

Art Therapy Online: ATOL

Art in Treatment – Transatlantic Dialogue, edited by Dee Spring, Charles C. Thomas Publishers, Springfield, IL. U.S.A. 2007 pp 248

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This book caught my attention as ‘Transatlantic Dialogue’ echoed recent conversations with teaching colleagues on the differences between art therapy practice in the US and UK. I realised that I had a rather prejudiced view born out of my brief forays into the US literature and that I had never taken the time to look more closely and challenge what I now see as a stereotypical European historical perspective. Here now was my chance to correct this.

Reading this book, which consists of twelve chapters divided equally between US and UK authors and book-ended by sections from Dee Spring, did open up a space in my mind to think about difference. It also highlights issues about the current changes taking place in the National Health Service (NHS) in the UK with Foundation Trusts encouraged to make profit and the involvement of the US company United Healthcare in re-modelling service provision. The question of how models of service funding can result in different models of service provision has never been more relevant (and the belief systems upon which these models are based).

The focus of the book is to demonstrate the value of art in treatment and find points of similarity and difference across the cultural spectrum within US and UK practice. In the US the art seems to be placed in a tradition of faith in art's healing power, whereas in the UK the art is embedded in an identity as an artist through having an art degree as primary discipline. Further reading of the chapters makes it clear that difference extends beyond the cultural into the social and political contexts that underpin the development of practice in each country. With the US chapters I had the repeated experience of feeling that I was being sold something, the tone of the writing conveys this through what often amounts to a frankly evangelical style.

Such economic necessity has previously been referred to by Byrne (1987) who points to the incorporation of US art therapy within a business oriented healthcare model and Gilroy and Skaife (1997) who pose the question as to whether UK responses to such economic pressures will be the same as our American colleagues. Both Woddis (1986) and Gilroy and Skaife (1997) refer to the polarisation between a diagnostic use of art and art making as a shamanistic 'soul-making' spiritual activity. Dee Spring appears to try and hold both poles by at one moment paying allegiance to neuro-psychology and another getting somewhat carried away into regarding the authors as some kind of cosmic messengers bringing enlightenment.

I thought there was a slight weakness in the structure of the book in that aspects of difference and thoughts on healthcare systems, which appear in a section at the end called 'The Circle in Motion - Afterglow', might have been more useful at the beginning in order to help readers unfamiliar with such issues engage better in the dialogue and aid digestion of the differing material in the chapters. Similarly, summaries of the chapters only appear at the end. Although the chapters alternate between UK and US I will look at them in separate groupings in order to try and allow some of the issues to emerge.

Starting with the UK authors, Michael Edwards is not only placed at the beginning of the book but also at the beginning of the development of art therapy in the UK through his involvement in the Jungian tradition and therapeutic communities. Importantly, he confirms the relevance of conceptual elements in contemporary art for informing our sensibilities to commentary and explanation of artwork in art therapy.

Pauline Mottram gives an account of group painting over twelve sessions in adult mental health, which I found convincing in the way it portrayed both concrete and symbolic communication that led to more direct relating in the group. I've often wondered what happened to the concept of group painting, never seeming to hear or read about it, yet like her it was part of my training on the St Alban's course in the 1980's when John Evans (1983) taught the model. Mottram introduced some behavioural structuring to make the experience of chaos, confusion and anxiety more manageable. I was reminded of how these aspects are also present in the art therapy large groups held on the training at Goldsmiths (Skaife and Jones 2009), where the art making often functions to hold the anxiety.

Caryl Sibbett and Jane Burns explore the uses of art in the treatment of patients with cancer and dementia respectively. Examples are given in both cases of how the art process enables the emergence of disavowed parts of the self. Claire Edwards and Pauline McGee, in different ways, both expand their field of influence to include systemic and socio/political contexts.

From the US, Marcia Rosal gives a comparative analysis of US and UK group art therapy styles and effectively locates US practice within the context of managed care, whereby the health insurance companies dictate length of treatment according to cost effective models for each diagnostic category.

David Gussack has spent a long career working in prisons and he emphasises the need for research to secure funding. He describes a method for evaluating drawings called the 'Formal Elements Art Therapy Scale' (FEATS) (Gantt and Tabone, 1998). This is used, along with pre and post surveys, as tools for research analysis but the pressure to meet medical research standards led to changes in a follow up study to include the Beck Depression Inventory (Beck and Steer, 1993) and a control group.

The medical emphasis is also strong in Lynda Hagen's chapter in which she clarifies art therapy's relationship to the healthcare system. She suggests that art therapy can only make the move from complementary to mainstream by 'piggy backing' on an already accepted discipline such as nurse practitioner or psychology. Marcia Cohen-Leibman and Deborah Good both place the art as an adjunct to a pre-existing intervention from another discipline.

In the final chapter, Dee Spring explores the integrative function of art within a neuro-psychology framework based upon her earlier research on finding links between recurring graphic forms and symptoms associated with sexual abuse, using these as a diagnostic tool. I admired her attempt to define some of the specifics of the art making process using the language of neuro-psychology, although I did struggle with the jargonized aspect of this.

In fact, it is this very question of the language used to convey ideas and theories that is often the stumbling block to understanding positions of difference. What this book does is to present the reader with a series of different languages, from diverse cultural roots, which describe the use of art in treatment. The task for the reader is then to find one's own way to translate this into something meaningful to one's own cultural perspective.

What struck me most of all was the issue of why we need to evaluate our work and how we should go about doing this; Gilroy (2006) has usefully addressed this issue elsewhere. Lynda Hagen makes the point that art therapy is seen as a soft treatment lacking the hard scientific proof required by insurance funded medicine. Should treatment outcomes be the sole criteria and if so what meaning do we attribute to them? Bion famously once said that there are only three possible outcomes to a psycho-analysis: the patient gets better, the patient gets worse, and the patient becomes a psychoanalyst.

There is much of interest in this book, with its range of clinical settings relevant to current demographics and I recommend it to other practitioners, whether they are art therapists or other professionals interested in exploring the diversity of the use of art in treatment.

Biography: Chris Brown has worked as an art therapist with both children and adults. He currently specialises in outpatient adult mental health in the NHS. He is also a supervisor in private practice and a member of the Tavistock Society of Psychotherapists and Allied Professionals. He taught on the PG Dip/MA Art therapy at the University of Hertfordshire from 1996 – 2004 and joined the staff team at Goldsmiths MA Art Psychotherapy in 2003.

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