ATOL: Art Therapy OnLine

Where Now? Looking at the future of Art Therapy.

Tessa Dalley

Abstract

This paper will address tensions between maintaining the traditional theoretical and clinical roots of our profession while embracing the inevitable challenges of the radically different social and political landscape in which we now work. Shifting social demography, religious ideology, medical advance and the growth of neuro-science, and in particular, the development of technology, global communication and the internet are some of central features of this evolving landscape which most pertain to art therapists. Clinical material and images illustrate some of the dilemmas thrown up in new working environments and some comparisons are drawn with contemporary art and artists. Are we rising to these challenges by taking our thinking forward, and if so, how? These are some of the central questions raised by this paper, setting the stage for reflection and further discussion throughout the conference.

Key words: future, Internet, new developments, research

Introduction.

I start with a quote from a seventeen year old patient. She said ‘I don’t know if I am working on the past or the future’. I wondered at the time whether this was a statement

or a question. Either way, it occurred to me that this sums up the current dilemma of art therapy; that is, that there is a tension between maintaining the traditional and clinical roots of our profession whilst also embracing the inevitable challenges of the radically different social and political landscape in which we now work. In this paper I want to name just a few of these developments and challenges which most pertain to art therapists and particularly interest me.

The changing face of the National Health Service in the UK and the impact on service development and service delivery – for example the closure of the large psychiatric institutions in the late 1980's and move to community-based work has changed the face of many traditional art therapy departments (Case and Dalley 2006, 3rd edition in Press). With the shrinking resources available to us all and in the current climate of new government initiatives such as Payment by Results and IAPT – Improved Access to Psychological Therapies, which is a short term, highly monitored service model, art therapists have found alternative sources and outlets for work in different types of units: in the voluntary sector, in private practice, in eco-psychology (Rust 2007), and in some remarkable international work such as the Art Therapy Initiative, a service working with trauma in the context of political conflict and natural disaster (Kalmanowitz and Lloyd 2005).

Art therapists have adapted working patterns, some into more generic roles with shorter-term outpatient treatment, some into outreach work, visiting homes and communities where necessary. New theoretical concepts such as Mentalisation and Mindfulness, have required some re-thinking but are now becoming integrated into the bedrock of our work (Case and Dalley, 2006 3rd edition in Press, Taylor-Buck and Havsteen-Franklin 2013).

As long as a creative mind can be applied then adaptation is possible and indeed, necessary. Recently I heard of some new initiative of working outside in open spaces as part of a natural setting (Jones 2013). Here there is no container or boundaries of a room and everything is 'open' to the elements. I found myself wondering, how does that work? It seems quite a challenge to our traditional ways of working. Then I thought, what difference does this really make if the essence of therapeutic relationship remains

a priority, that is, working with art materials and transference and counter transference phenomena to further understand the meaning of this complex three way relationship? As long as we stick to these essential principles then development, progress and change can take place.

Extraordinary advances in medicine, in particular neuro-science and understanding of the brain, are producing ground breaking research into early development and how the infant's brain is shaped by emotional interactions with the mature brain of the caregiver. The quality of the caregiving, even in uteri, is crucial and we now know how much this impacts on infant and child development in later life (Schore 1994). As a consequence, parent- infant psychotherapy with mothers and babies under one year old is developing across the UK (Baradon 2009). Some art therapists are also pioneering this approach working alongside health visitors, midwives and in special care baby units (Bromham and Jasieniecka 2013). Many art therapists are already working with young children, in nurseries, children's centres and schools. For Looked After Children in the Care System, either fostered or awaiting adoption, understanding the neuro-science enables art therapists to attend to the underlying trauma and significance of broken attachments in managing loss, transition and change and how the experience of early abandonment continues its impact in adult life (Vivien –Byrne and Lomas 2007, Holliday 2008).

Research

Research into the efficacy of art therapy and the need for evidence-based-practice is also imperative. Therapeutic change is notoriously difficult to measure and qualitative research into art therapy must be conducted to survive. In the fight for resources the core professions that have a strong evidence-base continue to receive funding, although the NICE guidelines (National Institute for Clinical Excellence) mention art therapy in some of the recommendations for adult mental health services. There is no doubt that much anecdotal evidence abounds from our own experience, the witnessing time and time again the power of using images in the promotion of change in the therapeutic context. Even if we know it works we have to prove it (Greenwood 2012).

Over the last decade, there has been a notable shift in the attitude towards research largely due to the pioneering work of Dr Andrea Gilroy and her colleagues here at Goldsmiths. Andy has been the Research Queen of our profession and I would like to thank her for that. Through her own research interests, publications, teaching and training, she has challenged us to keep research central to our agenda. The department here has established PhD programmes. Research projects are now an integral training requirement in all MA qualifying courses. BAAT has developed a special interest sub-group devoted to research and many art therapists are adapting and applying specific outcome measures of their own, alongside the more general outcome measures required in their particular workplace (Gilroy 2006, Ewers and Havsteen-Franklin 2012).

Research is not only about statistics, measurement, evidence. Research is about being curious, asking questions, exploring new ways of looking and seeing, developing theoretical understanding and examining complex issues.

Changes in demography, migration and immigration and communities displaced or torn apart by war, mean that increasingly we work with patients from widely diverse ethnic, religious and social origins. We inform ourselves of this diversity when working with cultural difference and at the same time remain available and sensitive to problems, concerns and difficulties that present in our consulting rooms, hospitals, clinics, prisons and schools. Recently, my attention was drawn to a research paper, which has since been published, on the subject of Aniconism. (Khan 2012) Aniconism within Islam is the custom or belief of avoiding graphic representation of any godly being or religious figures. This belief system can extend to the graphic representation of all human beings and living animals.

The beautiful examples of Islamic art in Figures 1,2,3,4 show how it tends to be dominated by geometric patterns, calligraphy and foliage patterns of the arabesque although figurative art does have a strong tradition especially on a small scale in private works in homes and palaces.

Figure 1

Figure 2

Figure 3

Figure 4

The author of the paper, Talid Khan is a non-practicing Muslim, who works as an art therapist within a Muslim community. He points out that all these subjects may potentially arise within the therapeutic process. It is this particular aspect of aniconism, that is, the representation of human beings and animals that is of most relevance and concern to art therapists. In discussing the complexity of the assessment process and evolution of the therapeutic relationship, which requires particular understanding, he concludes that even in the absence of figurative representation, there are benefits to using imagery and creative expression in therapeutic work. The implications of any restrictions on image-making for religious, social or political reasons inevitably places constraints on free association and spontaneous expression when working within an art therapy context. These dilemmas need attention and serious consideration in developing our work in multi- cultural societies of the 21st century.

Whatever the belief system, theoretical model or therapeutic approach, it seems to me necessary to focus on the image as central to our practice, images or art forms convey, at a number of different levels, the predicament of the child or adult that has brought them in to therapy. We are fortunate. Art therapists use these art forms, images and different materials to convey, non-verbally, intense internal world experience and unconscious aspects of communication in the context of a safe and trusting therapeutic relationship. There is concrete form to look at, to feel, to touch, to smell which enables thought and reflection over time. This is the fabric of our work.

The Use of the Internet

The Internet has transformed the social world of adolescents and adults by influencing communication, relationship patterns and social support systems. Young people, in particular, increasingly turn to the internet to meet educational, entertainment and social networking needs and in times of emotional and psychological difficulty. Although, little is known about long-term developmental consequences, early studies reflect the complex functions of online socialisation. The scope for anonymity, information, fantasy without fear of repercussion, makes online communication an obvious choice for people

reluctant to disclose difficulties to parents or professionals. Chat rooms, sharing experiences anonymously, provides a safe forum to practice social interaction and to exchange information about ways of coping with distress.

With this in mind, one of the biggest challenges to the core values of our therapeutic work is managing and embracing rapid developments in technology and the use of the internet. More and more art therapists are accommodating their work accordingly. A typical example, and one by now, many of us will be familiar with; a seventeen year old patient had been depressed for many years and was at times suicidal. She had suffered a number of significant losses and was inappropriately touched as a young girl by a stranger. Her mother had been chronically depressed all her life. She had been out of school for two years and developed a reverse sleep pattern in that she was awake all night and asleep in the day. In her social isolation, the retreat in the night-time into her computer was in many ways very understandable. She had total control of her world.

In the sessions she spoke about the heartache of 'breaking up' with her boyfriend who she had met in a chat room on the Internet. He was her only friend but she was concerned that breaking up with him would be like 'killing him'. My thoughts were that this patient demonstrated all the familiar hallmarks of an immature adolescent relationship with intensity, longing, confusion, hope and despair. It was hard to hold in mind that this relationship was with someone who she had never met - or had she? Does the relationship between this young woman and this man have the same meaning as one with someone who she had seen, met, smelt, touched rather than simply imagined? And what is the impact on the real relationship in the therapy room?

The notion of 'meeting' on the Internet suggests that we have to ask these questions. Given that, up until now, my patient had never seen his face or his body, I wondered what the nature of this relationship was, and was she in a relationship with a man or a mind? Although her virtual relationship felt very real to her was she escaping or connecting? Hiding or being found?

Although, little is known about long term developmental consequences, what we do know is that most adolescents, like this patient, are in a state of flux and in the process

of transition, loosening emotional ties to their primary objects, their parents, and searching for meaningful identification and sense of belonging with a peer group. What we don't know is how much the use of the Internet and online communication facilitates this process or has the opposite effect and may even contribute to adolescent breakdown.

Early studies reflect the complex functions of online socialisation. Chat rooms and sharing experiences anonymously provides a safe forum to practice social interaction and exchange information about ways of coping with distress. It is fairly well-known that there are notable differences in gender and Internet use in that boys spend more time online surfing the web and playing violent games, while girls chat and shop online. Some suggest that high levels of Internet use may inhibit healthy social development and link frequent use to social isolation and depression (Blais et al 2008), while others have found no associations between Internet usage and well-being (Gross 2004).

Most recent studies suggest that compulsive Internet use is strongly linked to loneliness in introverted, emotionally less stable adolescents. For those who self-harm, online interactions can provide essential social support for otherwise isolated adolescents although this may also normalize or even encourage isolation and may add more extreme behaviour to their repertoire in exploring different identity options. This young woman was highly dependent on her Internet use, which may have contributed to her self-harming behaviour, depression and sense of isolation. Before her treatment she was locked into a separate, virtual world that offered her safety, hope, excitement, a sense of being and survival in giving her the will to live. The Internet had particular relevance for her as she felt so marginalized; it provided a low risk venue for finding someone with whom she could share aspects of herself which were difficult to convey in person or when using her real identity. Online exchanges encouraged her to be more truthful and to share thoughts and feelings which made her prone to fantasise unrealistically, become overly trusting and sexually uninhibited (Dalley 2011).

What occurs in the virtual world is largely invisible to others. Does the Internet provide an experience of containment in which thoughts and fantasies can be safely explored or some sort of prison, a feeling of being locked in, trapped without escape? It certainly

provides a limitless abyss of opportunities and experiences. With an early experience of a depressed mother, my patient had little expectation of an active mind that would engage her, interest her and be available to her. This man seemed to represent a relationship in which she could totally invest and be in control of during the times of contact. The difficulty was that she had no control about when this contact might take place. Time became meaningless in this virtual encounter. I came to understand that, online, she was re-enacting the waiting and the wanting of an emotionally unavailable mother but there was no impingement or reality testing that is so necessary for emotional growth and development of object relationships.

At the time her therapy was coming to an end, she began to contemplate returning to school and also a life without this man. She described how there is no adrenalin in the virtual world – she could not feel her fingers and thumbs – there was nothing to excite her. She wanted to join the real world rather than the virtual existence where she acknowledged she never felt alone. She was beginning to think about and explore her identity, asking the difficult question of 'who am I?' and trying to find the answer. She wanted to send him something concrete – write him a letter or 'if necessary I will send him a chunk of wood with my feelings carved on it instead of my arms and the rest of my body.'

Re-engagement with the world takes time and cannot be achieved at the press of a button. The most interesting aspect of this working through was the concrete nature of her wish for communication – a real thing, a letter or a carving, and maybe this is how we understand the importance of the art form – something concrete, real, something symbolic and meaningful.

I wanted to use this example to introduce these complex aspects to our work. How do we use technology – mobile phones, texts, email, social networking sites - to assist us in preserving traditions and clinical roots in relating and communicating? There are so many examples to learn from. An anorexic patient resistant to more intensive work within a second session suggested that we email in between our weekly session so that she could 'digest' the material and be helped in the process of feeling, reflecting and thinking. This was, for me, most interesting as she was able to let me know

understanding of our discussions from her point of view, which moved the therapeutic work on considerably. Another adolescent trapped in a cycle of binging and vomiting, requested that I text her in the middle of a binge, to interrupt her damaging cycle of self-harm.

I was recently very touched by a colleague's account of a session with her 10 year old patient whose mother had committed suicide. This young man was obsessed with the computer game Minecraft - a game of finding and searching in different tunnels at various levels. She responded to his request to bring her iPad into the session and thereby together they symbolically entered his world, in his search, unconsciously, for his mother that he had so tragically lost. My colleague asked whether this was art therapy. I said that I have no idea. We are all now in virgin territory. It certainly is not art therapy as we used to know it. What I do know was that this was a most helpful 'mentalising' intervention. We cannot hide from or escape the fact that using images in this way may be the language of the future.

The political and social repercussions of the information technology revolution are deeply complex and some are profoundly disturbing. For one thing, surely global communication requires us to re-think the concept of separation anxiety. Families can stay 'together' via Skype. Instant access to communication and imagery of every variety can organise and coalesce groups, and rapidly spread political unrest on a global scale. The contemporary art world is undergoing transformation due to technological advances and digital images - David Hockney's magnificent recent exhibition here in London is a good example. At the same time as we may celebrate these developments, the internet spawns its own problems such as the massive growth in addiction by the under 16 year olds to gambling and pornography, cyber- bullying, the impact of exposure to sexual violence and graphic imagery and paedophile rings that proliferate online (Mills 2013).

If this is the new way forward, we have to re-write our own script in this ever- changing world. We are flooded with images and imagery; that is the irony. No longer are we only working with paint on paper. The challenge for the new generation of art therapists will be to adapt to this new world and develop thinking, research, clinical work, supervision and training accordingly.

We have recently launched an international online art therapy journal – ATOL Art Therapy OnLine, which has enormous potential for publication of images, videos, session material and interactive dialogue, simultaneous translation, interviews and real time messaging. We hope that much of this conference material may be made available for this purpose.

I will leave you with a final thought. If we allow our patients to continue to teach us then we pass on our learning and understanding. This cannot necessarily be measured but there is certainly evidence that the therapeutic experience helps to significantly change lives and to create happier human beings. Through our clinical practice we have a generation of patients who become the next generation of therapists, adults and parents.

To answer the dilemma raised at the beginning of this paper, we continue to work with both the past and the future. By holding this tension, working with and learning from our patients and colleagues around the world, we find new ways for the future and rise to the challenges that lie ahead for our profession.

Thank you

Biography

Tessa Dalley is an experienced art therapist and child and adolescent psychotherapist working in an in-patient adolescent unit and in private practice with children and families. She also offers clinical supervision to other practicing art therapists, lectures on MA qualifying courses and has published many books and papers on art therapy and child psychotherapy. She is currently working on the 3rd Edition of the 'Handbook of Art Therapy' (co-edited with Caroline Case), Routledge and is co-editor of ATOL Art Therapy OnLine – the online open access journal launched in 2008.

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