



ART THERAPY: CREATING THE SPACE WE WILL LIVE IN

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In responding to Shaun McNiff's article I start with the sentence of his that particularly struck me—"We can trust that the images will always take us where we need to go and show us what we have to see."

The task of allowing the images to take the lead seems more daunting when it is not the individual therapy session that is in question, but rather the whole of the profession of art therapy. Where are these images that would take art therapists "where we need to go and show us what we have to see" in terms of the future of art therapy?

As I pondered this question I looked around the walls of the house I had recently moved into, as if some painting or collage or drawing would reveal its golden wisdom to me and inspire the writing of this article. But the walls were empty. The hundreds of paintings, stacked in the basement on moving day, waited for decisions to be made about which ones would be hung and where they would be placed.

My initial reaction to the blank walls was to be aware of what was not there. I was gripped with a feeling of unsteadiness, having been confronted with the absence of my "familiar." But when I allowed my concept of the guiding image to broaden beyond the familiar concreteness of the paintings, I saw the empty walls as a part of the image. They became expressions of openness, receptivity, readiness. The image enlarged to the stacked paintings in the basement and to the process of carrying them upstairs, trying them out on the walls, changing and adjusting them. I could now see the guiding image as a performance art piece, and the possibilities of how it would play out were endless.

This seems an apt metaphor for envisioning the

future of art therapy. Changes in health care have resulted in art therapy having lost a sense of the familiar. Art therapy jobs once available in hospitals and other health care placements have been downsized away. As a profession we are faced with the challenge of how we will respond to this. Will we focus on what is no longer there, or will we enlarge our vision to see what art therapy might become?

It is clear that McNiff advocates for an expanded vision of what art therapy might be. He describes it as creative synergy and views it as the key to the current success of art therapy. This expanded vision is also likely to be the key to the future success of art therapy.

Let me return for a moment to the blank walls in my new house. When it comes time to arrange the artwork I know I will be excited by the chance to see all the possibilities of what art might be hung and how it might be arranged. If I am truthful, I also know I will be tempted to hang the same painting in this new kitchen as was in the kitchen at my old house. I will be tempted to place it on the wall near the phone, just as it had been before. I will also get all caught up in thinking that I have to make the right decisions about what to place where, because they will be this way for a long time. This will make it much harder to hang anything at all. Only if I am able to remember that there is no arrangement so perfect that it is beyond the possibility of change will I be free to move forward and create the new space I will live in.

The same is true for the profession of art therapy. Our guiding image is not a concrete, static art form. It is a performance art piece. We can choose to retrieve the "familiar" from the depths of who we have been

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as a profession. We can form some new professional images. Our freedom to move forward and create the circumstances of our existence depends on our ability to remember that there is no arrangement so perfect that it is beyond the possibility of change.

Keeping the possibility of change within our vision of who we are is no easy task. The capacity we have, as a professional group, to tolerate the paradox of absolute responsibility and absolute powerlessness becomes most pronounced at points where we have the potential to respond in either a synergistic or a polarized fashion. In the following sections I will discuss some specific examples of these points of potential polarization/synergy and how our response to them will affect the shape of art therapy in the future.

The Interface of Art Therapy with the Art World

This past year I helped to organize a symposium on the arts and therapy at the hospital where I was working. One of the workshops was led by two dancers who have no background as therapists. They were invited to present because of the work they had been doing in the community with health care providers. Their workshops were geared toward teaching health care providers to use dance/movement as a form of self-care.

I was aware that the inclusion of artists in such a conference would cause some disgruntled reactions by therapists. In spite of this, I found myself more excited about attending this workshop than many of the others at the symposium. The possibility of collaboration with artists who were working from a non-clinical perspective was something I anticipated to be challenging and inspiring. I was not disappointed. There was something pure in the agenda of the workshop leaders that was appealing to me. They truly were there to help us learn to use dance/movement as a form of self-care, without any attempts at diagnosis, interpretation or the use of movement as the means by which to engender verbal expression.

In spite of some renewed interest in our roots in studio arts (Allen, 1992; Franklin, 1996; McGraw, 1995; McNiff, 1995; Wix, 1995), there still seems to be an aversion on the part of many art therapists to connecting with the art world. Millie Lachman-Chapin is art therapy's most outspoken advocate for developing collaborative relationships between art therapy and the art world. She questions the underlying cause for what she terms "an uncomfortable hostility" from some colleagues when the question of

being part of the art world is raised (1993). One of the possible causes she puts forth is that of envy.

I suggest that a related cause is that of insecurity. Many art therapists believe that their art is simply not "good enough" to be viewed publicly. This has always struck me as ironic. No matter what style of art therapy one ascribes to, a fundamental role of any art therapist is that of being witness to the artistic creations of others. In other words, we ask our clients to make their art public. Although the public place may be a therapy room rather than a gallery and the viewing public may be just the art therapist, we still ask our clients to make their art public.

This is not to suggest that there are no differences between art viewed within a public gallery and art viewed within a therapy session. There are many differences, articulated well by Joy Schaverien who nonetheless conceded that, "This transition from private to public is a common feature of all art. It is the step from the process of image-making to acceptance of the picture as a product" (1989, p. 152). Just as the client must decide who will be allowed to view the image created, whether even the therapist will be allowed to see it, so too art therapists must decide who will be their viewing public. This decision must be made both on an individual level and on the communal level, not only in relation to the literal and concrete images of therapists' art works, but also in relation to the image of the profession that is conveyed.

The future of art therapy will be affected by how we respond, as a community, to the possibilities for collaboration with the art world. Polarization has been characterized by the desire to set ourselves apart from the commercialization of art, the critical judgments of the academic art world, and what McNiff refers to as the view that art's sole purpose is service to itself. McNiff proposes that art therapy, in a more synergistic relationship, might offer healing qualities to art itself. Perhaps the art world also has something to offer art therapy.

At a time when health care professions have become financially driven, rather than care driven, many art therapists have felt themselves pulled off-center, away from the ethic of care that drew them to the profession in the first place. Joining forces with the art world has the potential to strengthen and reaffirm the love of art that is often threatened by a system that focuses on billable hours and cost-expedient care. Art can be the life preserver that allows us to stay alive in the sometimes rough, sometimes brutal sea of managed health care.

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