

ATOL: Art Therapy OnLine

Public and Private Spaces in Art Therapy

Sally Skaife

Abstract

This paper explores the public/private binary in art therapy. The public space is often associated with art being taken out of the art therapeutic space to be exhibited in galleries and sometimes sold, one of the aims being to promote art therapy practice and the plight of those who participate in it. Here it sits uncomfortably with the idea of art as commodity. The private space is associated with art therapeutic practice that is confidential and in which the art stays within the boundary of the therapy until therapy is finished. The emphasis is more commonly on process than product. However, art therapy sessions themselves have now also become commodities to be bought and sold. The paper argues that the public/private binary is operational in all art therapy practice whether or not the art leaves the therapeutic space. Art is a language that, by definition, can communicate without artist/patient to explain it or identifiable audience to view it. It exists between 'self' and 'other', but 'self' is infused with the public and social world and 'other' contains the projections of the self. The paper explores how these private/public dynamics can be harnessed, in an ethical way, to best serve our clients. Art therapy work from a group for victims of torture is used to illustrate the points.

Keywords

Groups, Ethics, Refugees, Exhibition, Charities, Boundaries

Introduction

This picture 'Ebola' (Figure 1) is one that I, and colleagues at Goldsmiths, jointly own. We bought it at an exhibition of art made by asylum seekers in an Open Studio; I can show it at this presentation because it has already been exhibited to a public audience.

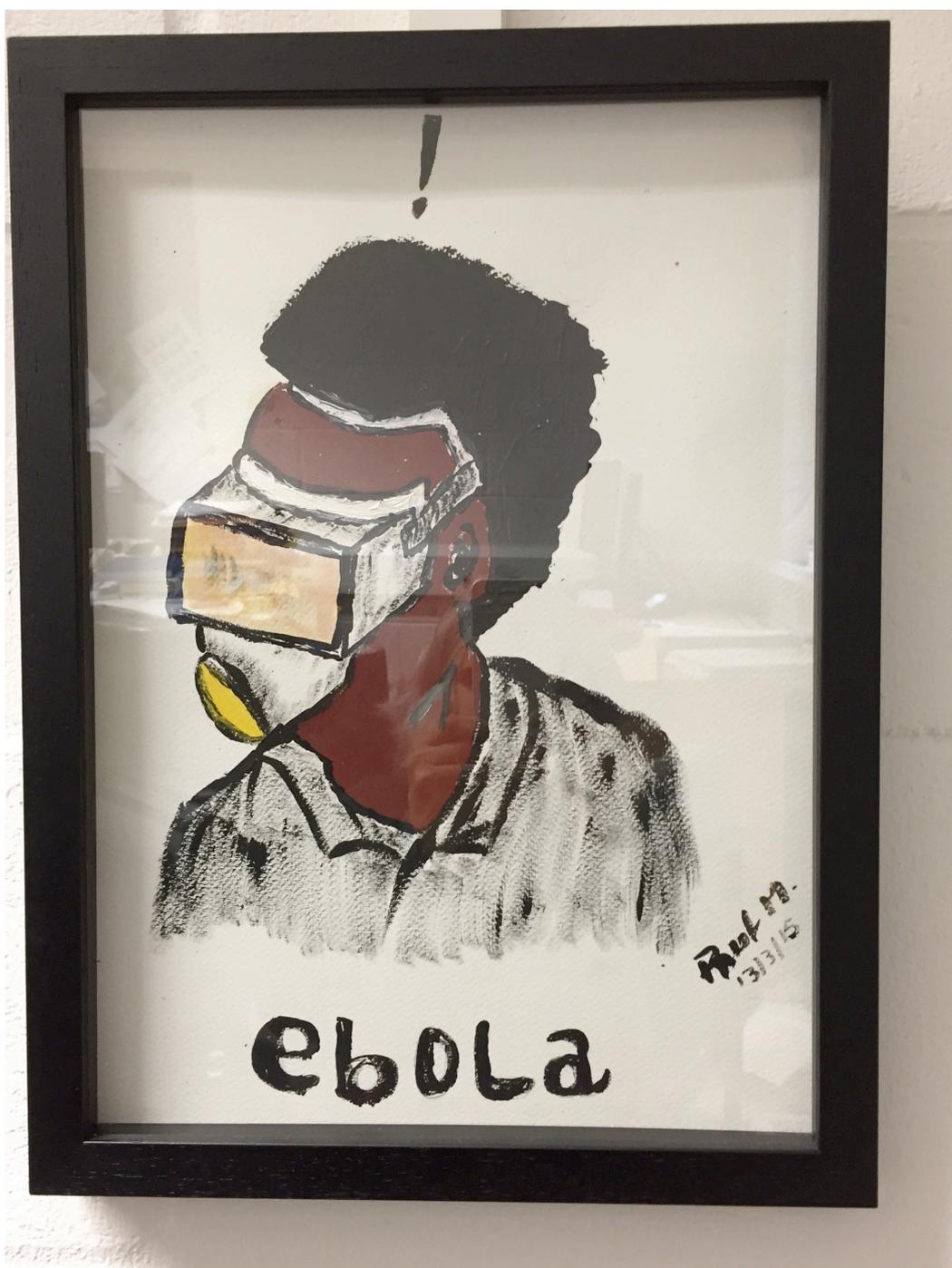


Figure 1

Going to this exhibition and a panel discussion that followed it, opened up questions for me about taking art works out of the therapeutic space. Concerns I had, in fact, been mulling over for many years during my career as an art therapist. These issues, though, have become particularly pertinent today as there is a questioning of established practice in art therapy in response to the necessity of adapting to changing contexts. Since the closing of National Health Service (NHS) art therapy departments in the UK, as a result of government policies of austerity, the provision of art therapy has shifted towards charities, with implications for the role of art in art therapy. I imagine there are similar patterns in countries outside the UK that are suffering austerity agendas. This paper will be looking at therapeutic and ethical issues related to works of art made in therapy. The images discussed in this paper were all made by asylum seekers and refugees in art therapy; a client group existing 'in limbo' (Callaghan 1998), a state of waiting and uncertainty that can perhaps be applied to works of art.

Taking artwork out of the therapeutic space.

Amongst all the changes to the provision of art therapy and consequent changes to practice, some things remain the same as they have throughout the history of art therapy. Although always the underdog amongst the psychotherapies, art therapy has one great benefit over the 'talking' therapies and even over drug treatment – the art made in it can be shown to the public. The publicity benefits of this for art therapy, or one aspect of art therapy, go without saying; but in addition to this, exhibiting art work can act as a promotion for the client group that make it. Art made by asylum seekers, for example, can show the public what these clients have experienced in their home countries, the effects of war, torture and so on. It can educate the public and through doing so, benefit the clients and those like them who have provided the artwork. Furthermore, if artwork on show is going to be sold, then it can be a fundraiser for a charity; or, it can raise money for the artists themselves who very often, if they are clients of art therapy, are living on meagre means.

Other arguments have also been made. Intrinsic to the art-making process is that there is an end product that demands an audience to appreciate it. It also demands a suitable space in which to be viewed. The particularity of this space will determine what will be made of the art. Art and gallery go hand in hand. Lastly, it has been argued, exhibiting artwork is so rewarding for the artist that this, in itself, can bring about relief from symptoms. As I said, the issue of exhibiting the art made in therapy is not new but it has become much more of an issue in recent times for political reasons and we need to be able to think critically about this.

We had to ask ourselves why we had bought the Ebola picture. Some said they had wanted to support the charity, others felt that the artist might need a boost to their morale, others wanted to please the colleagues that had put on the exhibition.

There was the question of which picture to choose. Did we want to go for one which represented the horror that referred to the experiences the artists had been through? Did we want one that was pleasant to look at when put on the wall? Was the aesthetic charge of the picture the important thing?

I think some of the artists were there at the exhibition opening. What did they think about the sorts of things going through the minds of the buyers/supporters? How would this meet with their experience of coming as asylum seekers to an art-making group? Were they in the studio as artists, asylum seekers for therapy, or for companionship around producing art for exhibition? If the artwork was bought for fund raising and not because it was any good, what would this mean for them? Were they being exploited? Might they be being asked to prostitute themselves and their personal experience, through the exposure of their work, for financial gain? Were their experiences, now in the form of art, being bought to satisfy sentimentality, guilt, curiosity?

Would the buying of the picture make us all feel we had done our bit, now we were free to forget about the plight of asylum seekers and carry on our merry

way? Or might the tangible artwork connect us to the real person who had made it and thus keep us remembering the plight of the individuals behind the statistics?

These were the many questions raised by the taking of art made in therapy into the public space. Some of the ways that art therapists sometimes deal with these issues is to say that the sessions, though run by art therapists, are not art therapy but art-making spaces that cater for a specific client group. This, interestingly, contrasts them then to art therapy, in particular, to the boundaried art therapy group.

Boundaried Art Therapy Groups

In boundaried art therapy groups art always stays within the therapeutic space. This boundary is thought to be necessary to allow clients to be able to use art to express deeply personal material and to feel safe in doing so. Other boundaries in the group that differ from an Open Studio include talking one at a time so that the whole group can hear you. This means that group members are required to listen to one another and to think about each other's art-work, enabling exploration of the interpersonal relationships that not only provide the context to the art-making, but also determine it.

It is deeply frustrating that it is difficult to convey the power of this sort of working to the general public, but in particular to funding providers. One of the ways of doing this is through research, in particular qualitative research that tries to capture the process of the art therapy; the dynamic, reflexive experience of the art-making process and of the therapeutic relationships that form and are formed by it. However, as with the exhibited artwork, there are a number of ethical issues involved with bringing the art out of the therapeutic space and into journals or onto screens to disseminate research at conferences. Although all possible ethical procedures can be undertaken, including permission sought from participants, there still feels an element of exploitation. I feel rather uneasy about showing you the art that was made in the art therapy group, though I need to, to illustrate my points.

So, although both the Open Studio and the boundaried art therapy group involve taking art out of the frame, they still get opposed. This split is exemplified in an experience I had in relation to a cupboard.

Splits in Art Therapy

When I entered a Refugee Centre for victims of politically orchestrated torture to take over an art therapy group run by an art therapist, I ran into an argument about a cupboard. The charity had just moved into a new building in which there was a dedicated art studio. The boundaried art therapy group, which had been running for two years, had recently moved to this space. As well as the art therapist, an artist in residence was also employed, and she happened to be an art therapist. She was about to start another group, an Open Studio group.

The locked cupboard held the artwork of the boundaried art therapy group. The art therapist of this group felt it important that the work, a lot of which contained highly personal and disturbing material, was kept safe. For people who have been physically and personally violated, boundaries are particularly important. The problem was the cupboard took up a lot of space in the small art room and the other art therapist, in the role of artist-in-residence, felt there was not going to be enough room for easels and for the making of art over a prolonged period.

The problem of the cupboard then symbolised something about a public/private binary. It raised questions about the identity of the client and the nature of the relationship between them and the audience who might look at the work. Are the clients not clients but artists? Are the audience other group members, the supportive public or potential buyers? And a most important question: what is the impact of this relationship on the art made and thus on the therapy? Does product become associated with the Open Studio and process with the boundaried group? In the Open Studio there is a longer time to make art than in the boundaried group. In the boundaried

group, perhaps because of the dominant place of talking over other communicative mediums in therapeutic work, sometimes art can be minimised, used only for considering metaphors of individual and interpersonal dynamics. We can end up with a split in art therapy theory: on the one hand the art is the transformational agent and the relationships in the group provide the supporting and enabling context, and in the other the reverse, relationship exploration is the most important thing and the art is what enables the relationships. There is a danger in our accepting this as two different types of group suited to different client populations. For the first type of group is an art therapist really needed? Might not an artist do? And in the second, might an occupational therapist or psychologist do the work instead? This way lies extinction for art therapy.

The Public/Private binary in the boundaried group.

It was with the desire to counter this split in mind that I suggested to Berenice (pseudonym) about 15 months into the first boundaried group that I ran, that she might use a paint board and easel and develop one of the pictures she had made. Berenice had been commenting on the pictures exhibited in the corridor that had been made in the Open Studio, which seemed to indicate an interest in other ways of looking at art than from within the group. None of the others had yet arrived and I had received some apologies. Group members normally used paper and worked with it flat on the table; there is some restriction in this way of working. Looking at work on an easel allows one to see the work as if it were made by another, allowing the work to speak back to you. The artist then becomes the audience of the artwork. Berenice began her work self-consciously but, I thought, seemed to enjoy what she was doing. She painted a plant/tree in gold and green (Figure 2), and seemed to be quite involved, making something pleasing to look at.



Figure 2

She laughed a lot at herself whilst making it. It was left unfinished at the end of the group. The next week, and those that followed, she showed no interest in returning to the painting and it stayed on the shelf. It seemed she had been trying to please me. Although it appeared ideas about Western art as gallery art were familiar to her in her own country, she seemed clear that making art in this way was not what she intended to do in the group.

I find it poignant now to look at this image in relation to others she did later using the same tree motif (Figure 3). This image uses the same water-based medium and is on paper.



Figure 3

Inside this tree is a figure, herself, and she is hoping to be rescued by the dove which symbolises God. However, she is fast sinking into water. The use of colour – white for God and black for herself, and the muddy brown water inside the tree, is also significant for how she herself felt positioned.

The contrast between the two images is interesting. In the first she seems to have in mind an anonymous, public audience that inhibits her. In the second, she seems comfortable about the known audience who will see the work. However, I don't think that the one image refers to an outer/public world and the other to a private/inner world.

The second image has references to art that she, as a regular church attender, might have seen. It has references to biblical symbolism; the tree might be a cross and herself inside, the victim, like Jesus. The dove in Christian symbolism refers to the Holy Spirit, which is free from the burdens of the flesh. For example, here is an image of Masaccio's Pisa crucifixion and

Piero Della Francesca's baptism (Figures 4 and 5).

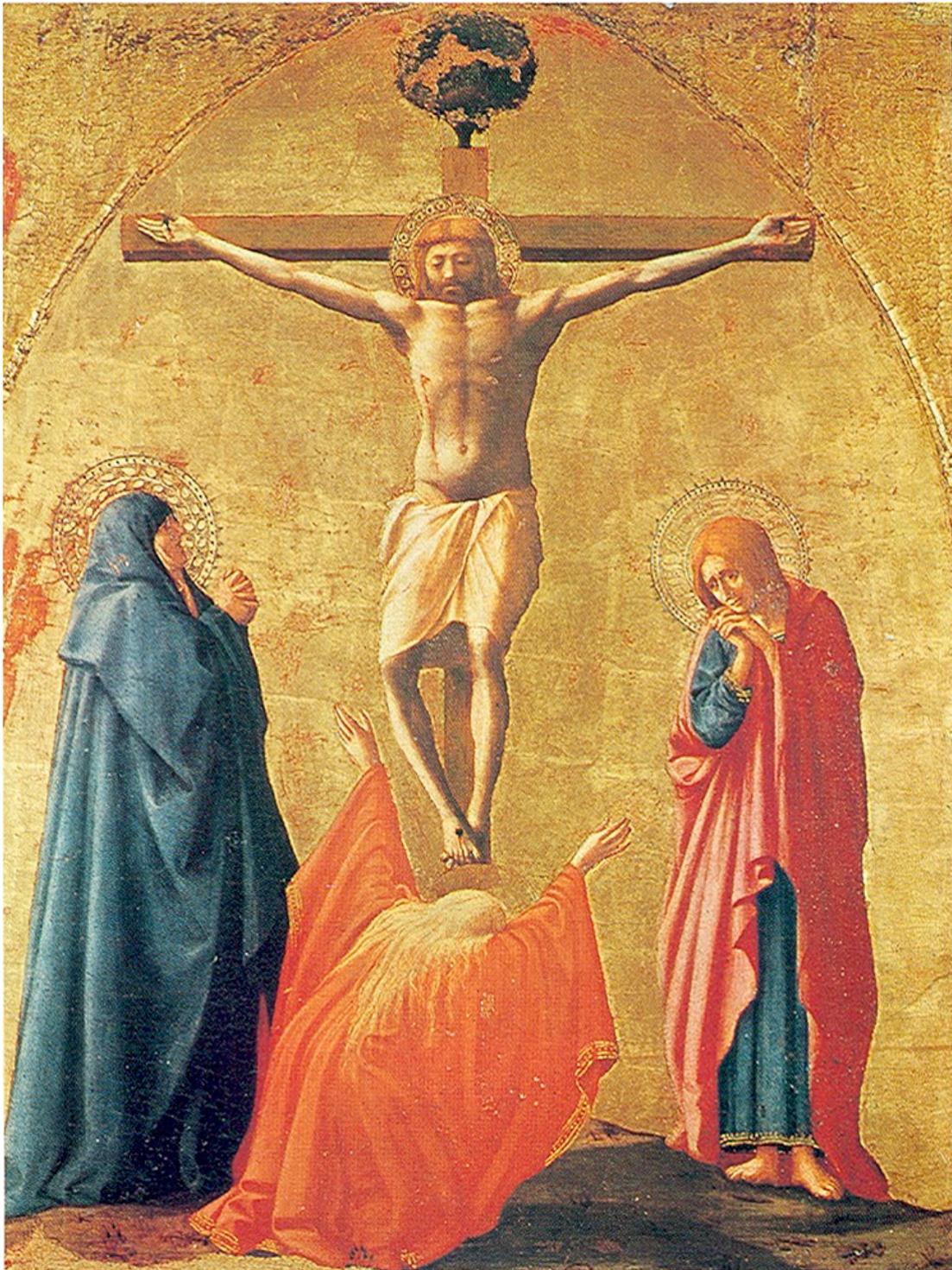


Figure 4



Figure 5

The image, (Figure 3) signifies to the position Berenice felt herself to be in. Like Jesus in the desert, her explanation for her plight was that she was being tested for endurance and she must have faith in the dove – the symbol of God.

Where Berenice was conscious of the way the art made in the Open Studio was effecting her making of the first image, she seemed not to be conscious of the way her other image might have been influenced by art she may have seen in churches. Something from the public world has been embodied within her.

Berenice appears to be actively engaged with expressing the feelings she spoke about. She metaphorically burns the trees herself in painting the fires. Her own potency is expressed. She is mimetically working with the borrowed image and sharing this with the group. Although Berenice continued to make stylised figures, her pictures over time showed an enjoyment of the use of paint, mixing colour, and of design. Her subject remained a depiction of her plight, but her facility with art-making enabled her to express this more and more expressively.

I have given this example as a means of challenging the idea that in a boundaried art therapy group we are dealing only with inner, private worlds and am attempting to show that the public/private is a false binary. I am also attempting to show that the art-making process was transformational in that Berenice was changing how she felt through her active engagement in the art-making process. In my next example, I am discussing how in the second group I ran with a co-therapist who is also an art therapist, we engaged with exhibition and audience.

There was a strong feeling that the art-making was very important for everyone in this group; each person seemed deeply engaged. There was little discussion amongst group members about art and technique, though interestingly we had noticed that they often picked up on imagery that was in

other pictures present either in the room or elsewhere in the centre. What seemed important to the women, however, was the transformative process that goes on in art-making that needs a boundary to facilitate engagement. The boundary allows you to enter a different sensual experience, to play, knowing that there is an end and whatever happens in this experience, including all the feelings that emerge during it, can be thought about together after. The experience in the silence of the group work is very profound. On the one hand it is intimate because there is a level of trust there that enables sensual experience; on the other hand each one can remain hidden.

Coincidentally, on the same day my co-therapist and I had been discussing a review of the artworks made, one of the participants suggested we looked back at the artwork in the group to see how far members had come. Our thinking of this at the same time seemed to relate to the group having run for a year. Since we had been putting the work up on the wall to look at it in the sessions, it made sense to see it all up. We arranged to have another big room in which to display it. This meant that the group had now to engage with curation, how to present the work and look at it. This was potentially a way of witnessing a sustained visual engagement with a theme and allowing the work to speak back to its maker. We suggested that each person have a panel of the room to put up their work, and first we had to separate it from the sessions in which it had been stored. We did this together as a group. We suggested that in choosing what to put up on the wall, they might like to think about which images had been most significant for them, but also which they enjoyed the look of. We were deliberately introducing an aesthetic element into the process. There was only space for a few images and the ones they chose seemed to be those that connected most with their recovery process. Here is a view of the exhibition from two angles (Figures 6 and 7). Unfortunately only four out of the seven members were present.

My co-therapist and I also had a panel each, seen at the far end of the wall from the other end in the next photo.



Figure 6



Figure 7

Group members used the exhibition to repeat the stories that had gone with the images, remembering what was on their minds at the time. They did not appear to be excited by the look of the images, though we were. We repeated the exercise a year later when they were very much more involved in displaying their work and seemed more excited by it. There were also more comments on the appearance of the work. It is interesting to see that they chose several of the same images that they had selected to show in the previous year.

The exhibition was an attempt to bring an aesthetic awareness to the fore, to allow the work to speak back, to note what was in it that did not conform to ways group members routinely constructed their experience. Again, group members were the audience for their own and each other's work. They did not appear to respond to the work in the way we had envisaged, though I think, actually, having this space to look at the work did facilitate greater engagement with the art-making subsequently.

Discussion

What I have been trying to challenge with these examples is the binaries of private/public, inner/outer and process/product that are pertinent to this question of art in and out of the therapeutic space. But what have we learnt about this question? I want to make some points about three issues: boundaries, ethics and money.

Boundaries

I used the terms 'Open Studio' and 'Boundaried Group'. I am not at all happy with these names. They were temporary. All groups have boundaries, the point is where these fall. An Open Studio will have a boundary of who can come in and who can't, the context will always set a limit. The point is that boundaries are political, they take work to maintain, they are not static and they determine the meaning of the group. We need to consider where to place the boundaries in each and every one of our groups and this will

depend on many things. In my view it should never be determined by talking of types of groups for categories of clients with an idea of the boundaries as static. All groups are unique. The processes of the group will be the same in all art therapy groups – that is, they will involve art-making processes and also interpersonal relationships. The way that these processes interact in the group will be determined, again, by each particular group and its context.

Ethics

So, what does this say about taking the artwork out of the boundary? What are the ethical considerations here? The point about Berenice's work was that it didn't just belong to her, it didn't come up from an interior world, it was a response to the visual. She reworked this and made it her own and shared that with the group. Having asked her permission to use her work to tell others about the plight of people who shared her experiences, it became partly mine. The way I present it, what I say about it, colours the way others, you, will see it. At the same time, it embodies her own, individual, mark making. Although I was concerned about exploiting her by showing her images, I also feel that through her work, it is she who communicates directly with the viewer about her situation and that of others who share similar experiences.

The French philosopher Jacques Derrida talks of the paradox of 'again and other' in language (Derrida 1988:7). To be a language, writing (or art) must have a continuity of meaning otherwise it can not work as a language; however, in each different context it will become 'other'. As all contexts are continually changing and cannot be pinned down, then neither can the artwork. Though the artwork carries with it the personal embodiment of the maker, in these new contexts of exhibition and presentation, it becomes something else. It is then imprinted with the personhood of she/he who shows it and those that are seeing it and making sense of it. The fact that we borrow a language is one of its beauties. It is not all about our own art-making ability, or our own personal experience, it is something other.

However, we must of course respect the narcissism of 'the other' and be wary of our own narcissism. So, the work is both ourselves in one way, and 'other,' and the difficulty of conclusively separating these is what is exciting. The implication of this is that the boundary might well include a public audience at some stage but negotiating the crossing of this boundary will need the utmost thought and care. The same goes for crossing the boundary for the purposes of research.

Money

I was thinking that if we took money out of the equation, that is, never sold clients' artwork, then everything would be okay. This led me to think why money was involved at all. Well, this takes us back to the provision of therapy in charities that have precarious incomes which have to be generated by publicity. Charities are not good places for therapy, they cannot provide for stable therapy. In fact, charities are a big problem in themselves. We would rather that there did not have to be refugee charities or mental health charities. Keeping them going makes us all feel a bit better whilst nothing ever changes. How much better it would be if we could pay for therapy collectively through our taxes. But this is not the way of capitalism which requires us more and more to manage finance on an individual basis. Whilst this manoeuvre masquerades as enabling us to have more responsibility, it is about individualising money. Individuals are then responsible for their own poverty.

So I think we need to be very careful too when dealing with money in relation to therapy, whether it is clients having to pay for art therapy sessions or selling artwork made to pay for the provision of art therapy. The argument that this is empowering is dubious. Money is a political issue and we need to bear this in mind in all our transactions.

Biography

Sally Skaife (PhD) is a qualified art psychotherapist and group analyst. She worked in adult psychiatry for many years before coming to work at Goldsmiths, University of London where she is now A Senior Lecturer in Art

Psychotherapy. Sally has run art psychotherapy groups both privately and within the organisation Freedom from Torture. She has been a past chairperson of the British Association of Art Therapists and an editor of the association's journal, then called 'Inscape'. She co-edited 'Art Psychotherapy Groups: Between Pictures and Words' and has published numerous chapters and journal articles. Her research interests are in the politics and philosophy of art therapy groups and experiential groups.

References

Callaghan, K. (1998), In limbo: Movement psychotherapy with refugees and asylum seekers in D. Dokter (ed.), *Arts Therapists, Refugees and Migrants: Reaching across borders*, London and New York: Jessica Kingsley.

Derrida, J. (1988), '*Limited Inc*', S. Weber and J. Mehlman (trans.), G.Graff (ed.), Evanston: North Western University Press