

Art Therapy Online: ATOL

Musings on the impact of aniconism and the practice of art therapy within a Muslim community.

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Abstract

This article puts forward an understanding of aniconism within Islam and the implications for art therapy practice within a Muslim community. As a non-practising Muslim, the author describes his experience of aniconism. 'Aniconism', is considered to be a custom or belief of avoiding graphic representation of any godly beings or religious figures. This belief system also extends to the graphic representation of all human beings and living animals. Representations of god, divine beings and religious figures are all subject matters that could potentially arise in an art therapy context. However, the aspect of aniconism of most relevance and concern to this article is the representation of any 'living beings' i.e. human beings and animals. (Oxford English Dictionary (1992).

Direct links are made to literature on aniconism as well as relevant art therapy literature and finally all findings are discussed, evaluated and concluded. A

case study is included in order to share the author's clinical experience of working with a Muslim patient.

Keywords

Aniconism, Islam, Muslim, Art Therapy, Art Psychotherapy, Image making.¹

Introduction

When citing the Quranic verse on aniconism from his book *Five essays on Islamic art*, Allen writes:

“On the Day of Judgment the punishment of hell will be meted out to the painter and he will be called upon to breathe life into the forms that he has fashioned; but he cannot breathe life into anything...In fashioning the form of a being that has life, the painter is usurping the creative function of God.” (Allen, 1988, p19).

Increasingly in a multi-cultural society such as the United Kingdom, many art therapists will at some point encounter Muslim patients and aniconism could, potentially, have implications for art therapy theory and practice. This article strives to give an insight into aniconism within Islam in order that the art therapist has an understanding of a complex cultural belief in the event of an encounter with a 'practising' Muslim patient. The belief in aniconism doesn't necessarily appear to go hand in hand with being a practising Muslim as will be seen in the case study. This paper then is an attempt to contribute to the existing discussions within art therapy literature that explore the complexity of working across cultures.

¹ Please see Appendix 1 for all definitions of key terms and concepts.

Personal Encounters with Aniconism and Review of selected Literature

I first became aware of the beliefs of aniconism as a young child growing up in a Muslim family and having to attend mosque after school. For two hours every evening I, along with many other children of my age, were taught Arabic in order to recite the Quran. I recall on one particular occasion drawing some simple stick figures of human beings on the benches at which we sat. On this occasion the tutor noticed my drawing, and after punishing me physically with a cane, explained that the drawing of living things was forbidden in Islam, stating; 'we cannot recreate the work of God.' This is my earliest memory of what I now understand as aniconism.

There are many contradictions in terms of what is and isn't permissible in terms of aniconism within Islam.

Allen's (1988) suggests that Muslim populations did, to some degree engage in figurative image making and provides photographic evidence of Islamic figural representations of people, birds and horseman etc to support this. He also states that figurative representation had always been part of the wider secular society within which Islam developed. Referring to the *Hadiths*, (oral traditions about the acts and words of Muhammad) Allen suggests that as Islam developed, Muhammad objected to figural representations on curtains in the mosque. These were subsequently taken out of the mosque and cut up to make cushion covers; their different orientation as cushions made them unlikely objects of prayer and hence, apparently acceptable. On a critical note this *Hadith* to some degree is at odds with the original verse of the Quran.

Allen goes on to state that this *Hadith* was the original basis for *iconoclasm* or 'image-breaking' (the destruction of figurative art), suggesting that the focus for art was different for the Islamic world than the antiquity or mediaeval Europe. Islamic art was concerned with serious and visually intriguing abstract elements, the focus being on patterns rather than organic forms. Stories were learnt through metaphor and memory rather than with the aid of visual imagery. This is certainly true of my personal experience, as I do not ever

recall seeing figurative imagery in mosques, only abstract art and Arabic calligraphy.

On reflection of the above, Allen suggests that aniconism was not present in early Islam, but that information from both the Quran and the *Hadiths* indicate an objection against image making for Muslims. However, Allen focuses on the Islamic world that lies between the western coast of Morocco and the Indus River, omitting other parts of the Islamic world such as India, Southeast Asia and Africa which makes it difficult to know if this evidence can be generalized to the wider Islamic population.

A more recent paper explores aniconism from a historical, anthropological and socio-cultural perspective (Graber, 2003). Graber points out (similarly to Allen, 1988) that Islam originated in countries with pre-existing religions and cultures such as Christianity where iconographic representation was plentiful. The article suggests that during Islam's first century, the Muslim world created art that moved away from iconographic representation and replaced this with written formulae, reflecting its faith. This was evident on the coins and citations of the Quran on buildings. Muslim views on aniconism are discussed as early as the thirties of the seventh century; suggesting that Muslim attitudes towards images were one of contemptuousness and scepticism, lacking in spiritual ideologies as apposed to their Christian counterparts who viewed images in a deeper, more symbolic way.

Whilst researching this article, I wanted to find out if there was an official statement within British Islam today on the issue of aniconism. Contact was made with a member of staff at the 'Muslim Council of Britain' in order to ascertain clarification on what is strictly seen as correct practice in terms of image making. I asked whether there was any literature discussing this issue, but there was not. The response was that image making of living beings including animals, is forbidden for Muslims, however young children "of school age" could engage with image making of living beings. Furthermore, some of

the Islamic educational texts published for children within the United Kingdom, do include imagery of living beings.²

Despite my childhood experience of being reprimanded at the mosque, I was personally very aware of the enjoyment and refuge in creativity, and in particular, art. At the age of twelve, after a period of defiance with my parents, I was eventually able to terminate my tuition at the mosque.

Though many Muslim parents are aware of aniconism, my own parents never expressed any views on the subject. I did however manage to continue with my own art making through to my GCSE's, where I encountered aniconism for the second time with fellow Muslim students. Once again I recall drawing human beings without much regard for aniconism, I was expressing myself freely, despite some opposition from my fellow Muslim art students, who created solely pattern based work without raising any question from our art teacher who possibly was unaware of her students beliefs of aniconism.

An article by British art teacher Richard Hickman entitled *Teaching art to Muslim students*, (Hickman, 2004) uses qualitative research methods such as a case study and interviews with Muslim students in order to demonstrate how some forms of representation such as figurative art can cause offence to some Muslim learners. He provides a detailed account of a 'mask making' lesson whereby Muslim students protest that they cannot engage in such activity, being against the principles of their religion. When the students were asked to seek clarification from parents, nine out of ten students reported back saying that it was not acceptable for them to create this type of work. In light of this, the author had to make certain modifications such as open-ended art briefs in order to accommodate such views. In essence, Hickman (2004) suggests that art teachers need to be aware of Muslim students who hold such views and adapt lesson plans accordingly, whilst still allowing learners to

²Please see www.iflibrary.ork.uk (a collection of Islamic literature in Leicestershire England) and www.kubepublishing.com (a publisher and distributor of books on Islam and the Muslim world).

achieve the desired educational outcomes. He also points out that British art education in schools has a long way to go if it is to embrace a multicultural view, developing a curriculum which is relevant to all sections of society. I am of the opinion that the sample of students interviewed seems too small (ten students) and arguably is not representative of a wider Muslim population. It would be useful to conduct a similar study on a more comprehensive level, reaching out to a wider population.

Furthermore a research paper directly evaluating Muslim attitudes around aniconism. Soganci (2005), in a paper entitled *'Mum, why isn't there a picture of our prophet?'* addresses the issues within Turkish arts education, regarding the historical unease in Islamic cultures about figurative representation. The author conducted a quantitative survey into the attitudes of students on figural representation, as well as ten qualitative interviews to ascertain more in-depth information. The findings suggested that 45.5% of the two hundred and twelve student population either had no opinion, or agreed that making pictures of humans was inappropriate. I believe the two hundred and ten student population to be a sufficient number of people to conduct accurate quantitative research and additionally, the fact that nearly half of the student population had no opinion, or agreed that making figurative images was wrong, suggests that such views of aniconism still exist in today's society. Such data is worthy of serious consideration when contemplating the implications for a Muslim patient who might engage in art therapy.

Interestingly, like Allen (1988) the author also talks of iconoclasm taking place within Turkish history, where hostility towards figurative representation and attempts made to destroy and scratch out the faces of people on buildings was common practice. The author concludes by suggesting that a more open, multidimensional view towards aniconic traditions should be cultivated within the art classroom. It could be argued that this particular article is not representative of a western society as Turkey lies just outside the jurisdiction that is considered Europe or 'the west'.

The following section describes my work with a Muslim teenager. Although we were both from Muslim backgrounds, our experiences of aniconism were

different. I became aware of the complexity of working with someone who apparently comes from the same culture, but whose experience and internalisation of that culture is very different from my own.

Case Study

During my clinical placement within a Child and Adolescent Mental Health out-patient clinic, a sixteen year old male adolescent of British Muslim Pakistani heritage was referred to me for art therapy. It was not unusual for the clinic to have patients of an Islamic heritage, as the centre itself was located within an ethnically diverse community where a large proportion of referrals came from Muslim families.

For the purpose of confidentiality I will use a pseudonym when referring to the adolescent in question. 'Ali' was referred for art therapy due to difficulty managing at school and hypersensitivity to criticism. Ali's father was terminally ill with prostatic cancer and had been told that he had months to live. Ali was filled with emotions he could not easily manage or communicate. Ali appeared to have some issues around his evolving social and cultural identity and sense of belonging. His cultural values appeared to be strongly linked to both his religion as a practising Muslim and his family, contextualized within the framework of modern day British society.

Throughout the process of working with Ali I was always aware and mindful, that I was of a similar cultural heritage. The advantage of this was that I had insight into what it might be like to be a 16 year-old boy from a Muslim background growing up in Britain, and this could enhance our emotional connection. The disadvantage could have been the risk of projecting my own experiences and assumptions of the above onto Ali's situation.

It was during my encounter with this particular adolescent that I became preoccupied with the various implications and possible religious restrictions that relate to the creation of images of all living beings. This made me question the use and effectiveness of an art therapy intervention both for this particular patient and for the wider Muslim community. As a trainee art

therapist I felt to some degree a level of confusion about whether or not art therapy and the process of making such images was appropriate , though Ali never explicitly spoke of aniconism as nor did I.

An initial meeting was arranged with Ali, his mother and his psychiatrist to discuss the possibility of working with Ali. His mother showed concerns that Ali needed some help to manage his emotions. Ali confirmed that art therapy was of interest to him.

In sessions one and two Ali worked using a pencil and A4 paper, (figure 1).³

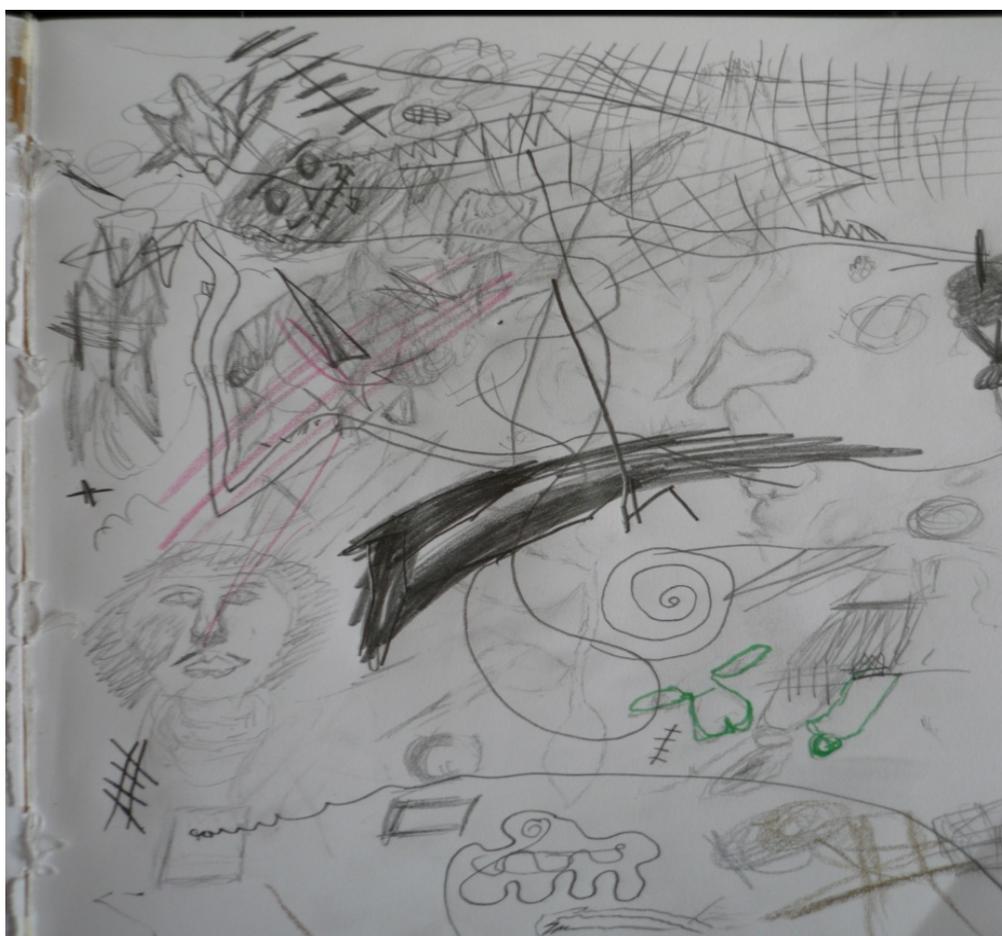


Figure 1

Throughout session one Ali was ‘clock watching’ and I experienced a transferential urgency to leave the room before the session time was up. This

³ Please note that the patient’s informed consent was granted for the use of these images within his article.

left me feeling inadequate, and I wondered if he wanted to leave because he was afraid of the unknown; of what he might encounter in the art therapy room, and the emotions that could be stirred up.

In session two Ali appeared to be in a more agitated and angry mood; this was reflected in the use of his art materials, such as darker shading and working much more erratically; in particular whilst discussing the subject of his father's terminal illness. If we are to consider Ali's drawing in figure 1 in detail, several human like faces can be seen emerging from beneath and within the vigorous shading. A total of five human like faces and additionally an animal like figure with four legs in the bottom right hand corner. He was clearly free to express himself through the use of art materials. I wondered whether it was possible that Ali benefited in a therapeutic way by being free to create images of living beings (figure 1), despite this idea possibly not being condoned by his religion.

Ali did not attend sessions three and four. I wondered whether there had been some conflict for him in terms of his emerging imagery. Non-attendance was a reoccurring theme in working with Ali, and my interpretation of this 'non-attendance' changed over time. However, after these early sessions I was left with a feeling of ambivalence about whether Ali came or not, which on reflection could have been my counter-transferential experience of how Ali was feeling about the art therapy sessions. We had not yet built a therapeutic relationship and he may have been anxious about making a commitment to his therapy.

In session five Ali created an image of a male face with a headscarf and beard on red paper (figure 2).

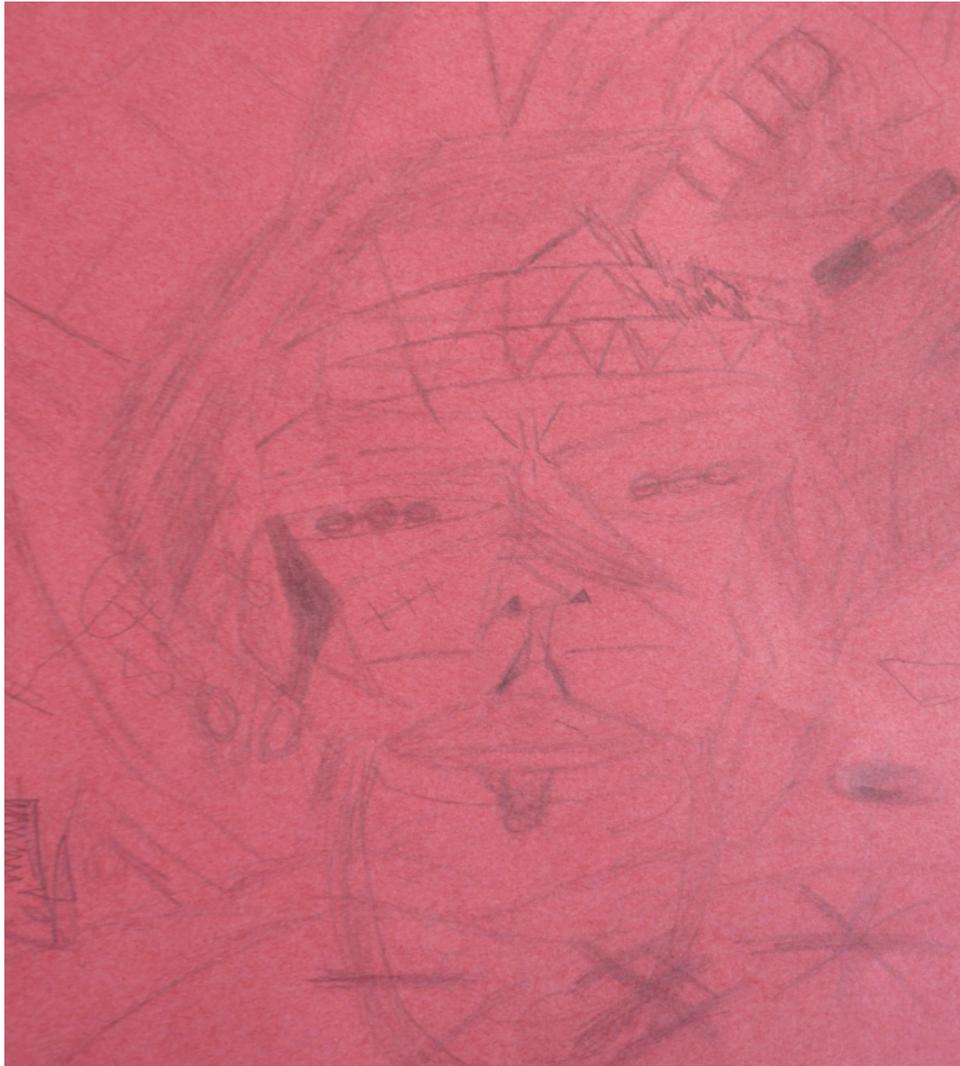


Figure 2

Ali remarked on this piece of work, saying it looked like the Taliban. I felt that Ali used the word 'Taliban' as a cultural reference related to his ethnicity and religion. For Ali, I sensed that the Taliban could represent a force against western culture at a time when he may not have felt a sense of belonging in his school, or his therapy and maybe wanting to identify with his father and Muslim roots.

Additionally, he remarked on the tears and scars on the face, labelling the tears as 'tattooed tears'. In my observations I likened the 'tattooed tears' to that of Ali's unexpressed emotions and his remarks that he was unable to cry. In a similar vein, the scars were perhaps symbolic of his father's surgery-scars, which he had mentioned in previous sessions. It seemed that creating

the image of a 'living being' enabled Ali to express and share his emotional experience in a way that he might not otherwise have been able to do.

Ali did not attend session six, although for the first time he called to leave a message to advise me of his absence. In session seven Ali continued to work on the image of the male face (figure 2). He arrived promptly to the session and readily discussed his recent exclusion from school which were tentative signs of the development of a therapeutic alliance. His exclusion from school was due to forging a dentist's letter, and behaving aggressively towards a teacher when questioned on this. Ali reported that he felt the teacher 'had it in for him' and 'picked on him'. My sense was that he was feeling genuinely victimized and isolated.

On reflection I related to some degree, with the concept of the 'wounded healer' (Sedgewick, 1994). I could empathize with Ali's feelings of victimization and isolation from my own similar personal adolescent experiences, and I wonder if this mutual understanding was a key element in moving our relationship forward.

In session eight, nine and ten Ali telephoned to say he did not feel like attending. Despite all my attempts at maintaining contact through letters after his missed sessions, it still proved difficult to engage Ali and maintain any kind of continuity. It was interesting that Ali withdrew from the sessions following a session in which the emotional connection between us had grown. On the surface, this may have appeared ambivalent, however, Ali was aware that the apparent reason for him coming to the sessions was to explore the situation at home. Perhaps he felt too anxious to continue talking about the difficult feelings he was experiencing relating to his father's illness. I also wondered if Ali had ever been in a situation previously in which he had been able to talk openly, as it did not appear that he had experienced this. This may have added to his anxiety of the unknown.

After discussing the case in supervision, I was able to piece together some of my thinking about Ali forming a new relationship with me whilst his father was terminally ill. Ali was about to lose his father, and this may have been a difficult and inappropriate time for him to be building a new attachment to

another Asian adult male; possibly even a sense of betrayal and fear of further loss - end of therapy. However, a significant difference to be noted is that I am of a different generation to his father. Furthermore, it seemed beneficial for me to provide Ali with a larger scale and range of materials in the hope that Ali could engage with his emotions on a deeper level. Also it was useful for me to put the art element back into art therapy. This was partly to shift the focus of the work from verbal communication on to the art materials, and also to counter the countertransferential pressure that I was feeling to please Ali's mother.

In session eleven, for the first time Ali selected materials from the storage cupboard. It appeared that Ali was more engaged with the art therapy room/space (container). He appeared to take more ownership of the room and walked about freely, as opposed to sitting in his chair as in all previous sessions. This to me suggested that he felt safer in his relationship with me and was therefore able to explore the perimeters of the room.

Ali began by working with red, possibly depicting his anger creating a red landscape (figure 3) and what appeared to be a trail of footprint type shapes (figure 3.1). We spoke of journeys, endings and also his trip to Pakistan in the near future. Ali explained that he was looking forward to the holiday and to seeing his extended family. He said that Pakistan felt like a second home. However the landscape became more chaotic and messy as he began to splash blue paint over it, smashing his paintbrush on the paper (figure 3.1). I wondered whether perhaps this was not going to be an easy journey or landscape to visit for him, his family or his father. Ali explained that his father was going to say goodbye to his sisters and extended family. I asked Ali whether he felt sad about this, because in my counter transference, I myself was experiencing sadness in hearing this story. Ali agreed that he felt sad. In addition, I wondered how much Ali was picking up from his father - in terms of his father's difficult journey to Pakistan.

Whilst reflecting on the image with Ali, I perceived a 'sad face' (figure 3.1) within the landscape with some reference to footprints and journeys, he

agreed that the face was indeed sad. Ali left the session explaining that he would call the centre on his return to the UK.



FIGURE 3



FIGURE 3.1 (close up)

After a four-week break Ali did not return for his four final sessions. It was not possible to say goodbye. A message was eventually left at the centre to say that the family had extended the holiday.

I was left wondering about the ending of Ali's engagement in art therapy. All three of Ali's pictures contain images of living beings and I was unsure about the therapeutic value of this encounter and his experience of creating these images. I am unsure as to what benefit Ali would have gained from art therapy had he attended the sessions with firm beliefs of aniconism. His images seemed to contain some emotional content which had a different quality to those restricted to perhaps patterns and abstract forms.

Discussion

Although the issue of aniconism was very much alive in my mind, I did not feel it appropriate to question Ali on whether he adhered or practised the beliefs of aniconism within Islam, nor did he declare any such beliefs. As a trainee art therapist I made a conscious decision to allow the sessions to flow organically. I chose not to raise the topic of aniconism with Ali as this could have compromised the therapeutic relationship, and more importantly the outcome of the therapy. However, paradoxically one could question that if the patient did hold such beliefs, and the therapist had knowledge of this, then does facilitating the creation of such images pose a moral dilemma for both parties involved?

Additionally Ali never questioned me on my personal cultural heritage, although my surname, 'Khan' could be a potential indicator of my heritage, as the name Khan is a popular Muslim surname.

During the course of searching for relevant literature on the subject of aniconism, it became evident that there was a limited source of British literature. Having to look further afield to other countries such as America posed a question as to whether or not this foreign literature could be

generalized to the UK population. However, it could be argued that these are still western countries with a significant number of Muslim immigrants, so these issues are likely to be similar to those faced in the UK. Surprisingly, no such literature exists on the subject of aniconism in art therapy, the closest being, 'how aniconism can influence how art is taught in schools' (*Teaching art to Muslim students, 2004 by R.Hickman*).

Other ideas for further research and understanding on the subject might include the following:

- ⟨ It could be beneficial to look at the same subject matter within Christianity, Judaism, Hinduism and other religions in order to gain a broader, cross-cultural perspective on image making.
- ⟨ Conducting qualitative interviews with Muslim patients participating in art therapy in order to gain a personal perspective on aniconism and their experiences/opinions of art therapy.
- ⟨ Contacting The British Art Therapy Association (BAAT) to see if this was a topic worth addressing in council meetings or specialist groups such as Art, Race and Culture (ARC).
- ⟨ Conducting a presentation on the findings of this article to other art therapists working with diverse cultural patient groups.
- ⟨ Approach the dance, music and drama therapy associations in Britain to create a dialogue about cross-cultural differences in the approaches to creativity.
- ⟨ Creating a system, which could compensate for the lack of figurative imagery but still enable 'practicing' Muslim patients in art therapy to express themselves fully and effectively.
- ⟨ Reviewing the works of contemporary Muslim artists in light of aniconism.

Conclusion

Writing this article has helped to further develop and synthesise my own thoughts and understanding on the subject of aniconism in art therapy. I hope that ultimately this will improve my art therapy practice with a Muslim population. As aniconism was part of my childhood and my cultural heritage, this has been a particularly interesting subject area to explore. My work with Ali made me aware that even though people may share cultural and religious backgrounds, their experience of that background and relationship to it may be very different, and this needs to be taken into account when working with people who ostensibly share cultural and religious backgrounds.

I hope some knowledge has been gained on the origins of aniconism within Islam and the attitudes of some Muslims towards figurative imagery, which have been described as both contemptuous and sceptical. This view was demonstrated by some Turkish Muslim art students who believed that figurative image making was indeed inappropriate for a Muslim population. Furthermore, and perhaps more surprisingly, the attitudes of present day Muslim students in British schools highlight similar views.

When encountering a 'practising' Muslim patient in an art therapy context, one might want to consider the topic of figurative representation, as well as the implications of being unable to (due to a religious restriction) use figurative imagery in their creative expressions. Additionally one might ask the question of how, if a patient refuses to draw living beings, this might reflect and impact on art therapy. How one might accommodate this situation, and how an art therapist might seek the patient's views during the assessment before the therapy starts, could potentially better facilitate understanding within the therapeutic relationship. On a more radical note, one might consider if art therapy intervention is indeed suitable for a 'practising' Muslim with beliefs of aniconism. I personally believe that the infinite possibilities of creative expression within art therapy are so vast, that even in the absence of

figurative representation, one can still benefit from the processes and outcomes of art therapy.

Acknowledgements

I wish to express my gratitude to the staff and patients at the centre where I completed my practical clinical placement and where much of the inspiration came from in order to write this article, unfortunately due to reasons of confidentiality I am unable to name these individuals directly. I wish to thank Tessa Dalley, David Edwards and Julia Meyerowitz for help with the final stages of editing and publishing of this article and Dr. Susanna Flett for additional editorial support. Finally, I would like to express my thanks to both the tutors and my contemporaries at Roehampton University.

Biography

Talid Khan, born in the United Kingdom of Kashmiri heritage, has recently completed the MA in Art Therapy training at Roehampton University, London. Previous to this he graduated with a BA (Hons) in Creative Expressive Therapies (art, dance, music and drama) from the University of Derby. He currently has experience in working within adult, adolescent and child NHS mental health services as well as the private sector within the city of London.

References

Allen, T. (1988) Five Essays on Islamic Art. Solipsist Press. USA.

Bion, W. R. (1962) Learning from Experience. Heinemann, London.

Case, C and Dalley, T. (1992) The Handbook of Art Therapy. Brunner-Routledge. London.

Graber, O. 2003, From The Icon to Aniconism: Islam and the Image, *Museum International Journal*, 218: 2-55.

Hickman, R. 2004, Teaching Art to Muslim Students, *Journal of Visual Art Research*, 30: 55-61.

Holmes, J. (1993) John Bowlby and Attachment Theory. Routledge. London.

Sedgwick, D. (1994) The Wounded Healer: Countertransference from a Jungian Perspective. Routledge. London.

Stern, D.N. (1998). The Interpersonal world of the infant. Karnac Books. London.

Soganci, O, I. 2005, Mom, why isn't there a picture of our prophet? *International Journal of Education through Art*, Vol.1, 21-27.

The British Association of Art Therapists. (2011) Website. UK. Available from: [http://www.baat.org/art_therapy.html] Accessed on: [26/11/11].

The Oxford English Dictionary. (1992). New Edition. Oxford University Press *Inc.* Oxford.

Webster's New World Dictionary and Thesaurus. (2002). Second edition. Hungry Minds Inc. New York.

Winnicott, D. (1971) Playing and Reality. Penguin Books. Harmondsworth.

Appendices

Appendix: Key terms and concepts

'Islam', as stated by the Oxford English Dictionary (1992) was founded in the Arabian Peninsula in the 7th century ad, and is currently the faith followed by more than a billion people. The system and moral code of Islam were said to have been given to Muhammad (considered the prophet of Islam) as a succession of revelations, which were recorded in the holy book known as the Quran.

'Muslim', as defined by the Oxford English Dictionary, (Oxford English Dictionary, 1992, p587) is a believer in or follower of Islam. Webster's dictionary, (2002) defines 'Muslim' as an adherent of Islam.

The concept of 'aniconism in Islam', as described in the Oxford English Dictionary (1992), is the prohibition of creating images of both God and the prophet Mohammed, and in more extreme cases, of all living beings including animal's.

Art Therapy as described by Case and Dalley (2002), involves the use of various art mediums through which a client can convey and work through the issues and difficulties that bring the client into therapy. The art therapist and client work together in order to understand the processes and outcomes of the session.

Additionally, The British Association of Art Therapy (2011) states:

"Clients who are referred to an art therapist need not have previous experience or skill in art, the art therapist is not primarily concerned with making an aesthetic or diagnostic assessment of the client's image. The overall aim of its practitioners is to enable a client to effect change and growth on a personal level through the use of art materials in a safe and facilitating environment."

