

ATOL: Art Therapy OnLine

Keynote Speeches

Edited by Dr Robin Tipple

Grayson Perry

Dr Jill Westwood introduced the delegates to Grayson Perry. She drew attention to the work that Grayson had produced, and his observations, all of which she felt had “extraordinary reach”. In his making of pots, pictures, books, dresses, tapestries, motorbikes and now houses, Grayson draws on autobiography, works with the emotional and with the experience of psychotherapy. Grayson was also the winner of two BAFTA awards for his TV programmes presenting social and art-driven observations on class, taste, culture gender and identity. Addressing Grayson Jill said “You are in a unique position....and we are very happy for you, who is mischievous at the centre, to connect to us who is mildly maverick on the margins”.

Grayson shared his creative journey through slides, talk and discussion with the conference delegates. He explored identity and the development of a sense of self. He emphasised the way in which the material culture provided support for self explorations and expression. He gave an account of journeys he had made and the inspiration that he gained from exchanges with others. Learning from others, Grayson suggested, was central to his understanding of creativity, a creativity which he felt was also central to the therapeutic endeavour.

Patrick Casement

Dr Robin Tipple introduced the delegates to the psychoanalyst Patrick Casement, author of *Learning from the Patient* (1985), *Further learning from the patient* (1990), and *Learning from mistakes* (2002), the later receiving a Gradiva award for its contribution to psychoanalysis. Robin felt that all these books together represented psychoanalysis at its best, a psychotherapy that was not dogmatic, but open and honest in relation to communication with the patient. He said that the books were formative in developing his own therapeutic practices, and he was delighted when Patrick agreed to speak at the conference. Robin ended his introduction by observing how Patrick, in his youth, developed an extraordinary ability in diving, in plumbing the depths and holding his breath.

Edited Transcript of Patrick's talk

First, where have I come from and how do I come to be here?

"My name is Patrick Casement. I had hoped that there might be some copies here of my latest book¹, which describes something of the circuitous journey I travelled as I struggled to free myself from my family's wish to get me to go into the Royal Navy like all the male members of my family, three generations of them. As you can see, I got away."

So here I am, and I know nothing about Art Therapy. I know a lot more about being a bricklayer's mate, that being my first job after having graduated. After that I trained as a social worker, then as a psychotherapist, and I subsequently trained again to be a psychoanalyst. That's the official account of my CV. There is, however, another version of that, which came to me from somebody who had asked my mother, years ago: "What is Patrick doing now?" She hadn't got a clue, even though we had been in regular contact. I was told she had replied that she knew I'd been a social worker, but she believed I was then working as a *physiotherapist*. Further, I was told that

1. *Growing up? A journey with laughter*, Karnac Books, 2015.

she'd gone on to say: "I gather he's training all over again, I don't know why, but I believe he's training to be a *psychotic*." So here I am, with all those qualifications, now trying to think about this thing called Art Therapy.

The very first time I met an art therapist was 55 years ago and, for reasons I shall shortly explain, it was, for me, transforming. This experience changed things for me because I had been to see a friend's daughter who was in a mental hospital. For some reason I didn't understand, the therapist she was seeing, knowing I was training to be a psychotherapist, thought I might like to see her artwork. I now feel a bit worried about the boundaries here, but I'm pleased it happened. I was shown four images, each one of which had a big mess in the middle enclosed within some kind of circle. And from the circle were two lines going right off to the edge of the frame. The art therapist said this was because the patient had been prematurely separated, emotionally, from her mother. "She's now trying to re-find the umbilical cord." I thought how extraordinary. All my life I had been trying to get free of mine! And why was this so transforming for me? It introduced me to what I now call the *otherness of the other*.

One of the things that we all tend to do, quite naturally, when we are listening to somebody who is telling us their story, is we try "putting ourselves in their shoes." But there is a problem about this. Very often that's *exactly* what we do. We put *ourselves* in their shoes and start reading their life experience as we might have experienced it, which overlooks the most essential thing: that is we are not that person and that person's experience might be completely different from ours. So the *otherness of the other* is what I took away from that encounter 55 years ago: my first encounter with an art therapist.

I later came across some of the shortcomings in the practice of psychotherapy when I came across some psychotherapists who had no time for Art Therapy. For instance, I was taking part in a clinical discussion in America and the patient wouldn't speak. She was Anorexic, we were told, and the therapist was getting frustrated. The patient then asked if she could draw. The therapist

replied: "This is a talking cure. We don't do drawing." So that was the end of that, as far as that patient was concerned.

Sometime later I was in Japan when I was present at another clinical seminar, in which a therapist described her work with an eight year old girl. But there was something she could not speak about. If she did it would get her father into trouble. He would be sent away from home. She couldn't speak about it, but she would be able to put it into a drawing. Again, I heard a patient being told that this would not be allowed in her therapy. But, if she wished, she could be referred to an art therapist. I think that was a terrible let-down for that child. And we can probably imagine the kind of thing she may have been trying to communicate. But, let's remember, without the aid of her drawing we should not assume that we know what it was about her father that she could not put into words. It was such a pity that she was not allowed to use paper and crayons as part of her on-going therapy.

Now, for a moment, let's think about *why do we interpret?* I believe that, too often, we interpret to demonstrate a degree of what we want to think of as "competence." I don't know how much it's true of art therapists but it is certainly true of us psychoanalysts. I think it's because too many of us listen for a topic to which we can attach an idea, so that we can use some theory, or some understanding, which actually comes from elsewhere. And in doing so we may appear to understand, or imagine that we understand. I think that very often we are merely touching upon something we can use to demonstrate our knowledge of psychoanalysis. But that doesn't always mean we have been truly listening to the patient. Instead we may have been listening for something we can comment on. And it may also be true in Art Therapy – but I don't know. So that's one idea – one question I would like to leave you with – *why do we interpret?*

Another idea I'd like to leave with you is the idea of "*a monster in the mind*". I think that sometimes people experience themselves, in some way, as being too much for anyone, if they become too demanding or too dependent.

Whatever it might be, very often they read the other person's responses as indicating what they are able, or not able, to cope with in what the patient needs to communicate. I think this sometimes develops into what I now call a "monster in the mind".

For instance: I had one patient who was referred to me after she had previously been to see a psychotherapist who went psychotic, and then she had been to an analyst who died of cancer. In the background was a mother who would not tolerate any demands on her. I was told that the mother used to say "If you go on like this you will drive me crazy," or "If you go on like this you will be the death of me." Then, in those two attempts at therapy, the first therapist had gone crazy and the second had died. So, with me, the patient had become terrified of ever being needy or demanding of me. What might that do to me? She unconsciously assumed she had to protect me. This patient hadn't protected the therapist who went crazy and she hadn't protected the analyst who had died. So, she seemed to be protecting me all the time.

One day I said to this patient: "I think I've come to understand something that is going on here... There's something that you are not bringing into your relationship with me... I'll explain, in a moment, what I am about to say. *I think that you are using sun magic.*" She of course said, "What?" I replied, "Yes. If I imagine the sun will rise each day *only* if I go through the rituals of sun magic I may come to think that, every day, the magic seems to work. But what if I didn't do the rituals? Maybe the sun then wouldn't get up." And I think that the sun magic she was using with me was in not being demanding, not bringing to me any of the neediness she had associated with her mother's reactions, and the responses of her therapist and her first analyst. I therefore think that she had developed a view of herself as having some kind of monster in her that would be too much for anyone, and somehow this assumption had come into her relationship with me.

Some time ago I was supervising an experienced therapist, then seeing a very disturbed patient who had become exceedingly dependent upon her. Around the time I started supervising this case, the therapist was about to go abroad for a couple of months. As she was feeling very concerned for this patient during that absence, it was arranged that the patient could go to see an art therapist, temporarily, who offered to contain her while the on-going therapist was away.

During that 'baby-sitting period' with the art therapist, the absent therapist began to receive increasingly alarmed communications from the art therapist, who was afraid the patient might be going mad. It turned out that the patient was drawing images of such gross violence, of cut-up babies and dismembered bodies, and the art therapist was getting really alarmed by this. She began to think she could not cope with what was being brought to her, and she was very relieved when the on-going therapist came back and could take over.

In supervising this psychotherapist, I came to sense that what her patient had been taking to the art therapist was what she was not bringing into her relationship with my supervisee. I felt sure that, somehow, a way had to be found to allow all of that split off violence, and near psychotic disturbance in the patient's internal world, to be brought into the psychotherapy relationship, rather than being kept apart from it. And that is what happened.

What followed was a most disturbing and terrifying series of sessions with this patient, and not only sessions; the patient also followed these up, between sessions, with letters – many of them.

Eventually, the therapy was profoundly successful and the patient later persuaded her therapist to write it up, because she felt that the overall sequence had been of such value, in having had the re-parenting thing – which hadn't really touched any of the real stuff – then her experience of art

therapy, and then ultimately all that violent stuff coming into her relationship with my supervisee.

It had been crucial that the therapist and I, together, had somehow managed to *hold* the patient throughout that long clinical sequence – so that the monster in the room could be managed, contained and understood over time. And, with that, the patient began not to be that crazy person she had believed herself to be. That was why she later persuaded the therapist to write up this experience, her two therapies: both therapies being with the same therapist, the changeover having been the result of supervision being sought and found.

So that book is soon coming out. Its working title was *Beyond re-parenting*², and it includes something of the patient's time with the art therapist – including the patient's comments on Art Therapy which are also extremely interesting, and valuable.

Because the art therapist, in order to survive, had kept on trying to make sense of it all, and had kept on trying to interpret, the patient said to her (psycho) therapist (and I quote from an early draft of the book) "I wish she (the art therapist) wouldn't interpret. I don't *need* her to interpret. She is *only* interpreting for herself. I just need her as a witness. I need someone to witness what I am carrying in myself and be able to bear it; and she can't bear it which is why she keeps interpreting." I thought that was a really useful bit of feedback – which is why I bring it in here.

So, why do I think these things are so important? I just wish that I had had the experience I have now, 40 years ago, because when I first started as a therapist I had a very disturbed patient come to me who had an extremely complicated relationship with her father. That patient had brought to me a painting, which she said represented how she imagined her father saw her. It was a truly horrifying image.

² This book has since been published by Routledge (2016) under the title *Supervision in Psychoanalysis and Psychotherapy*, by Diana Shmukler.

I know that you have ways of looking after images, which people you work with create in your presence: they can leave the images with you. So it would seem to be the most natural thing for my patient to have hoped that I would look after the image she had brought to me. Alas, I didn't have the experience I have had since then. By the end of that session she got up to go, leaving the image on the table between the chairs. I said: "I think this belongs with you." I *wish* I had not said that, because I know she and I had never properly engaged with that image. We had never properly worked with it, and there was so much work to be done on it. Soon after that this patient stopped seeing me, and she went to another therapist. I don't know what happened there, but I do know that a few years later she committed suicide... I don't think I *caused* her suicide but I regret terribly that I wasn't in a position to grasp that opportunity when she brought it to me, to have really worked with it, and it might have made a significant difference. That's why I think these things are important. Thank you...

In Response to questions

How about the other way round, something the therapist picks up in his mind either from his books or his training or from other experiences with other patients? I might think "Aha, I know this one; I'm familiar with this one." Then, in I might go with something learned elsewhere and *transferred* onto the patient of the day. And it's so easy to make connections, and to make them seem to fit, and feel very clever in doing it. But it's a very different thing that we need to learn to do, to be truly listening and to be able to hear what we least want to hear, and to find ways of working with it. And that takes a lot of time and experience to get to that point.

I'm not sure how to respond to that. My mind was wandering because there was one thing I wanted to include, but didn't: that there is an important distinction to be made between *art as experience* and *art as communication*. I think there can be therapy in each. The experience of art-creation, on its own

or alongside others, can be *profoundly* therapeutic. But there is also art as a *form of communication*, in the service of therapy, which is what I believe most of you are engaged in. I just think it's worth putting alongside what you, Grayson, do, and that vast experience of other people who are finding therapy in the experience of their art. I think that you, Grayson, are a wonderful example of that. You're having therapy all the time in what you are doing...