ART IN TREATMENT

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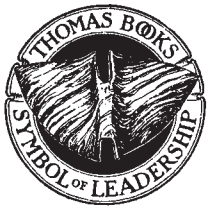
Transatlantic Dialogue

Edited by

DEE SPRING, PH.D., MFT, ATR-BC



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Dee Spring, Ph.D., Ventura, California, is a Board Certified Art Therapist, psychologist, and Family Therapist. An assistant professor and clinician, she specialized in trauma treatment for three decades; is author of three books, articles, and book chapters; is an international lecturer; consultant to professionals, and recipient of numerous awards. Dr. Spring's research examined artistic symbolic language of sexual abuse and PTSD. She is Past President of the California Society for Trauma and Dissociation, Past Treasurer of the American Art Therapy Association and founder of its Regional Symposia Program. She is active as an Editorial Advisor for the *International Journal of Art Therapy: Inscape.*

FOREWORD

The transatlantic dialogue on art in treatment turns out to be more than that: an overview of the development of various concepts, and hence of the practical use of art therapy in general. Why can art be therapeutic?

Postmodern research on mechanisms of communication has revealed what Freud had already postulated; the brain works as a system without a direct contact to the outer world, hence is limited to constructing a picture of the "outside" by relying on the stimuli it gets from the sensory system of the body without objectively perceiving it. Therefore, any construction, and with it any perception of the world (which necessarily only can be a construction in itself), is entirely subjective. Objectivity is fiction. Therefore, art creation, first of all, takes place inside the artist, not between different individuals.

Nevertheless, we all do communicate, and at least to some extent seem to understand each other. The explanation for this postmodern dilemma is the existence of structural parallels between all brains, resulting in similar, if not close to equal, perceptions of equal stimuli. A certain sound arouses the same brain area in two people, though the side effects–the associations to that stimulus–may vary significantly. This inevitably allows the conclusion that the brain indeed does have a characteristic structure, a hypothesis first developed by Freud in 1920 and contrasting early concepts of behavioral sciences defining the brain as a black box.

If we construct everything (we, from that perspective, assume) we perceive, this certainly is also true for creative processes, including the creation of art. In order to be creative, a brain needs a capacity to construct, and it needs material to construct from, which makes any artistic construction essentially a reconstruction of previously stored material. Individual creative potential depends on a person's ability to

reconstruct, to dissolve existing structures, and to rebuild them in a new way.

If any construction of the world depends on a reconstruction formed by: (a) the stimulus of the perception itself; (b) by an internalized former experience projected onto that perception, and in this way modifying it subjectively, art as well as any function of the brain depends on the brain's structure, which has built itself up through former experiences within the biologically given framework. Art, therefore, becomes a clue to the inner structure of the brain, as well as it allows interacting with it, becoming a means of potential transformation, a therapeutic tool.

Psychoanalytical Object Relations Theory has defined a basic unit out of which the structural part of the brain is built. This basic unit consists of a specific internalized relationship-experience. A subjective experience on the basis of the already existing brain structure leads to the formation of a specific dyad, formed by: (a) the image of the subject; (b) the image of an object (which can be anything the person interacts with: another person, a thing, a situation, even the personal self) in a specific interaction with each other, accompanied by (c) a characteristic affect to this interaction. Any new experience is perceived through the filter of those dyads already existing. An everyday example may elucidate that: If we meet a person for the first time, we automatically compare this person, more or less subconsciously, with other persons we already know (X reminds us of Y), and attribute their characteristics to the new person, unless and until, we learn different, and in that way manage to create a new experience.

A similar dynamic must be active in the creation of art. Based on biologically determined qualities (e.g., the human brain likes symmetry, or prefers a mixture of new and known information). Art also starts as an essentially narcissistic communication inside the artist, between the self and several images of internalized objects, which the artist potentially addresses with the art, including again the self, as a viewer of his or her own art. Deconstruction of the brain's content leads to its reconstruction.

Despite the romantic concepts of "art and insanity," it is not psychological pathology leading to artistic creation, but every brain inevitably creates an image of the outer world. The difference between "normal perceiving," which is built by a constructive act, to "pure" fic-

tion of artistic creation is almost untraceable. A brain perceiving the outer world through the means of construction cannot but produce fiction, art in its broader sense.

Maybe the real surprise is not that the brain produces art, but on the contrary, it is to some extent, able to construct an image of the outer reality, resembling it closely enough, so we can reasonably interact with it. From this point of view, it is not a surprise that in psychiatric illness, reality testing is impaired long before the potential for artistic creation.

Art therapy, as a distinctive form of psychotherapy, is still a rather young professional field. It derived from many roots: medicine and nursing, psychology and psychotherapy, social sciences, teaching, and art. So what was started by some curious and sensitive individuals in isolated centers around the globe, beginning in psychiatric hospitals, in psychotherapeutic practice, then in the ateliers of artists as a form of self-experience, had to be integrated and centered. Art therapy still is in the process of defining itself and of fighting for the acceptance it deserves.

As a result of the integration process, two main lines have evolved: the cognitive, supportive, brain activating versus the psychodynamic, systemic, focusing on dynamics and defense mechanisms.

Essentially art serves as a communicative tool in psychological regions formed when life was still preverbal, or where the content of the experience is yet too hard to be verbalized (sexual abuse, cancer). Art mediates, makes it possible to bring the unspeakable into words, and thus into the therapeutic relationship.

In this book, you will find theoretical concepts on art therapy as well as practical examples, many of them from the borders of everyday practice (work with prisoners, work with patients suffering from cancer and other somatic illnesses). All of them are enriching, as the differences are quantitative; they deal with an intense version of the problems present in any therapy (e.g., aggression, death).

The intercultural approach of the book unites its different origins to bring art therapy from its sometimes esoteric borders into its practical and scientifically based center, where its efficacy becomes provable, and its use justifiable even to the finance based health system we have to face these days.

HANS-OTTO THOMASHOFF

Hans-Otto Thomashoff, Ph.D., M.D., Vienna, Austria, is an art-historian, psychiatrist, psychotherapist, psychoanalyst (Viennese Psychoanalytical Association) in private practice. He is former Secretary, and now President of the section "Art and Psychiatry" (previously, "Psychopathology of Expression") of the World Psychiatric Association; curator of several art exhibitions addressing fundamentals of creative processes (among them: *Psyche und Kunst, and Human Art Project*). Dr. Thomashoff has given seminars and lectures, as well as published on psychological concepts of art creation, art and mental illness. and on the use of art to fight the stigma of mental illness, *Art Against Stigma.* He also works as a novelist (*Die Notizen des Doktor Freud*).

PREFACE

How cultural perceptions influence art in treatment is a primary factor in the globally emergent field of art therapy. Comprehending cultural differences adds dimension to knowledge, while learning to interpret dialectal meaning adds clarity to communication. Cultural differences and similarities provide the framework for this volume. The purpose is exploring divergent approaches and convergent applications associated with the clinical use of art.

In this text, contributors from the UK and the U.S. present views on the value of art in treatment based on, and driven by cultural perceptions. The point of convergence is the application of fundamental philosophy and guiding principles for treatment. Regardless of cultural perspectives or environmental settings, a unifying belief is evident: cognitive activity and creative process in art-making foster psychological benefits and behavioral adjustments.

Thought is given to the acquisition of insight when practitioners explore different ways of thinking about the consanguinity and collateral advantages offered by art-making across the spectrum of treatment possibilities. Discussion includes historical influences, theoretical concepts, treatment approaches, and differences in health care delivery systems. How perceptual differences contribute to the anatomy of clinical settings and characterize styles of treatment are examined; how culture-specific preferences direct approaches to treatment are reviewed.

The content of individual chapters illustrates various concepts about the effectiveness of art therapy as a treatment modality. Art-making stretches intelligence through creative process, and stimulates brain function to change the way information is processed. Art bypasses ethnocultural boundaries to skip over language barriers. Art is the essence of visual cognition, and art therapists are abstractly bilingual. They

speak the language and dialect of their respective cultures, but read the multicultural language of images. Taken into account is how art-making collectively binds practitioners to the universal urge to create, and how that urge is magnified by the inclusion of creative endeavors as treatment interventions. As a result, individuals may experience shifts in perceptual and conceptual abilities.

As the material for this volume evolved, different patterns of thought emerged. To ensure equiponderance while acknowledging distinctions, the use of a universal image to illustrate orbicular patterns began to shape the presentation of material. The relevance of circular motion, the nature of metaphor, and the prevalence of symbolic meaning within art expression suggested a theme to emphasize creative process. A circle was chosen to symbolize endless patterns emanating from creative energy, and endless possibilities for treatment. Metaphorical associations were applied to connect sensory-perceptual components when art is part of psychotherapeutic process.

As an abstract concept, the cultures represented in this book are considered to exist within an imaginary universe, hinged together by a common language, interacting through dialogical exchange. The confluence of creative energy generated by two cultures, moving in tandem, propagates an invisible force to arouse global motion. The invisible force is made visible through artistic images and linguistic commentary from impressions to enlightenment to wisdom.

D.S.

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Maralynn Hagood, PhD, ATR, an American trained art therapist residing in Scotland, influenced the term "transatlantic dialogue" based on her advocacy for knowledge exchange between cultures. We regret her necessary withdrawal as coeditor of this volume due to health issues. Her espousal of transatlantic dialogue and her initial contribution to the conception of this book are appreciatively acknowledged.

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ART IN TREATMENT

THE HINGED CIRCLE–IMPRESSIONS

DEE SPRING

On an October afternoon my first glimpse of Edinburg, Scotland was the expanse and height of massive concrete steps leading from the train station to the street level. My suitcase was heavy, the climb strenuous. My traveling companion, with only a backpack, acting like a clown, sprinted to the top to watch my slow climb with my trailing suitcase. Once at the top, I encountered the culture of my paternal ancestors.

Walking to the hotel, we came upon Princess Gardens where we viewed the sculpture of Sir Walter Scott, a native poet and novelist (1771–1832). We tarried there, surveying the landscape, a blend of Medieval castles and modern buildings. At the hotel, we were greeted with the sound of bagpipes played by a man in traditional Scottish attire. Although such tourist attractions were plentiful, the native arts and architecture captured my imagination and sparked my curiosity.

In Edinburgh, I felt a strange sense of belonging. Was it déjà vu or illusion? When my brother later traveled throughout Scotland in search of ancestral links, he experienced a similar sensory response. By any stretch of imagination, were our whimsical responses linked to the concept of the collective unconscious? It occurred to us: part of our genetic features had sifted through the generations of our family who once lived in this land as part of Scottish culture and its traditions.

I wondered about genetic and cultural connections, sensory responses, and how art from the past connects to the present. I thought about the caves in France and Africa where ancient art remains, and the traditional art of American Indians. My maternal ancestors were American Indian, and once claimed the territory now known as the

states of Kentucky, Tennessee, and Arkansas. The idea of how knowledge travels through images and sensory pathways to connect the ancient to the post-modern was a bewitching thought. Traces of history, migratory patterns, and linking of cultures become visible through the intrinsic human urge to create. The result is timeless communication through images–the universal language of art not bound by culture nor geography.

While considering cross-cultural aspects of ancestral roots and art as a transporter of history, my mind roamed from one unanswered question to another. Is art creative process, cognitive activity, or both; when does creative process begin and when does cognition enter the picture? Which comes first, or are the invisible mechanisms simultaneously introduced and so closely entwined as to defy separation? Can one exist without the other, or is one totally dependent upon the other to provide an integrated system specifically related to art therapy? Skaife (1995) questions, ". . . is it art-making that forms the base of art therapy, or is it the verbal interaction focused around the art object and its making? Can it be the amalgamation of the two?" (p. 2). Without definitive answers, conjecture becomes the option.

Perhaps the search to identify underlying dynamics is enigmatically connected to explaining how art benefits biopsychosocial treatment. Defining the benefits of art-making as a prescription for healing invisible wounds is continuous, while the struggle to provide evidence is immediate. These thoughts initiated questions about, and speculation on, relationships and connections between the function of art-making and its underlying root system that blossoms into healing in the form of images.

During the rumination, my opening commentary became fourfold: (a) to provoke thought about the complexities of art in treatment, (b) to consider connections between creative process and cognitive activity related to the brain, body and sensorium (the inseparable parts of psychophysiology), (c) to explore relevance of underlying ambiguities and contingencies of art as a psychosocial remedy, and (d) to reflect on descriptions of magic and enchantment once associated with art therapy.

The form of my commentary is free flowing, philosophical in nature, and often based on supposition, therefore deliberately provocative. Sometimes, it is within a metaphorical context to acknowledge creative thinking as a tentative way to consider things unknown. The

purpose is to provide food for thought, ponder possibilities, question how art-making promotes healing, and theorize on faith versus evidence.

In addition, my commentary links to the writings of Sir Herbert Read (1960), a British scholar, whose fundamental concepts about art influenced my philosophical thoughts, and shaped the contemplative nature of my inquiry. Although Read's concepts predate formation of professional art therapy associations, his writings examine the psychology of creative experience. His philosophy emphasizes the importance of art as an essential ingredient in the development of human culture, but does not precisely focus on art's healing aspects.

Art is described as healing, or referred to as a tool for healing by those who use it in treatment. Defining how art heals, and proving its healing qualities might be described as *chasing the elusive.* So far, an inability exists to isolate variables to determine which invisible, but essential mechanisms are responsible for generating healing. The basic definition of art therapy is descriptive based on certain established beliefs and maintaining faith in the process. Art therapists generally believe the creative process is healing and making art is life enhancing. Although there is faith in the healing abilities of art, and a long antidotal history remains to merge with post-modern thought, faith relies on an unquestioning belief system requiring no proof for its existence. Hence, unquestioning belief is far removed from constructing an evidence base. Dichotomously without faith, the motivation to pursue evidentiary material is void of intent, and the ability to distinguish faith from reality is forfeited. In the past, a main concept of art as a healing tool was related to, and characterized by *creativity.* For decades this concept seemed to be enough.

Art therapists traditionally focused on the concept of creativity as the platform from which healing emanates. When carefully considered, creativity is a vague term indicating creative ability, or artistic or intellectual inventiveness. No scientific explanation yet exists to connect creativity to healing, identification of mind states, differentiation among diagnostic categories, or detection of personality disorders. However, various types of art assessments are used as evaluation tools, diagnostic guidelines, or as direction for beginning a course of treatment. Although creativity is intangible, it may be ubiquitously connected to the idea of motivating the human spirit. The act of art-making is observable, but only images embodied in concrete objects are