

ATOL: Art Therapy OnLine

Don't look back in anger:

Surviving as an art therapist, thirty years on

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Slip inside the eye of your mind

Don't you know you might find

A better place to play (Noel Gallagher)¹

Preface

This article started out in life as a short talk given at the University of Derby at the opening of an exhibition of art work by students on the art therapy MA training course. The theme of my talk – specified by my hosts – was ‘The future of art therapy’. It occurred to me at the time, and more so subsequently, that I probably wasn't the best person to address this topic. Having trained as an art therapist in the early 1980s, I'm in my sixties now, so the prospect of retiring from clinical work in the foreseeable future is very much in my mind. As such I most definitely do not represent or embody the future

¹© Sony/ATV Music Publishing LLC; <https://www.youtube.com/watch?v=r8OipmKFDeM> & https://en.wikipedia.org/wiki/Don%27t_Look_Back_in_Anger

of art therapy. Moreover, at my age one is – sometimes regretfully - inclined to look to the past rather than the future. And when I look to the past, to my professional past that is, I cannot help but feel I may very well have seen the best of what art therapy can be. Allow me to explain.

Don't look back in anger

I have been more or less continually involved with art therapy since the late 1970s. Initially this was as a curious bystander, later as a trainee, clinician, clinical supervisor, service manager, academic, writer, editor and as an active member of the British Association of Art Therapists, locally and nationally. During this period, a period which began long before the triumph of CBT and the arrival of IAPT, the world in which I live and work has in many respects changed almost beyond recognition. It is sometimes difficult to believe that forty plus years ago multi-national companies such as Adidas, Starbucks, Microsoft, Apple, Amazon, Google, YouTube and Facebook had either not yet been established or had yet to make the social and economic impact they subsequently have. During the early years of my career art therapists such as myself were obliged to live, work and travel without mobile phones, the 'interweb', wi-fi and email, or those ubiquitous objects of desire - and sometimes irritation - the iPad, laptop computer and suitcases with wheels. However did we manage?

And yet in some important respects nothing seems to have changed over the intervening years. The UK remains – it seems to me - much as it was in the early years of my career; a brutal and socially divisive place to live and work. A country where the disadvantaged and disabled continue to be stigmatised and punished and 'others' – particularly others who have mental health problems or who worship different gods or speak different languages - are feared and despised. The neoliberal agenda initiated by Margaret Thatcher and her establishment supporters – an agenda that has increased prosperity for the few, and high levels of anxiety, insecurity, unemployment, social

conflict and division for the many - would appear to be as much alive today as it was back in the late 1970s and early 1980.²

As for art therapy, everything and nothing seems to have changed over the past four decades. On the positive side we do still have a public sector, albeit one that remains very much under threat. What is more, the National Health Service does still, occasionally, hire new staff, some of them art therapists. More importantly perhaps, there is now a profession suitably qualified persons can join. Although the term 'art therapy' had been in use since the nineteen forties, when I qualified in 1982 there was little consensus as to what art therapy was, how it might best be defined or indeed who might be qualified to provide it. It is also easy to forget that in 1982 state registration was a distant aspiration, not yet the troubling, rule bound reality it seems to have become. Formal recognition of art therapy – by the state - wasn't achieved until 1997, initially through the Council for Professions Supplementary to Medicine (CPSM), latterly through the Health and Care Professions Council (HCPC).³

Other significant steps on the road towards the professionalization of art therapy included the publication of *Art as Therapy* (Daley, 1984), the first book on art therapy written by UK based art therapists. 1984 also witnessed the publication of its 'Principles of Professional Practice for Art Therapists' by the British Association of Art Therapists (BAAT, 1984). A decade later, BAAT published the first *Code of Ethics* (BAAT, 1994) for art therapists then practicing in the UK. Together these documents marked important

² **Neoliberalism** (or sometimes **neo-liberalism**) is a term which has been used since the 1950s, but became more prevalent in its current meaning in the 1970s and 80s by scholars in a wide variety of social sciences and critics primarily in reference to the resurgence of 19th century ideas associated with *laissez-faire* economic liberalism. Its advocates support extensive economic liberalization policies such as privatization, fiscal austerity, deregulation, free trade, and reductions in government spending in order to enhance the role of the private sector in the economy. Neoliberalism is famously associated with the economic policies introduced by Margaret Thatcher in the United Kingdom and Ronald Reagan in the United States. The implementation of neoliberal policies and the acceptance of neoliberal economic theories in the 1970s are seen by some academics as the root of the financial crisis of 2007–08; <https://en.wikipedia.org/wiki/Neoliberalism>.

See also <http://www.theguardian.com/books/2016/apr/15/neoliberalism-ideology-problem-george-monbiot>

³ The Council for Professions Supplementary to Medicine (CPSM) was replaced by the Health Professions Council on 1 April 2002,

stages in the professional development of art therapy in the UK. My point in highlighting these historical events is as a reminder that art therapy has a past and that it was there - in this past - that what we now refer to as 'art therapy', or more often these days as 'art psychotherapy', was transformed from an informal and ill-defined set of practices into a credible profession and I am proud to have been a part of the generation of art therapists who that made this possible.⁴

Readers familiar with my book *Art Therapy* (Edwards, 2014) will already be familiar with much of this. They (you) will also know that in addition to art therapy having deep cultural roots, those who pioneered the profession had a progressive political outlook and, united in our aspirations, a collective sense of purpose. Our belief in the healing power of art remained undiminished despite poor pay and conditions of employment or the lack of (so-called) 'objective' evidence for the efficacy of our work. I'm not sure how much – if any - of that is actually true anymore. It seems to me that as a profession art therapy is very much like the UK at present, conflicted and fractured and far from being at ease with itself or its near 'neighbours'.

Surviving as a professional

In stating this so baldly, I do not wish to romanticise the past. And to say my own career as an art therapist had a difficult beginning would be something of an understatement. Freshly trained and full of naïve enthusiasm, my first job as an art therapist was in a large psychiatric hospital – Stanley Royd Hospital - situated on the edge of Wakefield in West Yorkshire. Long before the notion of care in the community had taken root it was in institutions such as these that the majority of art therapists at the time found employment.

Having been 'fortunate' enough to secure a full-time job as an art therapist shortly after graduating – I know, I know! - I soon discovered that these institutions remained predominantly self-enclosed, impoverished and medically dominated communities. Despite my idealism, or possibly because of it, it didn't take long before my appetite for

⁴ See Waller (1991) for a detailed analysis of this process of transformation.

the personal and professional challenges I faced was severely tested. Frustrated by the evident unwillingness of the institution to embrace what I felt I had to offer, disillusion began to set in. At the time, my fate felt like that of the 'hero innovators' described by Georgiades and Phillimore (1975); individuals who, in their attempts to change the organisations in which they worked, were like brave knights being eaten for breakfast by institutional 'dragons'. In actual fact my work was often actively sabotaged, with patients being held back on the ward or by sessions being interrupted by nursing staff arriving to collect a patient for little or no apparent reason. The struggle to establish a credible therapeutic practice had all too quickly come to feel like a painful, not to say impossible, undertaking.

Respite arrived from an unexpected source. During the summer of 1984 Stanley Royd Hospital experienced an outbreak of Salmonella poisoning; an event that resulted in the tragic loss of nineteen lives, some of whom were regular visitors to the art therapy department. This outbreak of food poisoning was headline news at the time and eventually led to a public enquiry and changes in the law (Department of Health and Social Security, 1986). A Sunday Times article written at the time described the hospital I was working in as 'a scrap heap hospital' (Deer, 1985). It was a description few who lived or worked in the hospital would have disagreed with. One immediate consequence of the Salmonella outbreak was the decision to restrict patient movements around the hospital; a decision that effectively closed the art therapy department for several months. Regrettable though this decision was it did provide me with a bit of breathing space and an opportunity to try and make sense of my experiences as a beginning art therapist.

During the time the art therapy department remained closed, I spent a lot of time reading and writing and in September 1985 I gave a paper at the 11th Triennial Congress of the International Society for the Study of Art and Psychopathology held at the University of London, Goldsmiths College. My paper, entitled *Three Years On: Surviving the Institution* described my struggle to work and survive as an art therapist and was surprisingly well received given the difficult issues it identified. This paper was subsequently published in *Inscape: The Journal of the British Association of Art*

Therapists (Edwards, 1986). Several years later I published a revised and updated version of this paper (Edwards, 1989). Three decades on from the publication of these early papers, most of the Victorian asylums have now closed, and I am older and possibly a little wiser. Unfortunately, many younger art therapists continue to face difficulties and challenges very similar to those I did. The problems of recognition, integration and validation remain as persistent as ever.

Take, for example, the problem of recognition. Despite all the work that has gone into establishing art therapy as a profession and as a therapeutic modality over many years, the current, popular view of it appears to be that it is something to do with 'colouring in'. According to the blurb on my copy of *Art Therapy: An anti-stress colouring book* (Davies, Merritt and Wilde, 2014),

Creating beautiful art can be a very positive and soothing experience. Complete the stunning illustrations in this book and improve your focus and mood through creativity.

Even amateur artists can create something of exceptional beauty, as no drawing skills are required.

These kinds of books, although not always sold as 'art therapy', are extremely popular and appear to meet a very real need; whether this be the alleviation of stress or to stave off boredom.

It is perhaps not surprising then that popularity of these colouring books and the publication of a magazine called *Art Therapy* has raised concerns for some art therapists.⁵ The British Association of Art Therapists official response to this publishing phenomenon is as follows,

⁵ <http://arttherapycollection.com>

Whilst the titles art therapist and art psychotherapist are protected by law, 'art therapy' is not so [it] can be used to describe all sorts of things. Although many people may find colouring patterns in books soothing, what is described in the advert is not what would be seen as art therapy in the UK. However, we do hope that if people start to experience the therapeutic value of art through colouring books, they may become interested in exploring how art therapy is defined on the BAAT website and see how clients have experienced it.⁶

Sadly, I suspect many people do in fact now think of these activity books as 'art therapy', in much the same way that many people thought of art therapy as being an educational, recreational or diversional activity when I started out.

So you want to be an art therapist?

In December 2015, partly on a whim, and partly because I was working on a paper about what art therapy has - in my view - become I wrote to a number of friends and colleagues (all 'veteran' art therapists) inviting them to share with me the three pieces of advice they would wish to pass on to a younger generation of art therapists.⁷ Rather than end on a gloomy or pessimistic note, I would like to share some of that advice with you here, along with one or two observations of my own.

- Despite all evidence to the contrary, retain your sense of optimism.
- Stop being apologetic for the skills you offer.
- Get that chip off your shoulder.

⁶ <https://www.linkedin.com/pulse/baats-response-concerns-over-art-therapy-colouring-of-art-therapists>

⁷ I subsequently invited contributions to my growing list via the ATOL Facebook page; <https://www.facebook.com/groups/173027412711311/>

- Never stop learning about mythology and symbolism to find how the unconscious is communicating through imagery.
- Use creative processes in your own on-going therapy and supervision
- Don't be afraid to fail.
- The capacity for self-care is just as important as enthusiasm.
- Look, listen, think.
- Teach to maintain your self-confidence, self-esteem and motivation
- Never let stress and depression consume you.
- Never let the past interfere with your future
- Don't be afraid of silence when being with your client - silence isn't empty!
- Doing things without understanding why you are doing them is not therapy - it is only guessing and hoping.
- An organisation can often resemble the chaos and disturbance of the client we might typically meet during the course of our day-to-day work. Therefore, the clinical 'nouse' [Common sense, practical intelligence]⁸, reaped from our training is incredibly useful in informing our interactions, both externally with the organisation and internally within our own psyche, and collectively, between our colleagues.

⁸ <http://www.oxforddictionaries.com/definition/english/nous>

- 'Madness' is a label and it never ceases to amaze me how often it is one client's appear keen to wear.
- Resist the idealisation of Art therapy. The idea that art therapy is 'special' can be both inspiring and destructive. Indeed, art therapy can reach parts that other therapies cannot, but thinking it is more important than other approaches is naïve. The key is to focus on the client's need and what might help to alleviate their pain rather than the dogma or value of a particular approach, no matter what that might be.
- Remain curious.
- Keep listening to Louis Armstrong on trumpet, or whatever it is you do to play. There is virtuosity in any kind of play and if you and the client manage to play in art making and conversational banter, the client will have a sense that you value them.
- Be humble.
- Tell people about your work. They may be more interested than you think.
- Make common cause with service users and other staff in the range of service user movements. It could be a good direction for everyone's mental health.
- There is creativity of explanation and evidence in the arts, the humanities and in science. We can borrow some of this to make a coherent case for art therapy without reinventing the wheel. It is possible to show evidence of value across a large spectrum of art therapy approaches, including longer-term and brief work, individual and group.

- Most of the clients I have ever worked with started therapy not to gain insight or understanding – though they might find that - but because they just wanted the pain to stop.
- Don't allow others – particularly those in authority such as academics or the chairs of professional bodies - to define for you what art therapy is. Art therapy belongs to all art therapists.

Surviving as an art therapist is, it would appear, as challenging and problematic today as it was in the early 1980s. I wish it were otherwise, I truly do. I also wish the profession was a more united and less conflicted one and that professional bodies such as BAAT and HCPC better served the interests of their members. Most of all, however, I wish my profession had a greater appreciation of the talent, energy and enthusiasm of the younger generation of art therapists now entering it in ever larger numbers. Unless we can better support and encourage these 'younger generations' of art therapists, help them find their 'voice' as others helped me find mine, then art therapy faces a bleak future. There is a vital need for forums, such as this, across the publishing spectrum in which these emerging voices might be heard, considered and appreciated.

I will end by leaving the final words to John Bon Jovi.

Map out your future - but do it in pencil. The road ahead is as long as you make it. Make it worth the trip.⁹

The future of art therapy is yours, not mine. Make of it what you will.

⁹ <http://www.brainyquote.com/quotes/quotes/j/jonbonjovi381533.html>

Biography

I initially trained as a fine artist at Newcastle upon Tyne Polytechnic, graduating in 1977. I subsequently trained as an art therapist at Goldsmiths College, University of London, graduating in 1982. Since qualifying as an art therapist I have worked in a range of clinical and educational settings; mainly with adults. I am currently employed part-time as the Clinical Manager by Share Psychotherapy in Sheffield. I also have a private practice in Sheffield where I work mainly as a clinical supervisor. Over the past four decades I have written, run workshops and lectured widely on art therapy and related topics. My book *'Art Therapy'* was first published by Sage in 2004. A second edition was published in 2014.

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