

# ATOL: Art Therapy OnLine

## Private and public spaces of hope in architecture and therapy

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### Abstract

This paper is about the links between public and private space, the possibilities for increasing these and the impact that they can have on physical and mental health. A range of professional practice disciplines contribute to improving the health of populations. The paper focuses upon the role of architects who *design* the threshold between public and private space and art therapists who *help people negotiate and cross these thresholds*. It considers some of the ways architecture and art therapy might work together with other disciplines to help secure the basis for health.

The main argument is about the need in cities for actual space to practice art therapy. Architects might be interested in designing city art therapy studios and art therapists might help vulnerable people to use them as a symbolic threshold between the private and the public. Time spent using art therapy can assist with empowerment and recovery for people with mental health issues, helping them to live fuller lives and when there is a need, engage with other services.

Another version of this paper was originally presented at The *Tunghai University 2012 International Forum of Healthcare and Therapeutic Design* in Taiwan. The conference

provided a platform for thinking about the relationship between architecture and therapeutic health care and some of the proceedings including another version of this paper (pages 013-035) were published in the Journal of Art and Design (JAD, 2012, no 2)

I offer acknowledgement to colleagues who took time out, to talk this through with me, and also to Laura Richardson (Art Therapist) and Jenny Fortune (Architect) for their very thoughtful peer reviews.

**Keywords:** architecture; art therapy; the impact of space on health in large cities

### **Introduction: the threshold**

The threshold is the physical crossing place from the street into a building. The idea of the threshold as a link between public and private experience is one that is explored in various guises in many disciplines. In psychological thinking, it is proposed that from a young age most people learn to move backwards and forwards between the internal world and the world that is shared.

In the 1950s Winnicott made radio broadcasts aimed at helping post-war families by describing processes involved in caring for children. These broadcasts, published in 1964, make several comments linking the internal world and the world that is shared.

‘There are other ways in which the mother, without knowing it, performs essential tasks in the laying down of the basis for her child’s subsequent mental health. For instance, without her careful presentation of external reality the child has no means of making a satisfactory relationship with the world.’ (1964: 193).

He describes how play, stories, and the arts are used positively in nursery-school education to ‘help the child to find a working relationship between ideas that are free and behaviour that needs to become group-related’ (Winnicott, 1964: 193).

Winnicott’s ideas about a ‘holding environment’ (as a safe base for development) providing the foundations for health, play and learning have been used widely by different disciplines to explain how the infant makes gradual moves towards independence.



As adults, we continually find different ways of negotiating between internal space, intimate 'family' space and shared societal space. We do this with varying degrees of success at different points in our adult lives, but the ability to move between 'private' and 'public' is necessary to health. This paper proposes that community art therapy studios can provide a way for distressed adults to negotiate their own particular threshold back into their lives. It is reasonable to speculate that safe physical spaces, both public and private, can contribute to making this possible. In other words there are parallels between what is necessary for the health of individuals and the factors that contribute to the health of a society.

For a long time I have had a photograph from an old unknown magazine on the wall of one of the art studios in which I work. I like the picture (see Figure 1) because it evokes a comfortable sense of being at home within one's self and within a place. When I put it on the wall I responded to the beauty of the image in a way that wasn't thought out. Interestingly, it has been taken down by me and then replaced by various people at different times in the life of the studio. It must have some general appeal because it has been replaced on the wall a number of times.

It shows a woman standing on the threshold of her home at the edge of both public and private space. The exploration of the many ways in which we all find ourselves standing on the threshold, how we navigate between public and private, and the ways this impacts on our health is a central theme in most of our lives.

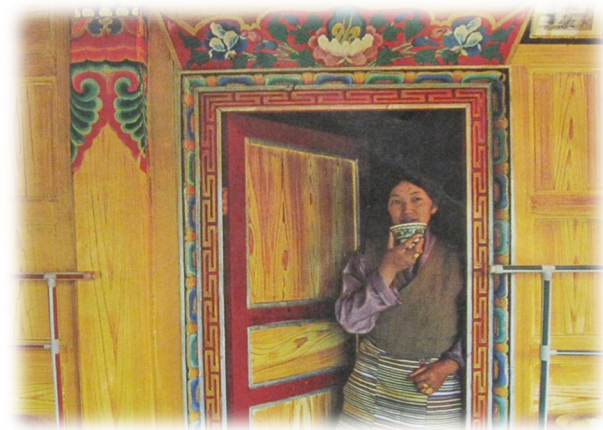


Figure 1

## **Definitions of Architecture and Art Therapy**

There is a range of definitions of architecture and of art therapy that are relevant to the health of city populations.

University courses on architecture theory may often spend just as much time discussing philosophy and cultural studies as buildings. Contemporary architecture is concerned with the rapid rise of urban living and globalization but also a pragmatic understanding that *the city can no longer be a homogenous totality* (Bussagli, 2003).

‘Architecture is the art and technology of realizing, from design through construction, physical spaces that meet the basic necessities of human existence – beginning with, but not limited, to habitation – on the individual and collective levels. The urge to build following the natural and essential need to find suitable shelter ...’ (Bussagli, 2005, 7).

Case and Dalley (2006:1) describe art therapy as a therapeutic relationship in which the client can use art materials to express, communicate, and work with the concerns they bring. In this context, art therapist and client engage together in understanding the images through ‘discussion, analysis and reflection’, and for some clients this combination of working relationship and non-verbal communication through the image provides an easier setting for ‘making sense of their own experience’. The art therapist helps the client find a form of art-making to explore their experience and their feelings (Wood, 1986, 1997). This human relationship is important; its qualities are often described as the ‘therapeutic alliance’, which research indicates is important in helping the client to change (Martin, Garske and Davis, 2000 *a meta-review*)

Art therapists largely work with clients who live difficult lives in difficult circumstances, so definitions of art therapy need to include consideration of the clients living and the therapists working contexts. It seems essential for therapeutic work to include an understanding of the ways human distress is shaped by a world that includes social inequality and discrimination (Wood, 2011).

Many contextual issues have an impact on physical and mental health. Just as Bussagli (2003) asserts that architecture can no longer see the city as a homogenous totality, neither can health planning.

### **Art Therapy, mental space, and the outside world**

Most people need a sense of belonging and containment; they need places and relationships within which to meet themselves and in which to meet others.

‘One of the basic human requirements is the need to dwell, and one of the central human acts is the act of inhabiting, of connecting ourselves, however temporarily, with a place on the planet which belongs to us, and to which we belong. This is not, especially in the tumultuous present, an easy act (as is attested by the uninhabited and uninhabitable no-places in cities everywhere), and it requires help: we need allies in habitation’ (Moore 1991: 3).

Art therapists, architects, and engaged artists, are examples of these kinds of allies, though of course we might find others. The idea of the need for a home or dwelling is where the concerns of psychological disciplines like art therapy overlap with those of architecture. The arts therapies (art, music and drama therapy) all operate at the interface of the public and the private, in a sense standing on the threshold, whereas architecture *designs* the threshold. Arts therapies can, in a small way, help people negotiate their journeys back and forth contributing to the recovery of mental space, for people with mental health needs through, for example, individual sessions (e.g. Case and Dalley, 2006; Edwards, 2013; Schaverien, 1991) and group work (Waller, 1993; Skaife and Huet, 1998).

Papadopoulos (2002) discusses the significance of a sense of home for refugees. It often seems to me that arts therapists work with many people who are adrift and without a sense of home. The idea of psychological homelessness is one explored by the art therapist Julie Jackson from Glasgow Homeless Service (2011) but it applies to many art therapy clients and not only those who are without an actual home.

The social psychiatrist George W. Brown suggests:

'Durkheim's *Le Suicide* remains the key sociological text for social psychiatry just because, despite its intellectual brilliance, it so patently fails to close the gap between the macro-level and the individual. This failure is where we all begin' (Brown, 2000: 292).

### **Without actual homes**

Sebastião Salgado's (UN and UNICEF sponsored) New York photographic exhibition in 2000 highlights this failure. He exhibited 90 stunning photographs of displaced children taken from his book *The Children*, bearing solemn witness to the 30 million people (mostly women and children) throughout the world without a permanent home. <http://www.unicef.org/salgado/>

'Manila Slum' (number 6 on the website link above) cleverly indicates something about places where the boundaries between public and private space are fraught and unclear.

'I hope that the person who visits my exhibitions, and the person who comes out, are not quite the same ... I believe that the average person can help a lot, not by giving material goods but by participating, by being part of the discussion, by being truly concerned about what is going on in the world' (Salgado, 2000, Unicef).

### **The design of home**

Adolf Loos indicated that, 'the architect's general task is to provide warm and liveable space ...' (Loos, 1898: 66-9). There seems though to be surprisingly little literature about the use of the internal space in domestic dwellings and about what makes a place to live feel like home.

Lowry (1989) highlights noise, overcrowding, and poor lighting as sources of stress and risk to health, wellbeing and mental health. Anne Kelly (2009) reports that in inner city London, a prime concern of residents living in social housing is to feel physically safe in their homes. Consequently a key consideration of the designers of the East Road project in Hackney was to include good security in order that residents could feel

confidently safe (Kelly, 2009). Wener and Carmalt (2006) explain that linear rather than collaborative professional approaches mean that there is little analysis of how people feel about living in dense high rise dwellings.

Gordon Mathews (2011) made an anthropological study of the labyrinthine seventeen floors of the Hong Kong building known as Chunking Mansions. He found that a sense of home for multi-ethnic dwellers was rather linked to their country of origin than to design, but that many spoke about feeling safer living in Chunking than they had done at home. Some Hong Kong citizens erroneously view the Mansions as a dangerous ghetto: when in fact it is freer from conflict than the refugee tent cities arising on international borders and provides an economic haven because it sits in-between developing and developed markets. Mathews writes, '... in the future, there will be more and more nodes where the developed and the developing world meet, where all the world intermingles' (2011: 218). Of course these 'nodes' will likely give rise to complicated, uncomfortable psychological and economic issues. Some of these will be different to the tensions that arise in other high rise dwellings around the world, where urban decay and a range of problems make design solutions and mental health approaches, like that of art therapy, complex (see the discussion of Park Hill Flats below).

A political policy (2010) by the UK Coalition government, colloquially known as the 'Bedroom Tax', curtailed the size of property for people living with welfare benefits. A lot of people are now in a similarly unsettling position to people with complex mental health needs whose tenancy of sheltered accommodation has become of uncertain duration. This means that for many more people their sense of home feels tenuous and unsettled.

### **Without a sense of home**

In all of the following brief stories I have used fictional names and disguised some features in order to protect the privacy of the people involved. I call one man in his forties, 'John'. Since being a child, he has been left not properly understanding all that happened when his mother killed herself, by setting fire to herself and to the family home.

John lived with his father and his brother after his mother's death. His father could never speak with either of his sons about the death of their mother.

Although John's brother eventually made a relationship and parented a child, John became more and more withdrawn and unconfident. He had a psychotic breakdown and was diagnosed with schizophrenia. He lived in a psychiatric hospital for several years. Then he moved into a flat in the city centre, but he lived on his own and was unconfident and vulnerable to exploitation and had repeated breakdowns.

The mental health services found a series of sheltered housing for him. Eventually he was given a shared home in a lovely house with a garden and told that he could stay there for life. However, after some years of being in good mental health, the charity that owned his home had financial difficulties and so he had to move. With this move a lot of his symptoms of psychosis returned. He moved to other sheltered accommodation in which it is possible to stay for five years and some of his symptoms were in remission at that time.

His brother is ashamed about John's status as a psychiatric client and so he sees him reluctantly and rarely. John is at least partially aware of his brother's reluctance, but of course this is painful knowledge and it damages his already tenuous sense of connection to his old family home.

Another patient Peter is in his 60s and he has had a lifetime of involvement with the services. Since his parents died years earlier he has had many stays in a psychiatric hospital. When he was discharged he tried to live on his own, but he was disturbed by being alone, he had a psychotic breakdown and he was found naked and wandering the streets.

He moved from his flat to shared accommodation, which was run by a relaxed and kindly organisation. He lived there for many years, but he had to move when that organisation closed. His psychiatrist was wary of him living alone (because of his previous history) and so Peter was moved to another place. He does not like this place because he feels he has little freedom there and he wants his own place. Occasionally he becomes very upset and angry. He walks for many miles and lives on the street for

weeks at a time. Generally, he is then returned with a police escort, usually after he has been found behaving strangely on the street.

Another person, George, had a psychotic breakdown as a teenager at a time when he and his father were estranged. He describes his life as having been shaped by a strange sense of unreality since that time. For many years he worked on building sites and lived in rented accommodation with landlords. He had intermittent episodes of psychosis and was admitted to hospital many times. In middle age he took to the road and lived outside. As he got older the psychiatric services found an elderly couple who became his carers and he lived with them in their flat, but when they died his symptoms returned and he had to move into shared accommodation. He describes feeling a terrible sense of shame about having lived on the street for long periods in mid life. It seems difficult enough to be without a home, yet feelings of shame add to his distress.

The absence of a strong homely anchor has been disturbing for these three people. Their stories give a glimpse of hard lives. For people who use psychiatric services there can be fraught and painful tension between lonely, impoverished private living spaces and public spaces. Most of them do not have easy access to public spaces in which they would feel at ease. The weight of prejudice against people with mental health problems means that they literally often worry about how people look at them in the street. Also many public spaces where other people congregate (cinemas, football grounds, theatres, courses in colleges etc.) cost money that they don't have.

The next image (see Figure 3) shows an artwork by Laura Richardson about uncomfortable places. It is a nest made with wire-wool, and sticks too loosely woven. Although some places that people call home represent a certain level of safety, it is not difficult to imagine that there are some ambivalent feelings.



Figure 2: “Uncomfortable Nest”

### **Mental Health in our Future Cities**

Although community consultation is now widely seen as important to city improvement schemes, it seems that mental health service users are still under-consulted, whilst being amongst those most likely to live in less well resourced urban areas.

One notable exception is the way that The Kings Fund, a UK charitable body with a role as an independent advisor on healthcare provision and design, puts service user involvement at the centre of its recommended way of working. Drawing on the principles of ‘evidence-based design’, this organisation brings together service users and clinical staff (including arts therapists) in working alongside architects, NHS Estates and facilities managers, artists, and designers, through its ‘Enhancing the Healing Environment Programme’, in projects to improve the spaces in which services are housed.

The UK Commission for Architecture and the Built Environment (CABE), an independent good practice advisor to the UK government between 2009 and 2011, encouraged people to engage with improving their local cityscape. Their ‘People and Places’ project invited people to influence city design, and in one piece of filmed research people in Sheffield were asked to articulate what ‘beauty’ meant to them. It is heartening that so many people responded with strong feelings that beauty is important in people’s lives. Their definitions were quite varied, but, in common with many mental



health service users, the majority identified the significance of nature and animals in adding beauty to design and contributing a sense of wellbeing to city populations.

Representatives from the mental health services of eleven world cities came to the international 'Mental Health in our Future Cities' conference in London to discuss the shape of future mental health care. Thornicroft and Goldberg (1997) gathered the accounts in order to represent what had been lively discussion about the huge growth in the size of cities and what this means for models for the provision of mental health care. Mental health workers came from the following cities: London, Amsterdam, Baltimore, Bangalore, Copenhagen, Kobe, Madison, Porte Alegre, Sydney, Tehran, and Verona.

### **Metropolis are becoming Megalopolises**

Given a growing population range of between 19.5 million (Shanghai) and 34 million (Tokyo) people living, and looking for healthcare, in the world's top ten largest cities, psychiatrist Norman Sartorius called for an urgent and 'well formulated plan of action' on healthcare, saying;

'Megalopolises are not only cities grown big: they are likely to be different creatures – in the same vein as adults are not big children although they continue to belong to the same biological species when they are children and when they grow up ... It is an amazing fact that governments of the world, faced with rampant urbanization, have not developed a strategy for the provision of health care in cities. In some 30 years four-fifths of the world population – in developed and developing countries will be living in urban areas. This represents a steady growth for industrialised countries and a revolutionary change for most of the others. It is easy to predict that this change will bring new health problems or magnify those currently facing health care in an unprecedented manner (Sartorius, 1998: 3).

The photograph by Salgado at the web site below of Church Gate station in Bombay makes this point visually. <http://blog.ricecracker.net/2010/03/08/sebastiao-salgado-churchgate-station/>

Sartorius provokes questions about city health planning. Certainly architecture has an important role at a societal level, and in a smaller way art therapy contributes in helping individuals make sense of city life.

### **Practice difficulties for both disciplines**

Planning for twenty-first century life considers the sheer size of cities; urban decay, the segregation of people and the absence of meeting places. There are also rising gaps between the wealthy and the poor (Wilkinson and Pickett, 2009). In addition to the obvious physical health problems associated with homelessness many aspects of city dwelling impinge upon the mental health of citizens.

Follow-up research of 4.4 million men and women in Sweden concluded that high levels of urbanisation are associated with increased risk of psychosis and depression for both women and men (Dr Kristina Sundquist, 2004).

In 2002, a cross sectional study in Scotland of some 1,887 people suggested that after adjusting for socio-economic status, floor of residence and structural housing problems, statistically significant associations were found between the prevalence of depression and living in housing areas characterised by properties with predominantly deck access. This is interesting in what it suggests about the significance of the threshold for mental health and its position in design.

'Mental Health services throughout the world try to help those who are alienated and afraid. Much that is reported about refugees also applies to people with mental health problems. Many feel alone and outcast even though they live inside the urban crush. At their best, I think services try to help people navigate the crossing places between alienation and sharing in the life of a community' (Wood, 2010, 12).

One client who did some art therapy with me, I will call him Bill, became agoraphobic at the time of upheaval in his living environment, which was within Sheffield's Park Hill Flats. His artwork showed the fear and powerless sense of alienation he experienced as he saw the decline in the fabric of the flats and the simultaneous decline of a sense of community. The reasons for his period of agoraphobia were fundamental to his personal

history, but his difficulties were aggravated by the drastic changes he was seeing in his environment.

### **A Case Example: Park Hill flats in Sheffield**

The Park Hill flats were designed by architects Jack Lynn and Ivor Smith and inspired by the architect Le Corbusier. They won architectural prizes when built between 1957 and 1961 and they are now listed buildings. Their history shows how difficulties for architectural design and mental health might emerge over time in different forms of urban decay.

Initially, everyone moving into these into flats came from back-to-back houses with no inside toilets. Figure 3 shows similar houses from the same period in West Yorkshire.



Figure 3

Photographs of Park Hill in Figures 4, 5 and 6 indicate that the architects were trying to offer a more hopeful meeting between public and private space. The flats were originally loved by the people who lived there and they described what they felt:

‘The way it all fits together,’ he says. ‘It’s like a jigsaw puzzle. I look at it as a feat of engineering. It was so clever. It had a district heating system – the only place with one like it was in Norway, where they’d capped a geyser – and a communal waste disposal system [this survived until the advent of disposable nappies]. When the new developers did a concrete survey, they found that it is not yet a third of the way through its life.’



Figure 4: Aerial view of Park Hill Flats Sheffield



Figure 5: 'Streets in the sky' Park Hill Flats

'Street in the sky', above, shows how the architectural design gave people living there an actual threshold, from which they could move with ease between private and public space. This may have been a contributing factor to the early success of the flats.



Figure 6: Amenities for the community were good initially

At its peak, Park Hill was the self-contained community its creators had envisaged – amenities included several pubs, a supermarket, a butchers and a shoe shop – and the residents' living conditions were decades ahead of the pre-war slums which once stood in its place. As another resident puts it:

'It was luxury. Me, my husband and our baby were living in a back-to-back. My parents were there, too, and my brother. We had no bathroom, just a tin bath on the back of the door. So when we got here it was marvelous. Three bedrooms, hot water, always warm. And the view. It's lovely, especially at night, when it's all lit up.'

### **Decline of Park Hill**

Park Hill's decline was linked to that of its residents who in the post-industrial era lost their jobs. It suffered from poor maintenance as funding was cut. Cuts in the funding of social housing were associated with the first policy to sell social housing that was put in place by the Thatcher government.

'The right to buy devastated the public housing sector, withdrawing properties from stock and increasing competition for those houses and flats in local authority control. It fuelled the mortgages boom of the 1980s and the repossession boom of the 1990s and since 2008' (Renton, 2012: 128).

Park Hill became a site of poverty, urban decay and despair. Neglect meant that the flats became for a long time dangerous, lonely and miserable places. The pictures below show the unloved concrete monolith it became. Figures 7 to 9 show some of the details of decline.



Figure 7: Park Hill Flats Sheffield



Figure 8: Degeneration; Park Hill Flats Sheffield





Figure 9: Degeneration; Park Hill Flats Sheffield

Renton (2012) comments on how the demography of social housing in Britain has changed since the right to buy policy began under Thatcher in the 1980s; by 1995 some 95% of the tenants of social housing qualified for unemployment benefit. As the flats deteriorated physically they were used to house more people with difficulties, including, ironically, more people with mental health difficulties.

Many city councils might have decided to write Park Hill off as a failure, send in the bulldozers and build something new in its place. But because it is the largest listed building in Europe, the flats have to be protected, and so Sheffield Council advertised for someone to turn what had become an unloved concrete monolith into something that the city could once again be proud of.

Efforts are currently being made to make meaningful restoration of them and some kind of urban regeneration. Admirably, considering how things are often sold in their entirety to private developers, the council has insisted that a third of the flats must remain social rented, offering good quality, low-cost accommodation to the same kinds of working people who first took up residence over 40 years ago.

The images of regeneration (see Figures 10 and 11) make me think of the principles of design in linking building and green space discussed during the Tunghai University forum. The individual presentations by Erickson and Koepke described the potential benefit of gardens and the evidence that garden spaces in healthcare settings improve

recovery rates. Scott's paper made me consider who uses parks and what gets in the way of those who do not use parks and more generally how to facilitate wider engagement in those things that benefit health. The papers by Toyada and Richeson were on more familiar territory to me, concerned as they were with the details and evidence for therapy. Their papers showed moving accounts of people with dementia using horticultural therapy (Toyada) and recreational therapies (Richeson). The incorporation of green space has been important in the regeneration of the flats in Sheffield.

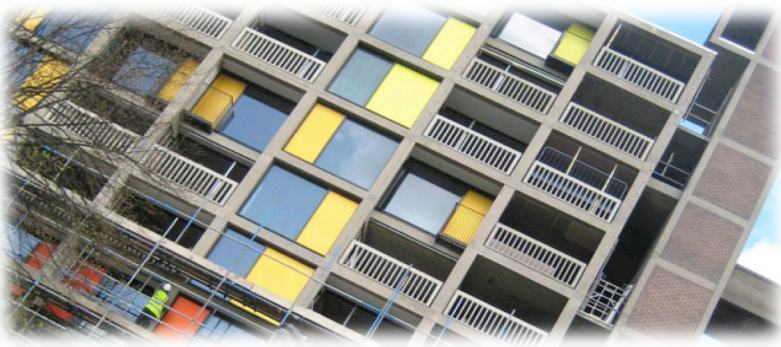


Figure 10: Regeneration; Park Hill Flats Sheffield



Figure 11: Regeneration; Park Hill Flats Sheffield



### **Sustainable planning and vision**

The incorporation of nature is part of much planning for sustainability. Tunghai 2012 forum discussions repeatedly mentioned the need for sustainability in both design and health planning, referring to the consequences of ignoring it as leading to unhealthy, uninhabitable and problematic city areas. In the book (1997) *Mental Health in our Future Cities*, the eleven international mental health teams presented examples showing the inter-connected nature of health care. A range of practice disciplines far beyond the traditional health care professions are necessary for the health of city populations.

Showing how the public private divide that hinders visionary planning is generally a false dichotomy, Janis Birkeland (Professor of Architecture at Queensland University of Technology, Australia) offered the vision that sustainability is achievable, affordable and of benefit to everyone's health (2008:135).

### **The vision of architecture**

The title of Birkeland's book *Positive Development: from vicious circles to virtuous cycles though built environment design* (2008) indicates her efforts to move away from linear segregated planning into a much more collaborative approach in which different disciplines work together. She shows how sustainable planning would have physical and mental health benefits across city populations, from children to the elderly. She advocates that world governments include, alongside Gross Domestic Product (GDP), the notion of GPI (Genuine Progress indicators), a quality of life indicator, as a way showing the benefits to mental health of sustainable design. Birkeland quotes Richard Eckersley on Chilean economist Max-Neef's 'threshold hypothesis' from the 1980s:

'which states that for every society there seems to be a period in which economic growth (as conventionally measured) brings about an improvement in quality of life, but only up to a point – the threshold point – beyond which, if there is more economic growth, quality of life begins to deteriorate.' (2008, Box 24).

The needs of individual mental health seem to mirror this idea, because individuals also seem to need a kind of threshold balance between public and private space.

The vision of the Rogers architectural partnership seems helpful in terms of health. 'At the heart of our urban strategy lies the concept that cities are for the meeting of friends and strangers in civilised public spaces surrounded by beautiful buildings' (Rogers Partnership, 1986).

Figure 12 shows their design for the meeting space outside the Paris Pompidou centre. Reviled when first built, it has become a much-used social space in the city centre. All cities have a need for places where people can congregate without having to pay. Of course they need to be designed with local conditions in mind.



Figure 12: The Pompidou meeting place

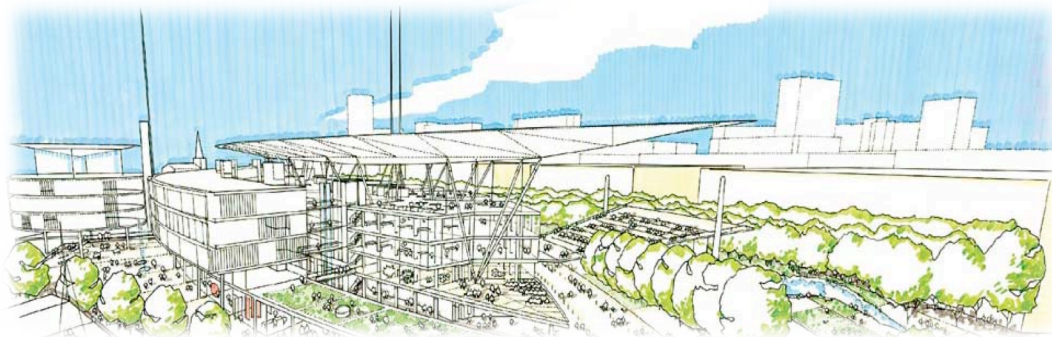


Figure 13: Rogers' designs for a Birmingham Library

This design is made with the geography and climate of England in mind, meaning that the building incorporates parks and meeting areas and heating systems responsive to the environment.

'In the partnership's vision for sustainable cities, centres for work, living and leisure are moved closer together (seen in the different coloured circles on the architectural plan in Figure 14) to provide more compact living and community areas and less traffic. Some of the ideas, where there has been the political will, have been realised and commissioned. Of course, this has not been on a scale that will do much yet to influence mental health' (Wood, 2010, 14).

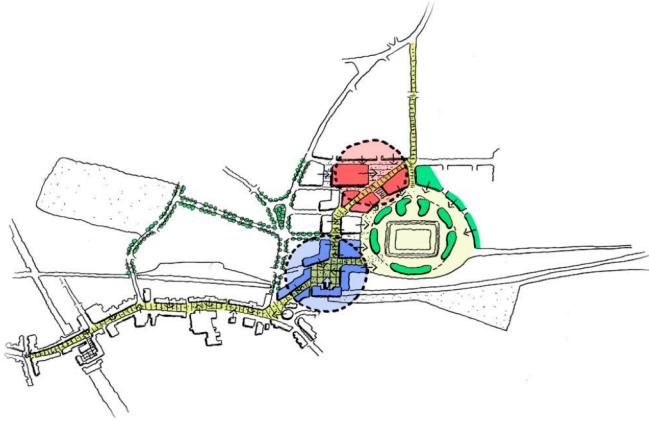


Figure 14: Rogers Partnership, planning sustainable cities for people

This proposal (see Figure 14) envisions benefits for healthy living in part through planning for traffic by creating several nodes of city living through planning for many different neighbourhood areas in large cities. Dividing cities into different neighbourhoods in this way could help make links between private and public space less alienating.

### **Overlapping visions between public art, architecture and art therapy**

The incorporation of art into city meeting places includes the extraordinary example of Jaume Plensa's Crown Fountain in Chicago.

On the fountain towers, Plensa projects a continual slide show of the faces of Chicago residents, powerfully bringing the identity and image of citizens into the city centre and makes the city feel human-sized. This public space has been used since the fountain was created as a place of congregation and play. The capacity for play, which the

spaces pictured below seem to invite, inspire the hope that cities can contribute to health.



Figure 15: Jaume Plensa, Crown Fountain in Chicago



Figure 16: Playing underneath Crown Fountain Chicago



Park Hill Flats once became the focus of performance (see Figures 17 and 18)



Figure 17



Figure 18



Figure 19: A Park Hill resident's face

### The vision of art therapy

One person in the audience was drawing during one of my lectures at Tunghai. Her sketches seem to play with ideas about space: feeling crushed (Figure 20) and having more space to reflect (Figure 21).

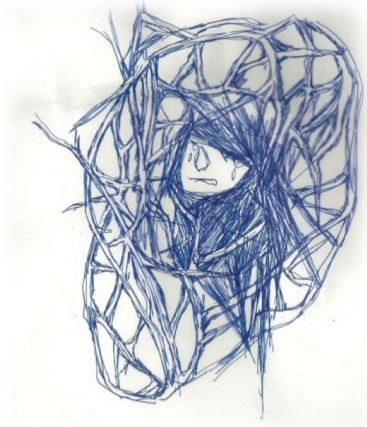


Figure 20: weng hsin ju



Figure 21: weng hsin ju

The range of discussion at Tunghai about the way garden design can augment architectural work, reminded me of being shown a book that pointed to the history and significance of gardens in architectural design.

‘The word “paradise” derives from the Greek *Paráeisos* which comes in turn from the Persian *pai-ri-daeza* (“enclosed place”), suggesting that the ancients were so

content to dwell in these cool green places that they hoped to spend eternity there' (Bussagli, 2005: 38).

The notion of enclosed place and its safety and potential for reflection is found in discussions of the therapeutic frame (Gray: 1994). One of the basic tenets of the provision of therapeutic space involves acknowledging the significance of enclosures in human affairs. It is from safe enclosures that we can venture into the world and therapy may help.

Neighbourhood art therapy studios could contribute to the provision of contained or *safer* space in community locations where people could explore their mental health needs, whether in individual or group sessions. Studios could engage city populations in ways that could counteract some of the health problems associated with isolation, but there is a spectrum of mental health that might be served.

The provision of physical space in which to spend sheltered time can augment the return of the mental space that is the aim of the therapeutic relationship. In art therapy relationships a significant part of the recovery of mental space is thought to develop through the opportunity for reverie and absorption.

Art therapy studios, equipped with a range of art materials (accessible to art novices) (Hyland Moon 2011) would encourage play and exploration across the age range.

Adaptation is an important part of contemporary art therapy practice, both in terms of evidence based, (Gilroy, 2006 and 2011) and culturally-sensitive practice (Kalmanowitz, Potash and Chan, 2012; Mckenzie-Mavinga, 2009), addressing uneven power relationships (Campbell, et al, 1997) and adapting to the needs of particular clients.

The Figures 22, 23, and 24 show some of the shared and individual uses of studio spaces in art therapy.

Figure 22 is from the early days of the London project 'Studio Upstairs' which was radically different from any of the psychiatric services that were available. Frustrated with traditional art therapy approaches, Douglas Gill and Claire Manson wanted to create a culture where art was seen not as recreation, but rather a serious objective in

its own right that could be exhibited. They recognised the need for an environment where people moving away from the psychiatric system, whilst still too vulnerable to attend adult education, had the opportunity to create art away from the clinical setting. Andrew, one of the studio members describes what he feels below in ways that strongly imply a shift in the power relations of therapy.

'To be able to share a space for seven hours a day is both a privilege and a luxury. Studio Upstairs is a community of committed artists who respond to each other with sympathy, support and respect. Not only is this true of the members but also of the studio managers who, as well as promoting interaction, make their own work when time permits thus removing a 'them and us' or therapist/client relationship. Consequently I feel safe sharing my struggles, doubts and difficulties as well as my achievements. Feelings, however muddled or negative, are accepted as material for discussion. I am never judged': Andrew M (studio member).



Figure 22: Studio Upstairs, London

Figure 23 below shows the later development of Studio Upstairs in Bristol. Some of the voices of people who use that studio follow.





'Studio Upstairs is my harbour in a violent storm – without it I would be in a much worse state'

'Studio Upstairs has been the most meaningful intervention in my mental health support that I can remember'

'SU is the foundation stone of my life that helps to keep me safe, stable and sane'

Figure 24 shows the place in a hospital studio that one patient made his own: he spoke about the respite he gained from the rest of the hospital by having a place of his own in the studio. Just as this individual place provided respite for someone in a hospital setting, there is also a need for individual spaces in a community setting.



Figure 24: A client's particular place in a studio at Netherne Hospital

There is something a bit like Guerrilla gardening in the way studios might be used by people to make their own art and give attention to their lives. Some of the art made is intensely private and not for exhibit and some might be seen publically in exhibitions, or used to enhance the outdoor environment. Studio Upstairs seems to provide a bridge between the mental health services and the community, it demonstrates overlapping concerns between artists in the community and art therapists and suggests that they can work together.

### **Collaboration**

The significance of collaboration has been long understood by art therapists, although the need for it seems to be accentuated at different points in history. In the 1980s Joy Schaverien wrote in the BAAT newsletter about the importance of collaboration between artists in residence and art therapists. In the early 1990s art therapists Caroline Case and Tessa Dalley made a suggestion about studios being shared with a range of services and different professions.

'One way of solving the problem of space for art therapists working peripatetically would be to set up art therapy centres in each geographical area for use by all

services – health, education and social ... In the meantime, art therapists working for the different services struggle with accommodation difficulties' (Case and Dalley, 1992: 38).

Such studios could also become a welcome resource for people not identified as having mental health problems. Over time, integration with the general population could enable people with mental health problems to avoid some of the prejudice associated with psychiatric diagnosis.

In the interests of worthwhile collaboration there are important differences between neighbourhood art therapy studios and community art studios, although some concerns overlap. Sharing premises might work well, especially if they were designed in a collaborative process with architects. Successful design might include a central space with smaller rooms radiating off it. This could be a large studio with good light, windows, access to water, a kiln and generous work areas for people to make art of any scale. Art therapists and their clients would also need rooms for smaller group work and individual work to enable provision of the safe sense of enclosure described above; an important stage in mental health work. These neighbourhood studios could be part of community centres that include gardens, provide good food and other well-being resources, offering a worthwhile health planning and design challenge.

Bill (the art therapy client mentioned above) had lived mainly shut in his flat for years. Initially he had trouble in coming to see me at the hospital, but eventually he found the courage to come and he made a series images, which helped him understand the source of his agoraphobia. He is an example of someone who could have made good use of the neighbourhood provision of art therapy, and had it been available at the time, it seems likely that his difficulties would not have endured unattended for so many years.

Different therapeutic models attribute different levels of agency to the client. I am of the opinion that art therapy invokes the agency of the client in very particular ways, because the focus of attention in art therapy necessarily falls upon their artwork. The aim is to

enable clients to find the agency within themselves (at whatever level is feasible for them) to attend to their lives.

Increasingly art therapists are adapting their practice to accommodate individual needs and deal with changes in service provision to provide briefer interventions. At the annual general meeting of the British Association of Art Therapists held in Edinburgh (BAAT 2010), Val Huet and Neil Springham spoke about the moral obligation to think about where the client might go after a period of brief work in mainstream services and how collaboration with other provisions might mean that art therapists could offer brief periods of therapy followed by referral to community resources. These might include art therapists with an engaged artist identity working alongside community artists, service user groups and other community projects aimed at supporting wellbeing and mental health. They propose the provision of a two way bridge and provide this diagram (which I have adapted) as a way of indicating various ways of giving service users choice in these difficult economic times

## Working in a multi-agency context

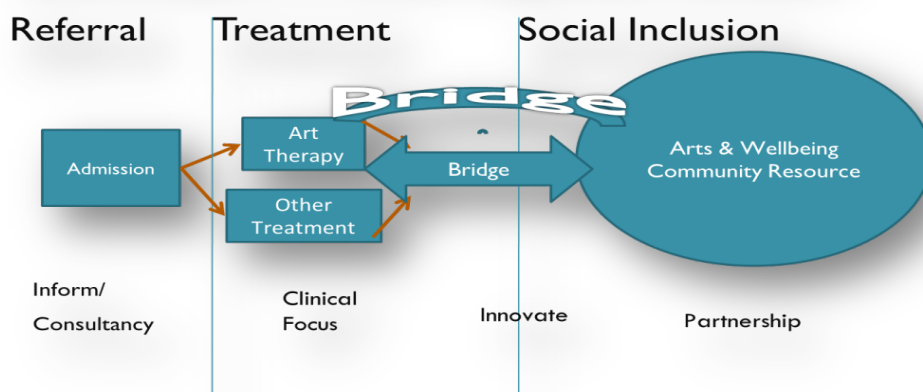


Figure 26: adapted from Huet and Springham (2010)

Collaborating between disciplines seems to provide helpful new perspectives. In Taichung General Hospital I was asked how to make a garden on a children's oncology ward more therapeutic. I had heard some oncology nurses speak in Edinburgh at the Scottish Institute for Human Relations (2010) about how hard it is for them and the

children when it is necessary to give painful invasive treatments. This is why I suggested providing some hiding places to help both the children and the nurses. People working on the ward laughed at this suggestion, it seemed to hit a useful chord. I think because these very experienced staff knew that the children would gain some sense of choice and control, at least for a time, and the nurses would benefit from having another way of playing with those whom they have to treat with painful interventions. Another suggestion was to provide some easy to reach, stable easels and chalkboards outside: so that the children could make pictures and almost certainly express something of what they feel.

Collaborations that seem particularly hopeful in Britain are those of Laban and Lloyd (2010 onwards). They are two engaged artists (one of them an art therapist) who work with people with a range of needs using a drawing shed and garages on a council estate. Also Asha Munn another engaged artist and art therapist provided a project known as 'Breathing Space' for one day a week, for one year. In bringing ten young people with difficult urban-lives to use the open spaces of the park, Munn did the mirror opposite of the National Youth Theatre when they took their performance to Sheffield's Park Hill Flats for one night in 2011. Hundreds of young people responded to an invitation to learn how to perform in that urban space. All of these projects are powerful though on different scales. The first two involving art therapists illustrate the complexities of combining engaged art and art therapy.

### **Health equality**

Epidemiologists Wilkinson and Pickett (2009) collated research to show that inequalities in health are bad for everyone's health (the wealthy and the poor) and that designing cities with health in mind is in everyone's interests.

They demonstrate the inter-related nature of societal and civil functions in sustaining health and indicate that planning for health needs to not be limited to specific health services but should holistically include housing, education, transport, parks, leisure and, of course, exercise.

Other work on health inequality recently published include the Marmot Review (2010) and a book by Dorling (2010) on social injustice. It does not seem accidental that this kind of thinking is being accentuated in the midst of the international banking crisis.

Marmot's six policy objectives (2010) for action needed to reduce health inequalities include some (2, 5 and 6) that could be directly influenced by the inclusion of architecture and art therapy studios in city health planning. Perhaps particularly number 5 is relevant to the discussion here.

1. Give every child the best start in life
2. Enable all children young people and adults to maximise their capabilities and have control over their lives
3. Create fair employment and good work for all
4. Ensure healthy standard of living for all
5. Create and develop healthy and sustainable places and communities
6. Strengthen the role and impact of ill health prevention

## **Conclusion**

In ever-changing contemporary life, distinctions between public and private are not so clear and so much that was private is now made public: on the screen, the internet, in newspapers and magazines. There are democratic benefits with more being shared (as we have with examples of peoples pushing for change around the world) but, nevertheless, there can be psychological difficulties. We seem to benefit from having private time to digest what we feel and reflect on what we have understood, before we have to act publicly. Too often now there is little space between private experience being made public and this can be a cause of strain and distress (the recent scandals about the behaviour of News Corp suggest that this is understood).

This is relevant to discussions in psychodynamic literature about ideas of containment (Bion, 1967; Winnicott 1958 and 1971). It is also linked to the often-unexplained ways in which we all '*navigate*' the constant interplay between our inner psychological experience and events in the world.

'The experience of aliveness, Winnicott had discovered, could not be taken for granted. There were people who had experienced such a severe failure of the early holding environment that they felt they had not started to exist' (Phillips, 1988, 127).

This is why for Winnicott therapeutic work is fundamentally concerned with the provision of a congenial milieu, a 'holding environment', a setting where it is possible to trust and collaborate in an exploration of whether a setting and a therapist can offer what the client is looking for. Spaces for art therapy provide different forms of engagement, some of these will be in community studios, but recent collaborations between council estate tenants, engaged artists and therapists (Laban and Lloyd, 2010) and between therapists, young people, schools and staff at YSP (Munn 2013) suggest that there are other spaces waiting.

### **Biography:**

**Chris Wood (PhD)** works as the team leader for the Art Therapy Northern Programme. This is in Sheffield and it provides a base for training and research. She is happy to continue to combine work in higher education with therapeutic practice in the NHS. Her interests include the uses of contemporary art and popular culture, the relationship between mental health and politics, and the many ways in which people with long-term mental health problems manage to live well. She works with staff and students of the programme, clients, arts therapists, and other colleagues to contribute to the evidence base and to promote art therapy.

### **References**

Arguile, R. (1990) ' "I show you": the child in art therapy', in C. Case and T. Dalley (eds.) *Working with Children in Art therapy*. London: Routledge, 199-216.

Bion, W. R. (1967) *Second Thoughts*. London: Maresfield; reprinted Karnac Books (1984).

Birkeland, J. (2008) *Positive Development: From Vicious Circles to Virtuous Cycles Through Built Environment Design*.

Brown, G.W. (2000) 'Some thoughts on the future of social psychiatry', in T. Harris (ed.) *'Where Inner and Outer Worlds Meet: psychosocial research in the tradition of George Brown.'* London and New York: Routledge, 288-293.

Bussagli, M. (2003) *Capire L'Architettura*, translated by Catherine Frost from the original Italian when published by Giunti Editores in Milan.

Bussagli, M. (2005) *Styles and Structures from the Pyramids to Post Modern: Understanding Architecture*. London and New York: I. B. Tauris.

CABE (2007) "It's Our Space" London England  
<http://webarchive.nationalarchives.gov.uk/20110118095356/http://www.cabe.org.uk/files/its-our-space.pdf>

CABE "People and Places" (Jan 2011)

Campbell, J.; Liebmann, M; Brooks, F.; Jones, F. and Ward, C. (eds.) (1997) *Art Therapy, Race and Culture*. London: Jessica Kingsley Publishers.

Case, C. (1987) 'A Search for Meaning: Loss and Transition in Art Therapy', in T. Dalley, C. Case, J. Schaverien, F. Weir, D. Halliday, P. Nowell-Hall and D. Waller eds., *Images of Art Therapy*. London: Tavistock, pp. 36-73.

Case, C. (1994) 'Art Therapy in Analysis: Advance/Retreat in the Belly of a Spider', *Inscape: The Journal of the British Association of Art Therapists*. Volume 1: pp. 3-10.

Case, C. and Dalley, T. (2006) *The Handbook of Art Therapy: Second Edition.* London: Tavistock Routledge.

Edwards, D. (2004) *Art Therapy*: republished in 2013. London: Sage.

Erickson, S. (2012) *Theory of Restorative Garden Design*, Tunghai ICHTD

Gilroy, A. (2006) *Art Therapy, Research and Evidence Based Practice*. London: Jessica Kingsley.



Gilroy, A. Editor (2011) *Art Therapy Research in Practice*. London and Berlin: Peter Lang.

Gray, A. (1994) *An Introduction to the Therapeutic Frame*. London and New York: Routledge.

Harris, T. (ed.) (2000) *Where Inner and Outer Worlds Meet: psychosocial research in the tradition of George Brown.* London and New York: Routledge.

<http://bleedingheartshow.wordpress.com/2008/11/24/streets-in-the-sky/> accessed February 2014

<http://geography.about.com/od/urbaneconomicgeography/a/agglomerations2.htm>  
accessed December 2011

<http://human-nature.com/rmyoung/papers/paper55.html> The writings of Robert M. Young Mental Space link to net version is at note 29, the book was originally published by Process Press in 1994

<http://london.studioupstairs.org.uk/about/> accessed November 2011 and February 2012

<http://tw.myblog.yahoo.com/mibi-art> accessed January 2012

<http://webarchive.nationalarchives.gov.uk/20110118095356/http://www.cabe.org.uk/files/its-our-space.pdf> accessed April 2012

<http://webarchive.nationalarchives.gov.uk/20110118095356/http://www.cabe.org.uk/people-and-places> accessed April 2012

Hyland Moon, C. (2001) *Studio Art Therapy: cultivating the artist identity in the art therapist*. London: Jessica Kingsley.

Hyland-Moon, C. (2011) *Materials & Media in Art Therapy: Critical Understandings of Diverse Artistic Vocabularies*. London and New York: Routledge.

Kalmanowitz, D. & Lloyd, B. (1997) *'The Portable Studio: Art Therapy and Political Conflict: Initiatives In Former Yugoslavia And South Africa'*. London: Health Education Authority.

Kalmanowitz, D. and Lloyd, B. (2005) *'Art Therapy and Political Violence.'* London: Routledge.

Kalmanowitz, D.; Potash, J.S. and Chan, S. M. (2012) *Art therapy in Asia*. London: Jessica Kingsley.

Kelly, A. (2009) 'Good design makes for better communities', *The Guardian*. 11<sup>th</sup> February 2009.

Koepke, M.L (2012) Attention Restorative Theory (ART): The Important Role Gardens and Landscapes Play in Physical, Psychological, and Spiritual Renewal, Tunghai ICHTD

Konttinen, S. (1988) *Byker*. Newcastle: Bloodaxe Books.

Laban, S. and Lloyd, B. (2010 onwards) *The drawing shed*.  
<http://www.thedrawingshed.org/> accessed March 2014

Lowry, S. (1989) 'Housing and Health', *British Medical Journal*. 299:1439-42.

Marmot, M. (2010) 'Fair Society: Healthy Lives' Strategic Review of Health Inequalities in England Post-2010 (The Marmot Review).

Mathews, G. (2011) *Ghetto at the Centre of the World: Chungking Mansions*. Hong Kong: Hong Kong University Press.

Mckenzie-Mavinga, I. (2009) *Black Issues in the Therapeutic Process*. London: Palgrave Macmillan.

Mun, A. (2013) *Breathing Space Project*; Yorkshire Sculpture Park.  
<http://www.ysp.co.uk/page/breathing-space/es>

Papadopoulos, R. (ed.) (2002) *'Therapeutic Care for Refugees and Asylum Seekers: No Place Like Home.'* London: Karnac Books, Tavistock Clinic Series.

Phillips, A. (1998) *Winnicott*. London: Fontana.

Renton, D. (2012) 'Housing as it is, and as it might be', in *International Socialism Journal*, 134: 113-139: <http://www.isj.org.uk/index.php4?id=799&issue=134> accessed April 2012.

Richard Rogers Partnership (1986) *'London as it could be.'* Royal Academy Exhibition. [http://www.richardrogers.co.uk/work/all\\_projects/london\\_as\\_it\\_could\\_be](http://www.richardrogers.co.uk/work/all_projects/london_as_it_could_be) accessed November 2011

Richeson, N. (2012) 'Recreation Therapy Roles in Creating a Therapeutic Environment', Tunghai ICHTD

Rogers, R. and Gumuchdjian (1997) *'Cities for a Small Planet'*. London: Faber and Faber.

Sartorius, N. (1998) 'Nearly forgotten: the mental health needs of an urbanised planet' in D. Goldberg and G. Thornicroft (eds.) in *'Mental Health in our Future Cities'*. London: Maudsley Monograph Psychology Press: 3-12.

Schaverien, J. (1991) *The Revealing Image*. London and New York: Routledge.

Scott, D. (2012) 'Constraints to People's Use of Public Park and How This Linked to People's Health', Tunghai ICHTD

Sebastião Salgado 'Church Street station Bombay' Sebastião Salgado 1995

Sebastião Salgado 'Manila slum Philippines', 1999  
© Sebastião Salgado/AMAZONAS Images

Sebastião Salgado <http://www.unicef.org/salgado/bio.htm> accessed December 2011

Skaife, S. and Huet. V. (1998) *Art Psychotherapy Groups: Between Pictures and Word*. London and New York: Routledge.

Sundquist, K. (2004) 'Urbanisation and incidence of psychosis and depression,' *The British journal of Psychiatry*. 184: 293-298.

Toyoda, M. (2012) *Physiological and Psychological Effects of Horticulture*, Tunghai ICHTD

Van Den Bogaard, J. et. al (2010) 'Hope as a determinant of mental health recovery: a psychometric evaluation of the Herth Hope Index-Dutch version', in *Scandinavian Journal of Caring Sciences*. 24: 64-74.

Waller, D. (1993) *Group Interactive Art Therapy*. London: Routledge.

Weich, S.; Blanchard, M.; Prince, M.; Burton, E. ; Erens, B. and Sproston K. (2002) 'Mental health and the built environment: cross-sectional survey of individual and contextual risk factors for depression', *British Journal of Psychiatry*. 180: 428-433.

Wener, R. and Carmalt, H. (2006) 'Environmental psychology and sustainability in rise structures', in *Technology in Society*. 28, 1-2, 157-167.

Wilkinson, R. and Pickett, K. (2009) *The Spirit Level: Why more equal societies almost always do better.* London: Allen published by Penguin in 2010.

Winnicott, D. W. (1958) 'The Capacity to be Alone,' *The Maturation Processes And The Facilitating Environment*. London: Hogarth Press.

Winnicott, D. W. (1964) *The Child, the Family and the Outside World*. London: Pelican.

Winnicott, D. W. (1971) *Playing and Reality*. London: Tavistock; reprinted London: Penguin/Pelican, reprinted many times using the same position of page numbers: 1974, 1980, 1982, 1993

Wood, C. (1986) 'Milk White Panic: What do we do to people when we ask them to paint and draw?' *Inscape: The Journal of the British Association of Art Therapists*. Winter, 2-8

Wood, C. (1999) 'Class Issues in Therapy', in M. Liebmann et al. (eds.) *Art Therapy Race and Culture*. London, Bristol and Pennsylvania: Jessica Kingsley Publishers, pp. 135-156.

ATOL: Art Therapy OnLine, 5 (2) © 2014

Wood, C. (2000) 'The Significance of Studios'. *Inscape: The Journal of the British Association of Art Therapists* Vol. 5 (2), 41-53.

Wood, C. (2010) 'Convivencia: a medieval idea with contemporary relevance'. *ATOL: ART Therapy online*. <http://eprints-gojo.gold.ac.uk/atol/backissues.html>

Wood, C. (2011) '*Navigating Art Therapy: A therapist's companion.*' London: Routledge.

Wood, C. (2011) 'The Evolution of Art Therapy in Relation to Psychosis and Poverty', in A. Gilroy (ed.) *Evidence in Art Therapy*. Oxford & Berlin: Langer.

Young, R. M. (1994) *Mental Space*. London: Free Association Press.

The work of Robert Young; <http://human-nature.com/rmyoung/papers/paper55.html>