

ATOL: Art Therapy OnLine

Inside Out: Thoughts about the Frame in Art Therapy

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Abstract

This article presents some initial thoughts about the frame in art therapy. Frame in Focus is the title of a film made by the author and Errol Fernandes, which was screened in Film Space as part of the afternoon events of the International Art Therapy Conference 2016. These thoughts came out of our discussions during the making of the film, discussions with audiences following screenings, and discussions with two colleagues, Sally Skaife and Jon Martyn, as part of a research project. I begin with the relationship between boundary and frame in the context of the audience viewing the art, then look at some examples of exhibiting and the ethical issues involved. The ethical issues arising from the film are explored.

Keywords

Boundaries, frame, exhibiting, film, ethics, art therapy

Introduction

The art in art therapy is produced within a specific context: the confidential space of the therapeutic frame, which contains the therapeutic relationship. It's meaning resides within that relationship. What happens when it is taken outside that frame and placed in another? What if, for example, it is hung on

the wall of an institution, or in a gallery? What if it is then offered for sale, how does this alter the nature of the artifact? In what ways might such transactions alter the relationship of its maker to the setting in which it is made, and the relationship of the viewer to the picture? These are the questions this article attempts to explore through a brief examination of some of the different frames in which the art in art therapy may be viewed.

Frame and audience

The frame is analogous to a picture frame, which differentiates between what is the picture and what is not. In art therapy it forms a boundary that contains the setting and the processes that occur within it, including the therapeutic relationship. Boundaries are an essential part of the therapeutic frame, they help the therapist to maintain his separate identity whilst being together with the client, and thus help to create a space for thinking rather than action.

In art therapy, artwork is made in the context of a relationship: this includes where it takes place, in other words there is no relationship without a setting.

The studio, or room, is provided by the therapist and is thus part of a relationship that encompasses the setting in which the therapeutic work takes place. To put it another way, the setting is part of the relationship and not something separate from it (Brown 2008).

Confidentiality is an important part of the setting. It enables it to feel safe enough to begin self-expression and personal disclosure, which may then be explored. Essentially, it is a boundary felt to be part of the therapeutic relationship, although in reality it may be stretched to include other professionals. It helps create intimacy and thus fosters the development of transference. The art produced in such a setting can contain powerful expressions of symbolic material and emotion. The aesthetics of such creations can also be powerful and form part of 'the gaze' of the picture that can be compelling for both artist and viewer (Schaverien, 2008). The audience viewing the picture or artifact in this frame remains the therapeutic dyad or group.

When working as an art therapist in the NHS I found it rare for someone to ask if their work could be displayed on the studio walls, although there were pictures on display that had been placed there over time and formed part of

the patina of the studio. This visible aspect of therapeutic work may be an important part of the atmosphere of the studio, or therapy room, and contribute to the holding environment it provides for both client and therapist (Brown 2014). Here the audience extends to include others using the space, who may be part of a wider therapeutic service.

There is often curiosity about the art made in art therapy and a desire in those outside the frame to see it. This desire may be gratified by, for example, viewing images within a supervisory relationship or in an educational lecture. Do these discreet contexts extend the boundaries of the frame or constitute another, different frame? One could probably argue a case for both, but what is clear is that the audience viewing the work changes and with that the nature of the transaction is altered. Other agendas come into focus, which may represent a wish to protect the person from exploitation such as institutional policies on ethics and confidentiality, or to shift it to something more social through discussion and debate in order to provide a learning situation.

In the educational setting this transaction is usually actioned by the therapist, with permission and anonymity, in the form of illustration to a vignette or case study. The therapist takes responsibility to maintain the integrity of the therapeutic frame whilst transferring material from it into another frame for the purpose of teaching and learning. Thus, the frame and what it contains can be positioned and re-positioned in various ways that alter the experience.

Frame and exhibiting

In therapeutic art studios such as Studio Upstairs part of the ethos is to see the person first as an artist rather than someone with a mental health problem (David Freid, Studio Upstairs manager, personal communication, 2016). To whatever extent engaging in on-going art practice impacts on self-identity, when exhibiting art there has to be an artist. Once there is a shift into a position of 'I am an artist' issues of audience and curating start to occupy a more prominent position.

The idea of exhibiting art made within a mental health context may be motivated by a multitude of factors ranging from a personal wish to validate the work by extending the audience, to a desire to promote an ideological position, or to make money as part of fundraising activity for example.

In 2007 I went to see an exhibition called 'Redefining Bedlam' at the Novas Gallery in London organized by The Bethlem Gallery, an art studio space within The Bethlem Royal Hospital run by occupational therapists. The work was arranged over two floors, on the first floor current work from The Bethlem Gallery – many of which were for sale – on the second work from The Bethlem Royal Hospital Archive and Museum – none of which were for sale. The first floor work represented, in part, a commodity with a financial value, and the second floor work represented curated, archival objects with historical value. In viewing the current work I felt there was an ambiguity and ambivalence in the pictures about being seen as an artist or as a patient. This ambiguity also extended to me as the viewer, feeling unsure in what way I should be looking at them. Was I a clinician looking at raw content in the way I might in the therapy space, or seeing an aesthetic object in an art gallery? There was a confusion of boundaries that made me feel uncomfortable.

An earlier exhibition in 2003/4 called 'Art Works in Mental Health', organized in partnership with a number of mental health organisations and sponsored by the pharmaceutical giant Pfizer Ltd, was reviewed for *Inscape* by Skaife and Tipple (2004). They point out the contradiction in the project's presentation of the work as art that just happened to be made by users of mental health services: 'If the work could survive on its own terms, as good art, why was there a need to distinguish the artists as people with mental ill health?' (p. 42). They conclude their review with this statement '...the exhibition did make us think about the difficulty of living with disturbing images on a regular basis. The disturbance gets repressed and we do not notice after a while. This exhibition reminded us of how hard some images can be to look at and think about' (p. 44).

There are also many disturbing and difficult to look at images in the contemporary art world, for example Tracy Emin's 'My Bed' (1998) or Jake and Dinos Chapman's 'Hell' (1998-2000). The Chapman brother's 'Hell' might be seen very differently if it was viewed in a social context that emphasized a lack of integration and rationality, i.e. madness, as opposed to one of an avant-garde in art. Thus, how a picture is seen and received is dependent on the context in which it is viewed. The modern gallery is constructed through a complex and sophisticated relationship between economics, social context

and aesthetics (O'Doherty, 1976). This context influences how the viewer sees the image in the gallery space because 'the white cube' functions as a bleached space where art becomes a reverential object. Once an object is placed in this space it can only be seen through this closed system of values. The relationship between art seen as outside of contemporary art and the modernist tradition is explored by James Elkins (2006). In constructing his argument that there is no such thing as outsider art he lumps together a long list of associated categories: 'naïve art, art brut, raw art, grass-roots art, primitive art, self-taught art, psychotic art, autistic art, intuitive art, vernacular art, folk art, contemporary folk art, non-traditional folk art, mediumistic art and marginal art' (p71). He suggests that outsider art is not possible because anything new and different will either become an avant-garde or be considered as something outside of art itself. He points out that all art has *some* influence from the contemporary art of its time and goes on to suggest that outsider art is a symptom of modernism. He concludes 'When I see something that is presented as outsider art – under any of its names – I ask myself, 'What understanding of modernism has led the author, or artist, to propose that this is *outside* of some practice?' (p78).

In 2013, the Wellcome Collection presented an exhibition titled 'Souzou – Outsider Art from Japan' showing the work of 46 self-taught artists living and working within social welfare facilities across Japan. The quote below from the exhibition documentation describes the shift from an inside frame to an outside one:

'This form of artistic practice has remained firmly embedded in the domain of social care in Japan rather than being integrated into an alternative art circuit with a collector base, as in Europe. This means that until recent years, work created in the institutions was seldom displayed. In 2004, the Borderless Art Museum NO-MA opened and radically changed the Landscape of Outsider Art in Japan. Exhibiting alongside mainstream art, works that were made within a welfare context have become known to new audiences, both in Japan and abroad, and have attracted critical and commercial attention. The following year, the not-for-profit organization Haretari Kumottari was founded and undertook an audit of all the artists creating work in welfare institutions in

order *to protect their rights and conserve the artworks*' (italics mine, Welcome Collection, 2013).

The idea that an organization was needed to protect the rights of the artists following public exhibition and the curiosity this aroused, highlights the emergence of ethical issues when artwork is taken out of the therapeutic context. These concern considerations around confidentiality, permission, and exploitation, arising from altering the frame within which the art is viewed. Sally Skaife put it thus: 'The boundaries that define these frames (or attempt to) are determined by the context in which the frame sits' (personal communication , 2016).

In order to explore some of these considerations I will give an account of making a film, or video essay, about an arts in health project. I then look at what happened when the focus of the frame shifted from being on the inside – its original context – to the outside and a different, more public context.

Frame in Focus

The title of the film was 'Frame in Focus' and its aim was to creatively explore issues arising from a painting project on locked psychiatric wards. In 2013 Central and North West London (NHS) Trust (CNWL) Arts in Health, in collaboration with Studio Upstairs – a therapeutic art studio – commissioned a project for an artist, Errol Fernandes, to undertake a series of workshops on three locked wards. I heard about the project through conversation with Errol when visiting his studio, but it was only some considerable time after the project had finished that I approached him with the idea of making a film as a way of reflecting on the experience. What interested me was the way he adapted the therapeutic frame in order to meet the aims of the project and needs of the residents.

In the original project patients and staff were engaged, through a series of workshops, to enter a creative process where the issues of participation, disconnection and hierarchy that can exist in a locked ward environment could be explored. Images were drawn from this process and collaboratively worked into compositions that were transferred to three large linen canvases, which were then worked on with oil paints both in the ward by patients and in Errol's

studio. On completion, each canvas was framed and hung on each of the three wards.

We reviewed the existing visual documentation and made audio recordings of our discussions, using some of both in the film. We filmed in four settings, which reflected the various contexts of the original painting project: the artist's studio, Studio Upstairs, Park Royal Centre for Mental Health, CNWL Arts in Health. We explained our purpose: to re-visit and reflect upon the original project, and our intention to screen the film at an International Art Therapy Conference. There was a verbal agreement to this but we did not discuss any wider audience.

Although Errol was commissioned as a practicing artist, he was also a practicing art therapist, so there was awareness and insight into issues around boundaries and frame. Douglas Gill, Studio Upstairs co-founder, makes an interesting distinction between the two: 'Boundaries are prohibitions creating the image of guards at a perimeter that one cannot go beyond. The frame on the other hand is a contained space that also makes reference to what is outside the frame, whereas a boundary will always be at the limit' (2017). This metaphor seems particularly apt as the participants of the painting project were residing within the guarded perimeter of the locked ward under sections of the mental health act. Part of the brief for CNWL Arts in Health, as far as I understand it, is to try and make links between the locked ward environment and the community from which residents have been temporarily removed in order to facilitate subsequent engagement in creative activities for support. The outside context of the frame is the social and cultural community in which people live.

Our desire was to bring the thinking behind the painting project to a wider audience, one that exists in the community. On one hand there was a wish to convey and open up, in an accessible medium, issues of contemporary relevance for the profession of art therapy, and on the other perhaps a more narcissistic or exhibitionistic wish to say 'Look at what I have done!'

The question that exercised us most was 'Is it okay to show the film to a wider audience without attracting professional disapproval?' The potential disapproval being around confidentiality and permissions. Photographs of patients were taken during the original project workshops as part of the

engagement process and as resources for the composition of the pictures, which evolved to include three central figures from this source material, one in each painting. Placing these in the film raised the question of what extent did their original consent to participate stretch to this new frame. When we went to film the pictures in situ on the wards we encountered a participant from the original project – currently a resident – who engaged Errol in conversation about her thoughts and recollections. She agreed to my filming this and we used a clip in the film. Another participant had just been discharged from the ward; she agreed to be filmed in discussion with Errol whilst on a return visit to the ward. It quickly became apparent that she was heavily medicated, showing slurred speech and some residual thought disorder. We gently brought the interview to a close and decided not to use the footage in the film. The film was screened at the International Art Therapy Conference, Goldsmiths, University of London, 2016 to a small audience of professionals. Myself and Errol were present for a chaired discussion afterwards. We subsequently repeated this format for colleagues, for students, and for current residents on the locked wards. It was also made available for staff at Studio Upstairs and CNWL Arts in Health via a password-protected link to a Vimeo channel. When it came to sharing it with a wider audience in these conference proceedings of the open access, online art therapy journal ATOL, we hesitated.

Discussion

What was this hesitation about? In part, it was feeling vulnerable not only to professional disapproval but also to complaint. What if someone objected to there being recognizable faces of people incarcerated in a locked psychiatric ward – did we really have their permission for this? Were we exploiting their plight for our own ends? As counterbalance to these thoughts we were attempting to show both their plight and ways to ameliorate it through participatory art-making, with a wish to raise awareness of the issues we encountered.

In thinking about this we can consider how the value of art done in mental health may differ from that assigned to art done for the market or seen in a museum. The object, placed in the white cube, gives it legitimacy as art and

its price functions as an assertion of its value. In the museum, the object is also isolated from the everyday and given an aura of mystery that enhances its meaningfulness (Ullrich, 2008). This may also be enhanced by an astronomical price tag that further marks it as extraordinary and gives it the quality of 'other' so often demanded by modern art. 'It is precisely sublimity that is expected of art. Obscurity and incomprehensibility become signs of its uniqueness' (Ullrich, 2008, p 47).

In recent times, both business and state are seen to enter into partnerships with art that seek to foster social calming and concealment of the effects of their economic and political systems; government agendas have seen art as a tool for regional development along with social and health programmes, such as crime reduction and mental health (Stallabrass, 2008). This has led to a proliferation of projects using art within a variety of frames that seek to give it a recognized social value. Stallabrass suggests that part of the freedom of art is that it offers the prospect of unalienated labour in which artists can endow work and life with their own meanings. For the viewer the freedom is in allowing the work to elicit thoughts and sensations that connect with their own experiences (2008).

The original project was communal, part of the life of the ward, and tried to involve everyone in a creative process reflecting their experiences, both past and present. The film was a creative response and attempt to evaluate this and bring it from inside the frame to outside of the frame. In doing so, we encountered boundary issues that echoed those from the original project i.e. why can we not do this or that, if it helps engagement in a process deemed to be beneficial. Going back to Skaife's idea (2016), perhaps we have lost a clear context in which to position the frame for the film now, and with it our sense of where the boundaries need to be in order to provide a containing frame for an audience.

Biography

Christopher Brown is an art therapist working as a senior lecturer at Goldsmiths, University of London and as a supervisor in private practice. He is also a founder and editorial board member of ATOL: Art Therapy OnLine.

Other activities include making and exhibiting art in various media and film-making.

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