

# ATOL: Art Therapy OnLine

## Back from the Margins: Strange Experiences and Art Therapy

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### Abstract

This paper considers how people with a diagnosis of psychosis are often marginalised in ways that influence both the environmental and psychological circumstances of their lives, and how these aspects of their lives are rarely discussed together. It also considers some of the ways the Service-User Movement; Outsider Art; and Art Therapy have contributed to helping people feel that they can move out of the margins and reclaim their lives. In order to do this, it discusses the historical and developing practice of Art Therapists in relation to people who have in their own language, “strange experiences”.

The paper acknowledges throughout that the language used to describe people with mental health problems is rightfully challenged by the Service-User Movement.

**Keywords:** Psychosis; Marginalisation; Service-User Movement; Outsider Art; Art Therapy.

### Introduction

Different expressions of the idea that it is not possible to live by bread alone are found in most cultures and religions. The dual need for sustenance and inspiration seems fundamental to mental health, but ideas about what is needed for sustenance and what

is needed mentally are rarely discussed together. Contemporary examples of how hard it is to think about both material and psychological needs, are found in the responses to images seen on international screens about millions of migrants living in the margins, on the borders of countries.

Similarly, when people have strange experiences which lead to a psychiatric diagnosis, both their source of material sustenance and their mental lives can be under terrible strain. It sometimes seems that art therapists themselves work in the borders between knowledge of what is needed for material sustenance and what might aid mental equilibrium. This is because they are often working with people whose material sustenance (in terms of a safe place to live, having enough money, and not being too much alone) is vulnerable.

One teenager whose parents had recently died felt at sea and alone with the extent of her grief. Like many teenagers she wore an immaculate fusion of styles in the way she did her hair, clothes and skin, but she felt that the house she used to live in with her mum and dad was full of echoes. She shared her sense of having strange experiences and visions. She felt troubled, but she took comfort from hearing the story of the nineteenth century artist William Blake. He also had strange experiences and visions and his story helped her understand that she is not beyond the human pale.

The Service-User Movement is asking that the term 'schizophrenia' is no longer used (Read, 2004). This is because of negative assumptions that could mean a person's whole life is viewed through the lens of pathology once they have this label. A diagnosis of 'schizophrenia' influences a person's life in ways that are additional to their mental health difficulties. Their liberty might be taken away and their relationship with representatives of societal power becomes complex and that might make them feel inclined to shrink into the margins.

Service provision is often limited, and there is no single solution for helping people move towards recovery. Life for people with a diagnosis (however the diagnosis is understood) can be lonely and hard. The UK National Institute for Health and Care Excellence (NICE) records that some people harm or kill themselves and others run

away and live on the street rather than take the prescribed medication (2009-10). Many live in the margins mainly without work.

Despite the real difficulties there are things that can be celebrated. The Service-User Movement has helped many people find the confidence to believe that they do not need to spend a whole life as a mental patient. There are rich histories and new developments in Outsider Art. Also in a smaller way, elements within the history of Art Therapy have been identified as contributing to a sense of recovery, which the Service-User Movement describes as different to a 'cure' (Coleman 1999). All three, the Service-User Movement, Outsider Art, and Art Therapy, have helped people feel that they can move out of the margins and reclaim their lives.

### **People in the margins**

The history and experience of people in the margins (whether as a result of poverty, disability or insanity) has been, and still is, chequered with ignorance, prejudice and poor treatment (Warner, 1985; Cohen, 1988; Cox, 1996; Sayce, 2000, Dillon and May, 2002; Repper and Perkins, 2003).

Throughout European history 'the insane' were often treated as though they were insensible to human emotions. Charles Dickens recorded that the old asylums provided:

'Coercion for the outward man, and rabid physicking for the inward man. Chains, straw, filthy solitude, darkness and starvation' (Dickens, 1850-9, in Stone, ed., 1968, pp. 381-91).

'Filthy solitude' still describes the experience of many who have a diagnosis and live in the world's cities (Wood, 2012). Also, the uses of medication (for the 'inward man') is a topic much spoken about by service-users. Prejudice casts the emotional needs of people with a diagnosis as different to those in the rest of the population, and often people struggle to have their feelings heard.

Pinel's 'Traité Medico-philosophique sur L'Aliénation Mentale' (Medical Philosophy on the Treatment of Insanity) (1801) was written on the cusp of the 1789 French Revolution and its proposed psychiatric reforms grew out of the general clamour in the revolution to treat people with more respect. The phrase 'traitement moral' is taken from this work,

but it is badly translated by the phrase 'moral treatment' which suggests treatment using a moral code perhaps comparable to nineteenth century mental hygiene movements. Pinel's phrase translates more closely as 'treatment through emotions' (Jones, 1972: xi). Art making alongside a trained companion (i.e. the art therapist) is one version among many, of what this might mean.

The Tuke family adopted and developed Pinel's ideas at the York Retreat. Fundamentally the ideas involve treating people with respect and kindness. The approach, though radical for its time, was adopted in a number of countries. However, Warner (1985) indicates, despite success in Britain, other European countries and America, the methods of moral treatment gradually fell into disuse during the second part of the industrial revolution. He points to the parallels between moral treatment methods and twentieth century social psychiatry. Both, though successful, fell into disuse as a result of historical circumstances and not as a result of a lack of effectiveness. It is sobering given the contemporary quest for systematic evidence, that it remains socio-economic conditions that tend to determine which treatments (pharmaceutical or psychological) are used, whether or not there is evidence for them.

The history of the connection between mental health and poverty is a long one. In the UK the Poor Law of 1834 introduced the workhouse as a way of deterring people from claiming welfare. Workhouses were later to become the large Victorian Mental Hospitals. The Poor Law introduced categories for the 'deserving' and the 'undeserving' in terms of who could receive welfare. The remnants of these distinctions can be seen in much subsequent policy and legislation concerning 'provision' for the unemployed, and the insane (Wood, 2001). In 2011 for example, the council of Westminster in London enacted old statutes to make aspects of charity for the homeless, substance users, and the mentally ill, illegal within its confines. This perpetuates the kind of prejudice described by Foucault (1967) that those people who occupy the mental hospitals are, throughout history, said to be those who *will not* work.

The workhouse was intended to deter people claiming assistance in a manner deemed 'undeserving' and the image of the workhouse in Figure 1 makes it possible to

understand how effective this was. Many people dreaded the workhouse and strenuously tried to avoid it.



Figure 1: London Workhouse circa 1900

Images of children working in factories (Figure 2) echo the image of people lined up in the workhouse. Both photographs indicate something of the ways in which classifications of people are linked to their social-economic status.



Figure 2: Images of children working in factories during 1800s

Classifications of a person's human value based largely on wealth continue. Some of those applying for leave to remain in the UK 'must be paid at least £35,000 per annum or the going rate in the relevant UK Border Agency Code of Practice, whichever is higher' (Home Office: 2012). Also, what people using art therapy face in the different 'work capability assessments' used in many countries, is similar to historical distinctions between the 'deserving' and 'undeserving'.

Efforts made to invoke 'scientific scrutiny' in psychiatry tend to overlook the economic issues and the resulting stress in service-user lives (Marmot, 2010). One explanation is found in the idea that there is a social and economic 'downward drift' once someone has a diagnosis. This idea is challenged by Warner (1985). He uses international evidence to demonstrate that historical periods of poverty and recession during the twentieth century led to an increase in the incidence of psychosis. In doing this Warner is showing how socio-economic stressors (and not necessarily a biological predisposition) dramatically increase the likelihood of a diagnosis.

The incidence and distribution of psychosis is more varied than previously thought to be the case (Messias et al. 2007). A systematic review by Kirkbride et al. in 2012 suggests that factors that might have affected overall decreases in incidence include different approaches to treatment (e.g. Early Intervention Services) and changes in the use of diagnostic categories, because there is increasingly a desire to avoid stigmatising people by avoiding the label of 'schizophrenia' (Kirkbride et al. 2012: 164). However, the same review indicates that factors implicated in areas of increased incidence: urbanisation, a lack of neighbourhood cohesion, and migration (2012: 87), can explain the societal pressures that lead to the ongoing marginalisation of many.

A practical question for service-users and for mental health workers is not how to identify 'downward drift' but how to help people with a diagnosis find their way to a life of their own choosing. This chimes with the focus of art therapists in helping people grapple with what different parts of their life and their art mean.

The report 'The Abandoned Illness' discusses problems of getting and keeping work:

'Not everyone is able to work, or the required adjustments and support are not available locally. We need an approach which creates incentives for people to try paid employment but does not penalise them when they are genuinely unable to continue...' (Murray, 2012: 42).

Many people using art therapy speak about their worries about out of work disability benefits. One astute client offered an image which shows him feeling as though he is sitting on a trapdoor that could open and let him drop through: he fears that this will happen, either if he has another psychotic episode or if he loses his benefits and so cannot pay his rent or support his family. Both prospects are terrifying and both give rise to a violent image of hanging by the neck.

The removal or reduction of welfare benefits during the latest world economic recession have been hard for people with mental health difficulties (Wilkinson and Pickett, 2009; White and Belgrave, 2013). It contributes to ongoing marginalisation.

### **Art made in the margins**

'How should one live, what should one do?' (Kitajaima, 2012:117).

The outsider artist Masaomi Kitajaima's words in the catalogue 'Outsider Art from Japan' (2012) echo questions about how to live asked in the rooms where art therapy takes place.

When Jean Dubuffet wrote a manifesto in 1949 for what sort of art could be described as 'Art Brut' (art that is raw and fresh): he brooked no compromise. It had to be art that was untainted by cultural influence, largely unseen, and made at the edges of society.

Roger Cardinal's term 'Outsider Art' (1972) although a translation of 'Art Brut', is a phrase used more broadly to indicate any art made outside establishment culture. The approach of 'Outsider Art' in Japan is developing in this vein: works seen in international exhibitions are often made by people with disabilities or mental health issues.

The increased visibility of art made on the edge of society indicates a gradual shift in the place of 'outsider' artists in the world. The title of David Maclagan's book 'Outsider Art: from the Margins to the Market Place' (2009) shows the changing path of an art

movement from one century to the next: it also describes the changing perceptions of the artists, whether or not they have a psychiatric diagnosis.

Dubuffet's exuberance and implacability about the nature of 'Art Brut' originated during the relief of reaching peace after the Second World War. Nevertheless, it was a time when psychiatric patients were often patronised and pathologized. Cardinal was writing during a time (1972) when the poor status of psychiatric patients was beginning to be questioned.

Provision and respect for artists working outside the art establishment continues to grow: The Museum and its collection of Art Brut in Lausanne in Switzerland, The Living Museum in New York, The House of Gugging in Austria, and the recent (2012) international exhibitions of 'Outsider Art' from Japan are manifestations of respect. This has coincided with more respectful treatment for psychiatric service-users in general.

There is no simple equivalence between people with a psychiatric history and Outsider Artists. Nor is it straightforward to translate or compare Japanese ideas about Outsider Art with those in the West. Nevertheless, discussion in the Japanese exhibition catalogue (2012) shows that there is a debate in Japan about the links between welfare and art making for people with mental health issues. 'Maybe welfare cannot protect people. I realise that it is art that can' (Kitaoka, 2012, 6). Although different countries provide different contexts, the ways in which mental health is linked to economic standards of living and a sense that life is meaningful are relevant internationally.

### **What does recovery mean within the lineage of art therapy?**

UK NICE guidelines (2009-10) are sobering for anyone who offers psychological treatment for people with a diagnosis. Accounts written in the guidelines by service-users and carers hardly mention psychological approaches as an aid to recovery. Their accounts are preoccupied instead with the uses of medication and the loss of liberty when people are sectioned under mental health laws. In contrast, the preoccupation of literature describing psychotherapeutic work is with the internal psychological world and the nature of the therapeutic relationship. This contrast and the lack of connection between the concerns of service-users, their carers and those offering psychological services, is startling. It adds weight to the idea that both environmental and



psychological matters are important to mental health and that they need to be considered together.

In the late 1990s it was possible to identify three different twenty year periods of the art therapy profession's British history (Wood, 1997), these three periods have been added to by a fourth contemporary period (Wood, 2011 and 2011b). Different aspects of art therapy were emphasised during the practice of these periods in ways that seem to reflect the differing socio-economic conditions of the times. These periods, though different, show how art therapy has a history of supporting personal agency and hope, in ways that are relevant to how the Service-User Movement conceives recovery.

Between the end of World War Two to the end of the 1950s, there seems to have been a period of relief and optimism. The Ken Loach documentary film 'The Spirit of 45' (2013) uses old film footage to show the high level of social and economic reform. In art therapy there was a focus on the healing power of expression. Looking back at photographs in books written by some of the earliest art therapists in the UK, there seemed to be a clarity and simplicity in the way the relationships between hospital staff and 'patients' are presented. One photograph in Adrian Hill's book (1945: 96) shows a nurse (in full starched nursing hat and cuffs) bringing tea to a 'patient' who, having been allowed out of bed after two long years, is sitting painting the view from an open window. The accounts by Edward Adamson of work at Netherne Psychiatric Hospital are coloured by the polite apparently uncomplicated ethos of the post-world-war-two period. Nevertheless, they are fundamentally respectful and appreciative of the artwork and the courage of the people he worked with:

'In hospital, people who were denied the luxury of the analyst's couch, nevertheless benefited from reviewing the painful experiences of their past through painting' (Adamson, 1984, 23).

Adamson's claim of there being benefit in painting is modest when considered against the backdrop of his achievements in laying some of the foundations for the art therapy profession. It is interesting that he curates and groups the artwork made at Netherne Psychiatric Hospital into different emotional themes. These are universal and by no

means confined to mental illness: home; love and hate; cries from the heart; dreams and fantasies; and rebirth (Adamson, 1984).

Post-war reforms in health and education diminished as a result of the economic privations caused by the international OPEC oil crisis (1973-4). Between the beginning of the 1960s and the end of the 1970s a strong anti-psychiatry ethos developed, ironically it was largely fought for by social-psychiatry proponents. Social-psychiatry had developed during the post-war period and it pointed to the important connection between individuals and society and the psychological need for social interaction. In a number of countries, a social-psychiatry perspective has been sustained. In Britain criticisms made of psychiatric practice grew into an international Anti-Psychiatry Movement.

During this second period of art therapy, significant numbers of mental health workers in the UK allied themselves with anti-psychiatry. There was appreciation of the work of R.D. Laing because he championed the cause of people with a diagnosis who had too often been consigned for many years to the hospital wards of the then large (e.g.1,000 bedded) psychiatric hospitals. Penguin sold millions of his books. In his preface to the Pelican edition of his famous 'The Divided Self' (1959) he wrote what might be seen as the essence of his approach, which was revolutionary for the times:

'I wanted to convey that it was far more possible than is generally supposed to understand people diagnosed as psychotic. Although this entailed understanding the social context, especially the power situation within the family, today I feel that, even in focusing upon and attempting to delineate a certain type of schizoid existence, I was already partially falling into the trap I was seeking to avoid. I am still writing in this book too much about Them, and too little of Us' (1965: 11).

In Italy, in a different though no less challenging vein, the psychiatrist Franco Basaglia succeeded in developing a movement for the democratisation of psychiatry (Wood, 1985; Foot; 2015).

During this period, efforts were made by art therapists and others to understand the poetry, creativity and content of what people said and made during episodes of

psychosis. Also much that was fought for in terms of respecting people in mental hospitals is strongly resonant of issues the Service-User Movement is discussing today (Dillon and May, 2002; Repper and Perkins, 2003).

As the second period moved into the third period of art therapy (from the beginning of the 1980s to the end of that century in 2000) work in art therapy used a combination of different psychotherapeutic group theories with a notion of 'side by side' working (Greenwood and Layton, 1987). This combination of group theory and 'side by side' working is not a tight theoretical approach, but in practice it is possible to adapt this way of working to different circumstances. It is also an approach to which service-users who experience high-anxiety as a result of frightening mental processes, seem to respond well. It may be that the level of therapeutic transparency it offers helps people who feel frightened about engaging with services. This is one example of the ways in which theoretical aspects of different periods are woven together. It is also an example of the kinds of transparency and democracy that people in Service-User Movements see as important in general (Crossley, 2004 and 2006).

The third period throughout the 1980s and 1990s was during an earlier world economic recession. Margaret Thatcher was prime minister in the UK and Ronald Reagan president in the US. During this time there were cuts in services and plans for hospital closure in the UK were made. Increasingly art therapists had to work in community settings at some remove from multi-disciplinary teams. Maybe the grim realities of service-cuts, and the removal of some hospital safety nets, provided the impulse for greater psychotherapeutic knowledge. Certainly art therapists had to take more single-handed responsibility for their work and they perceived a need for more knowledge in order to take this on: there was a push for additional training in psychotherapy and group work. Also during this period, the first moves to change the qualification for art therapy to a Masters degree were made.

The previous two periods of practice had involved high levels of care and attention being given by art therapists to vulnerable service-users, but often the same therapeutic approach was used for all. Many questions were provoked in the wake of the hospital closures and what became community psychiatry. A number of art therapy hospital

studios were lost, although some community studios were created (Studios Upstairs in London and Bristol were famous examples): but increasing numbers of art therapists found themselves providing groups in different locations (e.g. Greenwood and Layton, 1987; Springham, 1998; Saotome; 1998; Prokofiev, 1998). These changes seemed to result in the beginning of adaptations to practice made by art therapists for people with different diagnosis.

The quest for greater clarity about psychotherapeutic techniques meant that psychoanalytic ideas were used in understanding how the capacity to think can be attacked by psychotic processes (Killick and Schaverien, 1997). An understanding of attacks on linking (Bion, 1967) was discussed in terms of the 'terror' and frightening states of mind that psychotic processes can create (Wood, 1997b). The approach of R. D. Laing which urged an understanding of the poetry of disordered thinking processes was in part challenged by an understanding of the Kleinian Hannah Segal's explanation of symbolic equation (Killick, 1991). This was discussed further by Killick and Greenwood in 1995 and it led to a modification and a move away from what had been efforts in the second period to understand the meaning of what service-users said at the height of an episode. This modification was understood in practice to indicate that people mainly needed a therapeutic relationship that was containing and that the place of practice (ideally a studio) was part of the containment (Killick, 1997; Goldsmith, 1992; Killick, 2000; Wood, 2000). The understanding of the need for consistency and psychological containment has remained in art therapy even though adaptations to different environmental circumstances have been necessary. It seems important to assert however, that it would be a mistake to always respond to the content of someone's expression as though it were symbolic equation, because then important elements of what is being communicated might be missed.

Even with a more developed understanding of psychotherapy, a sense remained during this period that wider environmental factors are important. Terry Molloy's 1984 paper, republished in 1997, helpfully situated the work of the relationship and the art making within the then contemporary framework of rehabilitation services. Molloy managed to show how the use of art therapy could contribute to the overall multi-disciplinary work. He showed how the artwork evoked less conscious aspects of experience. Together

with the therapeutic relationship this might help someone, (even those with a long-term condition), to have the mental space to respond and engage with other more conscious parts of themselves and the wider help available in a multi-disciplinary team. This implies the joining of the work of different disciplines, and the understanding that mental health needs both sustenance and inspiration.

Franco and his partner Franca Basaglia worked during this period with psychiatric colleagues to consolidate the gains of Law 180, which led to the closure of all Italian psychiatric hospitals. This was radical. The people involved understood the plight of people incarcerated in what were then impoverished and terrible Italian psychiatric institutions as functions of poverty and class (Morire di Classe, 1969). They wanted a different kind of psychiatry: but it is not correct to indicate that the approach was anti-psychiatry (Foot, 2015).

Some in the British psychiatric establishment were infamously dismissive of the reforms in Italy. Psychiatrists Kathleen Jones and Alison Poletti wrote about the reforms in the *British Journal of Psychiatry*. They clearly expected little to arise from Italy, which, they wrote:

‘... is not like any other country in western Europe: it is a narrow and mountainous peninsula, nearly 800 miles long, stretching from Europe towards Africa, its northern borders guarded by the Alps. European ideas seep slowly into such a country, and Trieste, on the Gulf of Venice, is one of the few cities where they might be expected, for purely geographical reasons, to flourish (1985: 346).

This is breath-taking arrogance: earlier in *New Society* they had described the reforms as a mirage and suggested that Law 180 would quickly be repealed. Their high-handed perspective coloured the way the Italian reforms were viewed by British Psychiatric classes for many years. In fact, the Italian law closing all psychiatric hospitals in favour of community provision has not been repealed in some forty years, and there is now a small but significant renewal of international interest in how this has been possible.

During the 1980s in Sheffield (in the north of England), multi-disciplinary staff in the psychiatrist Alec Jenner’s team worked with some of those involved in the democratic

psychiatry movement (known as PD). Collaborations between psychiatric staff from Trieste with some of those in Sheffield, led to a reappraisal and valuing of therapeutic community work. Interestingly PD did not much value individual therapeutic work, (Wood, 1985; Foot, 2015; Wood, 2016).

During the last century and the beginning of this, staff in health and social services have adapted their practice in response to changing socio-economic circumstances. Clearly there are starkly differing approaches to the understanding of psychosis in psychiatry, and in a smaller way in art therapy. The differences seem concerned with the relative emphasis placed upon internal and environmental factors. A way forward seems to necessitate more understanding of how both are linked.

### **Service-Users and the Recovery Movement**

Literature written by different service-users offer examples of people using their own agency, collaborating with others and improving their lives. These accounts show how courageous people have been in the way they have confronted difficult and frightening mental processes often with the help of 'Hearing Voices' groups (Romme et al; 1994 and 2009).

One user-led initiative tries to ensure that people who have experienced abuse are asked about this during initial contact with services (Russo, 2001). This is because there is fear that abuse is overlooked and when it is, people feel alienated and misunderstood and this can lead to dissociative defences.

The User Movement repeatedly asks for collaborative or 'side by side' ways of working with staff. It also asks that assumptions that recovery is unlikely are challenged (Dillon and May, 2002; Repper and Perkins, 2003). The contemporary recovery approach has grown out of these user demands, but it is unfortunate that the word 'recovery' has become over-used and less meaningful. Also the world economic crisis may stunt the growth of these developments. For example, many positive ideas about the closure of psychiatric hospitals in order to move towards community treatment were rationalised in the UK during the 1980s into cost savings. It would be sad if similar economic expedience gets hold of ideas about recovery, because the original ideas (Dillon and May, 2002; Repper and Perkins, 2003) are inspirational and support for the Service-

User Movement seems to be one good way of protecting services. Also under the tutelage of people who use them, services may gradually change their shape.

In 2013 Dinesh Bhugra, president of the World Psychiatric Association, advocated a new balance in the training of psychiatrists and mental health workers which would try to reduce the emphasis on medication and move towards more sociological and anthropological understanding (Strudwick, 2013). Art therapy academic benchmarks (QAA, 2004) are a good fit for this approach.

Eugen and Manfred Bleuler (father and son) were Swiss psychiatrists during the twentieth century. They conducted what is still the longest piece of research undertaken about the nature of recovery from psychosis (Barham, 1995). Their conclusion, gained during two lifespans (lived throughout most of the twentieth century) about the population of the Burghölzi psychiatric hospital was that recovery means being able to have the opportunities for a life like any other. Many of their service-users were discharged into the community; this was very unusual during the first part of the twentieth century. It meant that former patients worked, married, had children and lived amongst their neighbours.

Reading the accounts of both Bleulers about their work with patients in the hospital and outside, makes evident the kindness and respect with which they related to people. Their writing echoes the tenor of Pinel's 'Traité' and those of the Tuke family and suggests their approach is directly in lineage with the tenets of 'moral treatment'. Similarly, as with other mental health professions, art therapists aspire to help people move towards a life of their own choosing. When moral treatment, 'traitement morale' is translated as 'treatment through emotions' it seems credible to link the practices of art therapy to that lineage (Wood, 1997 and 2001).

It is also interesting that Carl Jung (who spent a lifetime exploring mental imagery) wrote his PhD about the nature of psychosis while working at the Burghölzi psychiatric hospital at the turn of the nineteenth century.

Despite the significance of treatment through emotions and mental imagery, therapists are wise to keep a sense of what their therapeutic relationship can contribute in proportion to the impact of other factors. A therapist who is able to consider and

estimate the impact of environmental factors in a person's life may have a more realistic chance of being helpful. At the very least service-users may gain a welcome sense that the therapist has some hold on reality. This could be reassuring when in the midst of experiences that make them doubt their own grasp of the realities of the world

### **Weaving together the approaches of different art therapy periods for contemporary practice**

Since the 1980s there have been increasing efforts to adapt different art therapy approaches for people with different diagnosis and needs. Careful framing of the work from the point of the first meeting is important. Service-users who have strange experiences may be particularly vulnerable and some widening of the boundary of the therapeutic frame could be appropriate as a way of facilitating a person's initial engagement in the therapeutic work.

The way in which the art therapist in the Richardson et al. randomized control trial (RCT) in 2007 went with another worker to service-user flats to make first contact is not a strategy seen in research work on other psychotherapeutic approaches. Nevertheless, it is an aspect of the trial that is particularly interesting because it provided a way of engaging service-users who might either feel wary or unconvinced of the value of making contact. Shortly after the therapist made first contact (maybe a week or fortnight) the service-users selected were able to join the art therapy group. This Richardson trial was quite effective at engaging people who had little recent contact with services. This is different to the Crawford et al. RCT (2012) where a more traditional approach to engagement was used. Service-users in that trial were first met in organisational buildings, then there were sometimes long waiting times before they could start the art therapy group. Engagement in this trial was not good. These contrasting results suggest it might be helpful to widen the reach of the therapeutic frame and begin by visiting particularly vulnerable people.

However, it is important not to smooth over the difficulties of visiting people in their homes. The muddle and chaos in some lives might be signs of fundamental misery which is hard to witness:



'On the first visit the research assistant and I could not get through the entrance door to the flats where the client lived. A woman shouted down instructions from a first floor window and a small boy let us into a dark kitchen and, to our dismay, locked the door behind. We squeezed through a narrow space between decrepit and filthy worktops, cluttered with unwashed dishes and the torn remains of food packages. As we climbed the stairs a darkened room suddenly opened to the right. A young girl sat in the dark, perched on the end of a bed with her face pressed up close to a screamingly bright television screen with the volume set very high. Disorientated, we were led into the sitting room which was piled with boxes and rolled-up carpet at one end, giving the feel of a room that was transitory rather than lived in.

Introducing ourselves to the woman who had shouted from the window, we began to explain the research project. An elderly woman now appeared and gradually we realised that she was in fact the client we were looking for and that we had been interviewing the daughter. A bitter argument broke out between mother and daughter. The daughter angrily complained that she also had problems but it was her mother who always received help ...' (Jones, 2011, 197-8).

Meeting people in their homes (with another worker) is worth considering for many reasons. The visit might help in grasping the fabric of what service-users are coping with and importantly they give service-users the chance to see if they want to work with the therapist. Once a relationship is made, things like sending text messages or cards, though outside a traditional frame, might help maintain contact when people miss sessions because of chaotic and vulnerable lives. This certainly chimes with the approach known as 'Open Dialogue' (briefly mentioned below).

Different aspects of how the work might be adapted in response to psychosis are described in vignettes in the book edited by Killick and Schaverien in 1997. These vignettes describe a time when public resources were better and it was possible to offer a longer art psychotherapeutic approach. In contemporary times resources are limited and adaptations are made to provide brief-work and group work.

During this century some aspects of art therapy approaches from earlier periods of the profession's history remain. There is an acknowledgement of the terror of experiencing psychosis and the practical difficulties of responding in therapeutic work to disrupted thinking (Wood, 2001). When people are in the midst of a psychotic episode, the work of containment is important and care is taken to avoid raising anxieties.

There is ongoing respect for the power of art made by people with a history of psychosis (Maclagan, 2009; Mahony, 2011; Wood, 2013). Often people with a diagnosis seem able to use art making to compose themselves. Their capacity to think is seemingly restored whilst making art. The sense of composure may only endure for a short time: yet the experience of regaining some sense of being able to think clearly, probably has a cumulative effect and almost certainly provides people with a valuable glimpse of their inner resources.

A paper which consciously weaves together strands of art therapy practice from different periods of the professions history is by Helen Greenwood, (2012). Greenwood shows that much art therapy practice for people who are vulnerable to psychotic episodes is reframed within an understanding of mentalization (Bateman and Fonagy, 2006). Her paper specifically addresses ideas about negative symptoms which NICE (2009-10) indicated as symptoms with which art therapy was uniquely helpful. Greenwood's adroit explanations show how important it is to adapt elements of practice when working with people with a diagnosis:

'The secure relationship between people in the room provided a therapeutic space where the projected anxieties could be worked on, first by a feeling of sharing it, secondly by transmutation into humour, and thirdly by art work in relation to a theme ... The group itself, rather than the therapists, were able to mobilise affect and control its flow and intensity' (Greenwood, 2012, 16).

This implies using an adapted group art therapy, together with 'the side by side' approach currently valued by the Service-User Movement. It is also democratic in the tradition of PD. The members of the group described by Greenwood were men and they all struggled to find work. Consequently, work was a painful theme that the group itself

proposed and explored. Such groups do not necessarily use themes, but when they do, it can be helpful if the themes come from what is happening in the group.

At 'InterVoice', the yearly international conference for the Hearing Voices Movement, service-user demands are for a more collaborative approach which includes a proper acknowledgement of 'lived-experience'. The special edition of the 'International Journal of Art Therapy' edited by Springham in 2012 shows how valuable 'lived-experience' is in terms of thinking about theory and practice. The work of William Madsen (2004 and 2014) unpicks the nature of collaboration and the vitality that can grow from it. The Finnish 'Open Dialogue' (Seikkula et al. 2001) has provided a challenging approach with real success and this is gaining international recognition. People who are significant in the lives of service-users are asked to be involved in 'open dialogue' about the stressors that have led to a psychotic episode. 'Open Dialogue' holds much promise, as does the normalising approach of early intervention work. Some art therapists working with interdisciplinary colleagues are part of Early Intervention Services (e.g. Parkinson and White, 2016). These ways of working, together with group art therapy adaptations and the use of mentalization, all point to the potential value of further adaptations for service-users and for art therapy.

## **Conclusion**

Service-user and carer ideas about their experience of overall treatment are too often describing distress about not being heard. The distress and the legitimate complaints, underline the need for collaborative thinking between people using services and people from different professional groups.

It is no small testament to the power of service-users and carers that the need to collaborate is being widely acknowledged: in most professional associations (e.g. British Association of Art Therapists, 2015); by regulators (e.g. British Medical Association; Health and Social Care Professional Council; Nursing and Midwifery Council); and by research bodies (e.g. Health Technology Assessment; Economic and Social Research Council). The mistreatment that led to the Francis Inquiry (2013) demonstrates that the need for this is real.

The conflicting research results from the two randomised control trials about art therapy for people with a diagnosis (Richardson et al. 2007; and Crawford et al. 2012) were difficult, but they are interesting. As with conflicting research in other disciplines, (the BBC during one month of 2014 reported two trials of CBT for people with a diagnosis which had opposing results), it is possible to consider and continue research into art therapy, wherever possible alongside people with a diagnosis (Greenwood, 2012; Wood, 2013; Patterson, Borschmann & Waller, 2013; Holttum and Huet, 2014). Such research is needed in order to continue to examine art therapy as a form of practice which may help counter negative symptoms and may enable service-users to reclaim their lives and engage with relevant services.

Service-users with a diagnosis often have complex needs. Many have limited resources and face isolation: this means that art therapy is necessarily a small part of repertoires aiming to help people move away from the margins towards recovery. Collaborative approaches to mental health bring vitality to work with service-users. There are service cuts which are difficult, but the inspiration of the arts and crafts movement is still relevant. What is needed is not a split between the environment and internal processes; sustenance and art; or the functional and the aesthetic. 'Art is not a special sauce applied to ordinary cooking: it is the cooking itself if it is good' (Lethaby: 1913).

Living is complicated by the pressures of life in large, multicultural cities (Kirkbride et al. 2012; Wood, 2012, 2014) and by being in the margins of a country. Nevertheless, the history of art therapy suggests that it can work alongside Service-User Movement ideas and the hope they represent for someone with a diagnosis.

## **Biography**

Chris Wood (PhD) works as the team leader for the Art Therapy Northern Programme in Sheffield. This is a base for art therapy training and research based on the partnership between the Sheffield NHS and Leeds Beckett University. She is also an honorary research fellow at the University of Sheffield.

In the current economic climate, she feels fortunate to continue to combine work in higher education with therapeutic practice in the public sector. She is inspired by the life-stories of service users, students and the people who work in mental health services, perhaps particularly in the many ways that service users manage to live well.

She has a number of publications. Her interests include: art and popular culture; the relationship between mental health and politics; and creating 'spaces of hope' in which people can meet and share. She is keen to contribute to the evidence base for art therapy, whilst also collaborating with others to promote art therapy adapted to a wide range of contemporary settings.

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