Strap: BEST PRACTICE

Headline: ART THERAPY IN MENTAL HEATLHCARE: WHAT MAKES A DIFFERENCE?

Introduction: *DOMINIK HAVSTEEN-FRANKLIN* EXPLORES THE CONTRIBUTION OF ART THERAPY TO MENTAL HEALTHCARE

Introduction

Bringing arts and psychological therapy together as a unified method of practice is not an easy process to describe. Even within the arts therapies' professions, there is some debate about where the primacy of the intervention should be – art or psychotherapy, or an equal balance between the two.[1] This is based on a range of factors, including the patient presentation, theoretical orientation, context and the aims of the therapy. An issue that compounds the problem is that how arts therapists understand the benefits of art therapy is informed by a complex array of evidence with varying degrees of reliability and validity. In this article, I will explore what arts therapists do and why it is so important to use the arts for people who are struggling with their emotional states.

What *do* art therapists do?

Art therapists are trained to MA level, and are regulated by the Health Care Professions Council (HCPC) to work across a range of contexts, including health, education and private practice. The titles 'art therapist' and 'art psychotherapist' are synonymous and are legally protected by the HCPC. Art therapists who work in healthcare contexts provide treatment for patients who, due to cognitive, emotional or profound disturbances, struggle to verbally communicate their experience. In healthcare, the art therapist usually works in a multi-disciplinary team context and provides assessment, psychoeducation, dynamic group work and individual work. The patient is encouraged to improvise using an arts-based process with guidance from the art therapist about the session structure, aims and arts media available. Usually the artwork is considered to reflect something about what the patient's emotional experience of self and other is like. This is explored through the course of the therapy once the patient is able to reflect on their experience and begin to make sense of their relational context. Initially the arts are usually used to help to ground the patient in their emotional experience and to stimulate a reflexive capacity.

Art psychotherapists often work in complex social contexts on cross-cultural issues with patients who are often marginalised and whose needs are often not identified or voiced.[2] These people need help with adapting to rapidly changing political, social and personal environments. These issues of identity are reflected in the way that art therapy has been defined as a profession.[3]

Nearly 50 per cent of arts therapists are employed within the NHS.[4] Art therapy has changed identities within the NHS, evolving from the visiting artist, to the psychoanalytic arts practitioner and the arts-centred psychotherapist.[5,6] In today's world of art psychotherapy, we have moved from therapy as

artistic practice and towards more clearly defined clinical methods. This professional development has led to rich discussion and debate, allowing for a plurality of approaches that can meet different needs within differing contexts.

Several years ago, I set up an arts therapies evaluation project[6] within the London health service within which I work, in order to examine how we define what we do in arts therapies practice. Working with Nick Reed, a personal construct psychology consultant, and with the art therapy department at the University of Hertfordshire, I put together a small research team made up of volunteer early career researchers, who joined together with the Central and North West London (CNWL) Horizons Project[6] and arts therapists working across north-west London mental health services. The study entailed sensitively and systematically interviewing six arts therapists about their practice in mental health, working with complex patient presentations (major depression, schizophrenia and personality disorders). The published results[7] from this small study showed that there were 28 overarching ways of describing what it is that arts therapists do in their sessions, within the service context. These descriptions included such actions as 'narrative reconstruction', 'perspective taking', 'affective attunement' and 'working with meaning in the implicit'. Despite the small scale of the study, this offered some confidence that arts therapies are more than a collection of idiosyncratic experts.

At the same time, significant progress was made abroad with meta analyses examining qualitative research[8,9], which began to throw light on practice according to expert opinion and patient experience. The findings offered illuminating similarity across the data, defining practice as dynamic, affect-focused interpersonal therapy that incorporated a range of complex therapeutic competencies. These results are similar to the competencies described in the small study that we conducted in north-west London, suggesting that, despite the broad range of practice descriptions, there are profound commonalities between the overarching therapeutic actions of arts therapists. We can infer from this that arts therapists are a more homogenous group of practitioners than was previously thought to be the case.

What is the role of the image?

Images are integral to our identities, mapping complex feeling-based representations to life events and reworking traumas that affect our closest relationships.[10] Many psychotherapists have compared the therapeutic endeavour to arts forms: the blank canvas to be painted upon,[11] a relationship to be woven,[12,13] a piano to be played[14] or a dance of two people.[15] Arts psychotherapists offer the arts form to play out and work through in similar metaphorical ways, experiencing and articulating the relationship through the art before becoming metaphor. Being physically engaged with art making and having the art psychotherapist also engaged in the process makes for a potentially powerful event that translates into a metaphorical language, utilising many of the key principles shared with other psychotherapies.

Through the image, themes often emerge that were previously barely conscious. When the image is brought into the therapeutic context and can be reflected upon, it becomes full of meaning and

relevance. The making of the image is an activity that uses the body,[16-18] introduces new ways of experiencing the body and stimulates memory retrieval.[19] Some art psychotherapists have talked about image making as an alternative to compulsive self-harming physical actions,[20] or that the activity itself seemed to stimulate early relational experiences, such as a teacher or parental relationship with the accompanying judgments, praise and acceptance.[21] These reflections relate to many of the key issues brought to therapy. The image has the potential to represent an inter-subjective embodiment of narrative and a position from which the patient can feel more validated, opening new ways of seeing others and new possibilities for relating.[5]

The deepening understanding of what happens in a more fluid nonverbal/verbal engagement through the arts is relevant not only to arts therapists, but also illuminates change hypotheses that are relevant to all psychological professions. As Fonagy stated, 'Through better understanding art therapy, we will arrive at a superior understanding of the 1000 or so different models of psychotherapy currently practiced, each claiming its unique and privileged place in relation to the healing of psychological wounds and ensuring resilience and wellbeing'.[4]

Understanding the process of change

The creative approach to understanding clinical practice and what is really happening is dependent upon our capacity to be open to a wide range of phenomena from psycho-biological motoric events to the cognitive, affective, verbal processes. In any moment, it is unlikely that the therapist is aware of the full range of therapeutic influences taking place. So, what can art therapists tell us about what happens to us when we engage in therapy? How do we understand the change process?

Experienced arts therapists have a broad scope of understanding of a range of psychological presentations and are generally pragmatic in their approach, according to the problem presented. The next wave in the development of arts therapies is based on the research of emerging models of treatment and clinical understanding across arts therapies, as well as change hypotheses that put the patient experience at the centre of the work. In a similar way to the process of investigation that a biomedical scientist might begin with when trying to understand the effects of medicine, defining the compositional elements of art therapy is essential to measuring the impact. As an example of how theory informs our assumptions about change, there are some art therapists who argue that engagement in the physicality of image-making helps patients diagnosed with severe mental illnesses to re-establish a bodily self and the beginnings of a sense of agency.[22] This hypothesis stems from Freud's[23] idea of the 'body ego' being the first sense of self and that the experience of severe mental health conditions includes a pre-verbal regression into a state where the body becomes dislocated, fragmented or distorted. Therefore, from this position it is hypothesised that the sensitive role of the arts therapist in assisting the patient to develop a reflection of their own bodily sense of self through clay work is a method based on a well-structured theoretical paradigm with a long history. However, the counter-argument is that severe mental illnesses are not regressive conditions and that epigenetic evidence[24-26] suggests that, in most cases, environmental factors may not play a significant role in

influencing the development of the illness. In other words, the patient may not be reliving the impact of early trauma that can be repaired through the arts. However, other influential factors may be leading to an increased sense of agency, affect regulation and improvements to relationships, such as the mirroring function of the artwork, non-judgmental therapeutic attention, perspective taking and a range of other therapeutic actions.

Therefore, in contemporary arts therapies practice, the understanding of what causes the healing effect of using the arts is based on a range of phenomena including: articulation of the body, focusing attention, reducing relational anxiety through indirect contact, having feedback from the arts form through the unanticipated aesthetic, and using the form to find meaning through metaphor as well as developing a capacity to re-imagine relational possibilities. A range of studies conclude that, in both the patient and therapist experience, engaging with the arts is beneficial for processing complex and traumatic experiences[27-29] and enables greater understanding and processing of emotions.[9,30]

Rather than focusing on the therapist interactions, it has often been the case that studies in art therapy examine the role of engaging in the arts, and there is certainly much to be said about the benefits in this area. For example, in a recent study conducted to see if making images impacted on chronic pain,[31] a therapist was not allocated during the art making, and the study still showed significant positive changes to the patient's experience of chronic pain. So, given that the engagement in the arts has its own range of substantial benefits, there is significant mileage in considering the role and purpose of the art therapist in facilitating and responding to the patient in this context.

Measuring effectiveness

Within the NHS, evaluation, targets and outcomes are often considered as the main indicators of good practice. However, at the heart of good practice is the transferability of knowledge between practitioners, learning from the patient and one another, and deepening our understanding of change processes. Peter Fonagy recently wrote about art therapy, stating that, 'evaluation studies are essential, but they will not succeed without some hypotheses about a better understanding of what is inside the 'black box' of the therapeutic consultation. To me art therapy has possibly more that is new to offer in answering this question than any of the other treatment modalities.'[4]

Measures of effectiveness of psychological therapies in secondary care are based on the evidence of treatment in a timeframe of less than 18 months. However, we know from population studies that many people with severe conditions who do not receive treatment will remain unwell for many years. For example, close to 30 per cent of patients diagnosed with schizophrenia will continue to experience hallucinations and delusions throughout their lives.[25,32] Given the emerging shape of the NHS, and the dominant medical discourse in health about symptomatic change, what impact can art therapists have on the culture of treatment in healthcare? In recent years, art psychotherapists have considered the same research options as many other psychotherapy professions to provide answers to this question, with mixed results.

I am increasingly moving towards the view that there are, in practice, some strong arguments for shared therapeutic actions that facilitate change for the patient. For example, some researchers have begun to conceptualise the constructs of what underpins effective psychotherapies in terms of increasing mentalization,[33] narrative development,[34] achieving emotional therapeutic intensity[35] and regulating affect.[30] On these grounds, it is arguable that what art psychotherapists do is likely to be at the heart of what psychotherapists do more generally. Art therapy has a relational function, in that the hypothesised change comes through developing understanding and processing what happens in relationships. This is not only central to art therapy but can be seen in numerous practice examples across the arts therapies and in psychotherapies where the arts are used to facilitate change for patients who are struggling to name, communicate and process emotions that are stimulated in their close relationships.

Clinical illustration *[PLACE IN BOX]*

I recently worked closely with a bright young man of Algerian descent, with a Muslim background, who I shall call Amayas. Amayas was 22 years old and had been training as a nurse before becoming unwell. He now lived with his mother and father. He often cut his arms when he became distressed after arguments with his parents, and he was sexually promiscuous or would lock himself in his room for days. When I first met Amayas, he was emotionally cold and then very distressed, and he felt judged and rejected by me. I felt incompetent and helpless, and it seemed as though my efforts to engage and reflect on his experience only resulted in further disengagement from Amayas. Using the art materials helped to slow down the pace and changed the intense focus of the therapy from what was happening in the interactions to making pictures. Amayas said that he didn't understand what he was doing but that it felt much more manageable and gave him some space. In the art therapy sessions, his images were initially painted as being rigidly formed or pre-mediated and this echoed his views about how he represented other people in his mind, particularly his mother and father, who appeared to be distant, preoccupied and focused on religious activity. Other images included sad or blank faces surrounded by darkness. These images were predetermined but still conveyed an emotional state, which was not always immediately recognised by Amayas. Exploring the images rather than what was happening with the therapist helped Amayas to use his imagination as a process to reformulate experiences of the internal worlds of himself and others. For example, when he drew a face surrounded by black paint, I would describe the texture and quality of the paint applied to the surface before we examined the form of the face. It appeared to be bold and painted with minimal lines. We could agree about some formal pictorial aesthetic features of the image. This contrasted with his feelings about me, which were misattuned and preoccupied. This process led to exploring his experience of the person in the image. I expressed a genuine curiosity, encouraging Amayas to do the same, asking questions such as, ‘where is the person now? How do you think they are feeling? Do you know who they might be with? I wonder what brought them here? Do you know where they might have been?’ In this way, the quality of the painting experience and developing content that relates to the image opened up some new ways of imagining self and others and

reflecting on being in relationships. Through this process, Amayas began to move from a more concrete way of understanding a preconceived image, to considering the aesthetic nuances, which were not obvious at first sight. For example, was the figure sad, or feeling flat, or did the expression appear to be unclear? Through generating new possibilities and experiences of feelings co-existing, it was possible to see that the image was more than was first seen, despite the pre-meditated production of it. Amayas related the experience to himself, stating that he was feeling very depressed, saying that he felt that he had failed in his life, and in his hopes to have a career and raise a family. He also said he felt ashamed and isolated by his acts of self-harm. With this process of mindfully engaging with feeling states together, the art process began to change. Amayas appeared to feel safer to try out new materials and see what happened. I felt considerably more optimism and I sensed that the relationship with Amayas was no longer fraught but reflected something about his confidence in a benign, non-judgmental other. Instead of drawing predetermined images, Amayas began to experiment and improvise, for example, using an ink dropper to drop a variety of colours on paper, curious about how they would change, interact and represent feeling states. Alongside these changes in his engagement with the materials, it was evident that his depression was lifting. He was also more open to trying to make sense of what was happening in the emotional worlds of his parents before reacting aggressively. He said that he stopped himself in his tracks and instead of making assumptions, asked his father why he felt so strongly about how he should behave. This opened up new ways of relating for both of them. This relational process was similar to Amayas' use of the inks to allow for unpredictable change that was outside of his control and that could be engaged with. He now liked his images, rather than expressing indifference. Generally speaking, using the arts in this way enabled him to reflect and develop his experience of himself, experiencing others as having behaviours and minds of their own that he couldn't control and he didn't want to control. More importantly, his understanding of the behaviours of others was developed through imagining what might be happening for them in their lives, feelings and thoughts. This was a change from holding onto answers that felt persecuting and hostile. While he disclosed details about his history, made use of the group and worked through some issues in individual sessions, it seemed apparent that the facilitation, exploration, guidance and the focus on affect through the image in relation to his story was central to using the arts to make sense of Amayas' experience.

The future of art therapy

There is still considerable diversity of opinion about how art therapy works, what it should be called and which of the arts it covers. At a time when art psychotherapists require greater evidence to support their hypotheses about why art therapy works,[7] they also remain underfunded. There is uncertainty about whether the government's agenda will continue to prioritise the development of a medicalised model. Recent years of increased demand for mental health services, increased costs of facilities, technology and medication, the ageing population and a lack of proper funding have meant that the mental health landscape has changed.[8-10] We are no longer free to see those who need therapy; instead we are commissioned to see those patients who can show a measurable impact from

receiving therapy. This distinction is important, as psychological therapies in secondary care services are perceived as an expensive resource that should be used in moderation. Some of the patients that I was seeing many years ago would today not make it through to core psychotherapeutic treatment in the NHS because the timeframe for treatment is too long. The NHS is too busy with acute crises to attend to some of the longer-term issues. This means that many patients with severe conditions are managed in the community and no longer have access to psychotherapies. With this in mind, how we embrace research, evaluation and understanding of practice becomes central to the positioning of arts therapies and psychotherapies more generally in the future of healthcare.

Conclusion

Art therapists in healthcare are developing new methods and models of working, which are based on pragmatic shared principles of practice. Whilst these investigations are still in their infancy, the findings are indicative that there are complex interventions that can be considered to span verbal and nonverbal aspects of the intervention.[5-7] Recent findings suggest that in arts therapies, verbal interventions are important, as is the use of emotional expression, imaginative engagement with the arts and processing emotional experience through the arts.[9] From this emerging evidence, it appears that the unique role of the arts in facilitating a depth of understanding about the patient's experience has scope to make a significant contribution to our knowledge of nonverbal processes within psychological treatments.

Biography

Dr Dominik Havsteen-Franklin is Consultant in Arts Psychotherapies for Central and North West London (CNWL) NHS Foundation Trust and Head of the International Centre for Arts Psychotherapies Training (ICAPT) in Mental Health. Accredited by the British Psychoanalytic Council as a mentalization-based treatment (MBT) practitioner and a dynamic interpersonal therapist (DIT), he also completed an MSc in the psychodynamics of human development, an infant observation through the British Association of Psychotherapy, and has completed doctoral research about metaphorisation in art psychotherapy. He leads the development and implementation of clinical training and research for the ICAPT research team (The Horizons Project). He also works as a senior clinical supervisor in the NHS and in private practice.

New research and methodologies are available through the ICAPT team. For more information about receiving clinical supervision for using arts in therapy, training in evidence-informed models of practice or support with service evaluation, please contact icapt.cnwl@nhs.net or visit https://www.eventbrite.co.uk/d/united-kingdom/icapt/

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READER RESPONSE

The author would welcome feedback on this article. To contact him, please email dominik.havsteen-franklin@nhs.net