ATOL: Art Therapy OnLine

Book Review by Robin Tipple

Art Therapy and Learning Disabilities – "Don't guess my happiness"

Ed: Stephanie Bull and Kevin O'Farrell

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The last book to be published in Britain on Art Therapy with people who have learning disabilities was some time ago, in 1998 – edited by Mair Rees and published by Routledge. Like the previous book this book is a description of practices, by practitioners, case studies, or more accurately vignettes, representing the therapeutic encounter, accompanied by discussions, of problems, of thoughts about clients and their struggles, and sometimes brief arguments in favour of particular approaches. This book seems different in being more self-consciously an advertisement for art therapy. It is clear that the editors wanted this new book to be accessible to a wide audience, practitioners, carers and other professionals, and any other who sought an understanding of art therapy in this area of work. Kevin O'Farrell comments that the book was intended to be "a good introduction to the landscape of learning disabilities today and to provide insight into the role of art therapy within this." (p.164). This book, like its predecessor, is very much a British book describing art therapy with people who have diagnosed learning disabilities in Britain.

I want to give a description of the content of this book in such a way that positive contributions to the subject area are appreciated but I also want the description to show how my reading of the text prompted thinking about the problems in this area of work.

One of the first things that I noticed about the book is that it prides itself on giving space to the "voice" and it begins with a monologue delivered in an art therapy session by "Adam" who is self-confessedly "aggressive" and angry because others do not listen and do not want to know about his unhappiness. As well as the expected words produced during art therapy appearing in case vignettes, we have "Mathew" commenting on his experience of changes in services, "David" describing his experiences of a gay pride event, "William" talking about photography, and "Janet" a carer describing the problems of "Sarah" and reflecting on art therapy. There is sometimes no context given to these extra voices and these voices, alongside the vignettes, are presented as providing an opportunity for the individual learning disabled person to be heard (see O'Farrell's conclusion discussed below), and the suggestion on the back cover is that the book is collaborative in this respect. That is to say, we are not just hearing from practitioners or professionals, but something more original or closer to the subjective experience of the learning disabled individual is presented.

O'Farrell in his introduction uses the first verbal extract, and the experience of therapists, to give an account of themes and problems frequently encountered when providing art therapy for the learning disabled person. For instance he identifies: loss, injustice, fear, infantilisation, powerlessness, attachment, and problems concerning self and identity. Kevin O'Farrell observes that the attempts to empower the learning disabled person to pursue “happiness”, to make choices, often result in the individual giving way to the suggestions of carers and professionals. What is harder to make contact with and take seriously is the unhappiness, often hidden, or when surfacing, perceived as “challenging” or problem behaviours.

O’Farrell observes that the diagnosis of learning disabilities is given when cognitive functioning is assessed and falls below a level (IQ 70). But, he reports, the learning disabled population often includes individuals with surprising abilities and capacities who may well not fit our stereotyped expectations, or the images we have of learning disability. It would have been interesting here to explore how the practices of professionals in institutional settings, the discourses that determine developmental levels and intellectual capacities, are translated through further social construction that marks an individual as learning disabled. Mark Rapley (2004), a psychologist and researcher in the field of intellectual disability, argues that “intellectual disability” is a hypothesis and that if “competence is re-specified…as an intersubjectively negotiated, situated, accomplishment” (p.206), then many of those individuals who have already discovered from interactions and conversations with others that they are learning disabled, will also learn, in other situations, that they can claim to be ordinary members of society. In this respect, O’Farrell gives the example of the man who books himself into a prestigious hotel. Rapley (2004) does accept that some persons do “require a substantial degree of assistance with managing affairs of everyday life” and that “certain gene sequences” do regularly occur with cognitive problems and “particular behavioural phenotypes” (p.205).

When we reflect on the problems that O’Farrell identifies what we notice is that the learning disabled struggle with difficulties that are social, cultural and psycho–physical in origin. Social and cultural problems arise from the position or place that the learning disabled person is obliged to inhabit, in our discourses and practices. Often the learning disabled person is constrained to confirm the attitude of the other, an attitude directed towards the stigmatised individual (Goffman, 1963), but the learning disabled also suffer from impairments of an organ, principally the brain and/or the central nervous system, impairments that affect functioning and impact on the capacity for successful performance in the social and cultural world we all inhabit (Goffman, 1963). This entanglement of causation where the social (and cultural) and the psycho-physical characterizes the origins of the problems that the learning disabled person experiences is something that art therapists are obliged to try and understand, attend to and manage in their work. In the case material in the book the psycho-physical is sometimes foregrounded and other times the social and cultural are given emphasis.

Chapter 1, by Stephanie Bull, is an account of the institutional and political discourses that affect the learning disabled person. Documents produced since 1998, after the introduction of “personalised care” and the production of policy aimed at securing disability rights, are described. For instance, Valuing People (2001), A Life Like Any Other (2008), and Valuing People Now (2009). What is clear from Bull’s account is that government policy initiatives did not achieve impressive changes in practices, rights were not upheld and resources did not match aspirations. “Valuing People” did not always prevent the abuse of the learning disabled and despite changes in inspection of residential provision and hospitals abuse still makes the news. One might be forgiven for thinking that government policy documents in this area are largely rhetorical and characterised by wishful thinking, but to be fair, codes of practice in relation to the management of risk and the capacity to consent have been developed, and attempts to protect the disabled from discrimination have been the subject of further governmental initiatives. We should not be surprised that considerable problems remain, in relation to the protection of the learning disabled person, and in the support of the learning disabled person in society, since the label is discriminatory by nature and marks the individual as lacking. We - art therapists and others - may want to meet the individual person with a learning disability on level ground, to establish a relationship of solidarity, and support that individual in gaining some empowerment but unconscious attitudes will mark our exchanges with him, or her, and the task, of enabling, remains a very difficult one.

Bull's chapter is followed immediately by the transcript of an interview with "Matthew" (we are given no context here). Matthew is asked to compare his life now with 15 years ago. He has paid work and he understands "Valuing People" as meaning that he can be more in control of his life. Safety, he recognizes, depends on where you live and "all sorts of situations". "Some things are better, some things aren't", he says (p.36).

In Chapter 2, Jane Caven shows, through a case vignette, how imagery can be used and responded to in art therapy. Through identification with characters or monsters from popular culture the subjectivity of learning disability can be expressed and explored. The young man she described paid particular attention to the mask of the Phantom of the Opera, which is used to both hide the scar and show the scar (the scar here symbolising learning disability). Monsters, for example, King Kong, Caven observes, were used to "express feelings about sexuality" and related adolescent anxieties. In this way, images constructed visually, verbally and through enactment and mime, facilitated her client in approaching the social alienation he experienced. Attention to countertransference issues (for example where the therapist is feeling useless, devalued and disabled) is important in understanding this range of communications and use of imagery, and Caven observes that addressing transferential issues helped in her work to move things forward.

Caven's vignette shows how it is through a relationship with objects or things, images and ideas, *and* with the therapist, that thinking is made possible. Images are clearly seductive on one level, especially when identification with a powerful or sexually charged image arises, but the attitude of the other towards the art object can enable thinking in relation to self and other to emerge. Thinking is generated when the client gives attention to the therapist's attitude towards the art object, and hopefully when the therapist gives attention to the client's attitude towards this same object. The relationship develops through these exchanges and the client and the therapist are both changed thereby.

Kim Dee, in Chapter 3, describes how an art therapy intervention was helpful in bereavement. Her case vignette tells us how a man in his late thirties diagnosed with Down's Syndrome was excluded from the usual social processes that help us to grieve the death of a parent – in this case father. The family kept him from the funeral as it was thought this would confuse him, and discussion of the death was avoided in the family when he was present, in order to prevent "upset". In the therapy he used modelling materials and clay to bring his father and the coffin into the session in a physical way. He also used impersonation and humour to bring his experiences of his father alive.

Dee observes that art materials can be used in re-enacting experiences and the pressure to speak can be removed. This observation has resonance with Caven's experiences described in chapter 2. When considering Paul's non-verbal communications, Dee was careful to pay attention to her countertransference, which was later explored in supervision. There is an interesting discussion of impersonation and humour in this chapter and Kim Dee was able to show how she used her insight to understand her client's enactments and his motivations.

Dee offers something more than the therapeutic setting, she stresses the importance of the art therapist working with the person's support network, using a systemic approach when helping to meet the individual's needs. For instance, she gave the client some factual information in relation to death after discussions with the team psychologist and her understanding of enactments were used when reviewing progress with day centre staff and family. Of course this kind of work requires some understanding of institutional dynamics, and specific attention to the change in transference relations, but it also shows how it is the group, the learning disability team, the day centre staff, and the family, together who solve the problem of the antagonisms, disruption or disunity, represented by the client's response to death. The group has to rethink its relationship to the individual.

In the next chapter Stephanie Bull and Emma Shallcross explore work with a 22 year old woman who was living in a safe house, having experienced abuse from her family. Because of cerebral palsy she had a limp and difficulty with motor movements. This woman also had hydrocephalus, which was treated through a tube that ran into her stomach, resulting in difficulty in eating. It is these "multiple losses", the authors indicate, that are, or can be, addressed in art therapy. It is an image produced in the 9th session of individual work that becomes the focus of this chapter. The image shows the client herself and the shunt that drains the fluid from the brain. There is also writing: "If I did not have a shunt in my head I would have been OK" (p.78). Bull and Shallcross discuss the words and the image through a dialogue that is reproduced in the book. Together they conclude that the image enabled them to identify themes. The shunt was life saving but had a very negative impact on the client's life. Her "loss of normal self" had resulted in her losing status within the family, which may have lead to abuse and further loss. "Was the shunt part of her or was it alien?"(p.80), they ask. The image was regarded as expressing "sadness and vulnerability". However these themes were not explored in therapy because funding came to an end. Naturally the client was angry about this.

In this chapter we have a construction of the client's subjectivity by the therapists, through an ekphrasis (a verbal or written description of a visual experience) of a kind. I wanted to know more about the detail of therapy, about context, the difficulties with funding, the institutional dynamics and politics that were at work, which prevented the development of therapeutic processes. For me, this would have made a much more interesting chapter. As it is the chapter does show how professional responses to psycho-physical injuries, or impairments, can intrude on an individual's life.

Sandra Storey, in Chapter 5, discusses attachment theory, the significance of separation and individuation (Mahler et al 1975); there is some reference to mentalisation (Fonagy 2001) and mother and daughter relations (Orbach and Eichenbaum 1987). The chapter also explores through case material the relation of individuals to institutions. Enmeshed relations between mother and daughter are described through two vignettes. In the first vignette a move from animal imagery to human imagery accompanied by increased verbalisation is stressed. In the second vignette the client was dependent on using templates provided by a support worker and it was difficult for her to initiate "individual" shapes or marks, for instance in the squiggle game she replicated the marks produced by the therapist. However this 50 year old woman did, "in time", find initiative, creating a "rather angry" robot. Storey observes that "denial featured oppressively" in this client's life and symbiotic attachment to mother - "the umbilical cord" - was in many ways still intact after 18 months therapy (p. 94). Her third vignette describes a man, in his early twenties, who was admitted to a long-stay hospital. This client enjoyed having art materials in the room but was reluctant to use them; instead he gave instructions to the therapist. Joint work was produced and the client began to verbalise feeling that the therapist had "more to talk about" (p98) than himself. Authority and power, demand and control, are explored in this interesting vignette that shows how it could be important for the therapist to be adaptable and aware of the need to explore the transference phenomena to enable something more playful to emerge. Storey, like Caven and Dee, stresses the importance of supervision in this process.

In many ways Sandra Goody takes up the same themes in chapter 6: dependency, symbiotic relations, denial and idealisations. But Goody uses "infantilisation" to describe phenomena, probably because here the work with an adolescent is more concerned with development and regression. Goody gives a clear account of the work with a 15 year old girl, diagnosed with moderate learning disabilities and autism. She describes family background and school life carefully. The vignette shows the client struggling to find a way to use the sessions productively, i.e. in a way that enables thinking and insight to emerge. Playing shops enabled the exploration of social roles, which in turn lead to the consideration of friendship and difficulties with peers at school. Goody explored the play in supervision and she discusses the experience of loneliness in adolescence, and the difficulties she experienced in understanding her client. Although the play could be regarded as “regressed” in a 15 year old, Goody was able to demonstrate in her brief vignette how relationships can be thought about, negotiated and understanding of social interaction achieved through play.

Chapter 7, by Elizabeth Ashby, addresses problems encountered through fear, anxiety, and/or terror. Often, Ashby argues, clients feel a combination of anxieties and fears alongside excitements and frustrations, which it is impossible for them to process in a way that enables experiences to be thought. Using her understanding of Bion’s model of thinking she shows how the understanding of unconscious processes, in particular projective identifications, demands good supervision and close attention to countertransference. Projective identification treats behaviours as communications, and Ashby describes the difficulties that are experienced in remaining emotionally available and thoughtful in relation to clients when threatening behaviours, self injurious behaviours, and physical aggression, are often witnessed and experienced. Like Goody, she emphasises the presence of splitting, of processes of denial and idealisation. In her vignettes she shows how art materials can be used for self-soothing or calming, helping the individual to reach a more stable state where thinking may be possible. But art materials are also used for the production of idealised images, that recalls the ‘happy’ “handicap smile”, and she describes her client’s difficulty in finding words for bad feelings, or acknowledging the negative. Progress, Ashby observes, is often variable and slow.

Ashby is often working with the more severely learning disabled client and her refreshing honesty in relation to difficulties supports what Storey (Chapter 5) and Goody(Chapter 6) are reporting. That is, there are often problems in the clients establishing a positive relationship to the materials, objects and things available in the session. By positive I mean a relationship that facilitates thought. These three chapters also show how difficult relations with the therapist can be: how the therapist experiences a difficulty in establishing a relationship of mutuality, of solidarity, and that the therapist often finds herself at cross purposes, in conflict, or facing an impasse with the client. The therapy relation is a power relation, and where there are power relations there is always resistance (Foucault 1984). These vignettes show how the power relation can be negotiated over time, but the work requires patience and a willingness on the part of the therapist to explore her or his own subjectivity.

Quintin Bruckland, in Chapter 8, provides us with a discussion of epilepsy, and its impact on the life of the learning disabled person. Here an impressive range of literature on epilepsy, learning disability, powerlessness and shame, is reviewed. In a vignette provided by Bruckland he describes how isolation, avoidance of interaction, powerlessness, dependency and shame were explored by his client, a 30 year old man with a learning disability who suffered from refractory epilepsies from early childhood. Exploration developed in a gradual way, as trust slowly developed. Childhood was referenced through a drawing of a pram and a rattle and this was understood as an expression of the frustration of dependency. An enactment of a seizure was possible through the ripping of an artwork into pieces. This action was accompanied with the words, “It makes me jump when I fall over” (p.148) – the title Bruckland chose for his chapter. Bruckland suggests that “emotional perception was helped” (p.149) through the use of images, movement and words. He also stresses the importance of enabling his client “an achievable and realistic sense of control” (p.144) in the art therapy setting. It is also clear from Bruckland’s writing that he was active verbally, providing interpretative comment or suggestions, sometimes asking questions, in this way encouraging communication and helping the client find a language and means to think about his situation.

Interventions on the part of the therapist, whether verbal or non-verbal (using the materials in some way or conducting some exchanges through objects and things) are important in this work and it would have been interesting to have more detail in this respect. What was said, and what did the therapist do at particular moments? We gain some sense of this from Bruckland but discussion is often abstract or indirect e.g. “We talked about the importance of feeling valued and the difficulties involved when looking at ourselves as unimportant, insignificant…” (p.146 and so on). I felt the reader was asked to take a lot for granted here; maybe that is unavoidable, but I do feel it is important to give more detail in relation to interpretative comment, the translation of the visual into the verbal, the use of materials by the therapist, or the introduction of objects and ideas to the client.

In Chapter 9 Stephanie Bull discusses “Self and Identity”. She approaches this from a Jungian perspective. The self is “not static or singular” she argues but a process of individuation leads towards wholeness. Words are a big part of the case material presented by Bull as the client, a 24 year old man with Down’s Syndrome, wanted his words written down, explaining his paint pouring for instance; his construction of a theatre which is turned into a prison where the “bad bit” is incarcerated, and his shaping of a “Beast” in clay - “The Beast can scream instead of me doing it for The Beast”(p.162). His thoughts about Down’s Syndrome were also transcribed. Down’s Syndrome he feels is a lie and he states, “I know I have not got it”(p.161). The chapter ends with a conversation with the client several years after therapy had ended where he celebrates his attendance at Gay Pride in Brighton. Identity in Bull’s discussion is linked to Jung’s “persona” – it is that mask that is needed for survival in a social world. The persona is not the self. Bull saw the client’s task as one of avoiding the “collective persona" that is imposed on people with learning disabilities, in order to find "his authentic *self* and identity".

Bull's chapter lead me to wish therapists would give more attention to the social self, the self that emerges through social interaction, a "self that does not derive from its possessor, but from the whole scene of his action" (p. 252), (Goffman 1959). Identity is precarious and dispersed (Laclau and Mouffe, 2001), a process that depends upon situation and place, upon discursive and social practices. In my reading of the vignette it would appear to me that the client clearly wants to distance himself from some views held by others in respect of identity, but he is able to perform a self that he feels is appropriate to the therapy situation, a self that he seeks affirmation for, one that pours out his feelings in paint, or locks up his bad bit in play, or one that projects his bad feelings into his clay beast. This self is no more or less authentic than any other self that might appear in any other place, in or outside of therapy. We do not know exactly, from the vignette, how the bad feelings and bad bit relate to the client's experiences but the value of the vignette is that it does bring into view the ways in which individuals manage spoiled identities.

In his conclusion O'Farrell returns to the voice. The book, he argues, has elevated the voice of those who can speak but do not often get heard. However, being an art therapist is more than being a "champion of rights" – being angry on behalf of someone else, O'Farrell suggests, may not be helpful. O'Farrell regrets that the care-giver's voice is not given more space in the book, and that care-givers are not given more support. He returns to the first "voice" in the book and argues for the recognition of unhappiness and he feels that "listening" needs to extend "beyond the walls of therapy".

It is odd that a book devoted to art therapy with people who have a learning disability should end with this focus on voice, and listening. I would have liked to have seen some discussion of the problems with non-verbal communication that the authors were encountering and attempting to address. Some more extended consideration of visual communication, of the exchanges that take place in relation to objects and processes with materials, and some account of movement and the difficulty in communication that is particular to this work. I also would have liked to have seen some extended discussion of institutional settings, the settings where work takes place, and the social constraints that are felt by the client's and the therapists when attempting to address problems. Also it seemed a pity that no group work was described in this book. But maybe a different book is required, where case studies are approached from a more systematic and research orientated frame, where detail can be examined so an increase in understanding of communication in the art therapy setting with this client group can develop.

With regard to method most, if not all, the practitioners in this book are working from a psychodynamic perspective, using psychoanalytical, and analytical theory to develop their practices and understanding of the client's communications. If anything, the older book by Rees (1998) is more explorative of alternative theory, and I do not regard this book as particularly innovative in this respect.

However, it is important to remember that O'Farrell does indicate that the editors did not want the book to be too academic and it was intended to be accessible to a wide audience, which presumably accounts for the absence of some extended themes. I would recommend the book to trainees and others new to art therapy in this area of work. Overall I found it a stimulating book to read and I think it represents a useful addition to the literature.

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