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Can Exhibiting Art Works from Therapy be Considered a Therapeutic Process?

Jon Martyn

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Abstract

This article considers issues relating to the exhibiting of art work that has been made within art therapy. It looks at the marginalisation of exhibiting in the development of the profession in Britain and its wider use outside of the UK. It reviews the arguments which support it whilst considering contentious issues, such as patient permission and the exchange of money, within the context of neo-liberalism and austerity. Drawing from experiences of facilitating a therapeutic art studio for refugees and asylum seekers, the paper goes on to propose an approach which takes into account the criticisms made of exhibiting patient art work and utilises a psychodynamic approach to the exhibition as a therapeutic process.

Keywords: asylum seekers, refugees, exhibitions, social art therapy, neo-liberalism, austerity.

Introduction

This article explores how exhibiting art work made within therapeutic relationships can be considered a therapeutic process. I compare my experience of exhibiting art works made in the New Art Studio¹, a therapeutic art studio for refugees and asylum seekers, with those described in relevant literature. I explore the complexity of the process of exhibiting, while seeking to share the New Art Studio's innovative approach with the wider art therapy profession.

The first part of the article consists of a review of art therapists' attitudes to the undertaking of exhibitions of art work made within therapeutic relationships. I first look at the exhibiting of patients'² art work in the context of professional development in the UK, and then go onto look outside of the UK where exhibitions are more part of established practice. In a second section of the review I look at

¹ The New Art Studio, is a project that was co-founded and co-facilitated with art psychotherapist Tania Kaczynski.

² I have tended to use the terms patient/therapist for simplicity and in acknowledgement of the power relationship. When referring to my clinical work, I use the terms studio member, or just member.

contentious issues in the exhibiting experience; the dichotomy between artist and audience, ethical considerations in regard to consent and money and political and organisational dynamics. This is followed by a discussion in which I compare my personal experience with the art therapists' experiences I have reviewed. The third part describes the exhibition process developed by The New Art Studio. I describe a framework which we have developed to provide psychodynamic containment of the exhibiting experience.

1. Literature Review

Exhibitions of Art Therapy Art in the UK

Art therapy's relationship with the exhibition of patients' art work originated in the 1940s in the studio environments of Adrian Hill and Edward Adamson (Hogan 2001, Edwards 2014). O'Flynn (2011) states that Adamson... 'saw the socio-cultural intervention of showing these people's works to the public who had excluded them - and showing it as an important contribution to their culture - as a way to change public opinion' (p46-53). Adamson's exhibitions also had a role in promoting the emerging profession of art therapy. It is unclear whether Adamson was interested in the therapeutic potential of exhibitions as the exhibiting patients' experience has been left undocumented.

After this pioneering period of British art therapy, exhibitions have become peripheral to the profession; I found only two articles, Lynn French (1999) and Douglas Gill (2017) which document the exhibiting of patient art work by their art therapists. While a full analysis of this change is beyond the scope of this article, I see the shift in direction as intrinsic to a formalising of art therapy in the UK. During the profession's development efforts were made to distinguish art therapy from other forms of art making such as community arts, arts in health and fine art, and to ally it to a psychotherapy approach (Edwards 2010, p41). A significant aspect of this was the acceptance of a boundary by which art works were kept by the therapist in the therapy room. This frame was seen as an important part of psychological containment, with Caroline Case & Tessa Dalley (2000, p87) differentiating between therapeutic art making and art made for public exhibition. Joy Schaverien (1989,

p152) writes that exhibiting confuses the distinction between the making of art work for therapeutic reasons and the making of it for aesthetic reasons, the latter being seen as a distraction from the therapeutic task. While I myself emphasise this boundary in my teaching and private work, I also see this boundary as an orthodoxy that has led to exhibitions being seen as un-therapeutic and marginalised from our practice. I seek to reassess this orthodoxy and propose an approach that allows exhibitions to be part of a contained and psychotherapeutic practice.

In a deviation from British orthodoxy, Studio Upstairs, a studio-based, creative community for people with enduring mental health needs, has held exhibitions of patients' art work for thirty years. Douglas Gill (2017) describes the ethos behind Studio Upstairs' relationship with exhibiting as one which recognises the marginalisation of those who experience psychosis; Gill says that it is 'society's task to make sense of [the psychotic] existence (Gill 2017 p10).

Chris Wood (Wood 2011, 2011b) maps out four distinct phases of art therapy which she relates to historical and economic contexts. In the current fourth phase Wood observes a 'merging' (2011, p 220) of art therapy with cognitive behavioural therapies. I would like to suggest that another aspect of this contemporary phase is a rethinking of the profession's orthodoxies. Examples of this are Andrew Marshall-Tierney's (2014) re-evaluation of the making of art alongside patients, and Gary Nash's (2017) exploration of the value of visual, arts-based methodologies.

Similarly, there seems to be a re-evaluation of art therapy's relationship with exhibiting evidenced by the establishment of the Art Therapy in Museums and Galleries Special Interest Group in 2013, and explored in our literature by Susan Hogan (2015), Chris Brown (2017), and Sally Skaife (2017). Hogan see exhibiting as part of 'social art therapy' (2015, p 127), a distinct approach that serves to acknowledge and challenge power divisions between the individual and society, and between patient and therapist within the dynamics of the therapeutic relationship.

Aside from French (1999), what is missing from the British literature is detail about the actual experience of exhibiting from both the art therapist and the patient point of

view. This is particularly regrettable when it comes to Studio Upstairs, whose significant experience of exhibiting is, as yet, absent from the literature.

Exhibiting patients' art work outside the UK

Outside the UK, as in Britain, art therapists cite the benefits of exhibiting patients' art work. Exhibiting can: be a form of social activism challenging the social perception of marginalised groups (Busuttill 1990, C. Moon and Lachman-Chapin 2001, Thompson 2009, Barnes 2012, Lu & Yuen 2012, Peacock 2012); educate the public through demonstrating the effectiveness of art therapy (Coulter 2008, cited in Hogan and Coulter 2014); empower patient/artists through the public display of art works (Bruce Moon 2006); and be a therapeutic process in itself (Coulter 2008, cited in Hogan and Coulter 2014, Malchiodi 2011). Some art therapists argue for combinations of these.

Thompson (2009) describes the use of a permanent gallery within a large, urban psychiatric institution in the US. He considers the gallery as a 'potential space' (Winnicott 1971), a safe and mediated space in-between the therapeutic environment and the outside world. Thompson says:

'The gallery can function as an intermediate "other" in this relationship, providing another form of the "holding environment" for the client that safely extends potential space into realized space or selfhood' (2009, p160).

Thompson (2009), in a case study, describes a positive change in two of his patients through their experience of exhibiting. He states that exhibitions of patients' art were found to 'promote empowerment by embracing the patients as artists and by re-framing identities, roles, and self-defining experiences' (2009, p159). He writes that it 'helped [patient] Tom to define the experience by embracing and also controlling his own narratives'. Of a different patient Thompson writes that the exhibition 'had a rejuvenating effect on him that led to increased participation in all treatment modalities' (2009, p163). Thompson draws attention to the institutional context; he believes the exhibition space can subvert institutional power dynamics as:

'the patient can now be seen not as an other' but, 'rather as one who represents health manifested in the singularly human endeavour present in the creative moment and visible in the work' (2009 p165).

By this I understand Thompson to be suggesting that exhibiting patient art work challenges the dichotomy between patient and viewer. The creator of the art work is not simply seen as a 'patient', they are instead seen as a creative individual.

Lu and Yuen (2012) give a detailed account of a three-day art therapy group in Canada for eight aboriginal women who had experienced violence and exploitation. The groups concluded with an exhibition in a public art gallery. Lu & Yuen refer to Dan Hocoy (2007) and 'art therapy as social activism'; a frame which considers the patient as an activist at the centre of the exhibition process. Lu & Yuen write that art therapy can be used as a tool for social change, 'can be flexible, self-critical, and open to integrating the host community's culture' (Hocoy 2007 p193 in Lu and Yuen 2012). In consideration of this, the therapists 'integrated an art therapy framework with traditional Aboriginal ceremonies of prayer, smudging, drumming, and singing as well as movement and grounding activities, poetry, and art creation' (Lu & Yuen 2012, p192). These authors regarded the sharing of art work and experiences in the public space as integral to the therapeutic process. By choosing how they are represented in public, the participants have some control of the exhibition. After the exhibition the participants met to explore their experiences, both as a group and by meeting with the therapists individually. Lu & Yuen (2012) give examples of the feelings provoked by the participants meeting the public. They write, 'some women shared how the process and speaking at the exhibit left them feeling "raw," "shaky," "vulnerable," and "destabilized" (p199). Participants had reflected upon their differing reactions, some naming a collective strength which enabled public speech, and others an 'unconscious pressure from the group' (p199). While the writers note that, 'although art can be used as a process of healing and social action, there are also risks when it comes to opening up wounds and going beyond one's comfort zone' (p199). They also indicate that the post exhibition discussions gave opportunity for recognition and exploration of these difficult feelings. The account concludes by suggesting that the project offered an opportunity for participants to develop

understanding of their anxieties through the combination of therapeutic relations and exhibition.

While I share a belief in the potential of exhibitions to contribute to social change, with the exception of Thompson (2009) and Lu and Yuen (2012) who recognize the complexity of exhibiting from the patient's perspective, I have noticed an overly positive quality in attitude. While these articles provide some evidence of the benefits of exhibiting, there is a sense that they do not fully engage with the tensions a patient may encounter when exhibiting publicly. When the patients' experience is explored, it does not seem to match with the difficulties I have encountered when exhibiting with the New Art Studio. Here it is worth noting the scope of approaches that exist under the moniker 'art therapy'. While my perspective is formed by my social environment and the orthodoxies of my training in the UK, approaches in other countries have differing lines of development that do not necessarily ally with the psychodynamic emphasis on anxiety and conflict.

Experiences of the Viewing of Patient Exhibitions

Some authors discuss a tension inherent to patients' exhibitions. Brown (2017 p 4) expresses discomfort when viewing an exhibition of art works made by psychiatric patients. He quotes from Skaife and Tipple's exhibition review; they ask 'why was there a need to distinguish the artists as people with mental ill health?' (2004, p 42). It seems that patient exhibitions with socio-cultural ambitions have a conflicted task; while it may be important for the audience to understand the patients' difficulties, the emphasis on patients' disturbance potentially reinforces a distance between the viewer and the artists through 'diminutive designation' (Haeseler 1988 p 6), 'superficial representation' (Aines 1994 p 268) and 'the remoteness of the gallery' (Brown 2017 p 4).

While Skaife and Tipple express discomfort toward the exhibition, they note that the viewing of art works can produce new or forgotten thoughts:

'...the exhibition did make us think about the difficulty of living with disturbing images on a regular basis. The disturbance gets repressed and we do not

notice after a while. This exhibition reminded us of how hard some images can be to look at and think about' (Skaife & Tipple 2004 p 44).

Potash & Ho (2011, Potash & Ho et al 2013) further our understanding of the dichotomy between artist and audience by undertaking research into audience responses to an exhibition of patients' art works. The authors declare an interest in fostering a change of audience perception of the patients, based on Martin Buber's theory of *I-It/I-Thou* (Buber 1970). They offer convincing evidence to demonstrate how an exhibition can increase audience empathy and understanding. In Potash & Ho's explanation, *I-It* is a position that objectifies others, leading to exploitation and discrimination. The *I-Thou*, position is a genuine and authentic way of relating to another. The ambition to create an *I-Thou* relationship again fits with a social art therapy frame of challenging dichotomies between patient and public (Hogan 2015).

The research process invited participants to view an exhibition of art work made by patients from a psychiatric rehabilitation facility in Hong Kong. The participants viewed the patient art work in small groups run by art therapists who then facilitated discussion and art making in response to the exhibition. It was acknowledged to the participants from the outset that the art was made by patients from a psychiatric ward; however, the researchers consciously avoided the use of diagnostic language. Potash and Ho (2011, Potash & Ho et al 2013) point out both the value of exhibiting art work and of not using diagnostic labels. 'The art seemed to allow access to an "*I-Thou*" encounter...because the art showed a side of each artist that was holistic and not limited to mental illness' (Potash & Ho, 2011, p80). They evidence the efficacy of the audience undertaking art making in response. 'In addition to the benefits of viewing art, participants overwhelmingly saw the advantage of making art in order to better understand the artist's experiences' (ibid, p 80). As further evidence of a movement into an *I-Thou* position, they discovered that the facilitated workshops produced a strong empathetic response, with a majority of participants expressing a desire 'for community engagement' (p80).

Political and Organisational dynamics

Even if well intentioned, the ambition of art organisations who exhibit patient's art can be in conflict both with the position we hold as therapists and with the needs of

the patient. In this vein Maclagan (2010, p 136) sees the art world as a 'malign mirror' to the concerns of the therapist, in which the gallery prioritises artistic value over the artists' welfare. Lynn French (1999), describing an exhibition collaboration between a therapeutic art studio and a community arts initiative, discusses how class and educational disparities led to the exclusion of disadvantaged people. French saw the value in collaboration and public engagement, but she notes that the exhibition led to a change in the culture of the therapeutic art studio; there was a rise in conceptually focussed art works at the loss of free exploration of the art making process. She also experienced an undermining of therapeutic boundaries and patient authority. She continues saying that the exhibition became increasingly dominated by the 'larger, more powerful' (p 171) arts initiative. French considers how class, fine art specialisms and related educational disparities between her patient group and the community art initiative, led to the exhibition being dominated by professional artists, with the patient contributions becoming marginalised. Twenty years later, and after nearly a decade of politically driven economic austerity there is clear evidence that these social and economic disparities are far more acute (Poinasmy 2013, Stuckler et al 2017).

Ethical considerations: consent and money

While best practice in regard to exhibiting and consent is made clear in the UK code of ethics (BAAT 2014, item number 15), authenticity of consent can be problematic. Hogan & Coulter (2014) note that consent is problematic once a therapeutic relationship has been established:

'because signed permission is given, the art therapist meets their ethical obligation, although clients motivation to sign a release form is often to please their therapist rather than in their own best interest' (Hogan and Coulter 2014 p 59).

Spaniol (1994, 2013) is also sceptical of the authenticity of consent when working with marginalised and vulnerable people. She is critical of the rigidity and finality implied by permission forms, and believes that consent needs be an on going process of dialogue between therapist and patient.

Apart from a brief reference by Spaniol (1990), the exchange of art work for money is absent from the literature of art therapists who actually undertake exhibitions of patient art. The only writers who give this matter significant consideration are art therapists who are writing as observers and critics.

Sweig & Cohen's opinion piece (Lachman-Chapin et al, 1998) states that the art therapist is 'best poised' (p 236) to cross into the role of promotion, curation and sales. Like Spaniol, Sweig and Cohen believe that it is the art therapist's sensitivity to their patient that gives them the ability to think about these matters with the depth and seriousness they require. The author's talk frankly about monetary value in a way that is both disquieting and illuminating. Sweig & Cohen acknowledge their ambivalence towards the art world by quoting David Maclagan who describes the art world's 'shadow' qualities as 'predatory, aggressive, competitive, and self-serving' (Maclagan 1995, cited in Sweig & Cohen 1998, p236).

The ambivalent and shadow qualities of money are also explored by Skaife (2017) who reflects upon her experience as a spectator of an exhibition of art works from the Studio I facilitate. Skaife (2017) asks of the artists, '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?' (p 5).

2. Discussion

If ill conceived, one can see the exhibition as a disruptive act that can lead to a loss of therapeutic process, confusion of task, exposure of confidential material and leave the patient vulnerable. Brown (2017 p 9) discusses how exhibiting may also foster a sense of remoteness and obscurity and how it may reinforce distance between artist and audience.

While most of the authors I have reviewed stress the positive aspects of exhibiting, I do not think they present the full picture. In my own exhibiting experiences (both as artist and a facilitator of exhibitions from the New Art Studio), whilst it is entirely possible for an exhibition to be a positive experience, the exhibiting artist inevitably enters into a terrain of anxieties, conflicts and potential disappointments. The

argument seems to be that while being part of an exhibition can galvanise a collective strength, it also stirs competition and can give rise to unconscious/unsaid aspects of therapeutic relations between patient and therapist, such as economic disparities, difference, aesthetic judgment, favouritism and rivalry. We, as therapists, must recognise that exhibiting art made in a therapeutic environment can be a complex act, potentially provoking difficult and conflicted feelings. It may therefore be unsuitable for many patients, outside of the frame for many practitioners, and untenable for many organisations.

With these conflicts in mind we also need to consider how the exhibition exposes the patient to aspects of the therapist and organisation, which they may be unaware of. There might be an ambiguity of role with the patient meeting the therapist and peers in different roles throughout the exhibition process; there will be new identities that expose the patient to a loss of intimacy and feelings of fragility. As Lu & Yuen (2012) evidence, stepping from the therapeutic space into the gallery can leave one feeling exposed and unsafe.

The exhibition's potential to foster social change is appealing, for it offers a rare space where the public is given opportunity to develop an understanding of marginalised people. Yet, if the exhibition is an intersection of curator/therapist ambition, market-driven organisational dynamics and public curiosity which French evidences (1999), it too can lead to the patient being marginalised. The display of art work in a gallery space is likely to commercialise, and sales are embedded with financial disparity which can provoke awareness of inequality. The considerations toward coercion, authenticity of consent and self-interest debated by Skaife (2017), Hogan & Coulter (2014), Spaniol (1994), and Maclagan (2010) are particularly pertinent in relation to money, and I highlight here how it is worth considering the exploitative implication of patient debt, if asked to donate art works to an organisation.

Initially I found the discussion of the potentially huge financial value of patient art to be grotesque and unsettling particularly when working with marginalised people. I have come to recognise that where money is synonymous with power and dependency, dominant financial systems create and embed social division. I have

experienced this in my attempts to gain funding for the under-financed project I run, in which the impact of poverty for many of my clients results in some members demonstrating a fervour to sell their art. It is worth considering how the existence of fiscal competition, may provoke the shadow qualities that Maclagan (1995) mentions to emerge in ourselves, whether we are the therapist, artist or audience.

While the critical questions asked by Skaife (2017) provoked me to write this article, I recognise that they are not easily answered if one is to consider how deeply finance is entwined with a person's sense of self, social status, relationships and opportunity. These questions are more valuable if seen as a dynamic consideration increasingly provoked by the exhibition of clinical art work. As I write this article, I recognise the need for discourse; without articulating approaches which demonstrate the therapeutic potential of the exhibition process, practitioners leave themselves vulnerable to criticism.

The selling of art is perhaps the most evocative aspect of my clinical practice, with Sweig & Cohen (Lachman-Chapin et al, 1998) and Skaife's (2017) queries making visible how emotionally and ethically provocative money and inequality can be. Financial exploitation is an implicit part of inequality, and questions of inequality need to be part of our therapeutic considerations. Such enquiries are not only implicit in the sale of art work; they are relational, and implicit in the therapeutic relationship and in a person's relationship with society.

In the current financial climate, there is a growing demand for organisations (including institutions which serve the public, such as prisons, schools, universities and the NHS) to make commercial income and capitalise on the sale of patient art. Here, I share Skaife's (2017 p 3.) concern that art work risks being commodified into a source of income. This ideological contraction of state, known as neo-liberalism, leads to reduced funded care, marketised services, and financial insecurity creating a highly competitive marketplace for social care (Brown 2014, Wood 2016). Organisations face competition over tender, limited resources and many are forced into considering avenues for wealth creation within the contracted market. This economic-political environment can lead organisations into prioritising capital over the people they exist to serve. Psychoanalyst David Bell (2016) points out that

patients are being increasingly abstracted into units of currency, at a loss to their dignity and identity. Unintentional assimilation into this paradigm is something to be on guard against – as increasing numbers of art therapists feel pressurised into becoming entrepreneurs in order to gain and maintain employment. One should wonder how deeply these paradigms unconsciously shape our relationships. To me, this paradigm is a construction of the *I-It* position, which risks cutting of compassion and contributing to division, discrimination and marginalisation. Without consideration of these regressive dynamics the exhibition may fall far from achieving any meaningful therapeutic outcome.

The first time I engaged with an exhibition of patient art work, the organisation encouraged patients to donate art work for auction to raise income for the charity. This was justified and explained as an opportunity to ‘give something back’ to the organisation. At the time, this felt meaningful and for a greater good – the organisation does indeed undertake vital work, and was undergoing financial difficulty. With hindsight, I see this as exploitation as it was implied that a client has a debt to the organisation. I see this as an example of how the combination of fiscal pressures and market-driven ideologies can pervert an organisation’s relationships to the people it exists to serve. If unrecognised, such ideologies are at risk of demeaning our patients and ourselves by allowing exploitative power dynamics to be rationalised. Care must be given toward avoiding such coercive acts, as they can only reinforce power dynamics which marginalise and undermine.

3. The New Art Studio: our developing approach to exhibiting

The New Art Studio is a therapeutic art studio for refugees and asylum seekers. Founders Tania Kaczynski and myself first met at the Medical Foundation for the Care of Victims of Torture, where I was a volunteer at the therapeutic art studio she facilitated. The New Art Studio was founded in 2015 as an independent project, as it’s ethos and relationship to exhibiting did not fit easily within larger organisations. Our approach has been developed in recognition of the impact of state and social oppression in the past, and a continuation of state oppression in the present, that is experienced through constructed social exclusion in the asylum, education, employment, legal status and benefit systems. Its members are typically traumatised,

isolated, separated from home and socially excluded and impoverished by state and social barriers.

Underpinning our approach is an awareness of the profound exclusion faced by studio members, and the difficulties posed for members with social and psychological integration. The group has a loose and sometimes slightly chaotic feel, which is underpinned by its studio model approach and its ethos of openness and democracy. Exhibiting is firmly part of the New Art Studio's culture, and since its formation, studio members have wanted to exhibit and sell their art work. We, the facilitators, maintain an interest in these exhibitions as a therapeutic endeavour, and have been developing our approach to exhibiting for a number of years.

As a result of being able to access the studio for one, six-hour day a week, studio members have an opportunity to develop deep relationships with and within the group, as well as with their art making. We approach with intentional warmth and care, being aware that members are often lacking a place where they feel welcome or free to express themselves. We provide tea, food and travel money to those attending. We do not assume that the therapeutic notion of exploring the past is a pan-cultural solution to trauma (Blackwell 2007 p259, Bracken 2002 p209). Our approach is to offer space to a spectrum of engagement. There are members who use art making as a primarily aesthetic and creative process, those whose use of art making communicates and explores distress and some who do not make art at all. Underpinning this spectrum of engagement is emphasis on facilitation of the Studio as a container of anxiety.

A democratic frame: exploring the dichotomy between patient and therapist

Underlying the New Art Studio's ethos is an emphasis on the importance of developing a genuinely collaborative relationship between patient and therapist. Many of our ideas come from the Therapeutic Community movement and R.D. Laing, from Tania's decade of working at The Studio Upstairs, and from our shared experience working together at Freedom From Torture. Our approach fits well within the 'social art therapy model' advocated by Hogan (2015) and we also seek to establish the '*I-Thou*' relationships initiated by Buber (1970). I would like to distinguish our approach from so-called 'non-hierarchical models' as Tania and I are

the group's leaders and take responsibility for management of the New Art Studio and maintaining a therapeutic function. I see a democratic frame as one where leadership is entrusted by the membership; yet, the leaders acknowledge the potential for power differences to contribute to interpersonal division. As Hogan explores, this manner of facilitation is an 'inherently political' (2015 p 141) act which seeks to break down the dichotomies between therapist and patient.

When approaching an exhibition, we give studio members time to fully contemplate the difficulties of exhibiting, ensuring that they are aware of the emerging tensions and feel able to withdraw from the exhibition if they choose. Early discussions of an exhibition open opportunity to explore the power differences within the therapeutic relationship and the facilitators give consideration toward coercion and group pressures.

We seek to develop robust alliances between therapists and group members, and see this as essential for facing the complexities of the exhibition. We expect members to encounter the multitude of difficulties explored in this article. In this context, a robust alliance is where the patient feels able to voice criticisms and, crucially, where the therapist is able to listen, admit misjudgements and be flexible & self-critical (Hocoy 2007). Clear dialogue about ownership, sales and money are part of the therapeutic relationship, and the therapists are prepared to consider these difficulties both in terms of the transference and in the 'here and now'. We recognise how essential it is to be willing to listen and learn from the studio membership. Having a dual role as therapists and curators, we remain open to ways of doing things better, and it increasingly feels as if exhibitions are a group-led collaboration.

Exhibition discussions need care and time, and the discussions the therapists have in private (supervision and post group meetings) are candid and crucial. We have found that the co-facilitator and supervision relationship to be vital spaces to consider the emotionality of the ethics and the transference.

How art works are presented is crucial, and we have learnt to resist the temptation to speed up the process for the sake of efficacy. Both Thompson (2009) and Lu &

Yuen (2012) emphasise the importance of the patient controlling his own narrative to decide how s/he is represented, and we go to lengths to ensure that the members are involved with the core aspects of their representation, from selection of images, naming of art works, artist descriptions, pricing, curation and de-installation. The process of naming and selection of art works has now become a group activity, where members will often playfully name each other's work, and it is a process enriched with poetry, pathos and discussion.

Money becomes something that is openly discussed as it cannot be separated from relationships within and without the group. As recognised earlier, the sale of art work is an area which has at times been fraught, with therapists all too aware of divisions that are painfully present in the room. The dichotomy is not only between therapist and members; a prevalent difference is one of legal status as it is illegal for asylum seekers to earn money, and they are at risk of detention and deportation if they were to sell art works. This is something that causes anguish, and is an issue which has been frequently discussed between the facilitators. We have sought to find solutions to this, such as the prohibition of all sales. We soon recognised how this solution seeking was an attempt to avoid our own distress and would, in fact, infantilise the membership. Currently sales of art work made by asylum seekers go into the New Art Studio's funds, and the asylum seekers who are willing, allow their art works to be sold. We are unhappy with this, but do not attempt to rationalise this abusive legal dynamic. Instead we highlight this disparity in our exhibitions, and seek to make the public aware of this form of social exclusion.

Our experience at the New Art Studio has shown that exhibitions produce both 'collective strength' and 'unconscious pressure(s) from the group' (Lu & Yuen 2012, p 199), which pull some unwillingly into the public. We recognise how these pressures can help some move from entrenched positions, while for others it can reinforce entrenchment. In consideration of this, we offer a 'soft' private viewing which is only for the membership, allowing the group to be together to view their exhibition which reduces the pressure for the whole group to attend the public viewing. A complex conversation has emerged around confidentiality where some members wish to meet the public (with some under pseudonym) and some not; the

group members and facilitators dance an uncomfortable dance between different roles, of promoter/artist and therapist/client.

The gallery as a secondary potential space

Thompson's (2009) adaptation of Winnicott's potential space in relationship to the gallery provides a relational frame for the exhibition process; it is helpful to see the gallery as a space located between the therapeutic environment and the outside world. Psychoanalyst Thomas Ogden notes that a potential space lies between two opposing spaces in a dialectic relationship.

'A dialectic is a process in which two opposing concepts each creates, informs, preserves, and negates the other, each standing in a dynamic (ever changing) relationship with the other' (Ogden 2014 p 124).

Where the therapeutic environment offers opportunity to explore relationships between the self and others, the gallery offers something different, the opportunity for group members to explore their relationship between the therapeutic environment and society. A common depiction of this dynamic is group members seeing the Studio as a place of safety in contrast to the perceived hostility of society.

Building upon Thompson's conception, I also see the gallery as a *secondary* potential space, which is in a relationship with the *primary* space – the therapeutic environment. I want to emphasise that the gallery is secondary to the primary space, as it cannot offer the containment that is fostered by the therapeutic environment. The gallery can, however, provide experiences that the primary space cannot; such encounters offer the person opportunity to explore their relationship with the outside world in a mediated way.

It is important to emphasise that the exhibition is not the end of the therapeutic relationship, and the gallery and therapeutic environment are also in a dialectic relationship, where past experiences of exhibiting are being considered in the therapeutic space, as are considerations for exhibitions in the future. Difficult feelings can then be explored within the boundaries of the therapeutic relationship. It

is the exploration of these difficulties that provide the person with opportunities to better understand the feelings that exist in his relationship with the outside world.

Here are two brief examples of this dialectical process relating to two individuals.

1. Compensation against vulnerability.

A: Therapeutic space: the member presents as highly confident and therapists wonder if this presentation is a compensatory defence against vulnerability. Attempts to explore this are rebuffed.

B: Private view, meeting the public: The member feels raw, shaky, vulnerable and destabilised.

A: Return to the therapeutic relationship: exploration of what was provoked by exhibition. Recognition of a defence which keeps vulnerabilities out of the therapeutic relationships. Exploration of impact of both being labelled an asylum seeker and traumatic experiences which led to their migration. There was a shift in the member's relationship with the group and they were more able to share and engage with the vulnerabilities of others.

The member continues to exhibit, and while the sense of catastrophe has diminished, they continue to find exhibiting anxiety provoking. The member has articulated how they recognise exhibitions as an opportunity to explore their relationship with the past, their identity and the outside world. As Thompson (2009) experienced, successive exhibitions have had a rejuvenating effect on this member, with increased participation both in their relationship with art making and in their developing relationships in the group. Recently, this studio member has expressed disappointment as they feel that others have dominated the exhibitions. There is a sense that some members are treated preferentially to others, which seem to enact gendered social dynamics. These explorations have led to the member recognising their tendency to quietly allow others to take priority.

2. Mistrust.

A: Therapeutic space: member withdrawn, polite and seen as passive and difficult to gauge by therapists.

B: During exhibition installation the member decides to withdraw their art work explaining they do not trust the gallery staff.

A: Return to therapeutic relationship: exploration of this experience led to a conversation where the member was able to disclose the depth of their difficulty in relationships. We discovered the extent of the member's isolation and the depth of their mistrust of others. The member was able to explore this in relation to past experiences & political impingement, and was able to recognise a desire to change this. Since this moment the member has decided to exhibit, and while this may feel like a demonstration of their development of trust, we are also anxious that this change is akin to compliance. Through the member's changing way of engagement, we seek to understand their relationships with others.

These vignettes demonstrate how this dialectical relationship between therapy environment and gallery gives opportunity to meet, understand and address the person's perception of the society when the person returns to the therapeutic relationship. We can assume that the anxieties uncovered at an exhibition directly contribute to what marginalises a person, but with the support of therapeutic relationships, the exhibition may give opportunity for a person to understand and learn to contain the anxieties which contribute to their isolation.

Conclusion

The New Art Studio's development of the exhibition process is an attempt to overcome the social, political and psychological barriers which contribute to the exclusion of refugees and asylum seekers. While my experience may blinker my vision, I find it difficult to envisage an exhibition that is not considered as a process which starts with the patient's desire to exhibit, nor can I see this process being navigable without a social art therapy approach, which is focussed on developing the *I-Thou* relationship between therapist and patient (Hogan 2015, Bauber 1970). It also seems important for the experience of exhibiting art work to be seen in dialectical relationship which is given psychological containment by the therapeutic space. With this I would like to emphasise again, that the exhibition should not come at the end of a therapeutic relationship, as the experience will likely produce experiences which are in need of containment.

Seeking to address what isolates the patient is one half of addressing the dichotomy between patient and public. The New Art Studio has similar social-cultural ambitions to Adamson and his successors, where we see our exhibitions as an opportunity to educate the public and challenge reductive perceptions of migration. Intrinsic to the social art therapy frame is the intention to address the division between the self and public, and if the dichotomy between patient and public is not addressed, then the person remains isolated. While the research of Potash & Ho (2011) convincingly offers an approach which fosters an *I-Thou* response from the public, this is only half of the dichotomy. We currently lack an understanding of how exhibiting may change a patient's relationship with the public. Case material of public and patients' experiences at an exhibition might be a way of furthering understanding. Furthermore, the psychological aspects of selling art works would also greatly benefit from more understanding.

I have intended for this article to offer ways of considering the exhibition as a therapeutic process, and hope to have made clear that I think exhibitions of patient art works should be neither idealised nor dismissed. What I have offered is unlikely to be the only way of approaching exhibitions of patient's art but my intention is that this article goes some way to moving the exhibition *in itself* away from being seen as a contentious issue. I hope that the arguments presented can both provoke dialogue and allow for the exhibition to be seen as a process which we can carefully approach with our eyes open to its vicissitudes. I suspect there are more exhibitions being undertaken by art therapists than my research suggests, and hope that this article enables others to find ways of conceptualising practice and articulating their experiences to the wider profession.

Biography

Born and based in London, Jon has worked with marginalised people throughout his life. Qualifying as an art psychotherapist in 2009, he has worked with migration, abuse, political violence and trauma. He runs a private practice in the London Art Therapy Centre, provides clinical supervision and training at Goldsmiths, University of London, and is co-founder of the [New Art Studio](#); a therapeutic art studio for asylum seekers and refugees.

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