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ART THERAPY AS A CREATIVE THERAPY

Art therapy is a relatively new profession in Britain, having developed rapidly over the past ten years and being recognised as a distinct profession in the NHS only in 1982. However, the activity of 'art therapy' has existed and persons termed 'art therapists' have been employed in state hospitals in Britain since the late 1940's. We owe much to the original work and determination of these pioneers, who were sometimes art teachers, or practising artists, occasionally with a knowledge of psychology or experience in psychotherapy, but with no professional training since this did not exist until 1970. Now, in order to become qualified, art therapists normally have a degree in art or design, working experience and a postgraduate Diploma in Art Therapy.

By virtue of their background and training, art therapists have a deep understanding of the language of visual communication, of art processes, of the potential of various media for symbolic communication. They should also be familiar with concepts of psychology and psychotherapy as they relate to art therapy. Art therapists provide for their patients a safe environment with firm boundaries, where patients are free to chose their materials, their approach to these materials and their images. Many people find it very difficult to cope with such freedom, and indeed, it can take some time before the patient is able to feel confident enough to create spontaneously. The art therapist would have to know when to intervene to give technical help if it seemed that the patient was having difficulty in expressing him/herself through lack of technical knowledge. Through the relationship which is built up with the patient and his/her art work, the art therapist helps them to explore their imagery, through which it is hoped that the patient will gradually move towardsself-discovery and self-acceptance, growth and therefore change.

So what, then, is the role of the art object, and the significance of the art process in the relationship between therapist and patient? I suggest that it has several different, equally important functions.

The first that comes to mind is that the painting (or sculpture, model etc) provides a valuable 'third dimension' in the therapeutic relationship. A useful way of looking at the art object in therapy has been offered by R. Witkin in 'The Intelligence of Feeling' and though he was making his point within the context of art education, it is equally applicable to art therapy. He suggests that, as an expressive act takes place in time, sensate experience does not stand still for its duration and that therefore the experience must be encapsulated or 'held'. He refers to the art object as 'a holding form': "The holding form is merely the seed of which the full expressive form is the flower . . . Its purpose is to encapsulate only the essential moment of the sensate impulse and to hold that moment in consciousness for the duration of the creative act". (1)

We can therefore postulate that aspects of the therapeutic relationship which bear on the patient's experience at that time may be 'held' in the art object.

Various media can obviously be used for this purpose. However, in art therapy, we are concerned primarily with the visual media as opposed to sound, movement, acting, writing etc - although some of these may be incorporated into an art work by a patient during an art therapy session. To put it another way, the art object can act as a container, a kind of repository for feeling and sensation, a crystalization of experience at a particular time.

Communication through the art object may be on many different levels. It can be direct, or it can be indirect or oblique. It may even serve as a defense against communication, as in the case of some obsessional, highly anxious patients who bombard the therapist with stereotyped images in an attempt to drive the therapist away.

The patient may use the object in a ritual. For example, a patient of mine made a clay figure, rather like a shapeless female form, which she fired in the kiln. She asked me to help her find a box for it, and to help her line the box with black paper. The figure was placed in the box, the lid closed, and the box wrapped up in layers of black paper. I then had to hide it in a cupboard, where it stayed for several weeks. She then took the box out, and then the figure, and placed it on the open shelf. The meaning of this ritual was complicated, but part of it was to do with her burying certain aspects of herself for the time being, then when able to accept them resurrecting and displaying them.

The same patient in an angry mood made a squat clay form which she punched and flung to the ground. The act was cathartic, yet the form held the angry, persecutory feelings which could not be expressed and led to frequent migraines. Later, she painted a 'volcano in a box' and was able to speak of the intensity of her anger and her fear of it.

Continuing on the theme of ritual, one Easter time a group of patients made large plaster eggs - the art room was full of these fragile white objects onto which patients projected both hopes to be reborn and fears that the eggs would break or be infertile.

All aspects of the making of the art object have importance, but some may be overlooked. For example, firing a kiln may have a special significance: one patient was obsessed by obtaining a 'perfect' form which in his case meant taking the media to its limits, sometimes inappropriately, as he strove to weave tiny strands of clay into nets in which he covered the figure of a mermaid he had just completed. Another patient, emptying the kiln, broke the delicate net. This apparent 'accident' was significant in the relationship of the two men to each other and to the female aspect of themselves. The first man was very anxious about the glazing of his objects and of their position in the kiln. If an object broke, the glaze was patchy, or worst of all, his object broke and ruined someone else's, this was seen as an omen. So his relationship to the process and to the finished object enabled him to communicate to me indirectly his deepest fears about himself - which he could only speak of much later on.

As an art therapist, I constantly kept such events in mind and brought them to the attention of the patients whenever I felt it appropriate to do so.

As the medium chosen for the art work usually has a specific meaning for a patient, it is therefore important to have a variety of materials available. I would not wish to draw any hard and fast conclusions about the significance of using, say, clay rather tnan paint, for this depends on the patient, what s/he wishes to make and what s/he feels is important at the time. However an art therapist may observe that a patient constantly selects a medium which is easy to control, non-messy, hard rather than pliable, or complains that none of the materials are suitable for their purpose! Through such observation of these choices, or rejections, together with the image produced and the relationship of the patient to this image, the art therapist can build up an impression of how the patient is feeling - and also, what s/he is avoiding. This approach is particularly useful if the

patient is unable to verbalise. To give an example: a patientchose to paint on very delicate pieces of hand-made paper and to model with porcelain clay. We never spoke about her work in terms of what it meant to her at the time but merely discussed the method of approach and the technicalities of realising the form. Later, she was able to say that this work expressed her longing to be ethereal, to exist as a transparent shell, to deny her body. The delicate and brittle quality of the art work was an aspect of the refinement which she sought, for although this girl was small and very thin, she felt like 'an elephant'. The rage contained in the 'elephant feelings' was expressed in a series of grotesque mask paintings, torn, but later displayed.

Another patient, an agoraphobic and alcoholic, painted a series of landscapes, bereft of people. He created a safe place for himself - hidden away within the picture, able to see but not to be seen.

In none of the cases mentioned could the patient verbalize such feelings at the time. The process of making the images and being able to retain them as a permanent record of a totality of unconscious feelings, and of being able to lay them out and see a development, whether positive or negative, over the period of therapy, was of great value to patient and therapist.

Patients, by owning their art work even though not able to own their feelings, can have control over their therapy and can moderate the pace. S/he can hand over a concrete form to the therapist for safe keeping.

As words can only describe a part of our experience at any one time, so can an art object only serve this function. However, in a relationship between patient and therapist, it can encapsulate the transference, serve as a focus for communication, summarize a patient's experience and provide sensory satisfaction. It can lead to exercise of choice, control over the media, a chance to play. It can tell a story or be an element in a story. It can be loved, cherished, denigrated or destroyed. It can be taken away, given to the therapist, hidden or displayed. In a group, it can serve these functions as well as acting as a 'holding form' while the group struggles to resolve the multitude of problems which its very existence creates.

Whether one adopts an analytical approach to the art work and tries to enable the patient to bring into consciousness the symbolic content of the work, or facilitates the making of art in the belief that this in itself is the therapeutic process and that the work will feedback to the patient in his own time, is not really important in my view.

The role of the art therapist seems to be in providing a safe space where the process of making images can take place, in firmly establishing the boundaries of the relationship, in being able to enter into the symbolic process - knowing when to intervene and when to stay out, and to be receptive to the power of the creative act. The meaning, or part meaning, of the art work is arrived at through an honest sharing of fantasy and projection between the patient and therapist. Such sharing can take place at the time, several weeks or even months later. Sometimes the art object acts as a 'transitional object' (2) in Winnicott's terms, and enables the patient to move on from one stage of development to another.

For the reasons which I have tried to outline in my article, I am convinced that for many patients, an involvement with art therapy can provide them with a new and perhaps unexpected means of communication and discovery, but I am also convinced that the art therapist must be a person who has a very sophisticated understanding of the language of the visual arts, and who is preferably familiar with the process of psychotherapy.

References

1. Witkin, R. The Intelligence of Feeling. Heinemann. 1976
2. Winnicott, D.W. Playing and Reality. Tavistock. 1971

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A PERSONAL EXPERIENCE

. . . . . referred me to a shrink. He said 'tablets'. I said 'no', he said '5 day a week hospital and therapy'. I said 'no'. Ultimatum number one - drug therapy or day hospital. I agree to compromise - 2 days a week art and drama therapy. Fortunately I can occasionally be bloody obstinate. In drama I refuse to take part in activities that threaten me, others tell me afterwards how they wish they'd had the courage (bloody mindedness?) to drop out too as they felt dreadfully threatened. In art therapy I draw/paint my present feelings not the suggested theme. I feel the only way to survive is to 'fight the system'.

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