

Art Therapy Online: ATOL

ATOL Art Therapy Studio Project: A (re)introduction – David Edwards

In the first ever issue of ATOL art therapists were to contribute to what is nominally titled the ATOL Art Therapy Studio Project (Edwards, 2010). In extending this invitation it was to be hoped that over time it might prove possible to document and record for posterity the environments within which the practice of art therapy currently takes; or has taken place in the past.

To help ensure consistence each contributor was asked to adhere to the following – modified - brief.

For the purpose of the Project we require digital photographs of either, or both, of the following:

- *The office, art room or studio space you currently work in.*
- *The office art room or studio space you have previously worked in.*

Please note: It is advisable not to include human subjects (clients) in any of the photographs submitted. If clients do appear it will be the responsibility of the contributor secure the necessary permission.

- *You may submit more than one digital photograph.*
- *Each photograph should be formatted as a JPEG image file or similar.*

For each one please provide the following information:

- *Details of when and where the photograph was taken.*
- *A description of the space, including any relevant contextual information not apparent in the photograph.*

- *A discussion on the meaning and significance the studio space in the photograph has for you. This could be about your own personal experience, but it could also describe the kind of art therapist that you could be in this particular space. For example, how did it impact on the way you worked/work? In what ways did it challenge you to modify or develop your practice?*
- *A discussion of the kind of art therapy processes that the space lent/lends itself to. How did the space affect group dynamics and or the kind of art work that could be made? Did the space support intimacy, or encourage a more informal 'studio style' way of working?*

There is no formal word limit on these submissions, but contributors are encouraged to keep these relatively brief; i.e. in the region of 1500 words or less.

In another change to the original project brief it was also decided that all submissions would be peer reviewed anonymously before being published in future issues of ATOL.

Each of the four contributions to this project to be found in this issue of ATOL offers a fascinating glimpse into the varied spaces within which art therapy is provided, along with the feelings practitioners have about these. It is to be hope they will encourage other art therapists to reflect upon and write about the spaces in which they work, and generate further discussion within the profession regarding the importance of these spaces for practitioners and clients alike.

If you are interesteld in contributing to this project please contact me at d.g.edwards@sheffield.ac.uk

David Edwards, September 2011

Reference

Edwards, D. (2010) Art Therapy Studio Project, ATOL, Volume 1, Number 1

Art Therapy Studio Project – Barrie Damarell



This photograph, taken in 2010, shows an art room in a purpose renovated building set on a leafy generic hospital campus not far from the centre of Plymouth in the county of Devon, UK. The building has been occupied by a team of arts therapists and specialist counsellors for around eighteen months. Prior to this, the building was home to a team of social workers, a dental practice, and before that a ward for TB (tuberculosis) patients.

The Veranda is one of the oldest buildings on the site, its name deriving from the covered area (which still remains) where beds were placed to access the fresh air that was a key element in patients' recovery. Although the interior was gutted and rebuilt as a bright and airy environment, people who visit the building may have experienced it in one of its previous configurations which occasionally provoke complex associations and transference responses. For instance the taps have a particular clinical appearance that for a few breathes light into the dental after-image of the building's past.

The art room itself is south facing and is often bathed in rich natural sunlight. It contains the various items associated with art making: paints and drawing materials within easy reach; cardboard boxes and fabrics; clay and a rarely used potter's wheel.

Elements of the space are sometimes incorporated into the artworks made here. For example the two artist's mannequins that occupy the space occasionally appear in imagery but most frequently become players in imagined dramas and performances. Some people like to contemplate the rearranging of furniture and the placement of objects. Whilst one man, with powerful symbolic significance, works at taking cuttings from the various plants in the room and brings them on in containers of water placed to catch the warmth and sunlight from the window ledge.

The studio is bigger than the one we left and as I sit at its desk writing this, I am aware that I am not as attached to it as I had been to spaces in my art psychotherapy history. In those days the room was *my* space. It was where I saw my patients, wrote the notes, held meetings, ate my lunch, sometimes cried, often laughed and occasionally drew. This isn't *my* room in the same way. This is also my colleagues' room (I use it when it's free on Wednesday's). Her things, as they should be, are scattered around the desk and items and furniture are ordered and arranged to her preference. I can sense her attachment to the room and the influence of her personality upon it. All of this reminds me how difficult it might have been for her when roles were reversed.

This insight also draws into focus how it might be for the patient coming into our spaces and particularly how the production of an art work often transforms the physicality and atmosphere of the studio.

The art room as pictured here appears rather *empty* and perhaps resembles more a theatre space awaiting a production. This *emptiness* seems to be a frequent quality of art room photographs and evokes in me the feeling I often get when entering a cinema before other people and waiting alone.

This feeling response might be connected in some way to the anonymity of the absent participants. When visiting Matisse's studio or Freud's consulting room I am perhaps able to project my fantasies into the space, thereby filling it up.

As I finish this short musing on the studio, my eye catches a pair of my shoes nestling under the Belfast sink at the far end of the room. The sight seems curiously domestic and evokes in me memories of Heidegger's discourse on Vincent van Gogh's painting; *A Pair of Shoes* (1885), in which he speculates on the world of the peasant who he imagines owned them. Having recently entered the period I refer to as the 'twilight of my career' I gaze upon the shoes, my shoes, my empty shoes, that seem to prophetically speak of my eventual retirement, my ultimate letting go, and the unknown feet that will slip into the vacated space.

Biography

Barrie Damarell has extensive experience of practice in the context of learning disability, an area he has variously published in. He currently heads a team of arts therapists and specialist counsellors in the SW of England.

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Art Therapy Studio Project – Debbie Michaels



Fig. 1

This photograph is of the art therapy space that I use for my private practice in central Sheffield and was taken shortly after I moved my practice there in April 2009. I undertake both clinical work with individuals and supervision here. The building itself is mainly residential, however the ground floor premises, where the art therapy space is located, were designated as part residential and part office/workshop space. The room occupies the kitchen/dining area of what was originally built as a small flat with an office/workshop space attached. It is rectangular in shape with floor to ceiling windows along the wall at the far end opposite where the kitchen units and art materials can be seen.

The windows look out onto the main street and vision in and out is obscured by frosted glass and wooden venetian blinds, although it is still possible to see the tree tops and sky above. The door opens in the middle of the room (to the right hand edge of the photo) and leading to it is a hallway, off which are a waiting area, the toilet and a further consulting

room/storage area. There is a water cooler in the hallway, a radio which I usually have tuned to Radio 2 and several plants.

What cannot be seen in the room are the two arm chairs with a rug between at the window end, a small table, floor-standing light, wall clock, plant, and filing cabinet in which I keep my notes and records. There is also a small wicker shelving unit on which are magazines, and containers with shells, stones and other small natural objects. On the laminate fascia above the worktop are postcards of artworks and, mainly unseen in this photograph, are various pieces of abstract artwork on the walls; some produced during my training as an art therapist and other pieces made whilst facilitating art-making workshops for Mental Health service users. Clients' artwork is stored in a large black portfolio behind the white tables, and each client has a box which is kept in the cupboards.

The premises are owned by myself and my partner, and the art therapy space is the first dedicated space I have worked in across both public and private sectors. Previous spaces have been shared, often by a variety of different professionals with their own requirements for the space, and this has sometimes led to very delicate negotiations around boundaries. Working independently on particular pieces of work for the NHS and privately has also meant that I have gone into organisations or homes and then left again: having to unpack and pack away the art materials; bring them in with me and take them out again, storing them between times; or uncovering and covering them over again so they can't be seen, reflecting also the nature of some of the work.

I feel privileged to have a dedicated space for my private art therapy practice, particularly as I am acutely aware of the daily struggle for space and privacy that many art therapists have in the public sector. As a former interior designer the quality of internal space is important to me, as well as having a symbolic resonance as an art psychotherapist. Being more autonomous in this respect has made a considerable difference to my sense of security in what I can offer, both in terms of the range of materials, and the quality of privacy and containment. This, in turn, has been reflected in the nature of the emotional material that has emerged and the artwork that has been produced since I moved here. Notable changes were evident in the art-making of two particular clients, one of whom had remained with me through various location changes as well as developments in my

professional identity from counsellor to art therapist. I had worked with both clients over a period of years in various therapy rooms which were rented out by privately run Health Centres offering a range of therapy services. Although others had engaged with art-making in some of these spaces, neither of these long-term clients had done so before moving to my current practice room. However, within a few weeks of moving both were making images.

In writing this piece it has been interesting to consider some of the psychodynamics relating to the change in space and engagement with art-making for these clients. There was undoubtedly a connection to a reduction in my anxiety levels around intrusions and confidentiality, managing artwork and storing it safely. This had been a particular concern in the previous room I had used and it is likely that some anxiety may well also have been felt by my clients and may have lessened in response to the new space. As I no longer had to worry about the physical boundaries of the space or the needs of other, unrelated, professionals using the room, the place of imagery, art objects and art-making materials could hold a more prominent and secure position within both the space and my mind. Both clients expressed a surprising level of curiosity, as well as some suspicion, about the imagery and materials upon first entering the space, in sharp contrast to the level of previous interest. It is difficult to know exactly what enabled them both to engage more fully with what I had to offer at this point, but the change of space seems significant; allowing the non-verbal and sensory processes to work separately to and alongside mental and verbal processes. Most noticeably, it has seemed to me that, within this more secure and intimate environment, the symbolic resonance of the space, its boundaries, the objects within it (including me and the client) and the art-making process, has become more fully alive in the transference relationship.

I value the privacy, confidentiality and feeling of security afforded by the space which, I feel, supports intimacy. However, at times the intimacy of the setting can feel very intense with similarly intense emotional material reflected in the relational dynamics of the therapeutic work. Working as an independent practitioner I thought very carefully about moving my practice away from a Health Centre where I had contact with other people, even if I was not working with them. I had worked from home some years previously and after a while had felt the need to be in an environment with others. In addition to clinical

supervision, one of the things that supported me in this move was my work elsewhere within a team and in an environment where issues relating to professional boundaries and ethical practice were continually being thought about. Without the presence of others in the immediate vicinity I am acutely aware of the need to hold in mind issues of client, as well as personal, safety. I also continue to review the arrangements I have in place for a Therapeutic Executor in the event of my incapacity or death.

The room itself has not changed much over the time since this photograph was taken. It feels a little more lived in. There are more postcards on the laminate fascia, some different materials and a growing body of evidence, mainly on the table and floor as well as in the portfolio and cupboards, to show that art-making takes place. However, whilst I value this art therapy space hugely and enjoy the freedom and flexibility it offers me, I am aware that contact with colleagues in other areas of my work helps to support and balance the lonelier aspects of working in this space as an independent practitioner.

Biography: Debbie Michaels trained as an art psychotherapist in Sheffield, qualifying in 2005. She is also a BACP accredited counsellor/psychotherapist. As well as working privately as an art psychotherapist and clinical supervisor, she is employed by Sheffield Health and Social Care Trust and has been a core lecturer for the Art Therapy Northern Programme since 2007. She has a particular interest in the dynamic relationship between mind and body which is also applied through her explorations and endeavours as a singer/performer and artist.

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Art Therapy Studio Project – Jo Garber



This is a photo of an art therapy room in a CAMHS clinic in south west Sheffield, and could have been taken any time in the past ten years. The room was originally established by the talented art therapist Joolz MacLay, who sadly died in 2009. She established the art therapy room when the CAMHS team first moved to the building, providing a creative and containing environment for numerous children and young people. I trained with Joolz and have subsequently been working there since 2007. The space has been modified over the years, but has retained its essential characteristics. It is scheduled to close when the clinicians in the building are relocated to other CAMHS premises in the autumn of 2011.

To get to the art therapy room I need to walk with the child I'm working with, along the length of the building and up the stairs, and it's a room at the end of the corridor. We open the door to a small but inviting space, with windows overlooking trees (with car park and road in evidence, but the greenery is the most noticeable). The room is packed with art

materials, and at first it's hard to take it all in, but over time it becomes clear quite how much there is to choose from. There's a sink with a tap that splutters because of air locks in the water supply. This is the most problematic thing about the room, and has never been adequately fixed. It becomes part of the therapy to explain and manage the water supply.

Around the sink there are paint brushes and water pots, in the cupboard underneath there is clay, modelling material, sand and cleaning equipment. Beside the sink there are shelves with pots of glitter and small shiny objects for collage and gluing, and some work that other children have wanted to leave behind in the room. Below this is a box of junk materials for improvising with and a box of sponges for printing.

On the window sill there are jars of shells and buttons. There is a stand for paper and card of all different sizes and textures and colours. There are two trolleys stacked with ready mixed paints of all colours, fabric, wood, metal, plaster, masks, and a wide variety of mark making tools including felt tips, coloured pencils, charcoal, pastels, chalks and crayons. There are two cupboards to store children's art work, and a stack of folders, with one allocated to each child, for their drawings and paintings. Above there are more materials – string, tape, staplers, rubbers, rulers, pencil sharpeners, straws, pipe cleaners, scissors. There are rolls of paper of different sizes, and books of ideas, and magazines to cut out. Attached to the pin board are preformed faces, people, feathers, sequins, stencils. On the walls there are posters and interesting pictures, and a few examples of children's work that they have chosen to leave behind. The room is an Aladdin's cave of possibilities, and has the archetypal quality that the use of a name from a mythical fairy story implies. In here children can tell and retell, recreate and interpret their stories, in the way that fairy stories too help us to understand significant events and psychological processes.

This therapy space has a magical quality, which is unquantifiable. It has containing qualities to do with the room's compact size and the organisation of the materials that is so accessible, but not overwhelming. Children appear to feel safe here. As part of the work, we clear up at the end of the session so that the room is always as we have found it. It means that the children know what to expect when they arrive, and they can resume what

it was they were working on when they last came. They can, and do, make messes, and they use the space and materials imaginatively to create images from their inner worlds. I love to be in that space alongside them. It contributes significantly towards my engagement with the children I see, helping us on our mutual journey that gives me insights into the features of their interior life.

This is definitely an intimate space. It is quiet and set apart from the rest of the building, being right at the top and at the end, which gives a feeling of privacy and security, and a sense that we can become involved and will not be disturbed. As an art therapist, I want to make the space safe, listen actively and attentively, and be prepared to go on a shared journey to help children make sense of their experiences, to get to a place where they are able to tolerate, or at least make some sense of, their own story. This therapy space really facilitates this.

Children come to their sessions on the same day, at the same time each week. There is predictability to how the sessions go, with no surprises. The room looks the same each time they come. Their work is stored just where they left it. Children know where the materials are kept, and know they can use them. I explain to them, and they have the experience of this too, that what they say and do (aside from risk) stays in the room, and that there's no judgement from me. Over time, children begin to trust me and the space, so that issues often acted out rather than brought to the surface in other settings become safe to be brought to awareness. Children know they can shut the door on deep things that they bring to the sessions, and know they can revisit them when they come again.

My approach in the room is to allow children to explore issues and concerns that are relevant to them, without introducing dissonance that might be caused by presenting my own ideas. Most of the children I work with use the art materials from the first session, and quite quickly into the sessions. The art therapy sessions form a dynamic engagement. We literally move round the room (between times of stillness when things are made and reflected on), gathering materials that are displayed openly, and our attention is on what materials there are to use as well as on one another in the space.

The wide variety of art materials also allows a sensory exploration of feeling and a non-verbal connection with memory, together with a possibility of the embodiment of feeling which is then shared in a three way (triangular) relationship between the child, myself as the therapist and the image. In this way the art therapy can offer children a way to experience a more coherent sense of themselves by being given access to an empathic adult working in a non-directional way, together with access to the art materials in the safe space of the art therapy studio.

Biographical details

Jo Garber is an art psychotherapist with Sheffield CAMHS. She has previous experience of work with children and families, focusing on communication and creativity in a range of settings, including work in communities, in education and through research. She trained as an art therapist at Sheffield University.

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Art Therapy Studio Project – Nick Stein



Fig. 1



Fig.2

Both of the above images were taken from my chair in the art therapy room in which I worked in 2001. I had been using this room since 1996. The service was located in the East Midlands. It was within the Independent Sector and provided specialist medium secure provision for women with enduring mental health problems.

In the early stages of the service most of the patients were on their way out of the psychiatric system and were referred from the special hospitals. Over the years, as these patients moved on, the patient population gradually shifted to younger women entering into the secure psychiatric system for the first time. As a consequence the nature of the service shifted from being more psychotherapeutically orientated to increasingly being focused on managing severe forms of acting out of violence towards the self and others. This led to the service philosophy transforming from something akin to a modified therapeutic community to that of being principally focused upon physical, psychological and emotional containment.

Although a purpose built art therapy room had been designed with a lino floor and sink, due to changes in the layout of the building during later service developments, I was moved into one of the small interview rooms (figures 1 & 2). This was reallocated as the art therapy room and was quiet and free from interruption. What was lacking was a sink. However a bucket of water and numerous different sized containers sufficed during sessions. Also a sink was available across the corridor in the clinic room, if needed at the end of sessions.

The room was only large enough for individual work. It did, however, offer a very safe and contained space, free from interruption and was separate from the hustle and bustle of the rest of the institution. Also, due to the large window, light would stream in.

We must keep one foot in the consulting room with the pathologising going on there and one foot firmly outside the consulting room - in the world itself, in the city and its streets, its shopping centres and its schools, its crowds, noises and smells, its traffic and trees, its theatres and parks, its rivers and lakes and streams, its animals, its birds and flowers, its children and its tribes (Cobb, 1996:169).

Although the window - as common within forensic services - only opened a couple of inches, the fresh air, light and views across the valley towards a local stately home offered a valuable sense of space. The window also provided a connection to the landscape and history otherwise lost in a small unit designed to be removed from the wider social and cultural context by its fence and locked doors. The room contained three chairs, a large

table, two plan chests, a filing cabinet that stored 3-D work, and a long shelf for the art materials. Behind the chair in Figure 1 was another small cabinet upon which sat a kettle and tea, coffee, milk and sugar. Under the fan, in figure 2 was another small filing cabinet for storage of more 3-D work.

While perhaps not an ideal art therapy room, this was the first space in which I worked as an art therapist and was felt to be good enough. I saw patients weekly in the space for seven years before I eventually left the service. By that time the plan chests were full and also a large pile of images was stored in a small cupboard, which acted both as my storeroom and office. I found it important to have some space outside of the room to get some distance from the sessions. The room was only used for art therapy sessions, although the psychologists occasionally used it for psychotherapy. As a consequence it provided a secure alchemical vessel for the containment of imaginative material both for those engaged within the psychotherapeutic process as well as for the institution at large. For those not yet ready to engage with psychotherapeutic work walking by the space offered a tangible image of their relationship to their own imaginal world as the projections contained within the space were kept at bay by the lock upon its door.

I still miss the space contained within the images and have fond memories of the patients with whom I shared many hours. I also still have the peace lily on my table at home which is, I guess, now about 15 years old and provides a reminder of something still living and flowering from the rich imaginative ground from which it matured. I consider being able to practice as an Art Psychotherapist a privilege and felt especially honoured to have worked with the patients I met in that room. I am struck, when looking at the above images, by the strong sense of light that perhaps reflects something of what was needed to compensate for the depth of the psychological darkness manifest within the space. Much of the work undertaken in that small quiet space was processing and working through extensive cumulative traumatic experiences and corresponding feelings particularly of loss and shame. On leaving the space I recall looking at the piles of images of which most were tattered pieces of paper with slashes of primary colours on them. The work had a tendency to be predominantly pre-symbolic, abstract and expressive. Perhaps I was involved in a sort of abstract expressionist art therapy, which seemed to be what the patients needed.

Some patients worked within a more symbolic idiom especially in the later stages of the work however most of the time was spent sticking with and maintaining a capacity to think about raw affect and powerful archetypal images and transference manifestations. The transference was often not directly interpreted unless absolutely necessary but was closely monitored. My countertransference was also made extensive use of in making sense of complex multi-layered visual, linguistic and sensory communications. This need for a cautious and sensitive approach seemed to reflect something about where the patients were at the time, both literally and psychologically. As symbolic functions and an increased ability to think rather than act became more developed, patients tended to move on literally as well as psychologically through discharge or movement to lower security. To assist this on a number of occasions patients were seen as outpatients. This assisted in their processing of the transition and also working through the loss of institutional dependency. The process of transition also seemed to be manifest in much more sophisticated imagery being produced. These images also seemed to be much more receptive to verbal consideration.

In addition to the pictorial images produced the space and I offered a warm welcome to dreams. I recall fondly how some patients would post dreams under the door during the week as a means of containing their content and the value of this was enormous in supporting the process of reintegration and acceptance of the complexity of personalities. Most of the patients made extensive use of dissociative defences and the dream images offered an invaluable window into intra-psycho relationships, which could then be explored through pictorial and linguistic imagery. Inevitably the nature of the space dictated the nature of the work undertaken, which was individual and primarily analytically informed. Images remained central to the work and although a sink was absent, the large table supported by the bucket and containers enabled messes to be made and played. Many patients also enjoyed the permission of splashing paint 'accidentally' onto the wall above the table.

Although I did facilitate some open and closed groups within the service this space was only used for long-term individual work. Therefore although I have fond memories of the team what most strikes me is the memory of the patients of which some are sadly no

longer with us. Others have returned to the external world both literally and psychological and are rebuilding their lives.

Biography

Nick Stein is Programme Leader for the MA in Art Therapy offered by the University of Derby and continues to work privately as an Art Psychotherapist. He is particularly interested in the ideas of an Archetypal Psychology, and the psychotherapy of cumulative trauma.

References

Cobb, N (1996) "White Queen Proposes To Red King: Archetypal Psychology's Missing Alchemical Marriage - Part 1." *Sphinx* 7, London Convivium for Archetypal Psychology, London.

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