

ATOL: Art Therapy OnLine

In the margins: Art therapy with a homeless man under the influence of alcohol

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Abstract

This article presents a case study of short-term art therapy with a homeless man that was undertaken in a residential hostel by a trainee therapist. One of the features of this work was that the client was an alcoholic who came to his sessions in varying degrees of intoxication. Although this presented some challenges the authors argue that his engagement in a therapeutic process had meaning that could be understood through a clinical witnessing of enactments within the transference-countertransference matrix. This required paying close attention to countertransference phenomena as expressed through the trainee therapist's art responses to sessions, which were explored in supervision.

Keywords: homelessness, alcohol dependency, witnessing, art therapy, art therapy training, clinical supervision.

Introduction

We might say that art therapy started 'in the margins' with artists setting up open studios in the old psychiatric asylums in the 1940's, and trained art therapists aligning with the anti-psychiatry movement in the 1970's. Henzell (2006) writes about marginalised people and marginalised states of mind in the contexts of these old psychiatric hospitals in the 1960's and 70's, and

Outsider art. He presents a number of vignettes depicting characters he encountered through his work, which vividly convey the sense of working 'in the margins'.

In thinking about the nature of the work described in this article we might also find liminality a useful concept, which Haywood (2012) says 'is about borderlands and thresholds and the edges of things' (p 80). This idea of a liminal space, a kind of no-man's land, evoked in us a sense of not being on solid ground when trying to establish art therapy in a homeless project. There was a sense that stirring things up might tip someone over the edge – drugs and alcohol waiting to dull the pain.

This case study was originally written as a final clinical report by a trainee art therapist on the MA Art Psychotherapy course at Goldsmiths, University of London. This revised version tells the story of a therapeutic encounter with Rafi (pseudonym) from the trainee's perspective with additional material from the external clinical supervisor of the work. Rafi was a 46 year old man who had been living in a variety of homeless hostels for the past 4 years. He was alcohol dependent and staff in the hostel were working on getting him accepted into a detoxification programme.

The issue of his alcohol dependency raised ethical questions, which we explore in the discussion section. The therapeutic work centred around the counter- transference situation and the unconscious processes involved in the witnessing of traumatic memory in its enactive form (Reis 2009). Witnessing took place through viewing the images he made as well as through intense moments of engagement in an experience where the therapist was receptive to being emotionally acted upon (Reis, 2009). This is similar to Bion's idea of a mother's reverie where she allows herself to be emotionally stirred up by the baby (1962).

We start by looking at some relevant literature, which provides context to the case.

Homelessness

Anderson and Christian (2003) suggest there are many possible approaches to conceptualizing the causes of homelessness. Most of the literature acknowledges an interaction between homelessness and other support needs: 'homelessness is not just a housing issue but something that is inextricably linked with complex and chaotic life experiences' (McDonagh 2011 p.2). Much of the UK literature attempts to find an explanation for the causes of homelessness. Anderson and Christian (2003) report that over time 'the UK has moved away from views that homelessness is explained either as a structural social problem, or as an individualized failing, to a more sophisticated analysis of the interaction between social structures and individuals' circumstances.' (p.115) They do however go on to conclude that structural factors are likely to remain the primary cause and explanation of homelessness:

'In capitalist and mixed welfare economies, life chances and life trajectories are unequal, and patterns of inequality undoubtedly remain deeply entrenched over the long term. These inequalities are reflected in housing pathways and the experience of homelessness, and in all other aspects of individuals' wellbeing or lack of wellbeing' (Anderson and Christian 2003 p.116).

In the case of Rafi, his homelessness appears to be multi-determined. When his marriage broke down he was forced to leave the family home, he subsequently had a period as a psychiatric inpatient and was discharged to a charitable hostel.

McDonagh argues that the roots of many people's experiences of Multiple Exclusion Homelessness (MEH) in adulthood lie within very troubled childhoods. 'While it does not follow that all people who experience troubled childhoods will have complex lives or become homeless, childhood experience has a pervasive impact on an individual's life course' (McDonagh 2011 p.5). Rafi's early life experiences were little known about but as the therapy progressed he started to communicate about them. There was a

natural disaster that resulted in the death of relatives but Rafi managed to escape with his family. We thought of this as a traumatic experience, although we did not know to what extent it might be classified as such.

Service provision for people with such complex needs is a huge challenge. Some agencies focus on the need to address substance misuse and mental health issues while others are more concerned with helping to rebuild lives through provision of secure housing. People experiencing Multiple Exclusion Homelessness often avoid agencies perceived to be challenging of certain types of behavior, where rules and regulations, particularly in relation to abstinence, can also lead to exclusion from services (McDonagh, 2011).

Clinical psychologists Williamson and Taylor (2015) suggest that to address exclusion effectively means 'reaching out into the spaces occupied by homeless people' and not only that but to 'also actually 'living' life alongside them' so that a 'psychological perspective' can become integrated into their environment and become easily accessible (p.3). This is in keeping with what most of the literature concludes; that for an effective intervention clients need to be able to engage on their own terms, the service provided needs to be integrated into clients 'home environments' and that the supporting staff/organization also needs to be trained in 'Psychologically Informed Environments (PIE)' (Williamson and Taylor 2015).

Johnson and Haigh's (2011) introduction of PIE recommends a shared psychological understanding within an environment. It involves training staff in psychological theory and providing them with the necessary support to undertake such complex work. 'The concept of a PIE offers a way to recognise good practice in resettlement that reflects the true complexity of the work, and the emotional nature of the issues to be tackled' (Haigh *et al.*, 2012).

In the hostel where the trainee therapist worked with Rafi there was a degree of this philosophy, and the provision of art therapy through an eight-month placement reflected this. The idea of providing a psychological intervention

with someone actively drinking was certainly not an anathema to the staff, but nevertheless felt rather daunting for a trainee.

From the limited art therapy literature on the subject two articles stand out as relevant, one from the USA, the other from Canada. Firstly, Holly Feen-Calligan (2008) explores the provision of an art therapy student placement (service-learning assignment) in a homeless shelter and secondly Bookbinder et al (2016) look at anti-oppressive practices in art therapy with marginalised populations in long-term care. Feen-Calligan highlights the learning experiences of the student, who was working with children, in relation to art therapy education standards.

Bookbinder et al (2016) examine factors across a variety of systemic or organisational levels leading to various forms of oppression that may be faced by residents. For example when health care providers make decisions for, and even against, the wishes of residents that may result in marginalisation. They address:

‘...the critical need of applying an anti-oppression framework in long-term care when supporting the complex needs of young adults, older adults and residents who have experienced addiction, substance abuse, and homelessness. Multi-pronged approaches and paradigms are needed to understand residents’ phenomenological perspective, from their varied historical origins to the moment that they are admitted to long-term care’ (p92).

Addiction

The initial aim in offering individual sessions to Rafi was to provide an additional level of support and to think with him about issues relating to his impending detoxification from alcohol. However, as the work developed it became more about trying to understand how he came to be in such a difficult personal situation.

The art therapy literature on working with addiction offers a variety of approaches. For example, Horay (2006) believes that art psychotherapy can help when addressing clients' ambivalence towards recovery and promotes the use of art psychotherapy with emerging models of treatment, such as Motivational Interviewing (MI) and Stages-of-Change (SOC) frameworks. Addiction counselling is the most widely used psychological intervention offered in substance abuse treatment (Mercer and Woody, 2005), which: 'differs from psychotherapy by being fairly directive and focussing on managing current problems related to drug use rather than exploring internal, intrapsychic processes' (p 237). This is congruent with the 12-step programme used by Alcoholics Anonymous (AA). This is echoed by Johnson (1990) who believes that arts therapists need to work alongside the principles of the 12-step approach, or other relapse prevention models, rather than using psychodynamic models.

However, Dickson (2007) stresses the importance of art as a non-verbal means of communication that provides a safe containing medium for difficult emotions to be expressed. She cautions early verbal interpretation, as this may be seen as premature and intrusive. It may be sufficient for communication to be made via the artwork, which is the strength of art therapy. 'By engaging in the imagery, a positive shift is established, enabling movement towards participating in the recovery process' (p.22). In fact, it was Rafi's engagement in art making that partly dictated this kind of therapeutic approach. The other part was his level of intoxication in sessions.

In working with alcohol addiction it is usual for abstinence to be encouraged or even demanded (Mercer and Woody, 2005). Waller and Mahony (1999) refer to the fact that alcoholics are not a popular client group and punitive attitudes can be observed among workers. They add that ambivalence about giving up alcohol 'is possibly one of the reasons why psychotherapists have fought shy of taking on addicted clients' (p 3). Skeffington and Browne (2014) refer to a client who relapsed during an eight session group but it is not clear if she ever attended intoxicated. For a comprehensive literature review on art therapy in the treatment of drug and alcohol problems see Mahony (1999).

The hostel where Rafi lived was what is sometimes described as a 'wet hostel' – to indicate that drinking was tolerated. The philosophy being that if it was not then residents would not engage with services and would remain on the street. Their dependence on alcohol meant they would appear in varying states of both intoxication and withdrawal. Furthermore, there was a sense, or atmosphere, of it being the end of the road for the residents. Nevertheless, relationships within the hostel between staff and residents were important. Wright (2014) relates the process of letting go of the addiction to forming relationships, 'fostering a real and alive attachment connection with a living person' (p.15). He states that the primary attachment during this process is likely to be to an institution such as social services or voluntary organisations. From this attachment, relationships may be formed where internal difficulties can be worked through and more secure attachments established. Rafi certainly was attached to his primary relationships with his keyworker and complex needs worker, and this became a factor as events unfolded at the end of the therapy and he faced unbearable loss.

We might think of this readiness to engage in relationships as part of his dependent personality, but it also allowed a strong therapeutic alliance to form quickly once the work started. The link between the quality of the therapeutic alliance and success in therapy is well established (see Luborsky *et al* 1985). It has been found that 'therapists who can establish a positive connection with patients and are perceived by the patient as 'helpful' are more likely to achieve successful outcomes' (Mercer and Woody, 2005 p 239). Another factor, which perhaps follows on from this, is the therapist's emotional reactions to the self-abusive aspect of addiction creating negative countertransference feelings (*ibid*). This aspect is one of the issues that we will explore in the case study we now present.

Case Study

What we present here is an account of the therapy that uses five key sessions to illustrate our understanding of the therapeutic processes that we feel are

important in this case. They were chosen from a total of 18 individual weekly sessions. We acknowledge the kind permission from Rafi for use of this material for publication, which has been anonymised for confidentiality. The work took place in a room in the hostel set up as an art therapy space. In addition to the freelance external, individual supervision provided by the charity running the hostel the trainee also attended a small supervision group led by a tutor at College. The clinical material below is written from the therapist's perspective.

Background information

Information on Rafi was sketchy and appeared slowly over the course of my work with him. I was prompted, at times when he revealed aspects of his past to me, to seek out what the organisation knew about him but I was always left feeling there were a lot of unanswered questions. This is not unusual when working with homeless people, where their need to hide aspects of their past is respected by the charities supporting them.

As a child he moved to the UK with his family following a disastrous flood in his own country. As an adult he helped in his father's business, got married and had two children. He had a forensic history, from the age of 26 years old, of public disorder offences and actual bodily harm (ABH) that appear to be linked to drinking, but he also had a lengthy stay in a psychiatric hospital. Information on his psychiatric history appeared contradictory, a report mentions Amisulpiride, an atypical antipsychotic medication but it was unclear to me whether he had a diagnosis of psychotic illness or not and he was not on any medication when I saw him. His admission followed the breakdown of his marriage and his father died shortly after. He was discharged to charitable supported housing where he continued drinking and was transferred to this hostel a few months before my placement started.

My initial encounter with Rafi was in an introductory session I ran for staff and clients at the beginning of my placement in the hostel. I saw him for a further session in the weekly open art therapy group that I had just started. Following this he began attending weekly pre-detox sessions with the local alcohol

service, which clashed with the timing of the group, and as a result it was decided, through negotiation with his complex needs worker, that I would offer him individual sessions. Following a risk assessment and discussion between the three of us an agreement for individual therapy was made. Figure 1 shows the image he made in the introductory session. I saw something about the feeling of being in the hostel in it and a depiction of how entrenched Rafi was in his drinking. I was struck by the second piece Rafi had made (see figure 2). I thought of it as a self-portrait as it held a powerful essence of Rafi's presentation on that day –wobbly, shaky, and unable to focus. It also seemed to show me something of his internal world – one that was in pieces.

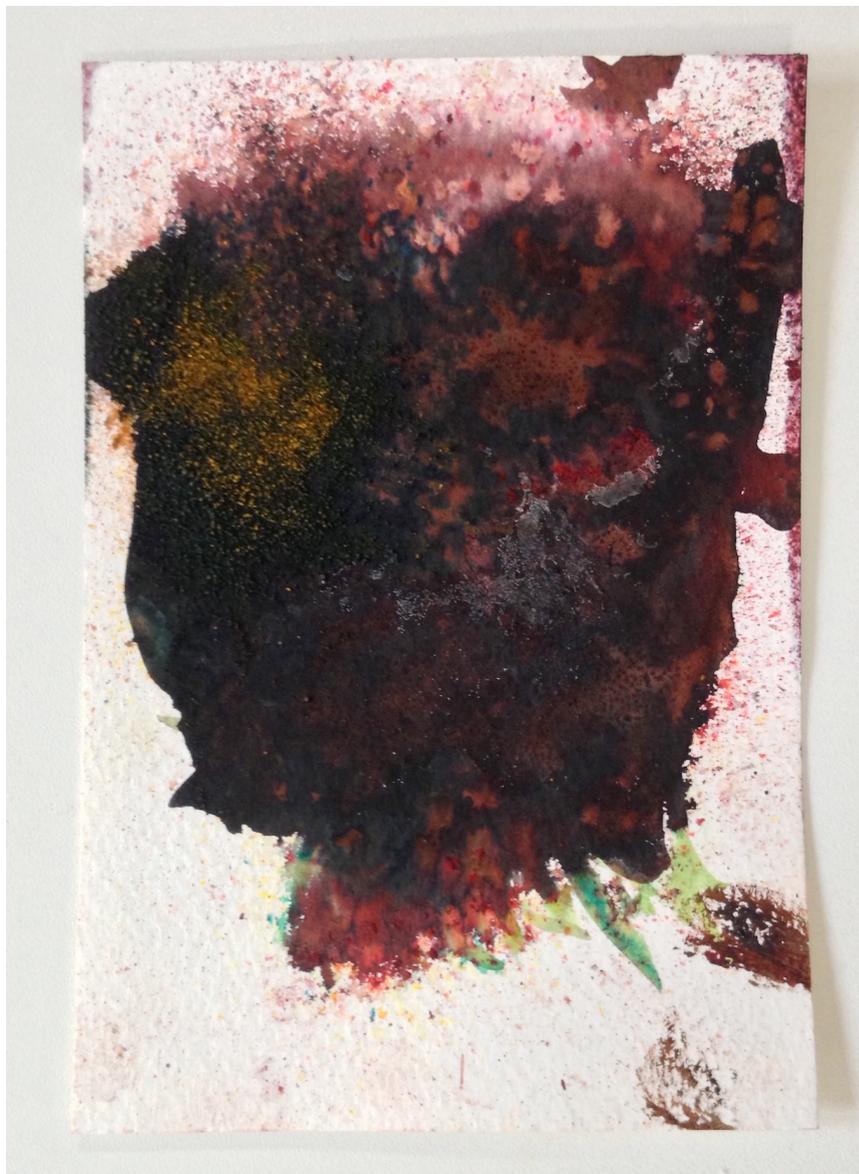


Figure 1



Figure 2

It was important to acknowledge the prospect of him attending the sessions 'under the influence' (UTI). As the majority of residents actively used drugs and/or alcohol every day, this was a significant aspect of the work and was something I was mindful of throughout the placement. Nevertheless, I felt unsure of the ground I was on and often asked myself, 'What am I doing here?' and 'Is this ethical?' In individual supervision it felt we were both finding our way 'in the margins' of what was possible. We agreed that engagement was paramount, paying attention to setting boundaries, particularly in regards to levels of intoxication.

Session One

Rafi knocked, opened the door to the room with some care but then almost fell into the space, lunging forwards then stepping back again towards the door. The smell of alcohol had entered the room and I wondered how intoxicated he was.

Rafi said that he was not good at drawing. "My sons can draw better than me," he said. He looked at all the materials in front of him and said, "Too many colours." "Just me and you?" he asked. He then said, "Geesh!" as if to communicate that he felt under pressure.

Rafi drew a house and a tree encircled with a blue line while mumbling words under his breath that I could not make out. I commented that the house had a lot of windows and wondered if there was anyone inside. He then told me that the house with many windows was his Grandfather's house and the tree was one of the oldest trees in his country of origin. Rafi then added what looked like three planets in the sky. He studied it for a while and I asked what was happening. Rafi said, "If the Sun passes away we will all die, if the comet hits us we will all die." "It's all gone now," he said, looking down at his drawing, "washed away in the floods, tree cut down, because I am not there." He continued to colour in his drawing and we sat in silence until the end of the session (see figure 3).

I spent some time looking at his drawing after he had left. The smell of alcohol lingered and I felt left with a sense of impending catastrophe that was depicted clearly in his drawing of the comets coming towards Earth. I wondered if the floods he had described were something that he had experienced first-hand. I sensed that Rafi felt to blame for it all being 'gone now' and I thought the tree being cut down reflected his being uprooted as a child. I found the picture of the comets powerful and had a vivid image in my mind of seeing them through the window of the therapy room, which I represented as an artwork (see figure 4).



Figure 3



Figure 4



Figure 5

In the following weeks Rafi continued working on his image, adding more detail and depth (see figure 5). Whilst drawing he asked me questions such as, was I married? How old was I? Where did I live? I felt unsure of what to say and how much of myself to disclose, which Rafi appeared to find frustrating. I said to Rafi that it could feel difficult to make sense of why he was in the room with me and what art therapy was. He then said, "It's because I'm alcoholic. I shake if I don't drink." He talked about how he was waiting to go to rehab, which meant leaving the hostel. "I don't want to move," he said. "I will have to take all my collections with me. I lost my camera collection and my stamp collection and my family." I said it sounded like

moving meant great loss for him. He told me that his father had died in 2012 and since then he had started drinking every day.

In session five Rafi completed his drawing and spent some time looking down at the finished piece whilst turning it around. I commented that it looked different depending on which way around it was and wondered if each view had a different meaning. Rafi nodded and began to describe them to me as he turned the image around. This way is a “Volcanic eruption” (see figure 6), this one a “Pirate face and parrot” (see figure 7), another way “We are in the world and the comets are coming” (see figure 8) and finally “Little boy looking at the world.” (see figure 9). I found Rafi spinning the page around and the different views within the same picture a powerful communication of where he was in his life and how his world had been turned upside down.



Figure 6 'Volcanic eruption'



Figure 7 'Pirate face and parrot'



Figure 8 'In the world and the comets are coming'



Figure 9 'Little boy looking at the world'

Through his image and associations I thought Rafi was expressing something about his experience of loss as a child and how this had perhaps overwhelmed him. It appeared that he couldn't make sense of it. In supervision we wondered if the more recent losses of his marriage and his father echoed the earlier losses due to the flood. In attempting to answer the question 'What is a Trauma?' Caroline Garland says:

'So a traumatic event is one which, for a particular individual, breaks through or overrides the discriminatory, filtering process and overrides any temporary denial or patch up of the damage. The mind is flooded with a kind of and degree of stimulation that is far more than it can make sense of or manage' (1998 p 10).

In the images of disaster contained in his picture I thought Rafi was showing me how his capacity for well-being had been overwhelmed by events that knocked out ordinary functioning and threw him into 'extreme disarray' (Garland, 1998 p 9).

Session Six

Rafi began a new artwork using chalk pastels. He seemed intoxicated and was slurring more than usual. I had an overwhelming feeling that I wanted to leave the room and considered ending the session.

He looked at me quite a few times and then, after some time, said "Pretty woman" under his breath. I asked Rafi what he had said to make sure I had heard him correctly and he said, "You are pretty woman." I felt uncomfortable at this and asked if his drawing was of a 'pretty woman' and he said, "Yes." I asked if it was a drawing of me and he said, "No." Rafi continued to look at me and then at the drawing and continued to add to it. He said that the face was, "Not right!" in an angry tone and started to rub it out (see figure 10). The session was coming to an end, the sense of wanting to leave the room had returned and I felt that I wanted Rafi out of the room.



Figure 10

The session left me feeling overwhelmed and angry. I began to make artwork immediately. I started to write words on paper, 'annihilation', 'extermination', 'destruction' and 'entrenched'. I then screwed up the paper and threw in into the sink along with the tissue Rafi had been using to rub out the face. I turned

the tap on, watched it all become drenched and then started to squeeze it out and add pigment (see figure 11).



Figure 11

I took this session to College group supervision along with my art response. The group linked my artwork to the comet from Rafi's first drawing. If the comet had represented anger then it had landed in the therapy session that day. I was helped by the group to think about my own anger and how the session had made me feel walked over. Rafi was disinhibited and I struggled to grasp any sense of a boundary in the therapeutic frame. The group helped me consider that actually ending the session would be a communication of that boundary and not seen as a failure in the therapy. However, this idea remained hard for me, as a trainee, to think about. On reflection now, I can see how my angry feelings, which were more of a fury and rage, may have led to unconscious guilt about any potential retaliation on my part that ending a session might symbolise. My angry feelings may have been linked to the

developing maternal transference as a countertransference response. This is explored in the discussion section.

Session Seven

Rafi went straight to his folder and took out the artwork from the previous week. He looked at it and then asked if he could go to the toilet. He came back and sat down at the table with the artwork.



Figure 12

I mentioned that last week he had spent some time rubbing the face out. Rafi said it was because the eyes were not right. He continued with his drawing, every so often looking over to me and then down at his artwork as if he was drawing my portrait. After some time he said that the woman in the picture

(see figure12) was a ghost, that she was 700 years old and lived in the hostel. "I can't ask her questions," he said. I wondered why he could not ask her questions and he said it was because she will haunt him. I commented that this made me think of how I don't answer some of his questions and how frustrating that must be. He said that he does not want to ask the wrong questions.

I thought that looking at the artwork from the previous week had filled Rafi with shame and he had to leave the room, as if it was too much to tolerate. In fact, I now know from subsequent experience that his going to the toilet was in order to take a drink.

The session felt calm and I was left with a feeling of care towards Rafi, the face of the 'pretty woman' seemed to reflect kindness and empathy. The drawing of the woman made me wonder about Rafi's mother, who I knew he saw occasionally, although he never spoke about her in the sessions. I wondered if Rafi was able to ask her questions, whether she was 'available' to him? I knew that his grandmother had been his main carer in infancy and that she had stayed behind when they moved to the UK. Although his picture was clearly a portrait of me, on another level it was also a transference image of me as a maternal figure. My sense was the maternal transference was highly ambivalent and this was reflected in my feeling, at times, furiously angry or a tender caring about him.

However, it was not his mother but his father that preoccupied Rafi in the following sessions. He talked about how much his father used to do for him and described how his father left him some land in his will, which he did not want. I said it sounded like his father had left him with a lot of responsibility. He agreed and said he "couldn't handle it". He then said, "I miss him. He was my father and my friend." He had begun a new piece of work depicting his village. "It's gone now," he said. I asked him when he had left the village. "When I was seven," he replied. He went on to talk about the flood that wiped out his entire village and how some of his cousins died of disease, but that he

and his family survived because they had a boat. He pointed to the boat in his picture (see figures 13 & 14). The boat was his father's.



Figure 13



Figure 14

Session Eleven

Rafi sat down with the piece he had been working on. He seemed to be struggling to focus; he had taken a black felt tip pen and began drawing a thick black line through the image. He was shaking more than usual and trying very hard to be precise. I felt worried about his drawing and had an urge to stop him from adding to it, thinking he might ruin it. Rafi said the line was a road, that the “more posh” side had a road but “they” did not (see figure 15).



Figure 15

When he went to put the lid back on the pen it took many attempts and I realised that he was too intoxicated to continue. Rafi said, “My Dad passed away, I miss my Dad.” He then began to gag and I thought he was going to be sick. I decided to end the session.

I said to Rafi that he was too intoxicated for us to work together today. He responded with, “But I’m always like this” and said he was not leaving. I reminded him of our contract – that if he were too intoxicated then we would end the session. Rafi said he wanted to stay and talk to me, then muttered something quietly which I made out to be, “Can I touch you?” I asked him to repeat what he had said but he said, “Oh, no,” and looked at the table. I felt

angry but unsure how I would end the session. I considered leaving myself, or radioing for assistance, but I wanted to hold the boundary so I reminded him again of our contract. Rafi didn't say anything for a few seconds and then got up to leave. As he left, he said, "Piss off!"

I was left feeling frustrated and angry and went straight into making an art response. Using a similar process to the previous piece I ripped up and scrunched up sheets of paper threw it into the sink and opened the tap, drenching it. I added pigment and watched as it fell and ran between the crevices of the paper, I picked it up, squeezed it out then dropped it from a height onto a sheet of card. It splatted and fell apart. I pushed the sides back together and then left the room (see figure 16).



Figure 16

I was again reminded of Rafi's first artwork in its lack of form. I considered the liquid as acting as a kind of glue, stopping the form from falling apart, or rather holding what was there together. It's link to alcohol and Rafi's use of it for self-cohesion felt powerful.

The pull I felt to stop Rafi from ruining his drawing made me consider Rafi's family wanting him to go into detox and stop ruining himself, which they also felt. I was surprised by this reaction and it made me think about my investment in the image. I found the feeling of our relationship being 'ruined' difficult and tried to stay with this powerful feeling. I began to question my expectations of what I was able to do for Rafi.

I felt I had witnessed Rafi sabotage our relationship through his drinking, as if the black line had created a barrier between us. In individual supervision it was pointed out that it was as if I was heartbroken by this and we thought about what that might mean. It did indeed feel that something had been broken in a very aggressive way that left me feeling very angry. This experience may be understood as both a repetition and a witnessing of traumatic rupture enacted in the transference situation. In writing about psychoanalytic witnessing Reis says:

'I also want to open the idea of witnessing to encompass the relational event that occurs in the transference-countertransference matrix. This later event I will suggest is best met by a clinical position of 'being with' patients during the mutual living out of traumatic memory phenomena' (Reis, 2009 p 1363).

This idea will be discussed further later on.

In the following session some acknowledgement was made about the previous week's early ending because he was too intoxicated. Rafi made a clear link between that event and his mother's dislike of his drinking. My intervention did have an effect on him and I felt I had done the right thing. Rafi continued working on his image over the next two sessions and we talked

more about his early life. Once finished we both stood looking at it (see figure 17). I commented that he had been working on this piece for many weeks and how it had helped us to think about where he was from, his childhood and his early relationships with family. A holiday break was approaching, as was the ending of my placement and the therapy with Rafi. There was a sudden turn of events – finally he had been accepted for residential rehab. But he didn't want to go.



Figure 17

Session sixteen

Rafi arrived saying that he had come straight from a meeting about going to rehab. He seemed angry and upset, stating that he did not want to go. He appeared distressed when thinking about leaving the hostel, which to him meant losing everything he had. He told me his family had said they would not be able to visit him because of the distance. Rafi appeared defeated. There was not much verbal communication throughout the session and Rafi left the room twice to go to the toilet. I felt very sad during the session and wanted to do more for Rafi but didn't know what that would be.

He used clay to carefully construct an alien like creature with three heads and five tentacles. He then spent some time painting it faintly with watercolour paint (see figure18). Looking at Rafi's artwork I commented that he must feel very alienated. He responded by saying that he did not believe in aliens. I told him I would be away for two weeks now and noted how we did not know if he would still be there when I get back. It felt difficult to leave things so uncertain. Rafi put his hand out to shake mine – as if he thought it would be our final session – I shook his hand.



Figure 18

In individual supervision, we thought about all that he would potentially lose: current relationships with his family, with his keyworker and myself, as well as with his drinking. We thought this was unbearable for him and he would rather continue suffering as he is than suffer the loss. He missed the first session after the holiday break and I was left feeling that the therapy had somehow exhausted him and he had retreated further into the oblivion of his drinking.

He did return for two more sessions, working on an image of trees and plants, which he linked to cooking and being cared for by his grandmother (see figure 19). He seemed able, albeit momentarily, to be in touch with something good, a symbol of growth and nutrition that stood in stark contrast to his self-destructive drinking.



Figure 19

The following week I arrived at the hostel to find paramedics in reception. They were there to see Rafi, who was taken to hospital with severe stomach pain. Supervision that day was pervaded by a sense of doom felt by my supervisor and I was left struggling with feelings of failure and abandonment. He was still in hospital and unable to come to our final session – I was told that he had been kept in and put on a detox programme.

Discussion

This piece of work raised a number of issues that we will now explore. They concern: ethics, the use of image making, transference and technique.

The ethical question is about working with someone who is intoxicated. The trainee therapist struggled with doubts about what she was doing, was she putting Rafi's interests first or was she meeting her own need for a case to write about? Rafi knew at the outset that she would be writing about him and although he had been deemed to have capacity just how 'informed' was his consent? The external supervisor was interested in working 'in the margins' and felt able to hold the anxieties generated by these ambiguities. Nevertheless there were nagging doubts about how the work would be seen by others. The therapist knew other trainees who were in similar situations where boundaries were stretched beyond what was usual but the supervisor, holding the clinical accountability for the work, felt an unusual burden of responsibility. Our society still makes moral judgements against homelessness and alcohol. Gwen Adshead says: 'The values of the social groups and cultures to which the therapist and patient belong will infuse the dialogue that takes place in therapy' (2005, p 482). The hostel was trying to create a more psychologically informed environment and continuing to support people in varying states of intoxication was part of the everyday work for the staff. It was the fear of professional disapproval that worried the supervisor. Would art therapy peers think it wrong to undertake therapy with an intoxicated client? It certainly seemed to go against the prevailing wisdom that says therapeutic work can only be effective once sobriety is achieved. But here we were, in the thick of it, trying to work out what was happening and whether it was of any benefit.

There were two particular instances (sessions 6 and 11) where boundaries started to blur, but neither led to boundaries being crossed or violated, and both could just as well occur in other therapeutic settings. Yes, Rafi's level of intoxication was a factor in these instances but this factor was also part of what created the enactments between therapist and client that were then able to be thought about in supervision with the help of the therapist's art responses. This is explored in more detail below.

On the conscious level there was the unfolding story of Rafi's history as depicted in his pictures and talked about with the therapist. There was also his desire for a 'pretty woman' made visible through his disinhibited, alcohol-fuelled utterances. If, however, we look beneath the surface we can see expressions of more unconscious dynamics in the images made by both parties in the therapeutic dyad.

The image, started in session one, of his grandfather's house (see figure 3) appears encapsulated in a kind of bubble protecting it from the comets. We knew that at some point in infancy he was cared for by his grandmother, was this image a symbolic representation of a traumatic rupture from that time? It had a powerful impact on the therapist evoking a vivid image of catastrophe in her mind (see figure 4). Rafi's image of the 'Ghost lady' (see figure 12) is clearly a portrait of the therapist with similarity of appearance but is also linked to a maternal transference through the feelings of calm and care evoked in her. The picture of Rafi's village (see figures 13,14,15,17) provided opportunity to talk about feelings of loss in relation to both his father and the flood. The 'alien' he made in session 16 (see figure 18) was in response to news of having finally got a place in rehab. However, it may also be seen as how he felt the therapist saw him following the 'rupture'. In other words, an alien presence or unwelcome other.

These interactions around the images may be seen as the site where the therapy is happening and under normal circumstances might lead to verbal interpretations of meaning leading to emotional insight. However, we propose

that it was enactive phenomena that were crucial to the therapy. Enactments may be thought of as similar to acting out in that they both involve a compulsion towards an action rather than thinking. Whereas acting out functions to avoid painful or disturbing feelings linked to transference, enactment refers to something occurring *between* the patient and their therapist in their interactions (Ellman, 1998). If enactments can be identified and reflected upon they become a form of communication about the transference. In art therapy such enactments may become visible through the use of the art materials.

The trainee therapist made a number of images as art responses immediately after sessions and in the same space. These were brought into the individual supervision and contributed to our shared understanding, particularly regarding the countertransference. The use of art therapists' art responses in supervision has become more common since Brown, Meyerowitz-Katz and Ryde published their paper on the subject in 2003, which was subsequently re-written in 2007 as a book chapter. Images made in this context may provide '...meaningful links and information that would otherwise be unavailable for exploration in supervision' (Brown et al 2007, p177). They also state: 'When the engagement and interplay between materials and the unconscious are sufficiently deep, an embodied image may arise. An embodied image has the potential to contain and convey meaning that is not expressible in words' (p178). The therapist's images powerfully conveyed how she had been disturbed and they allowed sufficient recovery from the countertransference for thinking to take place.

For example, in session 6 when in response to Rafi saying 'You pretty woman', the therapist asks 'is it me?' and he says 'no', Rafi then rubs out her face using a tissue and she subsequently incorporates the tissue into her art response along with the written words 'annihilation' and 'extermination'. The screwed up paper and tissue are thrown in the sink: 'I turned on the tap and watched it all become drenched...' What seems to be being enacted here is not just Rafi's projected feelings of rejection but also something about his experience of the flood in the therapist's 'drowning' the artwork in the sink.

After she had to end session 11 early due to his level of intoxication the therapist made an art response in a similar way to the one described above. This involved a sensory art making process: ‘...I picked it up, squeezed it out then dropped it from a height onto a sheet of card. It splatted and fell apart.’ In thinking about art therapy as a transformational object Meyerowitz-Katz and Reddick (2017) have this to say: ‘...interpretation of art without acknowledging the sensory, concrete and formal qualities of the art materials and art-making process relies on the belief that an artwork is necessarily made up of content which is interpretable’ (p 190). Here we seem to be very much on the edge of what is consciously understandable. Nevertheless, there is a striking aesthetic resonance between this art response (see figure 16) and Rafi’s image in figure 18. Further resonance can be seen with his portrait of the therapist in figure 10.

We can now think about the site where the therapy takes place as being non-verbal but intensely relational. This returns us to the concept of witnessing. ‘Poland (2000) describes a position of clinical witnessing consisting of emotional immediacy on the part of the analyst which is at once silent but active, engaged rather than abstinent’ (Poland quoted in Reis, 2009). Reis writes how ‘...the transference acts as a scene of address for the simultaneous repetition and witnessing of traumatic memory in its performative and enactive form’ (2009, p 1365). When enactments are witnessed in this way, within a transference-countertransference matrix, they may provide ways of understanding how this non-verbal site might be operating. An earlier article by the external supervisor of this case uses the concepts of containment and reverie to consider non-verbal aspects of the maternal function in art therapy that operate in a similar way (Brown, 2008). It is hard to convey this idea that while some verbal interaction takes place, often around the images, the site of therapeutic benefit may be hidden and largely unknown. As Reis puts it: ‘...an intersubjective experience at the limits of understanding’ (2009, p 1370).

In this case, the sense that ending the session – being splatted and falling apart, an experience both participants felt – could be survived and witnessed within both the therapy and the supervision provided a dual layer of containment. Such experiences of containment, repeated over time, hold the potential for change. We might see a symbolic representation of this in Rafi's final image of trees and plants, which he linked to cooking and being cared for by his grandmother.

Conclusion

This article has given us both an opportunity to re-visit and think further about an experience of art therapy that was profoundly moving. In doing so, we have tried to convey something of the dilemmas encountered in working in this field with people who are 'in the margins' of society. While his state of mind was often chaotic, he was able to communicate symbolically through his image making in a rather more coherent way. The concepts of enactment and analytic witnessing have helped us to develop thinking around the non-verbal aspects of art therapy practice. There is no 'one size fits all' in therapy and efficacy may depend upon the fit between the approach and the presenting problem. The therapy lasted for five months, which was perhaps not enough time to work through the issues that were being enacted. Nevertheless, we believe there was benefit for Rafi in having them witnessed in a lived experience with the therapist's mind.

Biographies

Katie Miller is an art therapist currently working with refugees and asylum seekers in Greece. For a number of years she worked as an arts facilitator in the charitable sector with both young people and adults. Other interests include maintaining her art practice and developing opportunities for art therapists to exhibit their artwork.

Christopher Brown is an art therapist currently working as a senior lecturer at Goldsmiths, University of London and as a supervisor in private practice. He is also a founder and editorial board member of ATOL: Art Therapy OnLine.

Other activities include making and exhibiting art in various media including filmmaking.

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