

ATOL: Art Therapy OnLine

Book Review by Diana Kayafa

Art Therapy with Physical Conditions
Eds: Marian Liebmann and Sally Weston

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This book is companion to 'Art Therapy with Neurological Conditions', which is also edited by Marian Liebmann and Sally Weston. Both publications derived from a British Association of Art Therapists (BAAT) conference in 2009 and a subsequent call for papers for the Inscape journal. The response showed that there was great interest in the topic. The book covers a broad span of physical disease and injury, including cancer, chronic illnesses and debilitating syndromes, an area of work that is known in the USA as Medical Art Therapy.

A comprehensive introduction to the aims of the book and an overview of chapters is included within the book. In my review here I will attempt to look at the main themes and will then briefly present the content of each chapter. I will also look at the book's strengths and weaknesses and locate it in the current landscape of relevant writing.

Scope

The book gives an overview of art therapy work with physical conditions in the UK with a focus on the psychological journey taken when the body suffers. While it is mostly relevant to art therapists and related professions, it is also accessible to those with an interest in the subject. The book covers a variety of themes such as how art therapy can benefit patients with physical conditions and to what degree, how the mind deals with physical illness, how the experience of physical illness and pain affects patients' artwork, spiritual and philosophical matters, and a variety of theoretical approaches to art therapy in this field recommended by the authors.

Seventeen authors are chosen by two very long-standing and widely published art therapists, Marian Liebmann and Sally Weston. Liebmann and Weston create a palette of authors from different theoretical backgrounds and levels of expertise who share experience, literature reviews and research on the theme.

The ground for this subject in UK literature is indeed fertile and relevant pioneering books were written/edited in previous decades, such as 'Art therapy in Palliative Care: the Creative Response' (Pratt and Wood, 1998), 'Arts therapies and Progressive Illness: Nameless Dread' (Waller, 2002), 'Facing death: Art Therapy and Cancer Care' (Waller and Sibbett, 2005), 'The Creative Arts in Palliative Care' (Hartley and Payne, 2008). The most recently published book is a much-needed handbook/guide for therapists, artists and arts therapists by Hartley (2014). Some of the books above target artists and other arts therapists (Hartley and Payne, 2008; Hartley, 2014) while Liebmann and Weston in this book invite art therapists to write about their art therapy work.

Themes

A prevailing theme in the book is the body/mind split in western culture (chapters 1, 5, 9 and 12) as often experienced in the physical and mental planes in medical settings. The power of art in allowing people to express and manage their fears and feelings around their mortality is not surprisingly another central theme in many chapters (2, 3, 4, 7, 8, 12 and 13). Despite this strength that is unique to art therapy, some authors comment

on their struggle to become established in a field which is mainly medically oriented while in other instances art therapy services no longer exist (e.g. chapters 2 and 6).

Most chapters look into how clients can be helped to come to terms with their conditions, however a few chapters (such as chapter 6) look into improvement of physical functions using the healing qualities of the art materials.

In concurrence with Saunders (1998) concept of supporting the family in death and dying as well as the patient, some authors extend their work to families and carers (chapters 2, 3, 12 and 13). Many of the authors recommend flexibility with regards to where therapy takes place (hospital bedside, nursing homes, shared hospital spaces, someone's home, a churchyard).

However the most striking common theme for me in this book is the proportion of authors who have themselves been affected by debilitating physical illness, i.e. the patient in the therapist (such as chapters 2, 9, 11, 14). This confirms the universality of these conditions as we too have a body that can be subject to illness, and highlights the need for consistent self-care for art therapists working in this field.

Structure

There are fourteen chapters in the book, organised in three sections: art therapy work with adult patients, with children and a final section (comprised of one chapter) with personal reflections on the connection between psyche and body. The adult section is organised in four parts of nine chapters in total, separated by the nature of the physical condition and the children's section comprises of four chapters.

Chapter 1

'Does your Body Mind? Does your Mind Matter? Art psychotherapy and the complexity of interaction between Mind and Body'

Malcolm Learmonth with Karen Huckvale, 'Isabel' and 'Rachel'

This chapter looks at the importance of connections in therapy between mind, heart, body, soul and society for the understanding of physical and psychological conditions. The authors stress the importance of seeking broader theoretical foundations, as well as working with the multiple layers and meanings of art. They warn against the dangers of “one-eyed” views (p.31) as complexity and the unknown need to be embraced for this work.

I found this chapter thought provoking as it introduces theories and ideas which have not been traditionally used in the art therapy world, such as *salutogenesis* (a focus on what makes us well rather than what makes us ill) and in page 33 coins the term *debatable lands* (the uncertain borders of physical and mental grounds) and *devout agnosticism* (working in the unknown with an attitude of deep respect). Art therapists embracing a *devout agnosticism* while confirming the *authenticity of distress* can liberate and empower clients to work through their own narratives rather than those imposed by a diagnosis.

The authors present three vignettes with service user perspectives, which enrich the chapter with the lived experiences of how art therapy helped them.

The chapter finishes by comparing medical interventions with art therapy, which potentially offers alternative treatment to meet complex needs.

Chapter 2

Short-term Art Therapy Groups for People with Cancer

Jo Beedell and Marian Liebmann

In this chapter the reader is given information about the Penny Brohn Cancer Care Centre’s history and philosophy, courses and group facilitation. The role art therapy played there from 1980 to 2014 is presented through brief vignettes and patient feedback.

Single sessions and short-term work are included as an integral part of multidisciplinary treatment, which represents a type of treatment that enhances the therapeutic process. The authors openly reflect on how their own health issues meant that they over-identified with the clients at times, and the artwork made in therapy is presented as a natural stress relief.

While it feels that this chapter might not add anything new theoretically to the field, it does offer a succinct synopsis of the themes that cancer patients may bring to therapy and the ways art therapy can help. It also presents a very real scenario of an art therapist being concurrently a service user with physical conditions.

Chapter 3

Absences in Images: What Those Affected by Life-limiting Illness Leave out of Their Pictures

Jaini Hadley

Hadley describes her work in a hospice in northwest England where she finds herself needing to expand her approach and offer "empathetic companionship rather than expert direction" (Thorne in Hadley, 2015, p.82) in an environment where a person-centred perspective is valued. She stresses that the work requires a great deal of flexibility and adaptability from the therapist, and a familiarity/ease for discussions about death and spiritual issues.

What might be absent in an image is an intriguing topic; as an art therapist working in hospice care myself I often wonder about what might be absent from patients' artwork and their verbal reflections. The reader is asked to consider *what is not there* in the picture, which figures or colours might be missing, explicitly or not. Absence is introduced as a fourth element of the triangular relationship. Here I believe a diagram and further reflection on this interesting point would enhance the chapter. In other words I wonder what might be absent from the chapter. Many vignettes are presented but

maybe fewer and more detailed vignettes would have allowed for more vigorous exploration of that which is potentially denied and absent.

Chapter 4

Art Therapy, Cancer and the Recalibration of Identity

Michele Wood

This chapter is written by one of the pioneers in the UK in this type of work as a clinician and as a researcher. It highlights the contribution of art therapy through the different stages of cancer treatment: diagnosis and treatment; post-treatment; recurrence; palliative care; and survivorship (relevant research is listed for each phase). Art therapy contributes in creating and recreating narratives, re-evaluating life's priorities, and reconnecting with one's body following physical pain and heavy treatments.

Wood describes working in cancer care in the current financial climate as if working "against a background of diggers and trucks" (p. 47). She urges art therapists to actively engage in evidence-based practices and find ways to use patient feedback in qualitative research, as she holds that the survival of art therapy in cancer care depends on this. Even though the "absence of evidence is not the same as evidence of absence (of effect)" (Thompson in the book's foreword, p.10), Wood raises the deeper question as to whether art therapists should be looking at a recalibration of their professional identity towards evidence-based practices in order to secure their place in health service provision.

Chapter 5

Completing the Picture: Art Therapy with a Client with ME

Simon Richardson

Richardson offers a recovery-focused model with a vital emphasis on client involvement as an alternative to traditional analytic art therapy. He thinks creatively about the

parameters of art therapy with a client with ME and enduring mental health issues. In response to the client's request he offers a framework that includes an aesthetic and theoretical critique of the client's architectural work. The client - therapist dyad is transformed into a dyad of author-reader, and architect - person inhabiting the space. Richardson considers how the art in art therapy needs to be adapted to respond to the client's particular presentation.

Chapter 6

Anthroposophic Art Therapy with a Patient Suffering from Ulcerative Colitis

Don Ratcliffe

The editors inform us that this chapter was deliberately included in the book due to the long tradition of using anthroposophic art therapy to work with people with physical illness. The chapter particularly caught my attention and led me to research the Park Attwood clinic - a unique clinic in the UK, which followed an anthroposophic model of medicine originating in Germany. Unfortunately, the centre no longer operates.

An assertive and well-formed chapter that suggests an alternative way of working and dares to challenge "mainstream" art therapy in the UK mainly regarding the use of directives in therapy. It suggests a combination of directive and non-directive approaches to art therapy with a gradual move to independence and choice of arts mediums according to therapeutic objectives, e.g. offering clay to support a rebuilding of internal boundaries for a patient with ulcerative colitis whose body seemed to be unable to digest foreign matter. Ratcliffe uses a narrative methodology to describe the therapy process reflecting on his therapeutic thinking and objectives as he goes along. As Steiner "envisaged an etheric, or life aspect mediating between the physical and the psychological" (Ratcliffe, p.140), Ratcliffe looks at the etheric wellbeing of the patient before attending to the psychological needs.

A recent interview with the patient reflecting on the art therapy work that took place 26 years ago, provides evidence of the efficacy of Ratcliffe's approach. The chapter also

includes results of a study of clinical outcomes in patients treated with anthroposophic art therapy for chronic diseases (Hamre et al. in Ratcliffe, p. 145); the study concluded that there was marked improvement in most cases.

Chapter 7

Art Therapy, Health and Homelessness

Julie Jackson

Jackson highlights how resolving homelessness is more than providing someone with a home as people with complex trauma might face difficulties in sustaining the home. She considers how art therapy can provide containment and opportunities to explore feelings about physical illness for homeless people, and proposes an approach of psycho-education that eventually leads to a more in-depth therapy. She presents the journey of a homeless man in art therapy; from regaining hope and confidence and restricting alcohol use through to subsequent physical deterioration, which meant increased alcohol use while he refused medical treatment. Even though he did not survive, he achieved a sense of peace and acceptance towards the end of his life. Therapy goals changed from a focus on recovery to a coming to terms with the end of life, which is a sometimes-common factor when working with physical conditions. I felt touched by the client's sense of commitment to therapy up until the end of his life.

Chapter 8

Life, Loss and Labels: Art Therapy with Clients with Learning Disabilities and Terminal Physical Illness

Nicki Power with Alison Hawtin

The authors discuss the socio-political changes for people with learning disabilities as legislation is evolving to encourage consent and involvement in decision making related to health and wellbeing. Nowadays people with learning disabilities tend to live longer and therefore experience physical conditions associated with older age. The chapter includes a literature review of art therapy with this client group. Authors note that,

interestingly, as service users have traditionally found it difficult to find a voice in society, likewise art therapists working with them have hesitated to write about the work. We travel back in time as a case study from 1998 is presented and contrasted with a recent one. Both describe the art therapy experiences of two men with learning disabilities and physical illnesses. It is evident that recent changes in legislation have meant clients are now more empowered and involved in their care while the ways in which art therapy helped both men come to terms with their deterioration presents similarities. Finally we travel between therapy spaces as the therapy room moves to a churchyard to aid a client's reconnection with his ancestors as he is approaching the end of his life.

Chapter 9

Trapped Bodies, Open Minds: A Multicultural Art Therapy Group for Mental Health Service Users with Physical Health Problems

Cherry Lawrence and Kayleigh Orr

The chapter presents a sequence of art therapy groups in a mental health day care setting, which were formed as a response to reports by mental health service users that their physical health needs were often misjudged by professionals as somatised features of mental illness. The authors embrace recovery and person-centred approaches such as the tidal recovery model, and use psycho-social (the body outline) and religious/spiritual (the Judeo-Christian story of Job where pain and suffering is viewed as part of a greater plan) reference and narrative interventions in the group. Through clinical vignettes the reader is shown how art-making can support the development of personal stories and help to bridge the gap between the mental and the physical planes. As art therapists, Lawrence and Orr hold that, we also need to bridge a terminology gap and bring ourselves up to date with medical language when working in medical settings.

Lastly, the therapists' own health difficulties and relevant dynamics are openly explored with regards to styles of group facilitation and clients' perceptions.

Chapter 10

War Zones: Art Therapy with an Eleven-year-old Boy with Crohn's Disease

Michael Fischer

War Zones is a very well structured chapter that outlines the physical, psychological and social issues for children with Crohn's disease through a literature review. This is followed by a case study of an eleven-year-old boy with this chronic inflammatory bowel disease, who chooses to draw battlefields in therapy. Fischer sensitively interprets the battle as being between the immune system and the gut bacteria; a real, somatic "battleground" (p. 218). Fischer introduces the interpretation without threatening the boy's authority as an expert on himself. However the boy prefers to stay in the metaphor with the threat of an imminent World War III. It seems that he processes his feelings of frustration and anger at his medical condition and treatment through art therapy in an empowering way.

Chapter 11

Receiving the Dragon: A Diabetic Boy's Experience of Creation, Damage and Repair in Art Therapy

Jo Clifton

Clifton presents the case of a ten-year-old boy with Type 1 diabetes and experiencing significant mood swings, who was referred to art therapy due to non-compliance with his health treatment. The boy worked week after week on a clay dragon, which developed in interaction with the art therapist in the later stages of therapy. We see a remarkable resilience in the boy who repeatedly repairs the dragon as his body is being medically treated. Clifton appreciates here the use of clay as a vehicle to work on the body image.

Clifton's also shows how the boy's extreme mood discrepancies relate to his blood sugar levels. This makes me wonder if therapists might sometimes neglect to consider hormonal impact on mood in favour of psychological ones.

Clifton describes her own physical countertransference her “embodied countertransference” (Orbach and Field in Clifton, p.235) and feels it is important to maintain the awareness of these communications as clues to understanding the therapeutic process.

Chapter 12

Intimations of Mortality: Art Therapy with Children and Young People with Life-threatening or Life-limiting Illnesses

Jo Bissonnet

By *Intimations of Mortality* Bissonnet refers to direct or metaphorical signs of mortality that appear in the artwork of the client group (children either born with a life-limiting condition or facing a sudden-onset one). Bissonnet draws from developmental and attachment theories, as well as theories on loss and bereavement in relation to the sick child, and stresses the importance of a systemic grasp when working with life-limiting illnesses - i.e. locating the illness in the family system.

The art therapy took place within an NHS community health department and the main clinical material presented involves a 12-year-old boy. His story, however, is interspersed with three vignettes of other children, which are narrated alongside. As a reader, I found this layout somewhat confusing and often overlapping.

"Silence and bearing witness" (p.254) is key to Bissonnet as a therapist in this context. She admires the capacity of most families to cope with caring for their sick child and she observes the scarcity in psychotherapeutic provision for children and families in the UK facing such challenging times.

Chapter 13

The Power of the Image in Memory-making with Children with Life-limiting Conditions

Carole Simpson

Simpson writes this chapter in her capacity as an art therapist providing family support for a charity of childrens' hospices. She introduces us to the hospices' philosophy, referral pathways and therapeutic interventions. Simpson outlines popular theories by Bowlby and Kübler-Ross regarding grief stages and tasks of mourning, while stressing that loss and mourning can begin at the point of diagnosis of the child's condition.

Through several vignettes Simpson offers creative ideas for the work: memory-making techniques, such as memory albums, creating journals, scrapbooks, hand and footprints. As she points out, "creative exploration at the point of insurmountable loss has the power to heal and provide a safe place in which to affect personal change; it is a way to begin the unthinkable task of saying goodbye" (p.271). Simpson, as other authors in this book, adapts to working in the patient's home, where therapeutic boundaries can be easily challenged and commitment to witnessing the final journey is a fundamental part of the process.

Chapter 14

Psyche and Soma: Reflections of a Whole Person

Sarah A.V. Lewis

This final chapter reminds us that we, as professionals, are not immune to physical or psychological ill health. Lewis bravely rejects anonymity in order to challenge the stigma of physical and mental illness and the shame attached. As stigma prevails when something is not understood, Lewis's short personal reflection aims to help us understand the issues faced by an art therapist and sculptor with rheumatoid arthritis and bipolar disorder, e.g. dread, anxiety, a false sense of clarity, fatigue and continuous physical pain. For Lewis the physical (soma) and the psychological (psyche) aspects are equally powerful and should be treated in relation to each other in a systemic way. Lewis also wonders about the possible links between the creative drive and bipolar disorder as she describes a sense of increased creativity towards the end of a manic episode- "does the Creative have two masked, Janus-like faces?" (p.277).

Conclusion

Throughout the book, theory and clinical practice are well balanced. Conventional art therapy ideas are challenged and counteracted with contemporary thinking (recovery-based and person-centred approaches as opposed to strict psychoanalytic thinking) as we are invited to think creatively and flexibly in an ever-changing environment of health services. I agree with the authors of chapter 1, that as art therapists we need to be seeking broader theoretical orientations and connecting the body, mind, heart and soul when facing our patients', and hence our own, mortality. Other chapters made me wonder if we might need to explore more modern and less linear theories with regards to loss and bereavement, that move away from stages, tasks and processes, and from assuming that detachment and reinvestment of energy is the grief response to aim for. I propose Yalom's (2008) understanding of dying as an opportunity rather than a problem, as a reason to make meaning of life, or Klass et al's (1996) concept of "continuing bonds" which supports that the relationship of the bereaved with the deceased can be redefined and that continuing ties are a healthy and normal part of grief. That said, the anthroposophic philosophy in chapter 6 does add to the theoretical diversity of the book. Moreover, a conscious focus on the inherent qualities of art materials used in therapy and their relevance to the issue explored (chapters 6 and 12) adds art therapy specific theory.

Diversity is supported through collaborations between authors who come together to combine their experiences and knowledge (such as in chapters 1, 4 and 9).

Some chapters bring something fresh to clinical practice. However, a number of other chapters end up outlining the benefits of art therapy to the detriment of potentially more in-depth exploration and theorising. I believe this might be the result of many authors writing on a similar theme but I wonder if the editors could have resolved this issue. Despite this mild criticism, I believe the book successfully gives an overview of the different art therapy services available, and how art therapy can contribute to health care provision for patients experiencing acute physical and life-limiting illness.

The book is well illustrated and recommended not only for art therapists but also for health professionals associated with the psychological care of adults and children facing acute medical conditions and treatment.

Biography

Diana Kayafa (formerly Kagiafa) is an HCPC and BAAT registered Art Psychotherapist with a Diploma in Integrative Supervision (in progress) and an academic background in psychology. Diana's clinical expertise lies in Palliative Care while she has worked extensively in adult mental health, mainstream and special needs education. She works at Goldsmiths as an Associate Tutor and is a Guest Lecturer for the universities of Hertfordshire, Roehampton and the Guildhall School for Music & Drama. Diana is also a Registration Assessor for HCPC and a reviewer for the Journal of Body, Movement & Dance in Psychotherapy. She has a private therapy and clinical supervision practice in South London. On an international level, Diana has been a founding member and supervisor for the 4ArTS (International Encounters for Arts Therapies Students), which was initially linked with ECArTE (European Consortium for Arts Therapies in Education). Diana has also helped set up an Art Therapy Association and an Art Therapy training programme in Greece where she taught and supervised students and contributed to the promotion of the profession in the country through conferences, individual talks and collaborations with other arts therapies professionals. Current research interests include the benefits of art therapy in dementia care and therapy endings in end of life care.

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