

## Working on the Edge

Exploring the Role of an Art Therapist compared to The Role of an Artist  
in Arts and Health Contexts – Similarities, Differences and Requirements

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### Abstract

This article explores the relationship between an Artist and an Art Therapist in a health setting which initially began through an Arts and Health project. The project and the subsequent exhibitions they were involved with brought about an awareness of their own roles and the similarities and differences which began to emerge. The article draws on the experiences from the project, and an Arts and Health conference which took place in November 2010 in which the authors took part. Specifically it looks at the dialogue that has taken place between the artist and art therapist.

Key words: Artist, art therapist, arts and Health, dialogue, Collaboration

### Introduction

This project owes its existence to the simple desire by the artists in St. Raphael's Centre for Intellectual Disability, Youghal, County Cork, to present their work in public in a manner that would allow the work to stand and be judged on its own merit, without any attendant tag such as 'outsider' or 'special needs' art. Exhibiting work by artists who have a disability is a simple enough aim you would think, but one that encountered much resistance from the 'art world' which gave the impetus for the project. The 'On the Edge of My Sky' initiative was the devise or plan by which this resistance was overcome and the artists' aims achieved. While the original aim was to help develop and advocate for the creative lives of a group of artists at St Raphael's an integral aspect which developed was to explore the possible professional relationship between the Art Therapist John McHarg who already worked there and the invited project artist Marie Brett. The project and parts of it were financially supported by Cork County Council Library and Arts Service, The Arts Council of Ireland, The Health Service Executive, The Art Therapy Department at Crawford College of Art Design, Cork County Vocational Educational Committee and Cork City Council Arts Office.

We are aware of the important work that has been undertaken by the Arts Council through Vital Signs<sup>1</sup>, the Arts and Health Policy / Strategy<sup>2</sup> plus the Arts and Health Handbook<sup>3</sup> each highlighting the importance of arts and health practice nationally. Additionally the development by the Health Service Executive and Waterford Healing Arts Trust of the Participatory Arts Practice in Healthcare Contexts Guidelines for Good Practice<sup>4</sup> which offers very useful guidelines for artists and service providers. We hope this piece of research adds to and enables further dialogue, discussion and developments in this field.

### This article presents the development of this project covering three strands:

1. The participatory project 'On the Edge of My Sky' which resulted in an exhibition of art work at Sirius Arts Centre Galleries, Cobh and toured to Waterford Hospital's Healing Arts Trust
2. Reflective research surrounding the roles and responsibilities of the art therapist and the artist in healthcare settings which resulted in a body of critical findings titled 'Two Voices'. These were presented through a series of lectures and round table discussions at Crawford College of Art & Design (CCAD) and Waterford Hospital.
3. A collaborative exhibition of artwork by McHarg and Brett shown at the CIT Wandesford Quay Gallery, Cork. This exhibition, using video, sound and a mixed media drawing installation revealed the professional partnership, experience and findings that McHarg and Brett were engaged with.

## Working on the Edge

In amongst art therapy's many influences and its development as a profession is the fact that many of the earliest pioneers were artists e.g. Hill and Adamson. This direct connection with art making still holds great importance as a quality of the art therapist themselves for many in the profession as well as in the training itself, where part of the entry requirement demands the presentation of an art portfolio. Art therapy's development and specific linking to psychological models and theories have led the profession, quite specifically in the UK, to question this relationship and grapple with the concept of the title art therapist v art psychotherapist which was itself voted upon as a possible change of title in the early 90's within the professional association there.

As a profession with guidelines, codes of ethics and a clear desire to be seen as being within a clinical model of working, there has sometimes been the feeling that our relationship to these original beginnings where the use of creativity, art making was the catalyst for personal growth, has somehow been lost?

So with the new profession did this mean that the artist working in health settings was redundant? No of course not, but what it has shown is the need for ever greater clarity for health and care providers to know why they might employ an artist, musician, drama teacher, dancer and/ or an arts therapist.

There are confusions and as Phillips points out in her article on the relationship of the artist to the art therapist:

'There is no doubt that increased specialization is enriching for a profession, it can allow for a development of proficiency, excellency and identity within a practice. Yet specialization can also lend itself to excessive control and regulation and therefore exclusion. A lack of formal and informal recognition of the innate connections between the two practices, I believe is damaging to the artist, the art therapist and the people that avail of our different forms of facilitation. It is time for more exchange, more dialogue to develop that will enrich both of the respective processes'. (2008:4)

As she also points out, 'the art therapist and artist do not currently have a custom of working together nor do they have a formalized way of communicating with one another'(2008:4). And she goes on to echo the thoughts of Shaun Mc Niff in the need for dialogue between these two parties.

At the Arts and Health conference<sup>5</sup>, thoughts were given to the way that the artist is connected to the art therapist. Firstly the example of the work of Christine Broe was described in her work on an arts in health project in 2005 in a residential home for the elderly. In her article on the project (2007), Broe describes the way the project took on two elements, the therapy phase and then the art project itself which she felt helped serve the needs of residents (therapy) and the finished object (arts project). What was of interest in this project, was that it was funded by Arts funding, and there was a clear desire for it to be led by an art therapist who was also an artist.

Another example given was of the Studio Upstairs based in London and Bristol in the UK which offers a creative opportunity for individuals with mental health needs to engage with art making in a studio environment working both with artists and art therapists.

*'Studio Upstairs is a place where people have the liberty to think and speak aesthetically, emotionally and socially or to remain silent if they wish. It is a place where madness is seen as ordinary through the extraordinariness of art'*  
Founders Annual Report. 1994

Here the artist exists alongside the art therapist with the client understanding how each serves his own need be it technical, art process support or advice from the artist or emotional and psychological support from the art therapist. These brief examples are mentioned not as an exact template or philosophy of the way artists and art therapists should be working but as an example of, as we would call it, where we work 'on the edge' where a richness and a creativity can flourish.

## The Project

**The three strands are presented in terms of a dialogue from the perspective of the art therapist and the artist respectively**

### **Strand 1 : On the Edge of My Sky – A 12 month participatory project**

A key aim for this project was that participants' make and publicly exhibit a body of artwork to stand on its own merit without any 'tag or crutch'. Brett facilitated creative activities with a core group of 12 participants in a dedicated off-site studio space. After experimenting with various media types, the group elected to concentrate on large scale drawing and painting and developed personal subject matter interests. Critical response and appreciation of one's own work and that of others was integral with benefit from visits to galleries and museums. Participants elected to exhibit under the title of studio group 'ART13' and their exhibition titled 'The High Ground' was curated by McHarg.

**The Art Therapist's experience** 'As a long term member of staff in St. Raphael's Centre, I had and continue to have, an ongoing social and day to day relationship with the twelve artists who worked on the Edge of My Sky project. In addition, two of the twelve artists were in a client/therapist relationship with me. One of these chose not to attend the art therapy sessions whilst engaged on the art project and indeed to date has not yet returned to therapy. The other client continued in therapy and made, and continues to make a clear distinction between work produced in therapy and his work as an artist. During the time of the project I didn't visit the studio where the artists were working, I didn't see the work and was not involved any of the activities of the project such as their gallery visits and sight trips. Once a week the artist and art therapist met which afforded Marie as the artist the opportunity to raise any issues or concerns which she might encounter with regard to the project.'

**The artist's experience** 'John the art therapist's advice and support definitely had a positive impact on the project. The benefit was immeasurable in having a colleague available to discuss, interpret and reflect on the activity with. It enabled me to be braver in my approach; I knew I had a supportive framework and that the work I was doing was understood and valued. The participants too had the benefit of John as an informal point of reference with whom, at their choice and discretion, they could discuss the project and their involvement. But it's not only the day to day running of a project that benefits from having a point of reflective supervision or creative support, in the bigger picture of things it can give opportunity to reflect on ones professional practice and this project definitely gave me a chance to re-think my motifs and working methodology around the questions of: Who does an art project serve? How and why? Who sets the threshold? and Are these points fixed or moveable? These questions are crucial to anybody working in participatory contexts but often we do not get a chance to consider them.'

### **Strand 2 : Two Voices – Reflective findings on practice**

A second strand of the project was for McHarg and Brett to reflect on their respective practices of art therapist and artist working in participatory healthcare contexts and examine the impact their given and adopted roles, plus the experience of working together, might have on the project. This work was supported by The Art Therapy Department, Cork Institute of Technology plus the HSE Education Officer at St Raphael's Centre, Sara Flanagan.

**The Art Therapist's experience** 'I believe the difference in role of the artist and the art therapist was established during Marie's first visit to St. Raphael's when in response to one of the artists showing her his work, Marie asked me if it would be ok for her to offer some suggestions as to how he might proceed by maybe taking a different approach to the work. I said I felt that as an artist she was of course in a position to be critical and challenging of the work. Indeed that is what artists do with each other. I, as the therapist in the centre, never got involved in that experience/exchange, nor did any of the artists ever approach me to comment on their work. The presence of an artist working in the centre, the purpose of whose role was clear to both herself and the centre, had the effect of making the role of art therapist more clearly defined to clients/participants, staff and myself. The experience of having both an artist and an art therapist working in the centre made

possible the comparing of the two roles in a working situation and highlighted the differences in approach, purpose and intent of each role. Boundaries were made clearer and more defined for each discipline. The intent and purpose of each of

the two disciplines were seen to be of the most importance. It defined the method and approach to work of the artist and the art therapist and the expected outcomes of this work. Each discipline approach gained clarity from how the other works. We defined our roles in opposition to each other which of course also clarified what the roles held in common.'

**The artist's experience** 'In the past, working in healthcare settings, I have found myself working as an artist alongside art therapists and encountered confusion from staff and participants about the difference between what an artist does and what an art therapist does. This partnership gave us both a chance to investigate these distinctions, to unravel our thoughts, to share critical writing and to challenge and support each others developing stand-points. Having established a safe working space, we were able to interrogate our practices; their juxtaposition, intersections, similarities and differences which in turn led to us compiling a body of research and findings which were shared through lectures and round-table discussions, which in turn further informed our thinking. This research work and findings have been titled 'Two Voices' focussing on the questions : What is the role of an artist / art therapist in a participatory arts and health context and what do each require to work well in this context? This experience of such an open dialogue over an extended period with an art therapist has enabled me to more clearly define and articulate my role, intent and purpose as an artist working in healthcare contexts.'

### **McHarg & Brett's findings:**

#### **The Role of the Art Therapist**

1. An art therapist is usually a member of staff in a centre and so would have a long term and continual relationship with the centre. The art therapist often works as part of a team and has the support of other professionals, and shares information on clients.
2. The art therapist is in the health care setting in a serving role.
3. The art therapist has information on history of the client, i.e. state of health, medication etc.
4. A client very often comes to art therapy because of a specific issue or concern which is subsequently addressed in the session, using the art making as a tool to address the concern.
5. Artists and art therapists both use art making materials.
6. Therapists work with clients.
7. For the art therapist the client comes first. The therapist works to develop and maintain a safe place for the client and the work; a therapeutic relationship between the client and the work.
8. The art therapist does not make judgements on the work produced by the client. The therapist only responds to a client's request to comment.
9. The role of the art therapist is defined before a relationship is formed with the client.
10. The responsibility taken on by the art therapist incorporates safety, care, provision of the materials etc. Boundaries are set at the outset, e.g. the number of sessions, length of each session, etc. and these boundaries are adhered to.
11. The therapist would not disclose information about the client or the clients work.
12. The art therapist has the resource of personal supervision.
13. The issue of making of art by the art therapist in the presence of, or with, a client is an issue that the art therapist needs to give great consideration to.
14. The client is a client from the beginning of the relationship.
15. The art therapist is in an attending role, is there to give of his/her time and attention to the client.
16. Both the art therapist and client use the work produced in a number of ways, interpretatively, symbolically, as a tool.
17. The art therapist supports the integrity of the space.
18. The public exhibiting of work created in therapy would not ordinarily be part of the therapeutic experience.

#### **The Role of the Artist**

1. An artist usually works freelance and solo without the support of a team or other professionals. Tending to be short term in a centre, an artist can be on the fringe.

2. An artist may work in a health care setting to expand or develop his/her own practice. The artist must think carefully about how they may benefit from the experience.
3. The artist has no access to information on participant's history, state of health, or particular needs. Information may be given by staff. The artist must consider does this help the artist / art making. Health & safety responsibilities must be negotiated.
4. The artist aims to engage on a conceptual level, starts with a blank slate and builds a relationship. It's unknown what's brought a person to the activity. Information given out by staff is very important in setting the scene.
5. Quality of art making materials may differ between artists and art therapists.
6. Artists work with participants.
7. For the artist, the primary concern is the artwork. The artist must make it clear that the experience, that is the project, serves the art.
8. An artist will comment on the work made, make aesthetic judgements and influence the process /outcome. An artist will push bounds aiming for a balance between challenge and support; for participants to work at the edge of their creative potential.
9. The role of the artist can shift between mentor, facilitator and artist and care must be taken about adopting a teaching role.
10. The artist is not responsible for a participant's medical well being but does aim to provide a safe space, physically and emotionally. Responsibility lies with the artist to prepare and provide a set number of sessions with resources: materials, tools etc. often including storage.
11. The issue of confidentiality needs to be given great consideration to by the artist.
12. Artists do not have the resource of personal supervision and rarely access to emotional or creative support, review or evaluation services.
13. An artist does not make artwork during the session, unless collaboratively.
14. Relationships are formed during the activity.
15. The artist serves the artwork as well as the participant; they are in an attending role to both.
16. For an artist, the artwork produced stands on its own merit. Artists adopting a process led emphasis of creating work must think carefully about this issue.
17. The artist needs support to maintain an integrity of the space.
18. Selection and public exhibition of work made would often be an integral part of the artists' experience.

#### **What the Art Therapist Requires to Work Successfully in a Participatory Arts and Health Context**

1. The role of the art therapist needs to be clearly defined and understood by staff of the centre.
2. To have a good working relationship with all staff in the centre. (to be known)
3. A suitable secure and private art therapy department, with provision for individual and group sessions and open studio space.
4. Adequate storage space for clients work and materials, sink with hot and cold water, clean up facilities, sufficient lighting, heating and ventilation.
5. A generous, secure materials budget.
6. Access to clients files, medications, states of health, when and if needed.
7. Proper health and safety procedures in place, panic button, phone line and relevant contact numbers.
8. To have input and assistance of other disciplines ie psychiatrists, psychologists, occupational therapists, staff nurse etc. when needed
9. To be part of multidisciplinary team with input at case conferences.
10. To have a system in place for receiving and giving information on clients re: case meetings, changes in medication, health status, emotional issues, holidays etc; to be kept informed.
11. Private staff canteen facilities.

#### **What the Artist Requires to Work Successfully in a Participatory Arts and Health Context**

1. Artists Role : A clear understanding of the role of the artist and their methodology needs to be defined, understood and agreed by the project manager who informs staff and participants.
2. Work plan : An agreed written work plan to include details of aims / expectations, profiles, schedule, staff support, budget, health & safety, preparation, documentation, review, evaluation, outcome, ownership.

3. Activity Plan : Developed by the artist over the course of the project in response to engagement with the participants and the artists past experience.
4. Work space
  - Ideally private with good light / heat / ventilation
  - Access to water / sink / electric point
  - Knowledge of mess policy / drying space
  - Storage options / rubbish
  - Access / delivery / parking / alarms & key codes information
5. Uninterrupted work-time with participants.
6. Participants : Access to work with participants who are
  - Interested, motivated and socially co-operative
  - As appropriate, escorted by staff to activity and assisted / supported by staff during activity
  - Agree plan about participants dropping-by or staying throughout session / programme
  - Agree plan for leaving the activity / collection
7. Health & Safety : Negotiated responsibilities / guidelines regards
  - Working alone
  - Potentially unsafe tool & material use
  - Emergency help plan
  - 1<sup>st</sup> aid policy
  - Emergency entrance / exits
  - Accident / incident report method
  - Copy of centre policies eg: child protection / risk assessment statement etc
8. Support structures : Information about what's available & how to access
  - Staff eg: project manager / administrator / caretaker / supervisor / technician / cleaner / other
  - Equipment eg: photocopier / phone / projector / art materials / tools / cleaning materials /
  - Facilities eg: meeting room / quiet room / toilet / canteen
  - Professional development eg: mentoring / networking / training
9. Review & Evaluation : Agreed plan for in-progress review & potential evaluation with details of facilitating staff, schedule, format & records
10. Report : Clear agreement of who this is for, what it's to include, format, contributors, who compiles, number of copies, budget & schedule
11. Outcome
  - Agreement of who owns artwork made / where work resides / take-home schedule
  - Permission to exhibit artwork / accompanying contextual information / credits
  - Consent to publish photography, video, audio, text etc. of artwork / project. Eg: websites / catalogues
  - Permission to disseminate information about the project / artwork / process. Eg: seminar / conference
  - Agreement about care of artwork / maintenance / insurance / repairs

### **Strand 3 : 'A Quickening' - A collaborative exhibition**

After a year, McHarg and Brett realised the need to step back into the critical landscape of making art & developed a new body of experimental artwork informed by their experience of a dialogue in opposition. They were invited by Crawford College of Art to present this experimental artwork at Wandsford Quay Gallery, Cork to coincide with The Crawford Art Therapy Summer School with an accompanying lecture.

**The Art Therapist's experience** 'While working on the project 'On the Edge of My Sky', both together and separately, Marie and I worked from within the safety of each of our respective disciplines and roles – artist and art therapist and our findings and observations on the project came from this position. However, having accepted the opportunity given to us to examine our roles, findings and experiences through the making of an artwork, we left the safety of our clearly defined roles and became an unsafe entity. We entered an unknown 'in between' place. By choice we moved into a state of change, a liminal place, a place that encouraged new ideas and experiences and mediation between disciplines and from which something new and challenging could be formed. This was even more evident when working on the same artwork together. The experience of art making is usually perceived to be a private and solitary affair so the creating of a

'quickenings' gave us the opportunity to challenge, experience and reflect on the dynamic of working together, while at the same time being mindful of each others' personal aesthetic and approach. This was evident in the different ways we each worked while creating the large floor piece, Marie using ropes with which to draw to gain the sense of the piece which was a slow a thoughtful process, while I used an especially designed tool which allowed me to work decisively and quickly to obtain the same goal. Although our ways of working were so different we accommodated each other so the integrity of the

work was not compromised. We worked in that 'liminal' space between the ego and the unconscious, where new questions are asked and feelings are born, questions and feelings that bring us farther and deeper into the mystery of art making.'

**The artist's experience** 'When John and myself entered the final stages of the project, we both had a sense of unfinished business. We'd established a working relationship that allowed us to explore a creative dialogue of opposition and assisted each other in clarifying rational, methodology, ambition and strategy for each of our working practice; and yet something

was missing and unresolved ... When voiced, we realised the need to reclaim the art back into our practices. Having agreed to develop a new piece or body of work, informed by our findings and experience, we had no idea what form this would take but committed to an exploratory collaboration. Collaboration was key; our dialogue charted grey space, the un-safe zone, the confusion, the cross-roads and this awkward space was pivotal to creating new work. We positioned ourselves in this fluctuating liminal space, physically and conceptually, bringing challenge, debate and shift to both our positions. John and myself work very differently; we approach ideas from different perspectives, we physically handle space and materials differently. Drawing collaboratively, especially by means of large scale floor works, exaggerate differences and demand a clarity of personal intent within the partnership framework; a negotiated balance of the grey area. Crawford College of Art offered us space to present the piece and contextualise it through a lecture which in turn helped inform our thinking. Gaining creative technical assistance from sound artist Danny McCarthy and filmmaker Maximillion Le Cain, in turn also assisted us in clarifying our intent. The site specific installation 'A Quickening' was the outcome of this collaboration.'

## Reflections

There are a number of issues and questions that we have been left with which we refer to as 'Wild Cards'. We hope these will add to and continue the debate for both the artist and the art therapist such as:

- The intent at the beginning of the relationship has the greatest affect on the work.
- How do the conditions under which art is made, affect the art?
- Transference ... what it means for the artist?  
Intimidation ... a normal part of an artist's experience.
- What importance is there in the artists own art making?
- Use of the word art therapy can lead to confusion of staff, artists and clients. The word art in art therapy implies skill which can be off putting, raising questions of judgement.
- If all are artists, are all therapists too?
- Is knowing the context in which the artwork is made important and if so, why?

## Conclusion

At the start of this project whilst the initial aim was clear, its outcome and the various strands that developed have led on to new areas of debate and influenced respective practices of the artist and the art therapist, some of which was unexpected. This debate has now begun to have a wider audience.

What it has shown, is the importance of both the artist within a health setting as well as the role of the art therapist, which has led to clarity of thinking in terms of respective roles. This has generated a discussion and a dialogue outside of the artist / therapist partnership, which was acknowledged within the conference<sup>5</sup> by responses from both artists and therapist alike. There is a necessity for an openness and continued dialogue, but one which also needs to be extended between practitioners and service providers.

The richness that can exist within the relationship between an artist and an art therapist isn't something we should be afraid of exploring. Often the artist and the art therapist are seen as two separate entities but from our experience we witnessed a creative edge which gave rise to great encounters from which both disciplines learned.

This professional relationship and dialogue is ongoing.

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## Authors Biography

### Marie Brett

Marie is a freelance visual artist with a Masters Degree in fine art textiles from Goldsmith's College, London University and over twenty years experience in participatory public art practice. Awards for her work have been made by The Arts Council, Culture Ireland, Create and several Local Authorities with numerous pieces held in public collections both nationally and internationally. A recipient of the 2010/11 Create / Common Ground Connect Mentoring Award plus a 2010 Arts Council Artist Bursary, the issue of how participatory practice influences an artist's work and how an artist deals with this, is of particular importance to her.

### Ed Kuczaj

Ed is currently Head of Art Therapy & Continuing Visual Education at Crawford College of Art & Design, Cork. He worked as an Art Therapist from 1988 to 2000 in the field of Learning Disabilities in the UK, managing an Art & Dramatherapy service. At that time he was also Vice Chair of the British Association of Art Therapists. He has published two chapters on Art Therapy and Learning Disabilities in Art Therapy & Practice (Ed: Marion Liebmann) and Drawing on Difference (Ed: Mair Rees).

### John McHarg

John is an art therapist working in a large state run centre catering for intellectual disability. He has been working in this centre for over 15 years. He is also art tutor with East Cork Youthreach, Youghal.