

ATOL: Art Therapy OnLine

Book Review by Christopher Brown

Art Therapy for Psychosis: Theory and Practice

Edited by Katherine Killick

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This book is part of The International Society for Psychological and Social Approaches to Psychosis (ISPS) Book Series, Series Editors: Alison Summers and Anna Lavis. Its contributors represent a diverse range of practitioners with different backgrounds and from various countries. These include: Scandinavia, Italy and the USA as well as the UK; psychiatrists, psychoanalysts and art therapists, who draw upon existentialism, phenomenology, neuroscience, object relations, Lacan and Jung – that's quite a list!

It is edited by Katherine Killick, who has written extensively about working as an art therapist with people in psychotic states. She provides an introduction titled 'Places for the mind to heal'. This gives the reader some historical context and acknowledges the development of approaches contained in previous publications, in particular 'Art, Psychotherapy and Psychosis' (Killick and Schaverien 1997), and 'Clinical Practice Guideline' (Brooker et al 2007). This book builds upon those approaches and, through the ISPS, gives recognition to art therapy's valued place in the field of psychosis.

Art therapy has always had ‘a diverse background of theoretical and philosophical traditions’ (p 2) from which art therapy evolved. That is certainly also true here. However, I was struck by two threads, which seem to run through the book. First, no matter what theoretical underpinning supports the therapist’s approach, it is clear that there are common factors in how the central issue of ‘the traumatic threat that the relationship with the therapist presents’ (p 3) is negotiated. This is exemplified in Greenwood’s ‘side-by-side approach’ (Ch. 6) where the therapist’s mode of being finds expression in the humanistic and social and includes the therapist’s active participation in art-making with appropriate levels of self disclosure. This echoes the model used by ‘Studio Upstairs’ (see Gill, 2017), which also attempts to flatten hierarchical power relations in order to foster engagement in an art therapy process. The humanistic aspect includes the therapist’s warmth, which comes across, for example, in Hagert’s chapter in writing about her client Jeramiah. This common factor in therapeutic approach is well documented as a facilitative factor (e.g. Gabbard and Westen, 2003).

Second, unsurprisingly, is the use of the art-making process and product as an intermediary object within the relationship. This is nicely summarised in Teglbjaerg’s chapter where she lists factors that were significant in creating beneficial effects: absorption in art making reduces anxiety, non-verbal expression provides form with meaning that does not require interpersonal exchange, allows distance from intensity of feeling, provides opportunities for playfulness etc. Killick puts it thus: ‘...art-making as a healing agent in psychotic states when this takes place within a specialised therapeutic relationship’ (p 3), which she links to Edward Adamson’s pioneering work at Netherne Hospital in the 1950’s. She goes on to give a brilliant distillation of why specialised therapeutic approaches are required when working with psychosis that should be required reading for anyone working in the field.

I now move on to look at the chapters in turn.

Chapter One: The matrix of the mind, the networks of the brain, and the principle of transformation in art therapy for psychosis. The author, Johannes

Lehtonen, is a professor of psychiatry and a psychoanalyst, so it is not surprising that he manages to give erudite explanations of complex ideas. I did find it quite a dense read but as I progressed the unfamiliar language became more understandable and I am sure it would be worth a second read.

He presents a developmental model of the mind from infancy that draws upon Winnicott's formulations and these will be familiar to many art therapists. He makes the point that appreciation of infant development 'can help the clinician empathise with a person in a psychotic state' with particular reference to 'the depth and intensity of the threats in psychotic disorganisation' (p 11). The principles of neural networks are then presented as a background for the understanding of mental function followed by thoughts about how we form mental images. Ideas are conveyed convincingly, although I found myself starting to wonder about the neuroscience model, feeling an increasingly seductive pull towards objectivity at odds with the subjectivity of my own practice. Perhaps this tension is inevitable at the interface of disparate disciplines. I arrived at the conclusion, with some relief, to find a coherent bringing together of the strands from psychiatry, psychoanalysis and art therapy that advances understanding of 'transformation in psychic change' (p 23).

Chapter Two: Psychodynamic art therapy for psychosis: progressive mirror drawing and other sensory integration techniques. The authors, Maurizio Peciccia and Simone Donnari are both art therapists, in addition Peciccia is also a psychiatrist and psychoanalyst. They describe a technique, called progressive mirror drawing that is a development of Winnicott's Squiggle game (1971), which involves patient and therapist drawing separately followed by responses to the other done on a transparent overlay. This allows experiences of union and separation, which they link to a psychotic split between symbiotic and separate selves.

The technique is illustrated through a fascinating case study of a woman who presented in a state of autistic withdrawal and stereotypy, whose verbal communication was fragmented and disordered. It becomes clear that the

drawings they did together – while apart – allowed for the development of the therapeutic relationship. Slowly, over time, this enabled tentative exploration of her states of mind. The development and working through of the transference is documented and after 13 years of therapy she was able to manage interpersonal relating without the need for her delusional and autistic defences. Here, the function of the art-making allows a non-intrusive engagement within an extended time frame and demonstrates the therapist's capacity to think, which informed interventions in the graphic representations that were containing for the patient.

There follows an argument for ways digital media can allow experiences of moving from symbiosis to separation without raising anxiety. The progressive mirror drawing technique can be used when drawing with an iPad, providing opportunity for easy manipulation of images, which can also be projected onto a larger screen. Games consoles using motion detection allow body movements to be translated into drawings and projected: 'the screen becomes an interpersonal space where the patient can learn to tolerate facing the image of his own body' (p 61). They have been used with patients who have stereotypical movements where the sensory feedback can lead to change. Future developments in these technologies may lead to further innovative techniques as the interface between biology and technology expands.

Chapter Three: Shaping consciousness – phenomenological art therapy with adults in psychotic states. Hanne Stubbe Teglbjaerg is a psychiatrist and expressive arts therapist and the work she presents is based on her PhD research. She gives a clear and concise account of how disturbances of perception and primary sense of self in schizophrenia can be understood from a phenomenological approach. This conveys a real sense of what Richard Lucas called 'The Psychotic Wavelength' (1993), which is so different from our non-psychotic way of perceiving the world. (For readers wishing to find out more about phenomenology I recommend 'At The Existentialist Café' by Sarah Bakewell, 2016).

I referred earlier to the six beneficial factors identified from her 'artwork-focused art therapy' (p 72) that she elucidates upon here. These seem to me to be well known from the existing art therapy literature but here are seen through a phenomenological lens that gives further credence and theoretical underpinning. In writing about factor four – 'the playfulness of art-making' she describes using 'deliberate playful structures in the group as a tool to loosen up a tense atmosphere of insecurity, anxiety or silence' (p 83). I was reminded of a colleague's work, under an 'arts in health' umbrella on locked psychiatric wards where he got staff and patients alike to dress up with fancy dress and props both as a way of flattening the ward hierarchy and having fun (see Brown, 2017). Having fun, when done with sensitivity and thought, can mitigate against the pain of living with severe mental illness. Her concluding section brings a non-partisan understanding of approaches that prioritise the art over psychological meaning; an understanding that echoes the origins of art therapy.

Chapter four: The structured studio setting – an ontological dimension in art psychotherapy with psychosis using the concept of body image as structuring function. This chapter starts by highlighting the lack of a capacity for symbolic thinking encountered with psychosis and the implications this has for the therapeutic relationship. Jean-Jacques Bonneau's approach is informed by the work of Pankow and Klein and he sets out some of these theoretical underpinnings before describing 'Pankow's dynamic structuration and its implications for art therapy' (p 95). Pankow's basic premise is that in psychosis the body image 'as the individual's symbolic mode of living in one's body' (p 92) is destroyed, boundaries dissolve and the therapist's primary task is the reconstruction of the body image and to stabilise boundaries. This is achieved through use of negotiations around the artwork and the studio setting. In the structured studio setting consideration is given to both concrete space and psychic space in order to reduce psychotic anxieties.

The author then illustrates these ideas with a number of vignettes. These are presented under subheadings that refer to the existential and psychological issues involved in the reconstruction process already described. In this way,

he manages to bring to life those rather dense ideas making them more readily understandable. Furthermore, they convey a sense of a therapist who can continue to think in the face of disorientating experiences.

Chapter Five: A Lacanian perspective on art therapy with psychotic patients by Rafael Cohen. The author begins with a helpful critique of definitions of psychosis, contrasting psychiatric and psychoanalytic terms. He touches upon differences between scientific discourses and clinical practices that privilege the unquantifiable – what is ‘mysterious and unpredictable’ (p119), perhaps echoing an evident polarisation in US art therapy practice.

Lacan, like Bion, can seem wilfully obscure on initial encounters with his writing and here I struggled to understand the theory being presented. Having a clear and coherent therapeutic approach is important in clinical effectiveness (Roth and Fonagy, 2005) but theoretical monism can also lead to ‘a kind of psychoanalytic fundamentalism’ where ‘The belief of adherents of each school is that ultimately the deepest insights of psychoanalysis in reality belong to them’ (Hall, 1997 p 4). Learning to understand another’s terms is essential before any dialogue about difference can take place. Cohen’s intention in his chapter is to work ‘on the theoretical integration of Lacanian psychoanalysis and art therapy’ (p 126). He uses Lacan’s concept of the ‘sinthome’, which functions to bind together, or stabilise, the imaginary, the symbolic and the real, through creative efforts and thus mitigate against psychotic breakdown. Examples from a film, ‘Seraphine’ are used to illustrate the sinthome in practice and this helped my understanding. In further discussion of art therapy and stabilisation he puts forward a case for exhibiting, and the position of celebrated artist, as potential interventions that encourage stabilisation (see also Malis, 2017).

Chapter Six: The side-by-side approach in art therapy for psychosis – deflation and empowerment within the therapeutic relationship. In this beautifully written chapter by Helen Greenwood, her approach is set against a biomedical model and its hierarchical power relations. Greenwood has a wealth of experience working with psychosis in community-based art therapy

groups, which she has researched and written about. Her work arose from an awareness of inequality and emerged in the 1980's – a time of optimism for art therapy in the NHS (National Health Service).

At the heart of her work is the provision of a secure-base through the therapist's mode of being with others that allows development of adaptive defences such as humour. Satire is regarded as a tool that challenges power relations and formed part of her approach in the group. However, she also gives a word of caution in comparing the approach in the group to that of working with the transference in individual work, where the side-by-side approach necessarily takes a different form. 'Managing the balance of power' (p 145) looks at opportunities for empowerment of the patient and opportunities to deflate the authority of the therapist, and in these negotiations it is not just the element of choice that is important but the way choices are negotiated. This is well illustrated through an interesting use of fictional vignettes.

Chapter Seven: The Three-headed Girl – the experience of dialogical art therapy viewed from different perspectives. Mimmu Rankanen presents a 'multi-method narrative case study' (p 155) about a young woman seen individually for three years, which centres upon a review of four images undertaken towards the end of the second year of therapy. The author uses theory from Cognitive Analytical Therapy (CAT) to understand the multiple self-states experienced by her client and expressed through her artwork.

Reviewing artwork in the latter stages of therapy is not an uncommon practice. Mutual reflection may lead to further insights or deepen understanding. Here, the context involves two interviews with therapist and client; the first uses the client's recollections of four images, the second views and re-views the four images she recollected. In between this material, the reader is presented with the therapist's session notes about the images and I found this resulted in a somewhat disjointed narrative chronology. From this process, the author gives three art-oriented dialogues that are presented as complementary to the verbal interpersonal dialogues. Symbolic meanings are

given and explored and I found this section more readable due, perhaps, to being more familiar territory.

Chapter Eight: An exploration of art therapy process with a detainee diagnosed with schizophrenia in a correctional facility with reference to the use of the comic strip by Eleanor Hagert. The author sets the scene for working in a US correctional facility (or prison as we call it in the UK) by pointing out the adaptive nature of defences against emotional vulnerability evoked by such a setting. She then presents an argument for the use of the comic strip border, or frame, having a containing function. The idea of not trying to get rid of symptoms but understand them as part of the individual's identity is seen as important, while psychoanalytic concepts provide a containing function for the therapist. Interestingly, this function is extended to include use of a system of standardised meanings for symbols. Once I started reading the account of the sessions, however, I could see how this helped her to hold a position of thoughtful processing of the clinical material whilst maintaining a non-interpretive stance, and in this way provide containment.

I found Hagert's account of the transference situation and reflections upon it both engaging and insightful. In particular she conveys very well how further reflection can highlight limits to understanding, with the need to accept this before further learning can happen. I also liked the idea of 'concentric layers of containment within containment', which reminded me of another metaphor of containment I came across somewhere of Russian dolls that as each is opened reveals another.

So, there you have it – a stimulating and thought-provoking read, I thought. This book extends our theoretical understanding of the various ways in which art making affects the psyche. It emphasises the impact of psychotic anxiety in the therapeutic setting (see also Young, 1994) and acknowledges the significant contribution of Winnicott's ideas to art therapy. There is much about the relationship between existential philosophies and psychoanalysis. Having a clear theoretical orientation does not mean being inflexible, rather it may hold the therapist in a way that enables contact with the non-psychotic

part of the personality and allow the internalisation of a more benign object by the patient. The need for long-term work is a recurring theme in the book and Greenwood makes the important point that this can be cost effective when it reduces inpatient admissions, but current ideologies in the NHS may prevent access to such work (p 149). This leads me to the issue of research in art therapy. Two authors (Greenwood and Rankanen) refer to the Randomised Control Trial (RCT) known as 'MATISSE' (2012), which epitomises one of the shortcomings of this kind of scientific research within the field of psychotherapy:

'RCTs are snapshots in time, capturing the performance of sets of patients and therapists. Generalising conclusions from one set to another needs to be done cautiously as much of the variance lies with the particularity of each set' (Aveline, et al 2005, p 451).

This book presents a more Hermeneutic understanding, which attempts to deepen our understanding of what the effective ingredients are in successful treatments. This is the kind of process research that suits art therapy and benefits clinical practice.

However, I ask myself the question, who is this book for? Its commissioners, the ISPS, want to establish a 'meaningful dialogue with practitioners and researchers who are more familiar with biological-based approaches' (p iii), 'through the dissemination of existing knowledge and ideas and by fostering new interdisciplinary dialogues and perspectives' (p iv). It certainly succeeds with the latter, with the former only time will tell. Killick states: 'It presents innovative theoretical and clinical approaches' (p 1) and herein lies the book's conundrum because I'm not sure this is the case. It does 'offer the reader common understandings of the key issues involved in working with people who are prone to psychosis' (p 1) but these are surely already well established within the profession from the existing literature. Is the progressive mirror drawing innovative when it is a development of Winnicott's squiggle drawing? Does use of a comic strip format qualify? Then there is mentalization, but Greenwood acknowledges that it is not her approach that

has changed in the past three decades, merely the context through which it can be viewed. A case of the Emperor's new clothes perhaps? See also Tipple (2017). Is there a new generation of art therapists working with psychosis who are taking their ideas forward into new territory?

Biography

Christopher Brown is an art therapist working as a senior lecturer at Goldsmiths, University of London and in private practice offering therapy and supervision. He is also a founder and editorial board member of ATOL: Art Therapy OnLine. Other activities include making and exhibiting art in various media including filmmaking.

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