Support for the Arts in Health from Art Therapy.

This paper was written for the National Network for Arts in Health website, nnah.org.uk

The Arts in Health Movement will, we hope, result in more artists and arts based groups engaging with an ever-wider range of health care settings and needs. The arts are life enhancing and nowhere do we need them more than when in the presence of pain, sickness, loss and confusion. The benefits of the arts to participants and consumers are increasingly appreciated. The arts are changing hospital environments from places of sickness to places of healing, promoting health through participatory arts, and are benefiting health directly as specific modes of treatment. Across this range there seems to be a general agreement of principle on the significance of the arts to the well being of the human animal.

This agreement is ultimately a perception about the psychological impact of the arts. It is clear that if art interventions are effective agents in Health Settings, it is because they are effective psychologically. It is hard to think what other rationale we can present. Arts interventions are part of a broadening of our vision of health and treatment to a more all embracing one. The arts are not medicine in any literal sense. If we are claiming a real role for them in health care, it has to be on the basis that they effect our whole selves, psychological, emotional and aesthetic in ways that promote the whole personalities resources to heal. Some of this effect is from simple, yet profound, factors like the improvements in self esteem gained from participation in the arts or from the relief of anxiety, disorientation and claustrophobia the arts can bring in the built environment.

The Arts Therapies have developed from essentially the same fertile ground as the current arts in health movement. For example in the 1940's an artist set up a painting studio in a TB sanitarium, another in a psychiatric hospital. A

Psychotherapist starts making art, music, clay parts of her treatment resources, and bringing in musicians and artists as part of her team, and starts work with families bombed out of Exeter. These people went on to become founder members of the British Association of Art Therapists. (BAAT). The majority of the founders of Art Therapy were artists who developed an arts practice in the context of Healthcare. As they did so they met medical and psychological practitioners developing psychological treatments, and a whole new approach to working effectively with many kinds of human distress and suffering evolved. A method which, while it took areas of practice from the 'talking cures', the verbal psychotherapies, places creative processes at the core of human adaptability.

Specifically, the arts basis of the therapies learnt an enormous amount about the power and nature of therapeutic relationships from other therapy models. Treatment through the arts demands a great respect for individuals, for the integrity of creative processes and for the diversity of both. It also requires us to be able to form effectively helpful relationships, often with difficult people in difficult circumstances. It is natural, in view of the complexity of this project, that the qualification to practice as State Registered Art Therapist, is two years of full time postgraduate study.

In talking with people involved with the arts in healthcare and community arts it sometimes seems there is a fear that making art in a 'Therapy' context is to make it a tool of 'interpretation', as though art therapy was psychoanalysis with felt tip pens. This is a view of Art Therapy as invasive of creative processes, a method in which the art is used to pry open the patient or to reveal their innermost selves like an X-ray. Nothing could be further from the truth.

"The Art Therapist is not primarily concerned with making an aesthetic or diagnostic judgment of the clients image. The overall aim of its practitioners is to enable a client to effect change and growth on a personal level through the use of art materials in a safe and facilitating environment. The relationship

between the therapist and the client is of central importance, but art therapy differs from other psychological therapies in that it is a three-way process between the client, the therapist and the artifact or image.... Art therapists have a considerable understanding of arts processes underpinned by a sound knowledge of therapeutic practice." (British Association of Art Therapists, BAAT. 2000)

Many practitioners of Art Therapy have found their way into the field from their initial art trainings partly out of a sense of disappointment with the alienation of arts practice from social needs and concerns, and out of a wish to be relevant and effective agents for the arts in healing. Awareness as a result of experiences as art students when the clumsy or psychologically insensitive critiquing of intensely meaningful personal work- their own or others- results in distress and loss of confidence, also fuels a wish to work with profoundly personal expressions in the arts as a means of inducing positive life changing experiences.

So what does our approach, as Art Therapists have to offer the Arts in Health movement? Firstly a welcome! We are deeply committed to and engaged with the practice of art in the context of affecting helpful change, as are our colleagues in Community Arts and the Arts in Health. And secondly, our expertise and experience. As Art Therapists our specific area of expertise is psychological. Conjoining arts practice with psychotherapy thinking we work to enable psychological healing through art making, creative expression and therapeutic relationships. We are specifically offering art making as treatment, and it is this aspect of our practice that it is now illegal to offer without appropriate training.

The whole spectrum of arts interventions in health seem to be agreed that our efficacy is emphatically psychologically based, as opposed to being for example a physical treatment or formal art teaching, it seems intensely

relevant to bring the psychological aspect into sharp focus then, when planning other, less specifically treatment based, Arts in Health projects.

There are some principles learned from the psychological therapies which we believe can be immediately helpful to arts in health practitioners. What we want to focus on here is the notion of supervision. We are not sure what 'supervision' may mean to you, but for us as therapists it is a process of supportive exploration and NOT a process based on authoritarian judgments. For therapeutic practitioners, it is simply a case of taking our own medicine!

Supervision in therapy practice is based on the observation that working with psychological matters is rarely a one way business. Art therapists and arts in health care workers may be both be deeply involved in people's lives around times of great stress, distress and disturbance. Of course we as practitioners are bound to be affected by these experiences. This is likely to be just as true ,say, for a therapist working with an abused child as for an artist placed on, or working on the environments of an oncology ward or an arts worker engaged to promote better sexual health with a macho group of men. None of these experiences will leave the artist or therapist unmarked. Whilst this may often be a positive experience it may also be disturbing, unsettling or emotionally provocative. This is especially and crucially true in situations where artists are called upon to form ongoing relationships with participants be they patients or staff.

Supervision means having time and space to specifically look at the experience and at the relationships it entails with a psychologically informed other or others, who understands the situation but is at a distance from it. Working in Healthcare exposes us to strong emotions and psychological influences. This affects our decision making and our creative processes. In delivering our best to the client or to the ward we have to look after ourselves. There is helpful therapeutic maxim that if you are helping someone else in a away that is damaging to you then you can be fairly sure that you

are not helping them. And equally, if we have no space or permission for reflection, there is a much greater danger that our interventions are emotional reactions as opposed to creative responses.

Reflection can bring a degree of clarity about what is objectively happening, how we experience it internally and how we respond creatively. It helps us to find ways of making relationships which are, in the simplest terms, therapeutic and to avoid negative and unhelpful approaches. These factors may be experienced by arts in health workers for the first time once a problem has developed or when unexpected emotions have surfaced. Art Therapy training and practice are built around them.

Art Therapy's code of practice obliges us to spend regular amounts of time working with another therapist, with peers, or with groups of practitioners, to reflect on our practice in its many aspects. Without this 'reflective practice' at best we do not give our best and at worst we may do harm to ourselves or others. The experience of this 'supervision' is in itself often intensely creative, and in our experience often gives rises to some of the best ideas. And, as in art therapy itself supervision by no means has to mean 'just talking'. Our own images open new reflections and possibilities. Supervision does not mean being managed. It means a wider, deeper and more thorough vision.

Artists and arts coordinators will, in acknowledging the broadly psychological basis of art as an intervention in Healthcare, benefit from using this model as one of the safety features of a project, as well as one of the provisions aimed at producing high quality and ethical interventions. Art therapists are well situated to explore these areas in ways that are already proving -in our experience- to be both fascinating and productive. The arts and the arts therapies have no need to fear one another. Art Therapy is wholly based on the premise that they are innately and amiably connected.

Psychological and emotional literacy are as vital to arts practitioners entering the arts in health field as visual literacy is to art therapists. In art therapy, and supervision, it is out of dialogues, especially those which embrace creative tensions that the richest practice can evolve. We hope that such a dialogue in the arts in health field as a whole is beginning to take place.

What this will look like will need to be adaptive and flexible as the field itself. Based on our own experience, some of the avenues already or soon to be explored include bringing in an Art Therapist as a consultant in devising projects, using Art Therapy skills in training packages for artists, Art Therapists offering individual and group supervision sessions. Looking back at our own experiences as art students, art practitioners, arts educators and art therapists, we also look forward to a day when the issues that we are raising here find their rightful place in art trainings. If territoriality and mutual suspicion give way to mutual respect and cross-fertilization, then we may be at a very exciting time in the development of arts practices that make sense psychologically, socially and aesthetically.

Malcolm Learmonth is Arts and Health Lead for The British Association of Art Therapists.

Karen Huckvale and Malcolm Learmonth are Directors of Insider Art, and arts and health training organization, established the Exeter Arts and Therapies Conferences (EATc).