ATOL: Art Therapy OnLine

Dialoguing with Images: An art-based exploration in forensic treatment

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Abstract

This paper describes how art based inquiry can contribute to better understanding in art therapy treatment in the forensic facility the Pompekliniek in Nijmegen, the Netherlands. Patients in the Pompekliniek have committed serious offences and suffer from psychotic and/or personality disorders. The art therapy studio provides a holding and containing environment where both the patients and therapist can gain new insight into art therapeutic processes. The use of artistic material and the therapeutic process act as a vehicle for a better understanding of the forensic patient. The author describes how art-based interventions and art-based inquiry provide opportunities for reflection on the art therapeutic treatment in forensic psychiatry.

Keywords

Interaction, forensic, trauma, offence, material, treatment, attachment, art therapy, art-based research.

Forensic treatment in the Pompekliniek, the Netherlands

The Pompekliniek in Nijmegen, the Netherlands, is a private clinic for forensic psychiatry. This institution treats male offenders who have committed, or are

in danger of committing, an offence as a result of their psychological or psychosocial problems. The institution contributes to a safer society by offering the patients opportunities to not reoffend. The central theme is safety, that is, to prevent new or repeated offences being committed both in the short and long term. In the short term, we monitor and supervise patients so that, if necessary, we can take immediate and adequate action using the means available to us. To achieve long-term safety, patients are helped to develop a way of life in which there is no room for new offences. Successful treatment requires a safe environment, one in which patients are given sufficient time and space to develop what is necessary to live an offence-free life (de Moor, 2016).

For the therapists working in a multi-disciplinary way in the Pompekliniek, a safe environment is a prerequisite; they need it in order to carry out their work properly. Safety and treatment interlock in many ways.

Each of the 130 patients at the Pompekliniek has committed a serious offence, for which a judge has imposed a secure treatment order. Every second year, the judge can impose a new treatment order if he or she finds the defendant not fully accountable for his crime, due to a mental disorder, and fears that the offence may be repeated.

The clinical environment is organised to promote the treatment aims. An important rule is that the environment may not obstruct the treatment process, as a prison environment often does. Where possible, the clinical environment is organised so it facilitates the realization of the therapeutic aims. The clinic is not only the holding environment, but also the space where the male patients live (de Moor, 2016).

Material interaction, self-expression, and working through offence related behaviour are major themes throughout the art therapy processes. The engagement with art materials offers the patients opportunities to start 'doing' and to learn exploring in the momentum of the art making process. Daniel Stern (2004) highlights the value of energy or momentum in grounding the patient in the present moment by this principle of 'doing'.

By sharing with the therapist in the art process, patients learn to trust the clinical environment, me as a therapist and themselves. The safety of the art therapy materials and the art therapy studio help patients to regain a grip on their own lives again. Having internal and external dialogue with the artwork during the whole art making process and to relate this to psychodynamic theory gives me a deeper understanding in material interaction, communication levels, and the impact of early disorganised attachment on development possibilities (de Moor, 2016).

The life history of the majority of forensic patients is characterised by early physical abuse and affective and pedagogical neglect (disturbed home environments, paternal and/or physical or mental absence), a family history of psychiatric problems, criminal histories and substance abuse. So far it seems that there is a repetition of intergenerational transmission of trauma. Fraiberg, et al (1975) describe these phenomena as existing when a parent seems condemned to repeat the tragedy of his own childhood, re-enacting his experience with exact detail.
Patients in forensic psychiatry with personality disorders and/or psychotic disorders may intimidate and offend others without remorse as a result of their disorganized attachment. In general they lack concern about the consequences of their actions (de Moor, 2016).
The most common issues are: irresponsibility and disregard for normal social behaviour; difficulty in sustaining long term relationships, (little) ability to tolerate frustration and to control their anger, lack of guilt or not learning from their mistakes and blaming others for problems in their lives (NICE, 2013).

My patients in the Pompekliniek have a severe traumatised development background, and as a result of that, they have problems with attention and perception (Hinz, 2009). One of the main characteristics is the low ability to change attention to oneself (initial stimulus) and their environment and back (Ogden, Minton & Pain, 2006).

These interactions make reflection, learning and development progress very difficult in (art therapy) treatment and often lead to therapy dropout.

Art therapy in forensic psychiatry

Even though art therapists' established professional associations are agreed on an official definition of their profession, this does not mean there is only one approach or method that characterises the discipline of art therapy. On the contrary, the field developed into a huge collection of theoretical approaches such as psychoanalytic, humanistic, gestalt and cognitive behaviouristic approaches related to different separated or integrated art forms which include music, drama, dance, visual art, poetry, gardening and drawing.

Despite their differences, all arts therapists believe that the very act of creating is healing, and the majority of approaches aim at providing a safe non-verbal creative space that usually combines with a verbal psychotherapeutic use of the artwork (Rothwell, 2016; Smeijsters, 2008; Lusebrink, 1990).

In the Netherlands, the basic assumption of art therapy is art, and to a lesser extent psychoanalytical theory (Smeijsters, 2008; Visser, 2000). Theories on art therapy embody the basic 'image elements' of that particular art and the patient's problem guides the art experience, whereas the therapist's task is to try and enhance that experience (Baeten, 2007). Within this approach, the patient and the therapist also play an essential and irreducible role in successful therapy. The Dutch orientation fully recognises the value of the art therapy triangle, that is, the dynamical relationships between patient, medium and therapist (Smeijsters, 2008).

In the UK, Case (2000), Schaverien (1992), Skaife and Huet (1998) talk about the triangular relationship between the client, the image and the therapist. This concept makes a reference to a relationship that is dynamic and promotes very complex processes.

Approaches in art therapy with offenders aim at providing a safe non-verbal creative space in which artwork can be used as a vehicle for communication and expression, farther than verbal words can go. The ideal art therapy triangle is one that is characterised by free verbal and physical communication and elaboration, voluntary participation of the patient and mutual agreement of the patient and therapist on the goals to be reached. This situation in forensic psychiatry is often not ideal. Patients who suffer from disorders like autism, mental or non-verbal learning disabilities, those who suffer from emotional language impairments such as traumatized patients, or patients with a (developing) personality disorder usually cannot engage in free verbal communication. They often lack the capacity to discuss and set the goals for therapy when they are expected to undergo therapeutic treatment (Rutten–Saris, 2002).

I believe that art therapy, for patients with underdeveloped or disturbed interaction structures, contains aspects that are valuable provided that the intervention is focused on healthy development of the interaction structures through the art therapeutic medium. Making art creates representations of movement and inner motivation. There is similarity between movement in lines and the internal motivation originated from this movement. These expressions include vitality, or the lack of vitality (Rutten-Saris, 2002; Smeijsters, 2008). A personal expression or signature has a particular quality, which Stern (1985) called vitality. These vitality effects become visible in the patient's movements towards other people, towards himself and towards the things in the world that surround him. Thus, the traces the patient leaves on the surface, irrespective of whether they were drawn intentionally or accidentally, also display a vitality affect.
Stern (1985) developed the term 'vitality affect' to describe aspects of mother-child interactions that could not be captured with regular categorical effects, and also applies the term to adult behaviour. All things appeal to our sense of movement and expression.

In terms of Arnheim (1974), the arts have a visual force; they reveal something of the artist who made the 'drawing'.
Smeijsters (2008) defines the acting in the artistic medium and art therapy as the analogue-process model. The 'analogy' between the artistic medium and the psyche implies that psychological processes express themselves in the artistic product. So, art product and art process do not exclude each other; they complement each other.

Many of my patients with uncontrolled behaviour problems often become aggressive as a result of experiencing failure during their art making process. This failure is often due to their impulsive behaviour. Through the art therapy process the patient can learn to attain clear art forms with personal structures and interactions. By making physical contact with the art materials the patient learns to develop more healthy actions (Muijen & Marissing, 2011). Art materials provide new strategies in interacting and offer structure by means of their artistic possibilities. The process of making is a safe experience where the patient can learn to organise feelings and thoughts (see figure 1). The unique quality of art materials in the art making process demands a disciplined way of acting.

The art materials will act as a motor of dialogue, allowing access to both conscious and unconscious content in a holding environment, and would promote a reorganisation of attachment wounds and issues. This would trigger, starting with the curiosity of the nature of the object (sensory element of play), the capacity to create, imagine and produce an object, the capacity to use this creative act as a way to establish a relationship and finally usage of the space as a facilitator (Winnicott, 1971, 1974, 1977, 1982, 1984).
Winnicott (1971) located a space between the baby and the mother, calling it the transitional space. The Pompekliniek can be visualised as a transitional space between the outside world and the inner world, realistically and symbolically speaking.

Figure 1: tinplate and ironwire, 25cmx25cm

" While starting my art piece it was only a piece of tinplate where I wanted to solder iron wires on. During the process of adding wires I noticed I was blocking my mirror reflection. I felt more and more fearful and I realized I was putting myself behind bars. This art piece represents my feeling of being imprisoned within myself and how I see myself". - Reflection in words by a patient whilst dialoguing with his artwork-

Understanding the patient throughout art-based research

Art therapists in the professional field are collecting information according to a systematic method. The main focus is to collect systematic information about the possibilities and limitations of the client to art therapy treatment. During art

making processes, materials, themes, methods and techniques are experienced and will be studied in a reflective and intuitive way. Explicating and arranging these experiences leads to the discovery of preferences, resistors, the development of a personal style and a personal visual story.
Where this experiential form of research is conducted on a larger scale, and further systematized in process and methodical rules, there is already a more explicit form of contextual research. A research-based step may arise from a more comprehensive systematic investigation with a testing phase. One example is the comparison of different treatments. Thus, more transcendent visual therapeutic-theoretical concepts and methodologies will be developed.
For substantiation and legitimating of practices and methodologies for the art medium, one can use various theoretical and methodological frameworks. Gilroy (2006) distinguishes the following groups of research: research into art therapy from the frameworks of traditional psychoanalysis and Jungian theory of symbols; small phenomenological research and diagnostic testing, conducted by using formal visual elements as indicators of analogy in everyday life (Gilroy 2006).
The expressiveness of the non-verbal way of working with the artistic medium is not easy to describe as a form of research. Art has the quality that it does not want to bind in contexts (Bogdorf, 2005). Hermeneutics offer us the ability to establish that the facts are always valid.

Visiting the Prinzhorn Collection in Heidelberg, I was totally struck by the work of Josef Forster. Forster was a psychiatric patient from whom some very interesting works survived during the Second World War. Forster was probably suffering from schizophrenia. During his years in psychiatry he developed his own unique way to use art in a way to survive in life.

Looking at his work I saw a lot of similarities with the work my schizophrenic patients make in the forensic psychiatry. In particular, the search for frame and structure in constructing images is very similar.
Forster found a way to compose his ideas in a rhythmic way to express and to deal with his suffering in life. The use of this metaphor gave him the ability to

develop his own creative skills and to express his need to cope with life. This way of expression is somehow the most ultimate form in art therapy in my opinion: the client is capable, has learned to make new steps in art expression and to give new meaning to his art and life. The artwork of Josef Forster inspired me to start a small art-based research. The method of art-based research gave me new ways of reflection and creating artwork, and helped me to understand the work of my own clients in a new way.

Executing art-based research

The method of art-based research uses art practice within a research perspective to illuminate or construct knowledge. Direct engagement in art practice becomes the way for research problems and methods. Art-based inquiry privileges the practices and perspectives of the artist (Sullivan 2005).

Initial awareness

In creating this artwork, I singled out my idea from its original context. It interested me mainly for aesthetic reasons: the forms and structures as created in the head of Josef Forster. I thought to myself: “This is interesting. How would the process be of incorporating his visualisations into a new piece of artwork?” Often the researcher’s attention is drawn to the original image because of its metaphorical connection to the research question, which is also one of the distinctive qualities of art (Hervey, 2000).

I really felt the need to explore it. I was struck by the drawings and the search for structure by Josef Forster.

I started off by dialoguing with the images, and made drawings. “What do I see?”

“Are there any dominances”? I did not focus on the words he wrote, but interpreted it in a graphical way: a way of creating structure in his thoughts and ideas.

Figure 2: Sketches and drawings made by Josef Forster

The art-based process of critique, familiar to most artists, operates on the same principles and is, at base, an interpersonal form of dialogue with images. Critique as a therapeutic process has been advanced in art therapy as well; the same structure is suitable for art-based data analysis (McNiff, 1992).

“Make a machine”

In studying the works of Josef Forster, I was puzzled about his need to deal with his awareness, pain and focus on his perception of his body. My interpretation of his objects was that he found a way to escape reality - somehow. You could say he found a metaphor for giving structure to his life by his ideas and constructions. The construction of his drawings and his machine inspired me to make some kind of ‘machine-object-to-lose-pain’. So in my own way I try to empathize with his personal theme, and was mirroring the process in retrospective.

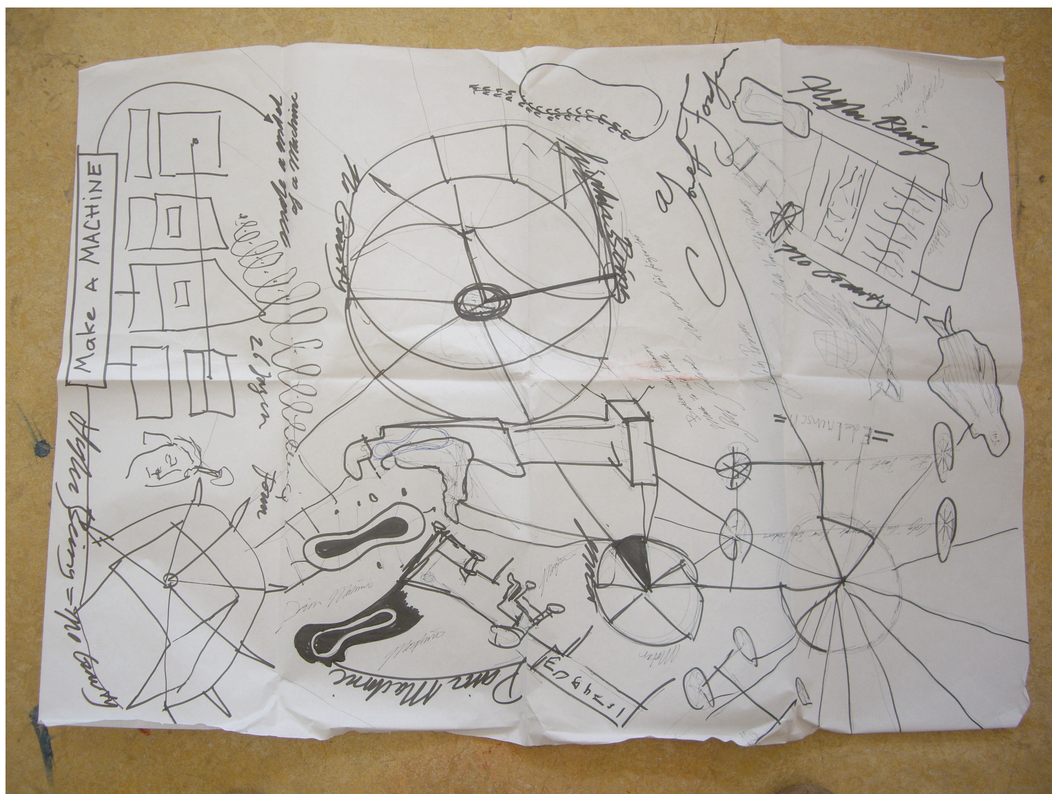

Figure 3: Drawing by myself inspired by Joseph Forster's sketches

De-contextualization and intentional recreation:

By creating, using forms and structures, in the medium of visual arts, I gained the possibility to explore the images and ideas. Hereby I was able to feel some of the possible intentions through feeling and reconstructing shapes, materials, and the physical labour that is required to make this small project.
The main topic here for me was being aware of, and paying attention to, how materials could be used.

Especially, the aesthetic experience by reframing, touching, exploring the materials (mainly metal) gave me great alertness and curiosity.
I also became aware that I was using it in another way than Josef Forster did; its original function changed (the need for Josef Forster to express himself in a certain way), and it became my own experience. In this stage of the process, I experienced a more internal dialogue with the images and the materials I had gained so far.

Appreciation and discrimination:

In the process of recreating the artwork, it gained value of its own. By being involved in this process and allowing it, it started to have effective expression in itself.

Questions like: “What works in this frame?”, “How can I combine the iron circles and wires into construction?”, “Is it ok to change the meaning of the work, and is there a meaning anyway”? During this part of the process, I made both intuitive and conscious decisions in the process of making the art piece.

Figure 4: Decision making in my art studio

Refinement and transformation:

The emerging artworks are adjusted and transformed while discriminating assessment continues in a cyclical process until completion, along the lines of, “I will be doing it till I am satisfied” (Hervey, 2000 p 48).

This phase of the creative inquiry parallels the therapeutic ‘working through’ process of a (visual art) problem or issue, such that I also experience it as a therapist in treatment. This was very interesting for me to notice.

Figure 5: Work in progress in my studio space

Re-contextualization

The stage of having the final expression is reached, the most effective way of communication is made visual here.

In my process of making this art piece it gave me interesting thoughts about my own patients, and their need for structure. Especially the experience in getting into a flow of using different possibilities to find solutions in connecting the circles, frames, and wires. It made me more self-confident. In a way I could say that it gave me structure, and the feeling of having a base.

Figure 6: Final Stage

Art-based research

Shaun McNiff (1998, 2008) has advanced art-based research in art therapy. It can be traced back to Elliot Eisner, an arts educator and researcher who outlined several dimensions that differentiate art-based research from a traditional scientific approach. The key features of art-based inquiry as conceived by Eisner (1981, 2003) and articulated by researchers Sandra Weber and Claudia Mitchell (2004), can be summarized as follows:

- Reflexivity: Art expression as a form of inquiry provides a medium for connecting to the self, and at the same time the self distances in order to see something from a new perspective. Critical vision followed by reflective action is a defining process in arts and in the practice of art therapy with clients. As a method of inquiry, it directly parallels the systematic feedback loops that are designed into quantitative and qualitative research studies.

- "All at once-ness": Visual art and images produced in art-based research reveals what might be difficult to formulate in number or in language. Art expresses the ineffable or hidden aspects of the practitioner's knowledge and expresses them in a more holistic way. Hervey (2000) asserted that art-based inquiry offers a way of discerning the kind of "paradoxical, ineffable truth that we experience in our work and witness in the lives of our patients and giving it a form that can be shared with others" (p. 13).

- Sensory, emotional, and intellectual attention: Art-based inquiry seeks to discover "what we didn't know we knew and to see what we never noticed before" (Weber & Mitchell, 2004 p 4). Art-based inquiry often involves and provokes somatic responses. Eisner (1981) observed that its findings usually are presented in "the creation of an evocative form whose meaning is embodied in the shape expressed" (p. 69). Especially in a field like art therapy, the use of artistic modes of representation in research increase the likelihood of finding a voice and making an impact on others. The visual image as a powerful psychological change agent is a principle of art therapy that may be utilized in art-based inquiry.

- Holistic communication: Art-based inquiry communicates holistically, simultaneously keeping the whole and the parts in view. This principle underscores the fact that cognition is not limited to thinking mediated by language. Through the use of metaphor and symbol, art media use

perceptual codes to convey theoretical statements. Visual forms condense complex information into spatial analogues that display key features of phenomena (Sullivan 2005).

- Canonical generalization: Through visual detail and context, art-based inquiry shows why and how a study of one person can resonate with the lives of many. Unlike scientific research, the nature of generalization in art-based research is concerned with illuminating what is unique in time and space while simultaneously conveying insights that extend beyond the limits of the situation. This form of generalisation has been called the 'canonical event': a sensory distillation of experience that performs a 'heuristic function' beyond the single case by reminding us in vivid terms what such an experience must be like (Eisner 2003).

- New ways of seeing something: Art-based inquiry provokes, innovates and breaks through resistance, forcing us to consider new ways of seeing or doing things. This common principle that gives art therapy its power with patients can be transferred to research concerns. Because it produces art and images, such inquiry may be more accessible to the researcher than the usual language of research.

- Advocacy and activism: Artistic inquiry makes the person social and the private public. A common feature of art is to create an impact on the awareness of the viewer or audiences. An outcome of art-based inquiry in art therapy may be the creation of making visible the experiences of particular clients or client groups. Art-based research is primarily concerned with what people find meaningful and from which their worldviews can be altered, rejected or made more secure (Eisner, 1981).

Art-based research can be defined as the systematic use of the artistic process, the actual making of artistic expressions in all of the different forms of the arts, as a primary way of understanding and examining experience by both researchers and the people that they involve in their studies (McNiff, 2008). These inquiries are distinguished from research activities where the arts may play a significant role, but are essentially used as data for investigations that take place within academic disciplines that utilize more traditional, verbal and mathematical descriptions, and analyses of phenomena.

Sullivan (2005) defines arts based inquiry as the creation of knowledge using visual means within a research perspective.

Applied to art therapy, direct engagement in the art becomes the 'site' for investigating certain research problems and methods.

This paradigmatic shift is founded on the principle that art practice is a form of thinking, problem solving and investigation of direct perceptual evidence that, as with all research, lays the groundwork for concept formation. Making art requires many, if not all, of the same complex cognitive operations that are involved in creating models of scientific theory (Arnheim, 1969).

Art therapy research that produces (scientific) knowledge aims to eliminate rather than embrace ambiguity, to gather verifiable evidence and to fit the findings into a larger theoretical framework (Kaplan, 2000).

As scientists search for objectivity, artists cultivate their idiosyncratic subjectivity by provoking and moving audiences through art's communicative power and unique perspectives.

Kaplan (2000) saw artistic endeavours as 'structured inquiry' that illustrates rather than validates general principles. Inquiry that tests hypotheses and builds on previous research is a sound practice, but Sullivan (2005) reminds us that it is also about ideas. Artistic inquiry challenges the art therapist by "the need to create and then use this new awareness as the critical lens through which to examine existing phenomena" (Sullivan 2005, p. 49).

Thus, art-based inquiry adds to the knowledge base of art therapy as new ideas are presented to help art therapists see in new ways.

A contemporary challenge for art therapist researchers is to find methods of inquiry that are connected to the core practices of art therapy. Artistic inquiry produces works that serve as objects of intense aesthetic reflection and subsequent action (Kapitan, 2003). Art-based inquiry, according to McNiff (2008), grows from “a trust in the intelligence of the creative process and a desire for relationships with the images that emerge from it” (p. 37). Hervey (2000) operationalized the definition of art-based inquiry as that which uses artistic methods for gathering, analyzing, and/or presenting data, engages in a creative process and is motivated and determined by the researcher’s aesthetic values.

McNiff (1998, 2008) promotes art therapists to undertake research specifically in the art medium. Art is indeed the language of the medium, and the spoken or written word can never give the same experience as artwork. Chris Kuiper (2007) has worked out the same principle in his thesis 'The Event Maker’. An artist has responded to the interviews of clients. The clients have looked at these images. Kuiper has described that in social professions, 'reality' is better described by poetic moments than with large-scale clinical trial. In poetic moments, we know that we are moved by experience. Large effect studies have too much distance to really have something to say about our functioning and acting.

Sullivan (2005) encouraged art-based researchers to “more consciously deploy a range of creative processes as research practices to fully investigate the contexts that surround complex human activities” (p. 61). The role of lived experience, subjectivity and memory are all important agents in knowledge construction; strategies such as self-study, collaborations, and textual critique may reveal important insights not found by traditional research methods.

Smeijsters (2008) argues that there is a unit of media and mind, and that the relationship between the two not only comes about through associations or verbal reflection, but also in interpretation. Therapeutic benefit is therefore in the medium already. Admittedly, what occurred during the medium activity level, verbal play was also meaningful and used therapeutically but this is not (always) necessary nor always possible or desirable. By this analogy, Smeijsters had two things to say. First, when mental processes are happening, changes are also occurring in the medium.
Secondly, within the safe space of where art therapy takes place, the client brings feelings that belong to situations of the outside world; therefore the client is re-visiting these experiences by using artistic media.

Conclusion

When art therapists engage in methods of artists' inquiry, a deep connection with the nature of the art is kindled; this reconnection to the sources of the work has the potential to transform art therapists' relationship to the self and the world in which they live (Kapitan 2003; McNiff 1998).

The metaphor of using artwork during the process gave me insight in the non-direct way in which art helps with troubles and difficulties in life. Not the direct analysing and seeing through are starting points in the process; but the dealing and 'working through'. Forster found his path to do that in a unique and very expressive way.
By translating that to my art therapy practice, I learned to appreciate the artwork in itself.

By finding new possibilities *in* the art medium, new opportunities and insights may occur. Especially for the forensic population, it is very useful because of the focusing and learning *in* the art medium, and not by learning to verbalize. Patients might be more able to learn to make the analogy between the art process and daily life (Stern 2004). The therapeutic process is possible because the change of expression in the art form is experienced as a change of vitality affects. By experiencing vitality affects in art forms, forensic patients

can work through unarticulated layers of experiences and gradually become conscious of cognitive schemes (Smeijsters & Cleven 2006). As stated in the beginning of my paper: for conducting artistic processes for forensic patients a safe and contained environment is essential.

Structures, rhythms and repetition are the art actions I used most in creating my own metaphor. Looking at this metaphor in a more abstract way, I see it as ‘thinking in a medium’. This perspective, commonly known through the “visual thinking” research of Arnheim (1969), describes artistic thinking primarily as a consequence of thought and action that is given form in a creative product (Sullivan 2005 p. 125). The artwork is an outcome of artistic thinking, and is therefore interesting for questions such as the symbolic functions of art in art therapy and the ways patients give form to meaning. This insight can help for a better understanding the forensic patients and therefore in art therapeutic treatment in general.

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