesthetic judgement, of unconditional positive regard to person and work. This is not the way of the art world, or art education where Judgements must be made. Virtually every person who comes to me for Art Therapy and 'can't draw' has a tale to tell of humiliation and attack around early art work. So have the many arts and health students who I have set an assignment called 'Art and Me: a Personal Art History'. So have those clients in a London hospital whose paintings were torn up by 'the Artists'. So we defend our spaces and clients fiercely. And if 'outsiders' to therapy struggle with Psycho babble, I certainly struggle with language like this:

'The operation of painting is an exploration of surface ambiguity, where seemingly minimal works are highly detailed and focus on the matrix of the whole. Sequential codes of colour are sliced to construct ephemeral qualities resulting polymorphism and pixels of colour intensity combine and blur like digital poetry where fields of a thousand names pulse'

This language is, I believe, called 'Art Bollocks'. Put it together with psychobabble and there is very little risk of meaningful communication occurring, especially when we add 'psychiatrise' to the Babel soup.

We are suspected by the art world of reducing art to a 'nothing but', a 'deficit model', and of probably simply being failed artists ourselves. We suspect them of a hostility towards psychological thinking, a garbled and elitist 'post modern' theory, and of self promotion.

In terms of selling **ourselves**, we need to deal with the reality that 'art' is scary to the 'uninitiated', that 'therapy' is double scary (how do people react if you admit that's what you do at a party?), and that 'art therapy' is potentially so scary that we'd better trivialise it quick, or better still ignore and hope that it goes away.

We may have unwittingly contributed our marginalisation by closing our world, with an impenetrable language, a sometimes incomprehensible theory, and a natural instincts to protect our art room asylums, our clients and ourselves from the doctors, the art critics and the art educators, many of whom regard us with equal if not greater suspicion. It is in not a helpful way of producing the sort of artist we will need to carry out emotionally literate arts intervention, nor the kind of therapists broad enough to talk with them.

Social Arts; empowerment and patronisation.

We have fought for our professional identity. Now we have to deal with the threat that 'all professions are a conspiracy against the public'. 'Their hands in your life'. Social arts activists sometimes see professional identities themselves as innately disempowering (though presumably they must be claiming some skill for themselves to justify getting paid). Yet the aims of therapy at an individual level are directly mirrored in the aims of the social arts, and with the social implications of Emotional Literacy. Here's Susie Orbach on this:

'I believe many of us want a society capable of looking at its problems; a society which can face up to complexity, difficult decisions, ambiguity; a society that can face changing circumstances

and the pain of its members without trivialisation; a society that celebrates emotional and cultural diversity; a society that can take on board the many sided choices in any issue so that individuals can find themselves included within public and private conversation'.

('Emotional Literacy', Young Minds magazine, March 98, p 12).

For more good stuff on emotional literacy look at the National Emotional Literacy Interest Group web site at nelig.com

This is an agenda in which the aims of therapy are not just parallel with the vision of the ideas of social action and empowerment, but are actually identical with them. Art therapy, seems to me to fit into this paradigm more often than it does the image of Treatment delivered by people in White Coats. (or controlling Mummies).

Reaction against the Men in White Coats is no excuse for psychologically or emotionally illiterate projects however. To be well informed about mental health issues does not mean consigning someone to the dustbin of a diagnosis. It means to look at what we actually know about the ways on which people become distressed and disturbed, what the typical forms of this are, and what helps. Being 'Right On' is not an excuse for ignorance. Art Therapists have this expertise. We need to set out our stall so that it is accessible, attractive, and obviously needed.

The Arts and Health.

We need to think systemically. A garden is a system. (One wise therapist once confided in me that when she didn't want to own up to her calling at a party she would say she was gardener. 'Its psychologically true, anyway' she said).

Gardening may involve treating sick plants, but its more about what makes healthy ones. We need to think again about a health model and not a

sickness one. Health isn't just not being ill. My favourite definition is from Ivan Illich:

'Health designates a process of adaptation. It designates the ability to adapt to changing environments, to growing up and ageing, to healing when damaged, to suffering and to the peaceful expectation of death. Health embraces the future as well, and therefore includes anguish and the inner resources to deal with it' ('Limits to Medicine, Marion Boyars, London 1976, p 273)

Human beings are pretty hardy plants, are prolific and adaptable. Some plants will just run riot given the opportunity. Therapy may be a nursery or a greenhouse or a potting shed or a warm windowsill for starved or thirsty or attacked plants. On Gardener's Question Time (Radio 4) a few years ago there was a question about what constituted 'green fingers'. The best answer was 'Being able to hear a plant call 'help!'' Good gardening means knowing when to leave well alone, which plants need a bit of encouragement, and which really do need some extra TLC. The arts are about people sprouting, flourishing, blooming, fruiting, seeding, being injured, recovering from attack, grieving and saying goodbye. Art therapists do a wonderful job in their potting sheds and greenhouses, but so many of the skills there are the same as needed outside: knowing something about how human plants develop and change through the arts. I think it might do us the world of good to emerge, blinking slightly in the light perhaps, and have a look over the Arts and Health Raspberry patch.

There's a lot going on there. Here's some cuttings:

'There is an increasing interest in the use of the arts and humanities in medicine and health...they bring a different dimensions to clinical practice, that of the art of healing, and are complementary to the science base' (Calman, Windsor p128).

'This recognition of a holistic view of health also spreads a net wider to place further responsibility on all those agencies and organisations with roles that can make an impact on public health, including those in the arts and culture. Joining up our services...will be the touchstone that determines public health in the future' (Prof. Liam Donaldson, letter to Brighton delegates, Sept. 2000).

'The arts contribute to recognising our own humanity-our interiority, our subjectivity, are crucially important to public health'. Prof. Richard Wilkinson. Visiting fellow in Social Epidemiology, University of Sussex, Associate director International Centre for Health and Society, University College London, Government advisor. Brighton Speech.

'It is clear that the arts and health improve the quality of life. Assisting patient recovery and using art approaches to prevent illness through the arts are government policies' Keith Nicholl, Senior Civil Servant, Department of Media Culture and Sport. Brighton Speech.(3937)

There is a shared and growing perception that art is not the icing on the cake, it is the yeast in the dough. There is very mixed feeling for Art Therapists reading this sort of material. On the one hand, there is the delight that so many of the things that we've been saying to some fairly deaf ears, being stated as common sense. It can be reckoned that it takes an idea at least 20 years to enter the mainstream, and maybe that's what is happening. On the other, we're cross that they've pinched our flag, and frequently don't invite us to their parties. How many of us would go if we were I wonder?

The Common Knowledge interim evaluation report you also had drawn to your attention before this gathering points out that we should not expect these developments to be without tensions, if only because what we mean by

'art' community' and 'health' is highly contested. Tom Smith also proposes the 'Arts Health diamond'. I love his description of it as 'multi faceted and prismatic'. I think this is similar to my point about thinking systemically. I toyed with the idea of making his flat diamond into a garden, with special emphasis on crop rotation. All places in the area are legitimate practice, and the ideal would be a pattern of activity (not just services) that allow for the right access at the right time in the right way for each person to genuinely be connecting with the healing power and joy of the arts. I also began to wonder about what other dimensions could be envisaged that would bring the diamond out into three dimensions. How about a 'body and soul' axis?

How is Art Therapy to relate to this? We may have accidentally talked itself into a place where to our horror (mine anyway!) We are the Perceivers of Deficits and one of the Professionals Who Do Things To People. The extent to which we have studied and used psychotherapy has not been a mistake. But our identification with it risked amplifying this 'deficit' perception of us. And the defining document for Art Therapy trainings opens with the words 'Art Therapy **is a form of psychotherapy**'. Just that? Art Therapy is so much more than psychotherapy with felt tip pens. The statement at the beginning of our register claims that for work to be Art Therapy it has to take place **in the presence** of an Art Therapist. Try telling that to some of my clients who paint at home and bring the work to talk about!

When a proposal was made that whole profession should be known as 'Art Psychotherapy' the motion was overwhelmingly rejected at an AGM. We did not, collectively, choose that road. Some individuals, and courses, have. I benefited enormously from the process of Jungian analysis. I value and treasure some of our colleagues who describe what they do as analytic. Sometimes I do. The root of that word is, after all, 'to loosen', as in untying a knot, which seems like a good description of one kind of therapeutic work. There's plenty of space in the garden. Art Therapy as a profession will need all its capacities for Cognitive Fluidity, autobiographical competence and

affective processing to mature into the enormously flexible and confident beast that the times demand. And as therapists, we are supposed to be the ones who have abilities in this direction. So let's use them!

We do carry with us treasure that we have learnt from psychotherapy. One extremely relevant example is the notion of supervision. It's another word that helps us to see how the Art Therapists and Arts in health practitioners are 'divided by a common language'. Because it is not of course a common language. Super, in the dictionary sense means '**above, beyond, over, great or extreme degree**' and '**higher in status**'. Supervision means '**direct or inspect work, workers, or the operation of an organisation**'. So what is heard when we offer supervision is '**I, with my higher status will direct and inspect your work**'. The response is predictable, and justified. This also helps to flush out one of the most obstructive fears about therapy itself: its sometimes very shadowy relationship with power. This is not a completely groundless fantasy, but an issue that demands sustained attention. Another reason for supervision!

Of course we don't mean to kindly offer to push people around with 'supervision'. There is special irony to this, if I can be permitted one more bit of etymology, in that 'Therapist' is ultimately derived from a word meaning 'servant', probably of the Gods.

The treasure is the notion that we are all complex and **interactive** beings. Being a therapist means a daily confrontation with every kind of human misery and despair, grief and rage. All humans have their own grief, their own rage. And we **will** resonate with others. Therapy relies on a tireless capacity to do this. To do so, day in, day out, we need help. There is also the well known law that says that you will always get clients who walk right into ones own psychological blind spots.

An artist doing a residency on a cancer ward with patient participation is every bit as exposed to this degree of emotional stress as a therapist is. We, and they, need supervision in another sense: we need overviews, a bigger picture, a fresh pair of eyes. And some of the kindness, the understanding and the support that we are hopefully giving to our clients or participants. Supervision is not just about the impact of the people that we work with on us: it is often about the systems we work in. It is all about being, and staying, human and **not** retreating behind a white coat because it is unbearable. I could not psychologically survive the work that I do without supervision. So when I offer this, I think I'm offering a resource, a much needed cup of tea for a fellow gardener, not a great cry of **'Don't Do It Like That, Do It Like This'**. Perhaps we need another name for what we are trying to offer..

In the same spirit, to create the necessary ongoing forums for these conversations, we need to try and steer clear of anyone's language at first. Perhaps we could call them Gardening Groups, and Art Therapists could offer Tea in The Potting Shed meetings.. I even wonder whether 'Treatment' may be a similar hole we've dug to 'supervision'. Treatment **is 'something done to relive or cure an illness or abnormality'**. It **is** a deficit model. But at the roots of Art Therapy lay a notion that we are maybe a little more shy about now. It is healing. It is the idea that the arts are healing. An injury is not a deficit, and we are all injured. It is the human condition. This is what Keats called 'divine discontent'. I believe it drives the arts. And I believe Jung was right: that the nature of the psyche, like every other system we know of is self regulating, and that art making is always at the service of this process. What then if the arts are part of the self regulation, the self healing, not just of the individual, but of the body politic, of our hospitals, our schools, our society? Aren't we all barking up the same tree? Maybe these are all aspects of what Suzi Gablick calls 'The re-enchantment of art'.

What we have in our hands is a diamond, a very valuable thing. It carries within it the magical ability to project the hidden spectrums of light. And a spectrum, a colour wheel, might be another description of the how to look at the developing relationships in the arts/health field. There are tensions. They are an aspect of divine discontent! And in the same way as the limitations of the human condition drive art, the creative response happens when we are able, as the I Ching advises to **'turn potential conflict into creative tension'**. It's how Art Therapy works every day with clients. We need to make it work better in the world.

Perhaps we need to take a little more of our own medicine. Earlier, I suggested that perhaps we have **'talked** ourselves into a corner'. Perhaps part of the solution is to **paint** our way out of it. The danger at the arts/health range of the spectrum is of reinventing various Art Therapy wheels. (If we don't manage to convey what we really mean by supervision, I'd predict that it will be reinvented pretty quickly in the arts/health world, but possibly not until there had been a few disasters.) Perhaps in the Art Therapy range we need to reclaim the 'artist' parts of our identities, if we have lost it. The danger at the Art Therapy end is that we forget ourselves as artists, as community workers, as activists in order to be just therapists. Are our trainings producing narrower, and less art based practitioners?

Art therapy has always been a 'boundary dweller'. We are at home in liminal spaces. And just when we might have thought that we were getting comfortable in the Psychotherapy chair, it becomes a little uncomfortable, and we need to go and take a stroll in the garden. With a bit of luck, maybe we will meet some friends there. And if our friends can allay their anxieties long enough to find that all we have in our potting shed is a collection of hoes, dibbers, propagators and seed trays, and not a devilish assortment of instruments to Treat the Art out of them, they might find that a cup of tea with us is worth having. We often do chocolate biscuits too. I'm speaking lightly, but the point is that if we don't look friendly, we won't have any

friends. I don't think this means trivialising what we do. It means being so confident about it that we can afford to relax a bit.

I have tried to look at some of the communications problems that we need to solve in order to make the necessary connections. In terms of clarifying roles, my observation psychologically is that the stronger someone's real, coherent inner sense of themselves is, the more effortless it is for them to maintain boundaries, say no to abuse and yes to being loved. I think the phase where we have needed to clarify our role by building a wall around it has been essential. But now more will depend on our confidence, our sense of ourselves, and a belief in the integrity and power of what we have to offer that will make the bigger difference to how we are perceived, and which doors open and which close. The implications of our practice, if they are to be meaningful in a wider world, need to go far beyond individual 'treatment'. There is role for the reclaiming of creativity in the whole evolution of our culture. To finish with another of Blake's prophecies: **'Art degraded, Imagination denied, War Governed the Nations'**