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**National College of Art and Design
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**THE DEVELOPMENT OF ART THERAPY IN IRELAND
BY AISLING CRUDDEN**

**Submitted to the Faculty of Craft Design in candidacy
for the Degree of Bachelor of Design
1998**

Acknowledgements

I would like to acknowledge the help of all those individuals and organisations who assisted me in completing this thesis.

I would particularly like to thank those who took time out to be interviewed by me or to fill in my questionnaire. They are Deirdre Horgan, Liam Plant, Marja Wilmer, Jerry Geoghegan, Teresa Mooney, Dr Geraldine Lyster, Ron Melling, Maeve Keane, Catherine Phillips, Alice McLaughlin, Angela Bracken and May Coyle.

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Introduction

There is very little literature about Art Therapy that has been written in Ireland about its practice here so my research had to be done through primary sources.

My research for this thesis was done in four main ways. The first was to read broadly on the theory and practice of Art Therapy and its history outside Ireland. I also did some research on the related area of community arts.

The second was to interview a number of Art Therapists working in Ireland including Liam Plant and Deirdre Horgan. They have been working here from the earliest stages of Art Therapy being practised in Ireland. I also talked to the people who are directly involved at present in setting up the training of Art Therapy in Ireland - Ron Melling in Cork and Angela Bracken in Dublin.

The third was through correspondence of various kinds. Initially to get some sort of overall view I wrote to the eight different Health Boards in Ireland and also through correspondence circulated a questionnaire to get a feel for how Art Therapy was being practised in various institutional contexts.

The fourth was to talk to two people indirectly involved in the area of Art Therapy - a psychiatric nurse and a psychiatrist - to gauge their awareness of and perspectives on Art Therapy.

I also used the Internet to access information about various organisations involved in the field in Ireland, Britain and the US.

The titles of the chapters explain clearly the content of each. I go from giving a brief history of the profession outside of Ireland to examining some definitions of Art Therapy as a profession. I then move on to examine the development of the profession in Ireland. I do this by examining the various approaches that are used here, the institutional contexts in which Art Therapy is taking place here and finally by taking a look at the training courses that are being developed in Ireland at present.

My overall aim in this thesis was not to explain or examine Art Therapy theory in depth. My main concern was to examine how it as a profession is developing in Ireland through a combination of individual and educational initiatives. I also try in my conclusion to point out problems that are slowing down its official recognition as a profession.

1. A BRIEF HISTORY OF ART THERAPY

Psychoanalytic concepts developed by Freud and Jung are central to the practice of Art Therapy. Jung could be said to be the primary psychoanalytic influence on the use of art as therapy. His overall approach in treating his patients stressed the importance of creativity as a bridge between the conscious and unconscious mind. Jung in his work/writing put primary emphasis of a combination of analytical methods side by side with creative methods bound up with symbol making, art, dreams and imagination. He felt a balance of these was the ideal way to:

“bring about a psychic state in which my patient begins to experiment with his own nature - a state of fluidity, change and growth, in which there is no longer anything eternally fixed and hopelessly petrified.” (Jung 1970:176)

The phrase ‘Art Therapy’ seems to have been born in the early 1940’s in Britain where Adrian Hill claimed to have first coined the term. It was a description of his work at the Edward VII sanatorium in Midhurst where he himself had been treated for TB. During his illness and convalescence he passed the time by drawing and later as an outpatient co-operated with the newly formed occupational therapy department by teaching drawing and painting alongside craftwork. He noted that involvement in producing artwork helped speed the recovery of patients and together with the medical superintendent began to offer ‘art therapy’ to patients.

Art Therapy theory developed after the First World War in Britain and the USA. Around this time there was a flourishing of the psychoanalytic movement which was giving a new perspective on human behaviour. Interest grew in the art work of the mentally ill. Many of the pioneers of Art Therapy also came from the field of education such as Adrian Hill and Edith Kramer. Others such as Margaret Naumburg and Eleanor Ullman came from a psychoanalytic tradition and were influenced by Jung, Freud and Winnicott. These early practitioners worked in sanatoriums, hospitals and schools starting in the late 1930’s. They recorded their work and began to develop Art Therapy literature. Many of these pioneers were involved in establishing Art Therapy training in Britain which led eventually to the official recognition in 1981 of Art Therapy as a profession with the introduction of a structured pay-scale by the National Health Board and the Department of Social Services in Britain. This happened more or less simultaneously in the USA.

The following quote from ‘The Handbook of Art Therapy’ stresses the fact that Art Therapy had its genesis simultaneously in the fields of art education and medicine

“It is true to say that in the development of art therapy, most art therapists emphasised the process of art and its inherent healing qualities as central to art therapy practice. Influenced by such innovators as Herbert Read and Adrian Hill, the two strands of art therapy developed in parallel - one in an educational setting and developed out of enlightened art teaching; the other from medical roots where art was used to help soldiers traumatised by their experiences of war.” (Case and Daley, 1992:4)

2. DEFINITIONS OF ART THERAPY

To clarify exactly what is understood as Art Therapy in the present day I will now present a series of definitions of what Art Therapy is and what it does.

(a) Art Therapy as a profession.

The first three definitions of Art Therapy that I wish to present are those from the American, British and Irish Associations of Art Therapists. I feel that these three definitions are the most useful in describing Art Therapy as a profession and are the most useful in the context of this thesis as I will be going on to discuss the way in which Art Therapy as a profession is being formalised in the Irish context at present by educationalists and practitioners. These quotes help to mark out the territory of the Art Therapist and provide a clear demarcation between the work of an art therapist as opposed to the superficially similar professions of, on the one hand art teacher, and on the other hand, psychotherapist.

The first definition is from the American Association of Art Therapy:

“Art Therapy is a human service profession that utilises art media, images, the creative art process and patient/client responses to the created products as reflections of an individual's development, abilities, personality, interests, concerns and conflicts. Art Therapy practice is based on knowledge of human developmental and psychological theories which are implemented in the full spectrum of models of assessment and treatment including educational, psychodynamic, cognitive, transpersonal and other therapeutic means of reconciling emotional conflicts, fostering self-awareness, developing social skills, managing behaviour, solving problems, reducing anxiety, aiding reality orientation and increasing self-esteem. Art Therapy is an effective treatment for the developmentally, medically, educationally, socially, or psychologically impaired; and is practised in mental health, rehabilitation, medical, educational, and forensic institutions. Populations of all ages, races, and ethnic backgrounds are served by Art Therapists in individual, couples, family, and group therapy formats.”¹

The second is from the British Association of Art Therapy:

“The focus of Art Therapy is the image and the process involves a transaction between the creator (patient), the artefact and the therapist. As in all therapy, bringing unconscious feelings to a conscious level and thereafter exploring them holds true for Art Therapy, but here the richness of artistic symbols and metaphor illuminates the process. Aesthetic standards are of little importance in the context of Art Therapy. Rather the expression and concentration of unconscious feelings that art making engenders are at the heart of the therapeutic transaction.” (Waller 1991:25)

The third and most relevant in the context of this thesis is the definition of Art Therapy offered by The Irish Association of Drama, Art and Music Therapists. I am taking this from an Information Document published by the Association in 1995:

“Art Therapy differs from other therapies in that it employs various art media; paint, clay, collage, etc., to facilitate the clients' expression and conceptualisation of areas of their experience beyond the reach of words alone. As only the client creates the art expressions

with the materials, the interpretation and understanding of them is guided by the client, not imposed by the therapist. The process of Art Therapy develops within a triangular relationship between therapist, patient and the image produced in the session. Containment within the therapeutic alliance enables anxiety to be held, providing a suitable environment for the safe expression of feelings through the art work.”²

It can be seen from the above quotations that there appears to be a reasonably clear underlying understanding of what Art Therapy is which runs through the representative bodies in the USA, the UK and Ireland.

(b) The Primacy of Imagery in Art Therapy.

Throughout the literature on Art Therapy there is a repeated insistence on images created by the client/patient being a more powerful tool for accessing the unconscious than the spoken or written word. This to my mind is what most clearly differentiates Art Therapy from other therapies:

“The process of Art Therapy is based on the recognition that man’s fundamental thoughts and feelings derived from the unconscious reach expression in image rather than words.”
(Naumberg 1958:511).

The way that this view has carried through from Jung to the present is obvious from another quotation from the The Irish Association of Drama, Art and Music Therapists information document . It also stresses the primacy of the image in accessing the unconscious:

“Art Therapy provides the opportunity for insight, self expression and communication. Visual imagery is used as a powerful means of expressing inner reality beyond what can be described by words alone. Unconscious conflicts and preoccupations, that otherwise might be hidden, emerge through such imagery.”²

This can be traced directly to Jung as he insisted that the primary intention of his asking patients to paint their more colourful/complex dreams was manifestly not the creation of beautiful artworks.

“It is not a question of art - or rather it should not be a question of art - but of something more, something other than mere art: namely the living effect on the patient himself. The meaning of individual life, whose importance from the social standpoint is negligible, is here accorded the highest value, and for its sake the patient struggles to give form, however crude and childish, to the ‘inexpressible’”. (Jung 1970:79)

The thread running through the above quotations is the fact that Art Therapy puts its faith in the primacy of the visual over the verbal when it comes to accessing the unconscious as a step in the therapeutic process.

Notes.

1. Taken from Internet Site of American Art Therapy Association , INC. Address as follows - www.arttherapy.org
2. Taken from The Irish Association of Drama, Art and Music Therapists Information Document published by the Association in 1995. Included in Appendix Three.

3. HISTORY OF ART THERAPY IN IRELAND.

(a) The Irish Association Of Drama, Art and Music Therapy.

It wasn't till 1992 that a number of Art Therapists working in Ireland formed The Irish Association Of Drama, Art and Music Therapists. It developed from a core group of Art Therapists who trained abroad - mostly in the UK. Their basic aim was and is to establish their profession in Ireland. The first AGM of this umbrella body was held as recently as 1993. A constitution was ratified and a code of ethics for Arts Therapists was laid out. (See Appendix Three - Included in IADAMT Information Document).

The Association takes on both professional and associate members. As a professional reference body its aim is to promote, regulate and uphold the work of Art Therapists in Ireland.

The development of training (Primary and Advanced) in arts therapy is being supported and monitored by the Association on an ongoing basis. They have published an information document which lists the different forms of therapy, the history of these therapies and the type of training that is involved. It also lays out the possible applications of Art Therapy in general.

The document also lists the members' names and gives a brief biography of each.

(b) Pioneers of Art Therapy in Ireland

Approximately thirteen years ago the first specifically trained Art Therapists began working in Ireland. Previously art was used in the caring and teaching professions and was appreciated and recognised.

In 1985 we had the return of three trained Art Therapists from England where there are three places to train as an Art Therapist and where it was a recognised profession at the time. Two of those people were Deirdre Horgan and Liam Plant.

I spoke at length to Liam and Deirdre about their reasons for returning to Ireland to practice Art Therapy here at a time when it was a virtually unheard of profession. Their reasons were obviously their nationality and their desire to bring what they had learned home to Ireland to apply it here. In the beginning they found it quite a struggle. Deirdre said she had worked in quite a few jobs to begin with that were not really Art Therapy. This was necessary as she found that its value was not yet understood by professionals here. Deirdre's and Liam's work could initially be described as frontier work with the aim of gaining Art Therapy some recognition as a profession in the health sphere. Art Therapists continue this work in Ireland today.

Deirdre did a post graduate course in Art Therapy in Goldsmith College in London in the mid 1980's where she was the only Irish student. Previously while studying in Trinity College she co-ordinated several community arts programmes. She has worked in a variety of institutional settings since coming back to work in Ireland. These have included the Mater Child and Family Centre, Saint Camellia's Unit in Elm Park, Our Lady's Hospice in Harold's

Cross and St Vincent's Psychiatric Hospital in Dublin. She also runs a small private practice. She has been a guest lecturer at Trinity College and the DIT in Dublin. She also tutors at the Art Therapy foundation course in Crawford College in Cork.

Deirdre introduced Art Therapy in an article in the 1980s in The Irish Times as follows:

"Often our thoughts and feelings are closer to imagery than words. Art gives us a way to express and explore these feelings at conscious and unconscious levels.... The creative process is also very therapeutic...A person who is involved in arts activity becomes part of a process that is self motivated and self sustaining".¹

When I asked her if she saw a future in Ireland for Art Therapy she emphasised the fact that in the last five years more qualified Art Therapists who have returned to Ireland have got work.

In her general view of Art Therapy she sees a lot of common ground between the work of the Art Therapist, the occupational therapist and the artist in residence. She referred to the fact that Art Therapy began on a very basic level with people using art in hospitals in an art class setting.

She feels if these roles become increasingly pigeonholed that links between Art Therapy and other uses of art in the community would be lost. This could lead to Art Therapy becoming divorced from the wider context of the multifaceted uses of art such as community arts and artists in residence.

She emphasised that she saw a strong need for communication between professionals in all fields of therapy and between those who use art in different ways as part of the caring professions. She feels that perhaps Art Therapists should be looked upon more as artists than as therapists.

"Artists sometimes are seen as less conventional people like for example when people are at a very dramatic time in their lives like patients in the Hospice it may enable them to open up.... If art therapy is brought to too high a conceptual level growth may be stunted".²

Liam Plant returned to Ireland in 1983 after completing his training in Art Therapy at Saint Alban's University of Hertfordshire. He is a former screen-printer and a community art teacher. Since returning to Ireland Liam has worked in several institutional settings. His work has mainly been in psychiatric institutions such as Saint Brendan's, St Vincent's and Cluain Mhuire (a day care centre attached to Saint John of Gods in Dublin). Also he has worked with people with learning disabilities and physical disabilities.

In Saint Brendan's, his first work place, there had been an Art Therapist working there previously so they were quite informed about what Art Therapy was. But in his other work places he was the first to introduce Art Therapy. In Trinity he works in the psychology department as the students have to undergo counselling as part of their course. He also is a visiting lecturer in the foundation course in Art Therapy in Crawford College in Cork. He also works privately with people with difficulties such as bereavement, anxiety and depression.

In Cluain Mhuire he works with acute psychiatric patients who are undergoing an intensive group therapy programme and who are attending the centre on a full time basis. He also works in Burton Hall which is a Cluain Mhuire based centre where he deals with long term psychiatric illnesses. I asked him what he feels are the benefits of Art Therapy in relation to Cluain Mhuire:

"It gives a different perspective, provides a different therapy process for those attending the centre whereby they can use their innate creativity in the service of their own well being. It links in with other therapy programmes which are running alongside it. Sometimes something that came up in a morning session can be carried through in the Art Therapy session."²

When asking him what he felt would help the recognition of Art Therapy as a profession in Ireland he said:

"It is a long process but once the training is up and running and they have graduates from the established courses this will go a long way to establishing state recognition. A lot of recognition will come from establishing ourselves in the work place."²

I will deal with the training courses that Liam Plant refers to here in a later chapter.

I also spoke to Jerri Geoghegan, a former chairperson of the Irish Association Of Drama, Art and Music Therapy who also trained in Saint Alban's. Jerri works in a school setting on a referral basis. She works with children in an attempt to prevent early school leaving. Previous to this work Jerri was a trained school teacher. During her teaching work she found she needed further training as quite often she came across emotional upsets. She had trained in graphic design and then done a H Dip. After doing a workshop on a retreat she found great emotional expression and power in the work of these sixteen year olds. Because of this she decided to train in Art Therapy. As a youth she was interested in becoming a nurse and working in the caring profession. So she describes her role as an Art Therapist as a marrying of the disciplines of teacher and carer. She feels Art Therapy is of benefit in that it:

"raises ones awareness of oneself...For someone with low self esteem it encourages and helps the growth of self confidence before the lack of it becomes a problem...Also it is a support to medicine and revolving door patients in hospitals and cuts down unnecessary use of drugs, an alternative maybe....Its not a science. It is an organic thing. It is creative. There are no definite answers but it is using creativity as a link to our everyday lives".²

(c) Northern Ireland Group for Art as Therapy.

In 1976 in Northern Ireland a group was set up called The Northern Ireland Group For Art As Therapy (NIGAT) which was formed to provide a unique forum for persons interested in pursuing Art Therapy as a profession. NIGAT became a registered charity in 1989. An elected committee acts as the organising body and represents the members interests. The members includes art, drama and music therapists, teachers, social workers, nurses and care workers, voluntary and statutory agencies, counsellors, art students, etc.

This is a similar body to The Irish Association Of Drama, Art and Music Therapists and they are closely linked. In its literature it stresses the fact that an important part of the work of the group is to increase awareness of the Art Therapy approach. In conjunction with Queens University and the University of Ulster it offers seminars, courses and summer schools based around Art Therapy. It is also negotiating at present with The University of Ulster regarding the setting up of a post-graduate Art Therapy training course in Northern Ireland.

Art Therapy has been practised in the North of Ireland for approximately ten years longer than in the Republic and Art Therapists work in the fields of elderly care, psychiatric illness, in the prison system and with children with physical and learning difficulties.

Notes.

1. Taken from feature article featured in Irish Times in mid 1980's. I cannot exactly date this. Included in Appendix Five.

2. From interviews conducted by myself. Full transcripts are contained in Appendix One.

4. Different Approaches to and Applications of Art Therapy

The role of Art Therapy and the approach to it changes from one setting to another. Therapists often have strong views about the function of art in treatment but when art is used in a diagnostic and therapeutic way work will tend to follow one of two main approaches. These can be understood as directive and non-directive approaches.

The directive approach treats Art Therapy as a form of psychotherapy and the Art Therapist is not concerned with the potential for healing through creative activity. The therapist in this approach uses painting or sculpture in the same way as dreams and other psychic material would be used. Strong themes such as love, hate, dependence and independence would be introduced by the Therapist. These inevitably cause conflict which can lead to an illumination of the patients difficulties. Here the client's attention is directed to the unconscious conflicts revealed by the artwork and the therapist sets out with the intention of getting answers.

The non-directive approach to Art Therapy is using the material to help the clients and encourage them to express themselves using art for its basic therapeutic value.

"In this the therapist aims to follow the patients needs and shares the common aim of creative expression with them." (Simon 1975:174)

In using the non-directive method it is not that themes are not used or do not emerge, but that they are allowed to emerge more spontaneously from the process of making art rather than through direct demands on the part of the therapist. This lessens the likelihood of conflict and the therapist sets out not to get answers but rather to help the patients to help themselves towards self understanding.

Many Art Therapists combine these approaches and would use one or the other for particular types of client or stages in the therapeutic process. These methods compliment each other in many ways. The development of a rapport utilising the non-directive type of approach can only help in the later use of psychotherapeutic concepts to analyse the work produced and its implications.

There are therefore many different approaches calling on ideas derived from the work of Freud (initially), Jung, Winnicott, Rogers, Perls and Adrian Hill who coined the phrase 'Art therapy'. Hill's contemporaries Edward Adamson and Rita Simons are also important and influential figures in British and Irish Art Therapy. Art Therapists are also influenced by educationalists such as John Dewey.

So we can see from this that the practice of Art Therapy comes from an eclectic practical and theoretical background drawing from the fields of education, psychology, psychotherapy and art theory. Most Art Therapists tend to be educated in several different spheres and there is a lot of variety in the types of work they do. Each draws from different approaches according to the setting, the patient, the treatment and the background of the particular Art therapist.

In looking at the work going on in Ireland I have heard about a variety of approaches which are mainly influenced by the type of client. The clients include acute psychiatric patients, the long term mentally ill, addicts, alcoholics, the mentally handicapped and the dying. But there are certain guidelines which the therapy should follow whoever the client and whatever the

setting. These guidelines are laid out in the Information document provided by The Irish Association Of Drama, Art and Music Therapists. I am taking this from an Information Document published by the Association in 1995.¹

- (a) The creation of a safe, containing and non-judgemental environment by the therapist which will allow clients to explore, through various mediums, those parts of the self which require recognition and integration.
- (b) Art Therapy is not art teaching. The therapist does not seek to impart art skills and it is not necessary for the client to be artistic in order to benefit from the process. Because the development of artistic activities can be of itself therapeutic.
- (c) The use of creativity, metaphor and play in Art Therapy can provide a means for clients to explore difficult issues which may not have been verbalised before, even to themselves. This can be a powerful integrative process.
- (d) The Art Therapy process can help change set patterns of how people respond. The person's use of their own visual imagery provides an alternative to the verbal constructs which may have reinforced destructive patterns in the past.

As examples of different approaches in Ireland I will look at the work of three different therapists. I will also draw on the work which goes on in the Regional Hospital in Roscommon.

Liam Plant, whom I have discussed earlier, works mainly with psychiatric patients but has experience in the fields of learning disabilities and physical disabilities. When asking him about the different types of work he has done he spoke about Cluain Mhuire and Burton Hall which are both connected to Saint John Of God's. Cluain Mhuire is a day-care centre for acute psychiatric patients and Burton Hall is a day-care centre for the long term mentally ill.

"In Cluain Mhuire where there are acute psychiatric patients who are undergoing intensive group therapy - they would be attending a program on a full time basis. The therapy there is of quite a challenging nature. The Art Therapy there would be better termed as art assisted group psychotherapy. In Burton Hall which is a centre for people with long term psychological difficulties there are people who have various forms of schizophrenia, sometimes manic depressive or obsessive people who require a different approach."²

When I asked him whether his work was directive or non-directive he said:

"Mostly non-directive, but there are situations such as some of the groups in Burton Hall who I would set themes for. Here the work is primarily at a social-behavioural level rather than being involved in working with the unconscious. We would be looking at things like life skills, social interaction and personal boundaries. For this sort of work I might well provide themes."²

His group sessions usually last from one and a half to two hours depending on the capacities of the people involved:

"If concentration is shorter it might be counter productive to run longer sessions."²

He also does individual private sessions which are always of one hour duration:

"Generally speaking they are structured to give time for reflection on arrival to the session, to assess how the client is feeling, and to find out what is going on with them at that time and to give sufficient time to them to get into using the art material. Also it is important to have time to reflect and share at the end of the session. The proportions vary but I always endeavour to make time at the end to integrate and share thoughts and talk through them."²

When asking him what he felt were the benefits to the patients in Cluain Mhuire he said:

"In Cluain Mhuire it gives a different perspective, provides a different therapy process for those attending the centre whereby they can use their innate creativity in the service of their own well being."²

Deirdre Horgan whom I have mentioned earlier has worked in a variety of fields. In talking to her about her approach I asked her what she felt was the most important in Art Therapy. Is it its therapeutic value or its diagnostic use? She said :

"I don't feel qualified to diagnose as I feel there is not enough work done in Art Therapy to use it in a diagnostic way. There is an important distinction between diagnosis which is finding out or putting a label on what is wrong with somebody and therapy which is enabling someone to become better. You don't have to have a diagnosis to do therapy but it does help. But especially in the field of mental illness the diagnosis that the doctor has and the diagnosis the client has may be different. I feel a lot of modern medicine focuses on diagnosis. It's what you do after the diagnosis which matters, which is sometimes neglected. So I see a lot my work as post diagnosis. The therapy comes in after, working with the problem, helping to deal with it, and in that there are a lot of different elements - the relationship with the client, the artwork which the client produces etc. I feel the artwork is what makes art therapy unique."²

When asked her about her theoretical background she said:

"I have a very eclectic background and have read a lot. One of my main influences is Winnacott and the whole object relations school in Britain. But I do not have a strong theoretical background as I think Art Therapy is very young and one of the problems with it is that it has borrowed a theoretical background from psychoanalysis. I like to work with the process, my own experiences, instead of forcing pre-conceived ideas onto the work as every case is different, but while doing this, keeping in mind things like transference, symbolism and association. . . . I feel as a sculptor that your own personal experience of art and looking and thinking about what other artists do brings something into the process which is really important."²

I asked her how she approaches her clients? Does she use themes? Is she directive or non-directive in approach? She said:

"It varies. Usually I find out a little about their background. Also what their likely attitude towards art is....For a long time I did not use themes. I tried to get to know the person and suggest that they might use art. This for me can work very well but can lead to problems as it sometimes is hard for people to begin to make work. Maybe they feel intimidated. Maybe it is something they have never done before. Recently I have started introducing themes but not suggestive or on an imaginative level as I feel everyone has an imagination. I tend to work more with the material e.g. I like working with simple things like changing the shape of paper then working on it. This frees people up. Also I like working on coloured paper or making a hole in the centre of the paper and working around this. Hence people are responding to the material and interacting with it. My aim as a therapist is to get them to work with the material but not to put ideas in their head."²

When I asked her how her work benefits people in the hospice she said:

"It provides a space for them to explore and express what they are going through. The experience of making art can help them through this most difficult time in life. When people are doing a lot of personal growth has to take place."²

Also I met Marja Willmar who trained as an Art Therapist and works in quite a different setting. She is working with Dr. Marno O'Moore who is involved with the Anti-Bullying Research and Resource Unit in Trinity College. She works under the North Inner City Partnership. She works with children involved in bullying problems in schools - with both the

bullies and the victims. Her work is private and on a referral basis only. She is one of the founder members of The Irish Association of Drama, Art and Music Therapists. She has worked in England as head of the occupational therapy department in the psychiatric unit of Westminster Hospital (1976-84) including work in acute psychiatric day hospitals and children's day hospitals. She used art therapy extensively in these contexts. She has been practising for two years in Ireland.

In her work she feels the need to work with both parents and children and sees herself as a support to the parents, building their confidence as parents and also building up the self esteem of the children, thus trying to make them realise that the problem is not their fault. With her clients she tries to work as quickly as possible. She has approximately 6 to 10 sessions with each client.

She finds the art comes in useful in situations such as a child being embarrassed about being bullied or a child being afraid of not being liked. This will obviously be easier to express through images rather than through words. The process of producing work builds up the child's confidence. She feels her work often goes beyond art therapy. Parenting skills come into the work also. Generally she does not use themes but in circumstance such as when there is a blockage she would use slight indirect themes. Her approach is mainly non-directive. When she trained in the 1970's the therapist was more like an accommodator. She believes this way of working is much freer and more productive. She finds analytic work needs a lot more research and a very strong knowledge of psychoanalysis. In her work she tries to keep things simple so as not to create the feeling of the Art Therapist having power over the client. Instead she tries to make the client feel powerful.

"I do not analyse pictures. I ask the client what they felt when producing the work. I try to get them to self analyse. I don't put my own interpretation on the work. I try to teach them how to express themselves or soothe themselves. For future experiences this would hopefully help them cope....I find that the work has an enabling effect. I wait for the client to become aware of their feelings and this is where things start to work."²

I sent enquiries to all of the eight Health Boards in Ireland asking if any Art Therapy was in progress in their jurisdictions. Five health Boards Replied. The Replies are contained in Appendix Four. The most detailed reply I got was from the Western Health Board detailing Art Therapy activities in the Sacred Heart Day-care Centre in The Sacred Heart Hospital in Roscommon.

Engaged in this project are Matron Mary Kelly who allows staff to develop programmes tailored to Roscommons Day Care Centre's needs. Anita Gerner and Christina Waldron work on the ideas and inspirations for the projects. Here they seem to have developed their own approach which is directive but not in an intensive way. It seems more craft oriented that the work being done by Liam Plant and Deirdre Horgan. The work here seems to be more based on the therapeutic value of participating in artwork and craft, and the therapeutic value of giving patients room for voluntary self expression. The program here is divided into four groups - painting, mosaic, rush work and papier mache.

From these examples you can see the approach to and application of Art Therapy here is quite flexible and generally directly related to the person and situation involved. Overall it seems to me that a non-directive approach to Art Therapy is favoured in the Irish Context and that in general the role of psychoanalytic theory and practice is played down.

Notes.

1. This Information Document is included in Appendix Three
2. Interviews conducted by myself. Full transcripts are contained in Appendix One.

5. THE INSTITUTIONAL CONTEXT OF ART THERAPY

When considering any profession you have to consider how it fits into the institution where it is being practised. You also have to consider how other professionals working in the same institutions see it. The way in which a profession is supervised is also an important aspect for consideration.

I will use an example of the Ladywell Centre in Dundalk to explore this.

I will also use some replies to a questionnaire submitted to give a picture of the variety of institutional contexts under which Art Therapy in Ireland takes place.

Finally I will use information got from a psychiatric nurse about the Bord Altranais registration examination for Psychiatric Nursing to indicate that while Art Therapy is not officially recognised yet as a profession by The Departments of Education, Health, Arts Culture Gaeltacht, staff in psychiatric institutions are expected to have a knowledge and understanding of it alongside other therapies such as OT and Family Therapy.

(a) Ladywell Day Care Centre, Dundalk.

The Ladywell centre is an offshoot of Ardee Psychiatric Hospital. As part of my research I interviewed Dr Lyster who is a consultant psychiatrist with the North Eastern Health Board who is broadly in charge of the centre.

In the Ladywell centre and similar centres they try to counteract the revolving door approach to patients. They give patients somewhere to go and also provide therapy with the hope of improving their lifestyle. The patients that are treated are mainly sufferers of acute mental illness such as depression, phobias, anxiety, stress and schizophrenia. There are also long term patients who attend. Art Therapy there is run by May Coyle who attends one day a week.

In speaking to Dr Lyster about therapy in general she said:

“We try if possible to have a range of therapies available. That includes art therapy among others like cognitive therapy, supportive psychotherapy, drug treatments and social therapies.”¹

Dr Lyster said that the main aim of Art Therapy is:

“primarily trying to get the patients to integrate, to socialise and to express their feelings in an art form which we feel is a very beneficial way of helping people with psychiatric problems.”¹

In talking to her about what generally these centres do for the people she said:

“In running these centres we feel that the number of people suffering, and who have lived in an isolated way in the community in the past years, who required hospital admission because of maybe depression, isolation, social problems - this is being dealt with now in a more positive way like getting them to attend the centre once, twice or three days a week. We have found that this does not necessitate the need for further admission to hospital. So that proves the value of socialisation.”¹

Dr Lyster expressed the following view on therapy :-

"I feel that cognitive therapy is a very beneficial aid to people. Cognitive therapy is helping the person to understand their thoughts and through a process - for example, in depression, the thought process is very negative - the cognitive approach in depression is that the thoughts are negative towards the self, towards the environment and towards the future. We would help people in a cognitive way to understand these negative thoughts - how they are thinking negatively when in a depressive frame of mind and to help to change the automatic negative thoughts that 'go past' to more positive thoughts. And if you have someone with mild depression who would have some insight to where the depression was coming from you might achieve great improvements with cognitive therapy alone without having to resort to medicine at all."¹

Also an interesting thing Dr Lyster spoke about was that she sees great value in using art to inform the public and children about mental illness and to assist in shaking off some of the stigma and isolation associated with mental illness.

"The other way we use Art Therapy is to promote positive mental health."¹

They ran an art exhibition of clients' work in the community contact centre, Dundalk. In addition to this they ran a children's art competition under the theme 'Caring and Sharing'.

"The purpose of the art competition, which was for children in national schools in Co. Louth, was to introduce young children to the concept of positive living in art form."-----"We saw this competition as reaching out to children and people of younger ages and introducing them to the concept of mental health - particularly positive mental health. We see this as very valuable. Because with introducing them through art forms to mental health at this stage of their lives - so the aim is, hopefully, when they reach adulthood they will have a more positive attitude towards mental health issues than the generations preceding them."¹

She summed up as follows:

"So we would feel that the approach to people with all mental illnesses would be very much a holistic approach in that we would deal with medication, certainly, if necessary, but also supportive psychotherapy."¹

It is clear from this interview that in this particular institution Art Therapy is used in conjunction with a range of other approaches to mental health and that it does not replace but compliments the use of drug treatment, cognitive therapy, psychotherapy, and social therapy.

(b) Questionnaire

In trying to get a more overall idea of the way in which Art Therapists fit into different institutions and settings I sent out a questionnaire ² to people presently using art in hospitals around the country as well as Art Therapists listed in the Information Document published by The Irish Association of Art, Drama and Music Therapists. I will now lay out a sample of the replies which will indicate the wide variety of work being done and the wide variety of institutional contexts in which that work is taking place. This is not meant to be very scientific but is meant to give a broad feel for how 'Art Therapy' is developing as a profession within institutions.

Those who replied include Liam Plant (works in psychiatric hospitals), Maeve Keane (works with young offenders in residential placement in Dublin), Catherine Phillips (Art Therapist in St John of God's in Dublin and works for The Northside Partnership), Alice MacLaughlin

(of The Northern Ireland Group for Art as Therapy who works in Downshire Hospital) and May Coyle (works as an Art Therapist in the Ladywell centre in Dundalk).

Q "Who employs you and where does funding come from for your pay."

Liam Plant: "In Cluain Mhuire and St Brendan's it is a combination of European Social Funding and the Curriculum Development Unit in Trinity and the Eastern Health Board."

Maeve Keane: "The Dept. of Education"

Catherine Phillips: "The Order of St. John of God, The Northside Partnership and EU funding through a Community Centre"

Alice MacLaughlin: "Down Lisburn Trust, Eastern Health and Social Services Board, Northern Ireland and the South and East Belfast Trust. Also the Universities for lecturing and other independent sources for lecturing and workshops."

May Coyle: "The County Louth V.E.C."

It can be seen from the answers to this question that those working as Art Therapists get their wages/salaries from a wide and ad hoc variety of sources including the European Social Fund, Health Boards, Colleges, The Department of Education and partnerships such as the Northside Partnership. There is very little apparent in the way of a structured approach to paying these people and this reflects the lack of recognition of Art Therapy as a profession. However at the same time it is a good sign that such a variety of sources of funding see Art Therapy as beneficial and worthwhile.

Q "Who do you work alongside?"

Liam Plant: "In Cluain Mhuire, I liaise with psychiatric nurses. Also I work with the 'Threshold Foundation' which is a training centre for people in psychiatric services."

Maeve Keane: "Teaching staff in residential centres for young offenders"

Catherine Phillips: "Occupational therapists, personal development facilitators and teachers."

Alice MacLaughlin: "Occupational therapists and helpers, nurses, doctors, social workers and psychotherapists."

May Coyle: "Psychiatrists and nursing staff."

In general it seems that Art Therapists work alongside two distinct groups - teachers and those involved in the caring professions such as doctors, occupational therapists, nurses and social workers.

Q "Who supervises your work."

Liam Plant: "A clinical psychologist from Trinity."

Maeve Keane: "School Principal"

Catherine Phillips: "Another Art Therapist."

Alice MacLaughlin: "Rita Simon, founder of Art Therapy in England and Northern Ireland, the consultant psychotherapist at Downshire Hospital and the consultant psychotherapist of the Department of Psychotherapy in the University in Belfast."

May Coyle: "I work independent of supervision".

Supervision seems to take place in an ad hoc manner in much the same way as payment and funding. There is supervision but it is not done in a structured and consistent way. There is no overall supervisory body except The Irish Association of Drama, Art and Music Therapists which was set up by the Therapists themselves (and NIGAT).

Q "Who refers your clients to you?"

Liam Plant: "In private work it's self-employed. In Trinity I am on a list of therapists and students on the Counselling/Psychology course are required to attend therapy. In Cluain Mhuire I am part of a therapy program - so the clients who contract to attend the program attend me - part of the package."

Maeve Keane: "The Courts"

Catherine Phillips: "Occupational Therapists and Home/School Liason Officers."

Alice MacLaughlin: "Medical, nursing and social work staff. Self referral of private patients."

May Coyle: "The psychiatrist refers new patients to my group if she feels it can help them through depression."

Referral of patients is done from a variety of sources including the courts, psychiatrists, occupational therapists, on a private basis and through Colleges whose students are being taught counselling and psychology. This indicates that an awareness of Art Therapy is filtering through a lot of different professions and institutions.

Q "When and by whom was Art Therapy started in your place of work?"

Liam Plant: "St Brendans, Dublin in 1985. There was an Art Therapist there previous to me. I was the first Art Therapist in St. Vincent's and Cluain Mhuire in the 1980's."

Maeve Keane: "No official Art Therapy programme in my place of employment."

Catherine Phillips: "In St John of God's by an Art Therapist in 1994 and the work with adolescents for the Northside Partnership was started by myself in 1996. I also started working with a women's group by myself in 1997."

Alice MacLaughlin: "Downshire Hospital in Downpatrick by Richard McCabe in 1974 approximately."

May Coyle: "Arts and Crafts were already established. Art as healing was introduced by me at the end of March 1997."

Here we see that Art Therapists with some exceptions are doing frontier work for their profession and at present are starting such work in their places of employment rather than filling already formed positions. This is positive in that it is developing and gaining recognition for Art Therapy in institutions.

Q "Do you collaborate with other professionals for case conferences? If 'yes' with whom?"

Liam Plant: "Yes. For detailed handover work with the concerned nurses and group therapists. On a less formal basis with psychiatrists."

Maeve Keane: "Yes. Care workers."

Catherine Phillips: "Occupational therapists, clinical psychologists, etc."

Alice MacLaughlin: "Yes. With occupational therapists and helpers, nurses, doctors, social workers and psychotherapists."

May Coyle: "Eventually I may be able to discuss patients progress with staff."

Q "How do you feel that other professionals with whom you are associated value your work?"

Liam Plant: "Mostly it is highly valued in that it gives a different viewpoint on what's happening with the client. Clients sometimes respond more openly to the Art Therapist than they would in the verbal therapy sessions."

Maeve Keane: "I am recognised primarily as an art teacher with extra skills rather than as an Art Therapist."

Catherine Phillips: "It is pretty highly valued by those whom I work in direct association with as process work for clients and as support systems for clients."

Alice MacLaughlin: "Yes - mostly."

May Coyle: "My work is greatly appreciated by the staff of the day-care centre where I work."

The above two questions give an indication that Art Therapists in institutions are already dealing with other professionals on an equal footing and are in this way helping to educate other professionals about Art Therapy. They also seem to be generally appreciated for their contribution.

(c) Bord Altranais registration examination for Psychiatric Nursing.

During my enquiries relating to how Art Therapy is fitting in to the health services, I spoke to Teresa Mooney, a psychiatric nurse, who has worked in several psychiatric hospitals around Dublin. Her knowledge of Art Therapy was slight but she had come in contact with it in St Brendan's Hospital. In helping me she found something very positive indicating recognition of Art Therapy in the health services - a question in the Bord Altranais Registration Examination for Psychiatric Nursing - dated 29th October, 1997.

The question reads as follows :

“Q5 In relation to three of the following specialised treatments/techniques

1. Systematic desensitisation

2. Family Therapy

3. Psychodrama

4. Art Therapy

(a) Explain what is involved in each one.

(b) Indicate the type of clinical situation wherein each such intervention may be utilised.”

This is a hopeful indication that through education for those in the psychiatric area there is a developing awareness of Art Therapy.

(d) Summary.

From the above we can see that Art Therapists are working reasonably successfully in institutions with other professionals and that this work is being supported by larger bodies through funding for the Art Therapists. This again is sporadic but is a positive stage in Art Therapy becoming a recognised profession. It should be noted that at this stage these Therapists seem to be doing frontier work in that they are often the first to fill this role in the institutions where they work.

Notes.

- (1) Full transcript of this interview are contained in Appendix One.
- (2) Completed Questionnaires are contained in Appendix Two.

(6) THE DEVELOPMENT OF ART THERAPY TRAINING IN IRELAND

One of the main contributions to the recognition and organisation of the profession of Art Therapy in Ireland will be the beginning of training in established educational institutions here. Where this is initially to happen is Crawford College in Cork.

Crawford College already runs an established Art Therapy Foundation Course which was developed jointly with staff from the University Of Hertfordshire in the UK. Staff from the University Of Hertfordshire regularly teach on this course.

Crawford College also runs a summer school which was started by Art Therapists from the University Of Hertfordshire together with Irish Art Therapists. The success of and interest in the Foundation Course led to plans to establish a post-graduate course in Art Therapy in Cork.

The co-ordinator of the proposed post-graduate course is Ron Melling, Head of Adult Education in Crawford College. He is working on this along with Yanek Dubowski, a full-time lecturer in Art Therapy in the University Of Hertfordshire. The University of Hertfordshire have agreed to franchise their course to Cork. This has according to Ron created some difficulties here. The fact that the course is borrowed from Hertfordshire and is not Irish has led to difficulties in getting the head of the RTCs in Ireland to approve it.

According to Ron this has nothing to do with a lack of interest as they have in Cork a database of around 1000 people who have already shown interest in such a course. When I asked Ron why we could not set up our own course he expressed fear of not having enough experience as he himself was only recently trained. He however sees advantages rather than difficulties in taking on the course from England because it has international recognition and years of experience which would benefit graduates and give them further fields abroad in which to practice their profession.

In saying that Ron feels there is a need for our own cultural input and structure which will come through experience and time.

“To me this is the quickest means of introducing an needed training. It will also help in educating people in the health field as to what Art Therapy is. There are a lot of untrained people going under the heading of art therapist. There is a need to organise and make distinctions between Art Therapy and art as recreation which is therapeutic. In saying this I am not knocking these people's good work but as Art Therapy is on its way to becoming a recognised profession some clarification is needed, putting people who are untrained but highly experienced in some stability.”¹

“The aim of this course is to train a body of people, mainly but not necessarily artists, to work out in special needs areas. A lot of this initially will be frontier work. Getting recognition for the profession of Art Therapist is also one of the main aims of the course. The way this will be achieved is by training people who are already involved in special needs areas like social workers, occupational therapists who have a strong interest in art and who already see its benefits. By training these people hopefully they will bring Art Therapy back to their work place and integrate it.”¹

One of the important things he spoke about is that in England most of the arts therapists come from an art background but he has seen in Ireland people are coming from different backgrounds which will help the integration of Art Therapy into the health sphere. When asked about the philosophies of the course he emphasised the necessity of experimentation and experience as the roots of an understanding of the process of Art Therapy.

“We will have lectures taken mainly but not all from Art Therapy used as psychotherapy. It would be great to have an Art Therapy language but we fall back on psychotherapy, so it will be a theoretical base combined with experimental work.”¹

Placement will be a main part of the course structure but initially, as there are not enough trained Art Therapists working, these placements will be alongside occupational therapists and psychologists. The placement will be over three years on a part time basis. Ron intends trying to get each person a work placement in their home town so as to spread the use of Art Therapy as widely as possible though to date they have only found placements around Cork. Also a supervisory body is needed to be established for students and the centre.

“The supervisor acts as negotiator because all sorts of things can happen.”¹

The course structure will be taken from Saint Alban's. This is a loose description of the structure as given to me by Ron. A prospectus is not available as the course is not yet up and running.

- 1) Art Therapy Theory.
- 2) Core Professional Studies.
- 3) Clinical Seminars e.g. Talks from Nurses, Occupational Therapists and Psychologists.
- 4) Clinical Placement Training.
- 5) Art Therapy Group Work.
- 6) Workshops on other fields of Therapy e.g. Drama Therapy.
- 7) Studio Practice (which involves the students continuing their art work).
- 8) Tutorials (Tracing student development).

In the second year students will do their own case study based on the setting they do their work experience in.

He sees difficulties in general with the teaching of Art Therapy but overall is optimistic about its future and usefulness:

“One of the good but difficult things about Art Therapy is the fact that it has grown up through an eclectic background, a coming together of all sorts of ideas from the pure art side to pure psychotherapy side. So this is confusing to students sometimes. Art Therapy is a collection of interests in different theories and it is necessary to be able to take from it what suits you. People will come from different perspectives. An Art Therapist as opposed to other therapists is an eclectic person.”¹

In Dublin the idea has been mooted of starting an Arts Therapy course involving Art, Drama and Music as opposed to Cork which is straight Art Therapy. This course is to be set up by the DIT and accredited by Trinity College. I spoke to Angela Bracken, a drama therapist working in St. Joseph's Primary School in Longford. Her role there is a pioneering venture where she is employed as a creative art resourcist and drama therapist. She is a member of the panel of co-ordinators for the mooted course organised by the Psychology Department of Trinity College and the DIT.

She told me that the course will be a three year postgraduate course. The first year of the course will combine Drama, Art and Music Therapy training and will lead to a second year based on clinical placements combined with research elements. The third year will further combine theory and practice as well as the completion of a thesis. The draft curriculum is awaiting validation from DIT and Trinity at present. She hopes that the curriculum will be published this spring. It was not available to me in any form at the time of writing this thesis. The course if and when it comes about will differ from the course in Crawford College, Cork in that it is Irish designed rather than imported from the UK. It also differs from it in that it does not concentrate exclusively on Art Therapy.

7. CONCLUSION

It is important to note that the role of art and the arts and our creative side in society as more than just a recreation or as something which we passively consume to make everyday life more beautiful. Art is not just for galleries or for the educated to appreciate. Art in its guise as 'high art' has to me has become quite an alien thing - almost a thing for the chosen (highly educated) few to understand. Art as an integral part of education, in a community arts context and in an institutional care context is effective in combating this separation of art from everyday life.

I am not saying that art in a high art or gallery context is not developing. It has in recent years opened itself up to new concepts and approaches such as installation art and the use of video and sound. I do feel however that there is a definite opacity in modern art today which leaves the general public out. There must be an awareness that there are functions for art other than solely the provision of interesting concepts to keep the art critics, dealers and intellectuals amused.

If one looks at how art has been used through the centuries, one can see that art's function wasn't always thus. It originated as a form of communication, a device integrated into ritual, and a medicine and protection in primitive times when it was used by everyone as a basic part of life (e.g. African art, Aborigine art, Celtic art). People in these civilisations lived very spiritual lives and were more in touch with their creative side. There was also much more craft and handiwork as an integral part of life.

Civilisation moved on with the rapid development of industry and science in the 19th and 20th centuries. I am not being a Luddite and knocking this as there are benefits in these developments. But as a result of this journey a lot of our creative and spiritual side and its function were undermined and left behind. We became spectators and consumers of mass media artistic products. Art production as part of everyday life and in education took a back seat.

"Art began to lose its healing and protective qualities as early as the Renaissance when there was a move away from the inner image and a corresponding emphasis upon the outer world and the natural sciences." (Politsky.1995:11)

"At the present time the opposite is the case. The system of education merely reproduces knowledge and man's own creative gifts are suppressed both in work and in his free time." (Politsky.1995:12)

But I can see in Western society an increasing acknowledgement of the value of art and spiritual ways of life. We seem to be going back to pick up what we left behind. Now there is an introduction of a more holistic approach to medicine with less emphasis on medication. Art is becoming more important in education. This is gradually penetrating Irish society through a combination of education, community arts activism and most recently through the beginnings of a widespread understanding in the caring professions of the therapeutic value of art. The development of Art Therapy as a profession here through the dedicated effort of a small number of individuals working in a variety of institutions is a reflection and result of this.

Through the development of community arts, public art and various arts therapies the Irish public are involved in art and understand it better. However art needs to be given more status in education as in the Steiner approach. After all we have a two sides to our brain, the mechanical and the creative. We need to learn about and take from each in order to develop a more whole and fulfilling way of life.

Awareness of art therapy in Ireland is low but people are gradually recognising the usefulness of community art and its value in empowering generally disenfranchised groupings in Irish society such as for example travellers, the unemployed and working class women. Also the struggle to establish the therapeutic value of the creative arts and more specifically the profession of Art Therapy is progressing visibly here through a combination of frontier work by a disparate group of individuals allied to impending developments in the field of education.

This is not to say that there are not readily recognisable problems in the development of Art Therapy here. Throughout my research I noted time after time that there is very little communication between Art Therapists working in centres such as Dublin and Cork, or even between and within different Health Boards about what is happening as regards the development of Art Therapy.

There is obviously a belief and interest in the use of art in hospitals, schools and communities but they seem disconnected. Art Therapy in Ireland seems to be understood in a shallow way in several places with whom I had dealings during the course of my research. I felt that the term "Art Therapy" is used in some cases without a real understanding of the depth and versatility of its uses which have developed throughout the western world in the last fifty years. Perhaps this is attributable to the lack of intensive education here and will change as postgraduate courses develop a specifically Irish literature on the subject. It also may be attributable to the lack of forums for communication between professionals involved in Art Therapy throughout the country.

In my opinion we have a foundation and model for the use of art in a therapeutic way through the way in which the VECs already employ artists to work in special needs areas such as prisons and underprivileged areas. Through this, gradually, people throughout our institutions are developing a better understanding of the uses and application of art and are more willing to accept it being used in other ways such as Art Therapy.

There are approximately 35 qualified Art therapists in Ireland. They badly need some sort of state recognition to give them security and a salary in order to give them more time and space to evangelise for and develop their profession in an Irish context, both cultural and institutional.

From talking to Art Therapists I noted that they spoke of their profession here as a struggle. They have to worry initially about getting work and acceptance in a situation where they don't have enough time to improve and promote awareness and acceptance of Art Therapy as much as is needed.

I feel finally that above all there is a need for co-ordination between parties interested in the development of Art Therapy here. A national forum to help these professionals deal with issues related to their 'struggle'.

Because the course in Cork is English and most of the trained therapists in Ireland are English trained there is a pressing need a forum for public debate in Ireland to model Art Therapy for the Irish setting - bringing all parties involved together - the VECs, the Health

Boards, those involved in setting up training courses in Cork and Dublin, other medical professionals, the social services and relevant government departments such as the Departments of Health, Education and The Arts. Then some sort of coherent plan or structure might arise in place of the very ad-hoc way in which the profession is being developed. It would also generate considerable publicity and improve communication. This is sorely lacking at present.

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APPENDIX ONE

- (A) INTERVIEW WITH DEIRDRE HORGAN**
- (B) INTERVIEW WITH LIAM PLANT**
- (C) INTERVIEW WITH MARJA WILMER**
- (D) INTERVIEW WITH RON MELLING**
- (E) INTERVIEW WITH DR GERALDINE LYSTER**

(a) Interview with Deirdre Horgan.

DEIRDRE HAS A B SC FROM TRINITY COLLEGE WHERE SHE CO-ORDINATED SEVERAL COMMUNITY ARTS PROGRAMS. SHE GAINED HER ART THERAPY QUALIFICATION FROM GOLDSMITH COLLEGE, LONDON. SHE HAS WORKED IN A VARIETY OF SETTINGS WITH ADULTS AND CHILDREN INCLUDING THE MATER CHILD AND FAMILY CENTRE AND ST CAMILLUS' UNIT, ELM PARK, AS WELL AS OUR LADY'S HOSPICE, HAROLD'S CROSS. SHE ALSO HAS A SMALL PRIVATE PRACTICE.

DEIRDRE HAS BEEN A GUEST LECTURER AT TRINITY COLLEGE AND THE DIT. SHE IS A TUTOR AT THE ART THERAPY FOUNDATION COURSES AND SUMMER SCHOOLS AT CRAWFORD COLLEGE, CORK.

q. A brief definition of Art Therapy?

a. I like to think of Art Therapy as one of the applied arts, as art happening in a particular context. So I think of it as a way of using art to give people a way of expressing how they are feeling.

q. What do you think the importance of Art Therapy is - the art work or its diagnostic use?

a. I don't feel qualified to diagnose as I feel not enough work has been done on Art Therapy to use it in a diagnostic way. I think there is an important distinction between diagnosis - which is finding out or putting a label on what is wrong with somebody - and therapy - which is enabling somebody to become better. You don't have to have a diagnosis to do therapy. It does help. But especially in the field of mental illness the diagnosis that the doctor has and the client has may be different. I feel a lot of modern medicine focuses on diagnosis. It is what you do after the diagnosis that matters and which sometimes is neglected. So I see a lot of my work as post-diagnosis. The therapist comes in after, working with the problem - helping to deal with it. And in that there is a lot of different elements - the relationship with the client - art work which the client produces - etc. I also feel that the art work is what makes Art Therapy unique. Other relationships exist in other therapeutic work as well.

q. What is your theoretical background?

a. I have a very eclectic background. I read a lot in the past. One of my main influences is Winnicott and the whole object relations school in Britain. I don't have a strong theoretical background as I feel that Art Therapy is very young. And I feel one of the problems with it is that it has borrowed a theoretical background from psychoanalysis. I like to work with the process, my own experiences, instead of forcing pre-conceived ideas onto my work as every case is different, keeping of course in mind things like transference, symbolism and association. It is hard to do anything in the 20th century without being influenced by Freud and psychoanalysis. I use the art process as well a lot for theory thinking about what is happening in the art process. You have to acknowledge things like the perception of art in our society which is very marginalised. A lot of people have a cultural resistance to art. So this is an initial hurdle. I feel too much theory is borrowed without realising you are dealing with the art process. Misinterpretation can happen. You should also draw on sociology and education theory. Also to look at art theory - where art is at the moment. I think that movements like Surrealism and Expressionism have influenced Art Therapy as much as psychoanalytic theory - even though they in turn have been born of that kind of thing. Also looking at the work being done today - artists out of the studio in the environment, etc.

q. Do you see the "art" in Art Therapy developing more?

a. Psychoanalysis has a lot to offer - a map to the inner world. I feel if the writers of Art Therapy theory are completely absorbed in that then the Art Therapy becomes illustrative and the art illustrates the therapeutic process going on between patient and therapist rather than the art being central to it. I feel as a sculptor myself your own personal experience of art and looking at and thinking of what other artists do - this brings something into the process which is really important.

q. Do you think Art Therapy has a future in Ireland?

a. In the last 5 years far more qualified people are working here. It seems easier now - the last few people who have come in have got work. When I came about 10 years ago it took us about 2 years to get work.

q. What are the benefits of Art Therapy to patients in the Hospice?

a. It provides space for them to explore and express what they are going through. The experience of making art can help them through their most difficult time in life - when dying a lot of personal growth has to be done. In the Hospice work is done on a 1-1 basis. Relationships on a 1-1 basis are more intense. Group work can generate more energy and creativity.

q. Is your work theme based - how do you approach your patients?

a. It varies - usually I find out a bit about their background - what maybe is their likely attitude to art. For a long time I never used themes. I tried to get to know the person - suggest they might use art - do whatever they wanted with the time. This can work for me very well, but can lead to problems - hard for people to begin - intimidated, maybe, by something they never did before. Recently I started introducing themes but not suggestive or on an imaginative level as I feel everyone has an imagination. I work more with materials e.g. working with simple things like changing the shape of the paper - then working on it - frees people up. I use coloured paper sometimes or making a hole in the centre of the paper and working round this. Hence people are responding with the material and interacting with it. My aim as a therapist is to get them to work with the material - not to put ideas in their heads.

q. Her work in St Vincent's Psychiatric Hospital?

a. The work here is very different - I work with a closed group which lasts 8 weeks with 5 to 10 acute psychiatric patients. In the 9th week there is a staff meeting where feedback is given to the rest of the staff involved.

(b) Interview with Liam Plant.

LIAM PLANT MAINLY WORKS WITH PSYCHIATRIC PATIENTS BUT HAS EXPERIENCE IN THE FIELDS OF LEARNING DISABILITIES AND PHYSICAL DISABILITIES. WHEN ASKING HIM ABOUT THE DIFFERENT TYPES OF WORK HE HAS DONE HE SPOKE ABOUT CLUAIN MHUIRE AND BURTON HALL WHICH ARE BOTH CONNECTED TO SAINT JOHN OF GODS. CLUAIN MHUIRE IS A DAY CARE CENTRE FOR ACUTE PSYCHIATRIC PATIENTS AND BURTON HALL IS A DAY CARE CENTRE FOR THE LONG TERM MENTALLY ILL.

q. When and by whom was art therapy started in your place/places of work?

a. In St. Brendan's it started in 1985. There had been an art therapist there previous to me so they were already quite informed about Art Therapy. Subsequent to that I was always the first Art Therapist in such places as Cluin Mhuire and St. Vincent's.

q. Who employs you and pays you?

a. In St Brendan's a combination of European Social Funds and money from the Curriculum development unit of Trinity College and also from the Eastern Health Board.

q. Where and to what level did you receive your training?

a. I got a postgraduate diploma from St. Albans, University of Hertfordshire.

q. Who do you work with?

a. In Cluain Mhuire I work alongside Psychiatric Nurses. I also work with the Threshold foundation which is a training centre for people in the psychiatric services.

q. Who supervises your work?

a. A clinical psychologist from Trinity College.

q. What type of clients do you work with?

a. When I work privately I work with people with difficulties such as bereavement, anxiety and depression. In Cluain Mhuire I work in the acute Psychiatry Department with people who are undergoing intense group therapy and would be attending a programme on a full time basis so the therapy there is of quite a challenging nature. The Art Therapy there would be better termed art assisted group psychotherapy. In Burton hall which is another Cluain Mhuire based centre for longer term psychiatric patients, mostly people with various forms of schizophrenia, sometimes with manic depressives and obsessive people a different approach is required.

q. Are your sessions directive or non-directive?

a. Mostly non-directive but there are situations such as some of the groups in Burton hall where I would set themes where the work is primarily at a social behavioural level rather than working with the unconscious. We would be looking at things like life skills, social interaction and personal boundaries. For this sort of work I might well provide themes.

q. Who refers your clients to you?

a. In private work it is self referral. In trinity I am on a list of Therapists where students on the counselling/psychology course are required to attend therapy. In Cluain Mhuire I am part of a therapy programme so the clients who contract to attend the programme attend me as part of the package.

q. Do you collaborate with others for case conferences? If so with whom?

a. For detailed handover work I deal closely with the concerned nurses and group therapists. My collaboration with the psychiatrist is on a less formal basis as I am only there one day a week. My regular liaison would be with other staff involved like nurses and occupational therapists.

q. How are your sessions structured? Group or one to one?

a. I have group sessions which last from one and a half to two hours depending on the capacities of the people involved. If concentration is shorter it might be counterproductive to run longer. Individual sessions are always one hour. Generally speaking sessions are structured to give reflection on arrival to

session taking into account how the client is feeling, what's going on with them at that present time and to give sufficient time to get into using the art materials and to have time to reflect and share at the end of the session. The proportions change but I always endeavour to make time at the end to integrate, share and talk through stuff

q. What briefly do you think the benefits of Art Therapy in your workplace are?

a. In Cluain Mhuire it gives a different perspective and provides a different therapy process for those attending the centre whereby they can use their innate creativity in the service of their own well-being. It links with other therapy programmes which are running alongside it. Sometimes maybe something that came up in the morning group therapy session can be carried through in the Art Therapy session.

q. How do you feel that other professionals with whom you are associated value your work?

a. Mostly it is highly valued in that it gives a different viewpoint and different angle on what is happening with the client and sometimes they respond more openly to the art therapy than they would in the verbal therapy sessions. This happens quite a lot.

q. How do you promote your work?

a. I run regular workshops for staff groups on a monthly basis. I also run open workshops in the holistic centre for anybody interested mostly people come from the caring professions such as social workers and occupational therapists.

q. Do you feel art Therapy will soon receive official recognition as a profession in Ireland?

a. It is a long process but once the training courses are up and running and they have graduates from the established courses, this will go a long way towards establishing state recognition. A lot of the recognition comes from establishing ourselves in our own workplaces and developing it.

q. What do you feel could improve the structure of Art Therapy in Ireland?

a. If there was statutory recognition and if it was seen as an integral element in therapy.

q. Are detailed records kept of your work?

a. I keep detailed records of my private work. I don't keep such detailed records of the work I do in Cluain Mhuire although I do keep all the artwork stored. Because there is such a detailed handover between staff my personal records are not so necessary in that situation but they are essential in private work. I write up records after each session.

q. What medium have you found most effective?

a. It varies from person to person. Clay can be a very effective and powerful but mostly I use basic water paints, pastels, etc.

(c) Interview with Marja Wilmer.

MARGA WILMER TRAINED AS AN OCCUPATIONAL THERAPIST AT THE DORSET HOUSE SCHOOL FOR OCCUPATIONAL THERAPY, OXFORD (1974). SHE IS A MEMBER OF BOAT. SHE DID HER ART THERAPY TRAINING AT HERTFORDSHIRE COLLEGE OF ART AND DESIGN IN 1975. SHE ALSO DID AN INTRODUCTORY GENERAL COURSE IN GROUPWORK (1980 - 81) AT THE INSTITUTE OF GROUP ANALYSIS, LONDON. SHE WORKED AS HEAD OCCUPATIONAL THERAPIST IN THE PSYCHIATRIC UNIT OF WESTMINSTER HOSPITAL (1976 - 84), INCLUDING WORK IN ACUTE PSYCHIATRY, DAY HOSPITAL AND CHILDREN'S DAY HOSPITAL. SHE USED ART THERAPY EXTENSIVELY IN THIS CONTEXT. (I was asked not to record this interview. The following was written up from notes taken during the course of the interview.)*

She came to Ireland 13 years ago. She is a founder-member of IADMT. In the beginning people met for support. Only practising two years. Started working with Dr Mario O'Moore in the Anti-bullying Centre Research and Resource Unit at Trinity College. Her work is private on a referral basis. She works along with a team of therapists - occupational therapists, psychologists. Supervisor over young Art Therapists in Inner City - observes their work, also looks at how the therapist is feeling - a support to them, help deal with situations. They need a lot of support as they are pioneering something new in this country.

Her work is done through a North Side Partnership - which she has some unease about as they don't seem to care - or understand their work. Pay is disordered - it is a struggle for the Art Therapists as they are not part of a real union.

Research shows that bullying is more prevalent in Primary Schools. Needs to work with both parents and the child - need to support parents - build their confidence.

She tries to work as fast as possible - 6-10 sessions.

She sends reports to schools of her clients - finds bullying is denied in many schools. It needs more publicity. She tries to build up self-esteem in her kids - make them realise it's not their fault. A lot of kids are embarrassed to say no-one likes them. This is where art comes in. She tries to teach them coping mechanisms - finds once they produce something they feel better.

Often goes beyond Art Therapy - parenting skills come in. She doesn't use direct themes - only when she finds a blockage, uses slight indirect themes.

She needs to find out a lot of information about kids from parents. There is confidentiality but with young kids needs parents' assistance. But with teenagers it's different.

She finds that the work has an enabling effect and experimental. She waits for the client to become aware of their feelings - then things start to work. She doesn't analyse pictures. Asks "what did you feel when producing the work?" Tries to get them to self-analyse. She does not put her own interpretation on the work. She tries to teach them to express themselves or soothe themselves, for future experiences, finds ways of getting out of that feeling.

In inner city schools you can't intervene or change things but the therapist can help support children.

One example she spoke about:-

A six year old girl who was severely bullied then went to her GP where she was diagnosed with post-traumatic stress. Her Headmistress denied that the bullying could have gone on. The child went for treatment. Worked with child and mother. Helped the mother gain confidence. When the situation happened again the mum was able to detect it straight away and do something immediately.

Her approach is very much non-directive. But now people are a lot more directive. When she trained in the 70's the therapist was more like an accommodator. She believes this way of working keeps the client freer. She feels analytic work needs a lot more research and a very strong knowledge of

psychoanalysis. She keeps things simple - doesn't want to want to create the feeling of power. She wants the client to feel powerful.

She also works with adults in private practice. Finds that people who come to her are ready for the work - different to people in hospitals.

She also spoke about the fact that there is a lot of European Funding for human resources. Money used to go to infrastructure. It's now more directed to women and children.

(d) Interview with Ron Melling.

RON MELLING IS THE HEAD OF ADULT EDUCATION IN CRAWFORD COLLEGE OF ART AND DESIGN IN CORK. HE IS THE CO-ORDINATOR OF THE POSTGRADUATE COURSE IN ART THERAPY WHICH IS DUE TO BEGIN SOMETIME IN 1999.

q. What prompted the start of this course?

a. After I did an artist-in-residence in Wales and worked in hospitals doing art with patients and also my experience of doing a summer school in Art Therapy I decided along with Janek Debosky who was one of the Art Therapy tutors in St Alban's to start up a foundation course in Ireland which was given to us by the University of Hertfordshire. This then led to the negotiating of the Art Therapy Post-graduate course. I have spent the last two years completing my training in Art Therapy which I did in St Albans. There has been a lot of delay in the setting up of the Post-grad - a lot of the reason is due to the fact the course is borrowed from St Albans and isn't Irish. So there have been difficulties in getting the heads of the RTCs to approve it. It is not due to the lack of interest as we have a data base of about 1 000 people who have shown interest in it and also from the success of the foundation course which has created the beginnings of a national network.

q. What are the aims and objectives of this course?

a. Our aim is to train a body of people - mainly artists - but not necessarily - to work in special needs areas which I think initially will be mainly frontier work as there isn't many posts for art therapists as of yet. But the main reason for this is the fact that it has not been recognised by the Department of Health. Getting recognition is one of the main aims. The way I feel to achieve this is to train people who are already involved in special needs areas - like a social worker - occupational therapist - therapists who have a strong interest in art and see its benefits. By training these people they will bring it back to their work. I think in Britain most of the art therapists are artists but in Ireland there is a mixture of people coming from different backgrounds.

q. What are the philosophies of the course?

a. I believe in working experimentally - to understand the process. To have lectures taken mainly - but not all - from Art Therapy used as psychotherapy. It would be nice to have an Art Therapy language but we fall back on psychotherapy. So there will be a theoretical base through the experimental work. Placement will be a core element but it will be difficult as there few art therapists. So instead we will be placing people alongside occupational therapists - psychologists. So learning through placement is important. Remembering the importance of art in Art Therapy and to be a bit cautious about arts in psychotherapy although the line between the two is small. The course, I feel, is organic. The quality of people is fantastic. They bring all sorts of skills themselves.

q. What are the difficulties in setting up the course?

a. There is difficulty at the idea of bringing a British course here which is of British culture. There are difficulties within our own institutions.

q. Why couldn't we run our own course?

a. Not enough experience. It is an internationally recognised qualification. This way we are training people with a franchise and over three or four years we make our own developments and changes according to Irish needs.

q. What are the connections with art college?

a. Separate. But I have started a subsidiary in Art Therapy which I would prefer not to be NCVA validated because I don't want to fudge. I would prefer it non-judgemental and separate but at the same time linking in - maybe helping students through blocks in their work. It can help to unblock and resolve an impasse and their work restarts and freshens because of it.

q. What views are current in Ireland about Art Therapy?

a. Quite good - but there is still a lot of educating to be done insofar as a lot of artists working in hospitals are not trained. People are beginning to see the difference between Art Therapy and art as a recreation which is therapeutic.

q. Is there anyone researching the role of Art Therapy in Ireland at present?

a. In Cork they are about to take on a student on a FAS course for Cork Community Art Link who wants to research how community art developed. And also as a part of this we are trying to persuade her to include a history of where we have come from.

q. Is placement part of the course?

a. It will be part-time over 3 years and - hopefully - placement will be in the person's home town.

q. Are the placements organised at this minute?

a. The placements are organised around Cork but not elsewhere yet. Also there is difficulty getting supervision for students and centres. The supervisor acts as a negotiator because all sorts of things can happen.

q. What is the connection between community art and Art Therapy?

a. There is a strong connection in Cork as there is a community arts training course here also. A case in point is that in some community arts exhibitions people make images about feelings and emotions - so there are great overlaps.

q. What impact does a culture have in setting up Art Therapy.

a. I think there is a rich culture of people in Ireland who come to the course. In Dublin, it's an arts therapy course but in Cork we are staying with just Art Therapy. One of the good but difficult things about Art Therapy is the fact that it has grown up through an eclectic background - a coming together of all sorts of ideas from the pure art side to the pure psychotherapy side. This is confusing to students sometimes. So it is a collection of interests in different theories and it is important to be able to take from what suits you. People will come with different perspectives. An art therapist as opposed to different therapists is an eclectic person

(e) Interview with Dr Geraldine Lyster.

I AM A CONSULTANT PAID BY THE NORTH EASTERN HEALTH BOARD RESPONSIBLE FOR THE NORTH LOUTH AREA. ABOUT 45 000 ATTEND THIS SECTOR AND WE PROVIDE SERVICES PRIMARILY ON A COMMUNITY BASIS FROM ST BRIGID'S HOSPITAL, ARDEE. WE RUN CLINICS HERE IN THE COMMUNITY TO TRY TO AND HELP PEOPLE FROM RE-ENTERING HOSPITAL.

We treat acute patients - people who suffer from acute illness - depressions, phobias, anxiety, stress, schizophrenia among others, and also people with longer term illnesses many of which attend this centre here - The Ladywell Centre.

We have about 30 here on a daily basis. And we have a number of residential units here in Dundalk one of which is high support with 24 hour nursing cover and others who are also supported. They visit the centre on a daily basis.

Now in relation to therapy we try, if possible, to have a range of therapies available. That includes Art Therapy among others like - cognitive therapy, supportive psychotherapy, drug treatments and social therapies. Now social therapies would be primarily carried out here in the Ladywell. This is for people attending with acute illnesses and it's also here that we have the Art Therapy. We have an art therapist here and she attends one day a week - May Coyle.

We do various forms of therapy - recreational, social - primarily trying to get the patients to integrate, socialise - to express their feelings really in an art form - which, we feel, is a very beneficial way of helping people with psychiatric, social problems. They find great relief from expressing their anxiety and other feelings on canvas in an art form.

And remember, we had an art exhibition in the community contact centre in Dundalk on 12 December, 1997 and there was an exhibition from the clients here under the direction in addition to a children's' art competition.

The other way we use Art Therapy is to promote positive mental health and the purpose of the art competition which was for children in national schools in the county was to introduce young children to concepts of positive living in an art form - for under 8 and for over 8.

Last year (1996) was the first year we started the competition. We had 300 entries. This year (1997) the exhibition was opened by Dermot Ahern, the Minister for Social Affairs and the Family. This year we had an increase in the numbers of entries to 1200 which we were very pleased with.

This was run under the Dundalk Branch of the Mental Health Association of Ireland. One of the main aims of this association is to promote positive mental health. So we saw this competition as reaching out to children and people of younger ages and introducing them to the concepts of mental health - particularly positive mental health.

The theme of the competition was "caring and sharing" and we asked the children to depict in an art form their concept of this theme of "caring and sharing". We had a wide variety of entrants and it was very interesting to see the way the children depicted this concept.

We see that as very valuable because with introducing them through art forms to mental health at this stage in their lives - so, hopefully, when they reach adulthood they will have a more positive view and a more positive attitude towards mental health issues than the generations preceding them.

As you know, there is a certain stigma associated and attached to mental health and we are trying to promote a positive view of mental health rather than the negative attitudes that prevail at present.

In running these centres we feel that a number of people suffering and who have lived in an isolated way in the community in past years - who require hospital admission because of, maybe, depression, isolation, social problems - this is being dealt with now in a more positive way like getting them to

attend the centre one, 2 or 3 days a week. And we have found that this doesn't necessitate further admission to hospitals. So that proves the value of socialisation.

The value of socialisation here in the centre helps them in helping them to remain in the community and to live a more positive life. So we find that attending the centre has very positive gains for the people attending and Art Therapy is part of that.

We have some people here who are very good at art and who actually took part in the Mental Health Seminar that was held two years ago in Dublin at which Jimmy Carter attended. And there was an art exhibition there which he attended and works were chosen by him to go to America. So people from rural isolated areas actually had the chance to meet with Jimmy Carter and have their works shown in Dublin. And one or two of our clients had their exhibits shown in Dublin. So they went to this exhibition and seminar in Dublin and really enjoyed it and achieved great benefit from it.

We carry out supportive psychotherapy and, personally, I believe in cognitive therapy. I feel cognitive therapy is a very beneficial aid to people. Cognitive therapy is helping the person to understand their thoughts and thought processes. For example, in depression the thought processes are very negative. The cognitive approach in depression - that the thoughts are negative towards the self, towards the environment and towards the future - and we would help people in a cognitive way to understand their negative thoughts - how they are thinking negatively when in a depressive frame of mind - and to help a change in the automatic negative thoughts that go past to more positive thoughts. And if you have someone with mild depression who would have some insight to where it is coming from you may achieve great improvement with cognitive therapy alone without having to resort to medicine at all.

So we would feel that the approach to people with all mental illnesses would be very much a holistic approach - in that we would deal with medication, certainly, if necessary but also supportive psychotherapy - supporting them with their problems in the community. If there are family issues there are family therapists here. With phobias and anxiety we would refer them to the behavioural therapist - again using a non-medical approach.

Many people who attend only receive therapy particularly those with situational problems - anxiety, depression, secondary depression (secondary to problems in their lives).

Most of the people will come looking for medication thinking this is the only cure. We feel therapy is sometimes more appropriate.

APPENDIX TWO

COMPLETED QUESTIONNAIRES

Craft Department
NCAD
Thomas Street
Dublin

9 December 1997

To interested people in the Health Boards and others.

A Chara

I have received contact from you in relation to my thesis on Art Therapy in Ireland for which I am very grateful.

I cannot meet personally everyone who has responded to my earlier enquiries as the thesis I am writing has a deadline for next February.

The final thesis I intend to be a "review" of Art Therapy in Ireland rather than something inclusive of every detail.

However, it would be of great assistance to me if you could complete the questionnaire I am sending you as fully as possible and return it to me with a minimum of delay.

Thanking you for your assistance, so far.

Mise le meas

Aisling A Crudden

Questionnaire on the Origins of Organised Art Therapy in Ireland and Present Practices

1 When and by whom was Art Therapy started in your place or places of work?

Arts & Crafts already established
Art as 'healing' not introduced by me
at the end of March 1994.

2 Who employs you and where does funding for your pay come from?

County South V.E.C.

3 Are you employed on a permanent, temporary or part-time basis?

Part-time basis

4 Where and to what level did you receive your training?

I have a Diploma in Colour Therapy
from Anna Gomer. Rev. Anna Selford.

5 Give some details of your training

Healing Art from 1977 in 2nd level school
Part-time thereafter - Art as therapy & healing
Diploma in 1994

6 Who do you work alongside?

Psychiatrists & nursing staff of Redgwell
Day Care Centre Dundalk

7 Who supervises your work?

8 What type of clients do you work with?

Psychiatric patients at a day-care centre
3 hrs per week

9 Who refers your clients to you?

The Psychiatrist refers new patients to
my group if she feels it can help
some work through depression.

10 Do you collaborate with others for case conferences? If so - with whom?

Eventually I may be able to discuss patients progress with staff.

11 How are your sessions structured - group or 1-to-1 groups.

12 Are your sessions directive or non-directive?

Both - mainly non-directive

13 If your sessions are directive how are they structured?

Using a colour chosen by the - working with it verbally & non-verbally - int reducing the complementary colour - a little observational drawing!

14 How frequently per client do your sessions take place?

weekly

15 What, briefly, do you feel the benefits of Art Therapy are in your place of work?

Art has been de-mystified - the individuals within my group have created some really impressive work which has boosted their confidence and brought a great feeling on every level.

16 How do you feel that other professionals with whom you are associated value your work?

My work is greatly appreciated by the staff of the Day-Care centre I work in.

17 What do you do to promote your work?

It promotes itself!

18 Do you feel that Art Therapy will soon receive official recognition in Ireland?

Yes but only when there is a recognised qualification accessible in Ireland.

19 Are you affiliated to any professional body? If so which one?

None

D

20 What do you feel could improve the structure of Art Therapy in Ireland?

More imagination & creativity in the Medical Profession - certainly more openness on their behalf to the arts as healing

21 Are detailed records kept of your work?

I keep my own records of their progress

22 How do you record your work?

As yet not in any formalised way - each patient has a folder which I keep all their work together -

23 What medium/s have you found to be the most successful in your work?

Coloured pencils / oil pastels.
Acrylic paints

Please return the questionnaire to:-

Aisling A Crudden
Jenkinstown
Dundalk
Co Louth

Phone 042 71310

Questionnaire on the Origins of Organised Art Therapy in Ireland and Present Practices

1 When and by whom was Art Therapy started in your place or places of work?

4 places of work

- 1 Hospital - by Art Therapist in 1994.??
- 2 adolescents - in 1996 by myself
- 3 young children - 1992 ?? art therapist.
- 4 Womens group - 1997 by myself

2 Who employs you and where does funding for your pay come from?

- 1 Order of St John of God.
- 2 North Side Partnership. funds project / part funds + thank.
- 3 Community Centre - mainly EU funding.
- 4 North Side Partnership.

3 Are you employed on a permanent, temporary or part-time basis?

Sessional work

4 Where and to what level did you receive your training?

Hatfield, Hertfordshire, England

Post-grad.

5 Give some details of your training.

2 year full time

6 Who do you work alongside?

Occupational Therapists

Personal development facilitators / teachers

7 Who supervises your work?

Art Therapist.

8 What type of clients do you work with?

adults within psychiatry

~~adults~~ adolescents at Risk of leaving school early

Young children at Risk.

Mothers who have children at one particular school.

9 Who refers your clients to you?

Occupational Therapists
Home/School liaison officers

10 Do you collaborate with others for case conferences? If so - with whom?

OT, Clinical psychologists etc,

11 How are your sessions structured - group or 1-to-1?

Mainly group work; some 1/1

12 Are your sessions directive or non-directive?

Mainly non-directive
Some directive

13 If your sessions are directive how are they structured?

I will suggest a theme and people work on this and we leave 20/30 mins at end of session to share experiences
- some are less directive with only time structures.

14 How frequently per client do your sessions take place?

Weekly sessions

15 What, briefly, do you feel the benefits of Art Therapy are in your place of work?

Within Psychiatry I feel that Art/T can be useful on many levels - this also depends on type of group - Open Studio or Open group or 1/1 - can be useful to help unconscious material surface because of medium/process of Art making / Relationships in groups. Can be useful for people to gain a new way of looking at particular issues.
Adolescents - mainly group support / peer sharing / understanding of issues - Identity issues

16 How do you feel that other professionals with whom you are associated value your work?

Direct association - pretty highly valued as both Process work for client plus support system for client

17 What do you do to promote your work?

Staff workshops

18 Do you feel that Art Therapy will soon receive official recognition in Ireland?

When training comes underway I feel we as a body of professionals will have more of an impact \therefore and on to receiving recognition sooner

19 Are you affiliated to any professional body? If so which one?

Yes. British Association of Art Therapists
Irish Association of Art, Drama, Dance Movement and Music Therapists.

20 What do you feel could improve the structure of Art Therapy in Ireland?

Training
Statutory Recognition
Healthboard understanding / public understanding - I still feel general public's ^{first} understanding is that ART is a recreational activity.

21 Are detailed records kept of your work?

Yes

22 How do you record your work?

Written records after each session
Some visual

23 What medium/s have you found to be the most successful in your work?

again depending on what client group
Within psychiatry - depending on specific issues for client / mixture
with adolescents - mixture
With young children - Clay ①
Paint ②

Please return the questionnaire to:-

Aisling A Crudden
Jeninstown
Dundalk
Co Louth

Phone 042 71310

Ps. Listing if you need any more specific information please do not hesitate to contact me - Catherine Phillips

Ps. I would be really interested in seeing your report when you have it completed - if you were ok about it

Questionnaire on the Origins of Organised Art Therapy in Ireland and Present Practices

1 When and by whom was Art Therapy started in your place or places of work?

Downshire Hosp. Downpatrick - Richard McCabe 1974 approx.
Other situations + continuing at Downshire by myself.
(Alice MacLaughlin)

2 Who employs you and where does funding for your pay come from?

(Psychiatry) Down Lister Trust, Eastern Health & Social Service Board, N.I.
S & E Belfast Trust, " " "

also - the Universities (lecturing) and other independent source, for lecturing and workshops

3 Are you employed on a permanent, temporary or part-time basis?

mostly permanent, some temporary + part time
also some private work.

4 Where and to what level did you receive your training? - in Art Therapy.

Queen's University, Extra Mural Dept., (post grad.)
and Belfast Institute of Further Education (1978 - PI part time)
+ Summer Schools in England.

5 Give some details of your training.

Originally art teaching at Teacher Training College.
Art Therapy - not a recognised qualification but after 3++ years
in in-service training considered as such by my employers.
More recently - Psychotherapy Masters at Queen's University.

6 Who do you work alongside?

Occupational Therapists & helpers.
Nurses
Doctors
Social workers
Psychotherapists

7 Who supervises your work?

Art Therapist - Rita Simon, founder of AT in England & N.I.
Consultant Psychotherapist - Dr S O'Connor, Downshire Hosp.
" " Dr J Alderdice, Dept of Psychotherapy
Belfast.

8 What type of clients do you work with?

Mainly mentally ill - severe ie psychotic + schizophrenic
- also less severe ie neuroses,
in the past have also worked with people who have had
learning disabilities, physical disabilities - + the elderly

9 Who refers your clients to you?

Medical, nursing, social work staff.
or self-referral of private patient.

10 Do you collaborate with others for case conferences? If so - with whom?

see no. 6.

11 How are your sessions structured - group or 1-to-1?

both.

12 Are your sessions directive or non-directive?

mainly non-directive unless a particular "group project" and patients are working on together.

13 If your sessions are directive how are they structured?

14 How frequently per client do your sessions take place?

usually once per wk.

15 What, briefly, do you feel the benefits of Art Therapy are in your place of work?

- expression & containment of thoughts, feelings & memories & present situation.
- being able to talk about the images of the client's wishes.
- a time to "play" & maybe relax & formulate new ideas.
- relief of stress.

16 How do you feel that other professionals with whom you are associated value your work?

Yes - mostly

17 What do you do to promote your work?

- discuss it with other members of staff.
- give lectures & talks.
- help formulate promotional material for self & N.I.B.A.T.

18 Do you feel that Art Therapy will soon receive official recognition in Ireland?

yes

19 Are you affiliated to any professional body? If so which one?

B.A.A.T.
NIBAT
Irish Association
N. Irish Psychotherapy Ass.

20 What do you feel could improve the structure of Art Therapy in Ireland?

hard work & promotion
- & more therapists

21 Are detailed records kept of your work?

yes.

22 How do you record your work?

in note form after session

23 What medium/s have you found to be the most successful in your work?

2 + 3 dimensional
paint, drawing.
clay.

+ writing.

Please return the questionnaire to:-

Aisling A Crudden
Jeninstown
Dundalk
Co Louth

Phone 042 71310

Aisling - well thought out
questionnaire -
but a bit too long!

Good luck,

Asher

Questionnaire on the Origins of Organised Art Therapy in Ireland and Present Practices



1 When and by whom was Art Therapy started in your place or places of work?

NO ART THERAPY
PROGRAMME.

2 Who employs you and where does funding for your pay come from?

DEPT. OF EDUCATION.

3 Are you employed on a permanent, temporary or part-time basis?

PERMANENT.

4 Where and to what level did you receive your training?

MASTERS DEGREE

PRATT INSTITUTE NEW YORK.

5 Give some details of your training.

TWO YEARS FULL TIME

MASTERS IN ART THERAPY AND SPECIAL
EDUCATION.

6 Who do you work alongside?

TEACHING STAFF.

7 Who supervises your work?

PRINCIPAL.



8 What type of clients do you work with?

~~YOUNG OFFENDERS.~~

9 Who refers your clients to you?

COURTS.

THE NEW YORK

LIBRARY

100 N. 4th St.

NEW YORK

100 N. 4th St.

NEW YORK

THE NEW YORK

LIBRARY

100 N. 4th St.

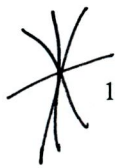
NEW YORK

THE NEW YORK

LIBRARY

100 N. 4th St.

NEW YORK



10 Do you collaborate with others for case conferences? If so - with whom?

CARE WORKERS.

11 How are your sessions structured - group or 1-to-1?

GROUPS (MAX 5).

12 Are your sessions directive or non-directive?

BOTH.

13 If your sessions are directive how are they structured?

ART CLASSES.

14 How frequently per client do your sessions take place?

3 CLASSES PER WEEK.

15 What, briefly, do you feel the benefits of Art Therapy are in your place of work?

WORK TOWARDS EGO BUILDING IE MEMORY,
MASTERY, SELF-CONTROL, FRUSTRATION TOLERANCE,
DELAY in GRATIFICATION, JUDGEMENT, DEXTERITY ETC.



16 How do you feel that other professionals with whom you are associated value your work?

RECOGNISED PRIMARILY AS AN ART TEACHER WITH
EXTRA SKILLS

17 What do you do to promote your work?



18 Do you feel that Art Therapy will soon receive official recognition in Ireland?

YES.

CALL NUMBER

(Box 2)

1000

100

1000 1000 1000

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1000 1000

1000

19 Are you affiliated to any professional body? If so which one?

IADAM.T.

- IRISH ASSOC. OF DRAMA, ART AND MUSIC THERAPY.
- SPECIAL EDUCATION ASSOC.

20 What do you feel could improve the structure of Art Therapy in Ireland?

- MORE TRAINEES RETURNING TO IRELAND WHEN QUALIFIED.

21 Are detailed records kept of your work?

No.

22 How do you record your work?

NOTES / FILES.

23 What medium/s have you found to be the most successful in your work?

VARIETY.

Please return the questionnaire to:- Aisling A Crudden
Jeninstown
Dundalk
Co Louth

Phone 042 71310

THEORY

THEORY OF THE EARTH AND ITS HISTORY

THEORY OF THE EARTH AND ITS HISTORY

THEORY OF THE EARTH AND ITS HISTORY

THEORY

THEORY OF THE EARTH AND ITS HISTORY

THEORY

Dear Aisling, I am a Dance Movement Therapist and so I don't know if you want only Art Therapists specifically. I will try to fill in the Questionnaire re DMT, although I don't have a lot of work.

Questionnaire on the Origins of Organised Art Therapy in Ireland and Present Practices

- 1 When and by whom was ^{DMT} Art Therapy started in your place or places of work?

Myself.

- 2 Who employs you and where does funding for your pay come from?

Self Employed

- 3 Are you employed on a permanent, temporary or part-time basis?

Full-time self employed, supplementing DMT income with counselling and crafts.

- 4 Where and to what level did you receive your training?

Post graduate training in St. Alban's, University of Hertfordshire.

- 5 Give some details of your training.

On-going work on personal analysis - movement preferences.

Movement analysis.

Psychodynamic theory

Anatomy + physiology experiential

Study of pioneers in DMT

Anthropology - medical - Shaman

Movement laboratories for different client groups -

Experiential. Also theory.

Performance - autobiography

Performance - group

Clinical practice

Clinical seminars. Supervision. Training group.

Psychosis
Neurosis.

- 6 Who do you work alongside?

I work alone

- 7 Who supervises your work?

Catherine Beuzeboc - Senior Registered Dance Movement Therapist.
London.

- 8 What type of clients do you work with?

Groups I have worked with to date include: physically and/or learning disabled; older people, women's groups, survivors of sexual abuse, people experiencing tinnitus, people recovering from stroke.

Individuals experiencing depression; eating disorders; aftermath of sexual abuse; physical difficulties - back, leg pain, . for personal growth.

- 9 Who refers your clients to you?

Generally word of mouth i.e. self referrals - some referrals through the Health Board.

10 Do you collaborate with others for case conferences? If so - with whom?

No. If I do some work within the Health Board I make a point of meeting with a designated staff member, usually mid way through 20 at the end of the series.

11 How are your sessions structured - group or 1-to-1?

Both

12 Are your sessions directive or non-directive?

Both

13 If your sessions are directive how are they structured?

Directed warm up - with enough lee-way for people to find their own way to move use of opposites in movement - physical - also within movement elements of weight, space time 20 flow. (i.e.s.) between very flowing + very rigid) - suggestions for use of space - suggestions for imagery - water - ice - earth etc....

14 How frequently per client do your sessions take place?

Once a week

15 What, briefly, do you feel the benefits of ^{DMT} ~~Art Therapy~~ are in your place of work?

Provides an alternative approach for people to come at things they are grappling with - a new and immediate medium that allows people more of a sense of Realness. My studio is in a left 20 design centre 20 I think that allows clients a different view of themselves also, rather than somehow 'sick.' The drawback is that I don't have a lot of (or any) support, understanding, inclusiveness from the Health Authorities.

16 How do you feel that other professionals with whom you are associated value your work?

There is still a lot of incomprehension 20 dismissiveness - a growing sense of respect among a small number of people. I gave a talk to interested professionals in psychiatry - also to staff in the local counselling centre. Both were very well received.

17 What do you do to promote your work?

Talk to people. Arrange meetings. Give talks. Distribute brochures 20 info on DMT. Run workshops.

18 Do you feel that ^{DMT} ~~Art Therapy~~ will soon receive official recognition in Ireland?

↓
No - at least not on its own. Possibly as part of a wider Arts Therapies context.

19 Are you affiliated to any professional body? If so which one?

ADMT UK and IADAMT. I let my membership of NIBAT lapse due to financial constraints.

DMT
20 What do you feel could improve the structure of Art Therapy in Ireland?

More people working in the field. More consciousness raising.

21 Are detailed records kept of your work?

Earlier I kept much more detailed notes. Now less so.

22 How do you record your work?

After the session I note down the main thread/storyline of the session as it evolved, both verbal + movement input from the client. I notice also what was most absent. I note my own responses - how I felt during & after the session.

23 What medium/s have you found to be the most successful in your work?

The literal physical release that people experience in movement still fills me with wonder & I am grateful not to become used to that - also when people work with images it seems to further their process. For myself, the single most important thing is my growing ability to stay with my clients in their world & to be the best kind of accompanying guide in that transition time between movement & words, where the movement is becoming visible to the client & taking verbal, concrete shape.

Please return the questionnaire to:-

Aisling A Crudden
Jeninstown
Dundalk
Co Louth

Phone 042 71310

This may not be at all what you want. I hope it makes some kind of sense to you.

All good wishes for Christmas.

Angela.

045431152

APPENDIX THREE

**IRISH ASSOCIATION OF ART MUSIC AND DRAMA THERAPISTS INFORMATION DOCUMENT
NORTHERN IRELAND GROUP FOR ART AS THERAPY NEWSLETTER/ANNUAL REPORT
NORTHERN IRELAND GROUP FOR ART AS THERAPY - INFORMATION FROM INTERNET SITE**

A GUIDE TO
DRAMA,
ART
&
MUSIC THERAPY
IN IRELAND



Published by:
The Irish Association of Drama, Art and Music Therapists
P.O. Box 4176, Dublin 1

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INTRODUCTION

The Irish Association of Drama, Art and Music Therapists was formed in 1992. It developed from a core group of arts therapists who had trained abroad and were in the process of establishing their professions in Ireland. The first A.G.M. was held in 1993, when a constitution was ratified and a Code of Ethics laid out.

The Association has both a Professional and an Associate membership.

Professional: available to those Arts therapists who have completed a recognised post-graduate training in Drama, Art, or Music therapy

Associate: open to those working in related fields and/or having an interest in Arts therapy work.

The Association is the Irish National registration body for Drama, Art and Music therapists. As a professional reference body, it promotes, regulates, and upholds the work of Arts therapists in Ireland. The development of training (primary and advanced) is being supported and monitored by the Association.

This document aims to identify the philosophy and scope of practice of the Association.

ART THERAPIES: AN OVERVIEW

While Dramatherapy, Art Therapy and Music Therapy have their own particular training and applications, they share a common belief in the inherent ability to be creative and the potential ability to use this creativity as an integrating and healing force in human life. The therapists' unique competence lies in the capacity to use each of the arts therapeutically. Our training involves specialisation in drama art or music, education in human psychology, training in the processes of each creative therapy and clinical experience.

Dramatherapy has its theoretical base in psychology, anthropology, theatre and psychoanalysis. Role-play, improvisation, dramatic representation and other techniques are utilised for therapeutic exploration and growth that allows the individual to test his or her own limits, and to take part in the adventure of finding hidden resources.

Art Therapy provides the opportunity for insight, self-expression and communication. Visual imagery is used as a powerful means of expressing inner reality beyond what can be described by words alone. Unconscious conflicts and preoccupations, that might otherwise be hidden, emerge through such imagery. Using art materials in this modality is also exciting, empowering and deeply satisfying.

Music therapy recognises that the ability to appreciate and respond to music is an inborn quality in human beings. It focuses the creative involvement with music, and its elements (pitch, rhythm, timbre, etc.), to facilitate change in an emotional, intellectual or physical, capacity.

At Present Dramatherapy, Art Therapy and Music Therapy are practised in medical and educational settings, in psychotherapy and counselling services. Currently, our members are employed in the Health Services, in clinics and in hospitals, in education of children with special needs, in residential homes and in private practice.

DRAMATHERAPY

HISTORY

Before the westernisation of people or the introduction of formalised religion, the tribes of the world dealt with problems through the performance and manifestation of ritual ceremony and dance. The therapist or healer in the community was the shaman, who it is believed, gained his insight through an experience of personal self-enlightenment. The study of tribal rituals reinforces the significance of symbolism and the Dramatic act. It also implies an understanding of human processes by the shaman/therapist who through the use of Dramatic performance, insures the well-being of the tribe and individuals within it.

Dramatherapy in modern Western society began in Europe in the 19th century. Its development has been influenced by theatre, psychoanalytic theory, anthropology and theories of child development. At that time, numerous Articles referred to the healing function of catharsis, whilst in Germany and France, theatres were built in psychiatric hospitals for the express purpose of treating patients. The British association for Dramatherapists was formed in 1976, and provided a professional base for those who had been using Drama in therapy and education since the early 60's. Two such pioneers were, Sue Jennings and Gordon Wiseman, who started the Remedial Drama Group in 1962 to use educational Drama techniques in clinical settings.

TRAINING

A Dramatherapy course began in 1977 in the Herfordshire College of Art and Design, in 1978 at the College of Report and York St John and in 1980 South Seven Technical College established its own Dramatherapy training programme. In 1988 the Institute of Dramatherapy was founded, operating from its own theatre premises in London. In 1989 Dramatherapists were given a position on the Whitley Council, joining Art and music therapists as a recognised professional body.

APPLICATION

The specific methods used within the Dramatherapy session will depend on the needs and abilities of the client or group. Due to the nature of drama, much of Dramatherapy is practised in group settings as will be evidenced in the description of its basic tenets below:

Dramatherapy has its roots in the psycho-analytic school and its concepts of group therapy. The utilisation of symbolism and the idea of working through metaphor owes much to the theories of Jung. While the use of "Representation" techniques with a group setting is linked to the "here and now" and not "why" concepts of Gestalt therapy. Drama as a creative therapy builds on the individual's inherent capacity to be creative. It acknowledges the need to be creative, which in turn facilitates creative growth.

- (1) In order to dissipate the often present initial anxieties regarding creativity and using imagination, work often has to begin with the building up of and reinforcing of strengths, aiming toward the point where fantasy and imagination can begin. This world of imagination is the world that child enters quite naturally, the world of non-real, the "as if".
- (2) Through symbolic play, like the child, the client masters complex life situations by reducing them within the play situation to the size that she/he can manage. They can then explore and own aspects of this world and the world around them in a non-threatening environment erected by the metaphors and symbolism of a personal play world. Thus, gradually committing themselves to participation in the life and journey of the group.
- (3) The client within the Dramatherapy session is seen both as creator and explorer. The focus is on the therapeutic experience of the Drama rather than an analysis or interpretation.
- (4) Dramatherapy has, as its main focus, the internal use of healing aspects of drama and theatre as the therapeutic process. It is a method of working and playing that uses action methods to facilitate creativity, imagination, learning, insight and growth.

In summary, the therapist must first provide a safe therapeutic space in which group members can create and explore new possibilities. The therapist may then try out a variety of games, exercises and discussion in order to diagnose individual difficulties and needs whilst also assessing the groups preferred ways of working. Gradually as a level of safety increases, people may begin to take risks and experiment, allowing the individuals opportunity to develop a sense of their own identity through a process of empowerment, whilst also developing an awareness of others and their relationship to them.

The Function and Practice of Dramatherapy:

Dramatherapists work in a variety of settings such as those listed below. In these settings the specific methods used will encompass those described earlier, but change and adapt depending on the particular context.

• Mental health • Education • Prison and probation • Child care • Training Centres • Private practice

ART THERAPY

HISTORY

The therapeutic value of Art has long been acknowledged in history. Many cultures have been aware of the healing virtues of art activities, whether these were individual/group or cultural expressions. Visions and dreams, masks, and symbols, art objects endowed with mystical powers were all part of the shaman or healers tools. In every culture decoration, jewellery and paints all played their part in celebrations and life cycle rituals. In these contexts people have always been familiar with the power of creative expression. However, it was not until the turn of the century that a rich melting pot of influences came together, and Art Therapy emerged as a way of focusing this power in modern psychological healing methods.

Art Therapy developed as a profession in the post-war era in Britain and the US. At that time, the many modern Art movements; expressionism, surrealism and symbolism were concerned with the subjective, rather than objective, experience. The burgeoning psychoanalytic movement was generating new insights into human motivation and behaviour, and new models of the psyche. In addition, there was an interest in the art work of the mentally ill (Prinzhorn 1922), simultaneously the development of child-centred approaches in education asserted the importance of each individual's unique potential and creativity. These approaches greatly influenced the practice of art educators e.g. Herbert Read, Viktor Lowenfeld.

Many of the pioneers of Art Therapy came from the field of art education such as *Adrian Hill* and *Edith Kramer*. Others, such as *Margaret Naumburg* and *Elinor Ulman* came from the psychoanalytic tradition and were influenced by the theories of Jung, Freud, Klein and Winnicott. These early pioneers worked in sanatoriums, hospitals and schools starting in the late 1930's (some continue to work or teach today.) They recorded their work and began to develop a language and literature of Art Therapy. Many of these pioneers became involved in the establishment of training courses of a standard that led to professional recognition with accompanying career structures and pay scales, granted by the NHS and DSS in the U.K. and similar status in the United States.

TRAINING

Training in Art Therapy is at a post-graduate level. Potential students must have various prerequisites in Art and some undergraduate psychology, as well as related experience. In some countries courses lead to a Post Graduate Diploma (such as the U.K.) while in others to an M.A. or M.Sc. (U.S.A.). In all cases it involves: theoretical studies in Art Therapy, psychotherapy, and psychology, as well as other related areas. There also a large component of on-going supervised clinical experience/internship and most require students to experience personal therapy.

The development of training abroad has broadened areas of professional practice. Art Therapy is now integral to programmes in all areas of health and mental health services, social services, and education, as well as being available through private practice.

APPLICATION

Art Therapy differs from other therapies in that it employs various art media; paint, clay, collage, etc., to facilitate the clients' expression and conceptualisation of areas of their experience beyond the reach of words alone. As only the client creates the art expressions with the materials, the interpretation and understanding of them is guided by the client, not imposed by the therapist. The process of Art Therapy develops within a triangular relationship between therapist, patient and the image produced in the session. Containment within the therapeutic alliance enables anxiety to be held, providing a suitable environment for the safe expression of feelings through the art work.

The use of Art Therapy will vary depending on the client group, but the central tenets are described as follows:

- (1) The creation of a safe, containing and non-judgmental environment by the therapist which will allow the client to explore, through various media, those parts of the self which require recognition and integration.
- (2) Art Therapy is not Art teaching. The therapist does not seek to impart art skills, and it is not necessary for the client to be artistic in order to benefit from the process, though the development of artistic ability can of itself be therapeutic.
- (3) The use of creativity, metaphor and play in Art Therapy can provide a means for clients to explore difficult issues which they may not have verbalised before, even to themselves. This can be a powerfully integrative process.
- (4) The Art Therapy process can help change set patterns of how people respond. The person's use of their own visual imagery provides an alternative to the verbal constructs which may have reinforced destructive patterns in the past.

The Function and Practice of Art Therapy in

- Acute Psychiatry • Long Term Mental Illness • Addiction and Alcohol Counselling.
- Mental Handicap • Child / Adolescent Psychiatry, Child Guidance.

ACUTE PSYCHIATRY

Includes people experiencing a major crisis in their lives, eating disorders, depression, anxiety or "break-downs" due to bereavement, sexual abuse, etc.

In this area, Art Therapy can be practised either with groups or individuals. Group Art Therapy for people in this category is in some way similar to aspects of group psychotherapy as close attention is given to group functioning and group dynamics. However, the addition of art work to the group sessions whether it be individual or group art works allows a unique way in which to explore these and other issues. The session may be directive - that is, a theme based structure is suggested for the art work, or non-directive in which the group may be asked to paint "anything that comes to mind," the visual equivalent of free association.

Note. this Questionnaire was received late
so it couldn't be bound or
used in main body of
thesis.

Questionnaire on the Origins of Organised Art Therapy in Ireland and Present Practices

Drama

- 1 When and by whom was Art Therapy started in your place or places of work?

September 1994

Angela Bracken RSM

- 2 Who employs you and where does funding for your pay come from?

Dept. of Education - Primary Branch

- 3 Are you employed on a permanent, temporary or part-time basis?

Permanent - in concessionary post for a
disadvantaged school

- 4 Where and to what level did you receive your training?

University of Hertfordshire

Post. Graduate Dip. 1993

Advanced Training Dip. 1996

- 5 Give some details of your training. Currently pursuing a Masters by Research, Part Time

- Full time intensive training, including theory, practical skills, clinical placement & supervision

- Advanced / Part-time / intensive weekends / included weekly supervision session for 36 weeks

- 6 Who do you work alongside?

Principal & Staff of school

- 7 Who supervises your work?

A qualified Dramatherapist with group psychoanalytical training as well.

- 8 What type of clients do you work with?

- Children - Ages 5 - 12 yrs.

- Occasional 'crisis intervention' & assessment for Health Board

- 9 Who refers your clients to you?

- Principal

- Teachers

- Parents (occasionally)

- This year

2 self referrals

from children

- Some referrals / requests from social workers

10 Do you collaborate with others for case conferences? If so - with whom?

Yes - When requested.
Psychologist - / Dept.
Social Workers

11 How are your sessions structured - group or 1-to-1?

Both - depending on need.

12 Are your sessions directive or non-directive?

Both - depending on presenting problem

13 If your sessions are directive how are they structured?

Warm up Phase / Core / Closure
Perhaps working with specific issue / material etc
brought by client

14 How frequently per client do your sessions take place?

Generally - once weekly.

If crisis intervention is required, more frequently.

15 What, briefly, do you feel the benefits of Art Therapy are in your place of work?

- Emotional support for children with unmet needs
- Teacher respite
- Scope for creative expression which stimulates imagination.
- power of dramatherapy to help withdrawn children to find a
- growth in confidence & self-esteem of clients
- acknowledgment & management of endings with appropriate ritual
- power of dramatherapy influences work to help children develop & sustain supportive relationships

16 How do you feel that other professionals with whom you are associated value your work?

Because I consulted broadly before setting up programme & Teachers had a say in agreeing to a new way of working & my input is valued as both pupil & teacher support, it is highly valued & affirmed.

17 What do you do to promote your work?

- Initially, meeting for all parents interested to explain
- Through referral system all parents of children are interviewed & informed consent can be given by both parents & child.

18 Do you feel that Art Therapy will soon receive official recognition in Ireland?

Yes - it will take time and work by the Association to raise awareness (this process has begun). Also - in England there is now

19 Are you affiliated to any professional body? If so which one?

- Irish Assoc. of Drama, Art, Music & Dance Movement [Training Officer]
- British Association for Dramatherapists [Executive Member]

20 What do you feel could improve the structure of Art Therapy in Ireland?

- An established Training Course - Post Grad.
- More publicity
- More awareness of effectiveness of Arts Therapies among Health & Education Professions as well as creative artists.

21 Are detailed records kept of your work?

Yes - every session is recorded

22 How do you record your work?

Special file for every client (one-on-one) and every group, confidentially stored & written records on specially devised recording sheet.

23 What medium/s have you found to be the most successful in your work?

- Therapeutic story making (multi-media potential)
- Improvisation - Role play
- clay
- 'small worlds' [Lavenfeld techniques]
- Work with objects
- Projective work (Puppets etc)
- Dressing up (body image etc)

Please return the questionnaire to:-

Aisling A Crudden
Jeninstown
Dundalk
Co Louth

Phone 042 71310

The participants might work individually and then share their work with the group, or work together on a group painting which involves exploration of such issues as personal space, negotiation of boundaries, co-operation, compromise etc. In either format the Art Therapy approach facilitates the non-verbal expression by individuals separately or together and then when some parts of that expression are put into words the art work serves as physical evidence of what has, and is, occurring at many levels.

Much of the value of this group work lies in the participants' exploring their patterns of relating to self and others through the art. The art work and discussions in a closed group experience can cause perceptions to be reassessed in a creative way and healthier forms of relating and perceiving oneself to be established. Group Art Therapy allows for simultaneous expression through the art work, which means, everyone's contribution can be seen and "heard". The time spent by the participants individually on their own art work is in part a meditative process in which they each communicate with themselves. The art work focuses thoughts and feelings in a very powerful tangible form. The therapeutic approach in this setting might be more intense and sometimes more confronting than with other groups, for instance, the long term mentally ill.

For some people, individual Art Therapy is appropriate. This gives them the opportunity to explore similar issues at greater depth on a one to one basis.

LONG TERM MENTALITY III

Includes people diagnosed as having repeated onsets of schizophrenia, manic depression etc.

The structure of group Art Therapy with people who suffer from long term mentally illness can often resemble that of an acute group. The approach however would be considerably less intense, with greater emphasis on the therapeutic value of the creative process. For people with little ego strength, or with a fragmented personality, for whom inner chaos is a reality and a sense of boundaries is diminished, art work can have a healing integrative effect. It can help reinforce one's sense of identity and self esteem as well as being a powerful vehicle for expressing one's inner life and bringing out unconscious material. The sharing of this in a group can be very validating for the participants, though sometimes the person may find that the art is sufficient in itself and not wish to share their thoughts about it. Care is taken with all participants of art therapy, but particularly with this group, so as not to be invasive, but rather to be supporting and accepting.

The Art work, be it drawing, painting or clay work, can make manifest aspects of emotional life which may have been "split off" or repressed. It is also a channel for pre or non-verbal experience.

LEARNING DIFFICULTIES/MENTAL HANDICAP

Includes people ranging from mild or moderate handicap to those with severe learning difficulties and challenging behaviour.

In all Art Therapy it is crucial that there is a sound therapeutic relationship therapist and client. This is particularly true when working with people who have learning difficulties. Art therapists have found that using a "pre-art" approach of sensory stimulation and tactile work useful for

those with severe difficulties. In addition emphasis is placed on the client making their own marks, so that the art process is an area of their lives in which they have a degree of autonomy. It is important that the marks they make are responded to and supported. In this way they are given access to a new arena in their lives in which they make their own choices what to do, and which is special to them. Their results have a lasting, noticeable, visual and obvious effect in the external world and is valued by others. This helps promote a sense of individuality and personal worth.

The above aspects are also true for people termed mild or moderately impaired. In addition group artwork can be a useful and playful way to develop social skills, through its inherent co-operative interaction. They can develop a sense of personal value and of their own creativity along side of others with the help of the art work and the therapists responses. The manipulation of the materials themselves effect physical well-being such as, improved hand-eye co-ordination and fine motor control.

CHILDREN AND ADOLESCENTS

Includes those in residential care, specialised unit and private practice.

The importance of Art Therapy with this population is particularly manifest, because it offers an alternative means of communication through the unique, but highly accessible Art. This is so vital for children and adolescents in difficulties. Children lack sophisticated speech and adolescents find the gap between themselves and most adults daunting. Art work provides an initial bridge for both. The process, as well as the product offers a language (non-verbal and symbolic) through which they can express unconscious feelings, wishes, fears and fantasies central to their inner experience. This population use this language in a powerful and direct manner. The experience of art therapists working with children who have been abused, for example, is that they can express "making a mess," and the feelings that surround that, rather than drawing or talking about who did what to whom, on a particular occasion.

The art therapist is trained to pick up communications of great sensitivity through the process of image making, and to work with them in a way that is appropriate to the needs of the child or adolescent.

One of the unique aspect of Art Therapy is that there is a product, solid and tangible which can be kept. Children value these art objects greatly, as they tend to hold real significance for the child. They are a concrete statement of their inner world.

Art Therapy can be used within a range of emotional/behavioural disturbance in children and adolescents ranging from those experiencing a period of temporary distress to those whose difficulties are more deep-seated and long term. It is very accessible for children whose imagination and sense of play is strong. The role of Art is valuable, both for children who cannot articulate many of their own feelings, and for those who need to safety of the medium before being able to express themselves more fully and directly.

MUSIC THERAPY

INTRODUCTION

Music has been employed throughout the ages as a complement to healing. From early times, the use of music and its elements of *Rhythm*, *Pitch*, *Dynamic*, *Texture*, and *Melody* have frequently accompanied healing rituals for both physical and emotional compromise. It has had association with celebratory release as well as garnering fighting spirit and aggression at times of battle and war. Bereavement, and its rituals, have often featured the personal catharsis of vocal intonation such as 'wailing' or 'crying' to assist the painful process. Anthems have been employed as emblems of community or national group identity, and most cultures through time have had a specific expressive musical tradition which has captured something of the personality of the community. These physical, emotional, cathartic, expressive, and personality qualities of musical sound, have played an important role in peoples lives throughout time.

HISTORY OF MUSIC THERAPY

The late 1800's saw the introduction of music into London Hospitals to calm and entertain patients, although it was not until the 1940's that music was specifically employed as a therapeutic intervention. Second World War casualties, returning to America, were offered a music input to their rehabilitation which proved beneficial.

The simultaneous growth of psychotherapy (beginning with Freud's psychoanalysis) reflected a shift, in focus, from community to the individual. Western music structures were changing to mirror the rise of individual expression and began to incorporate other cultural influences e.g. Eastern. The need to systemise the use of music as a therapy led to the first Music Therapy training.

TRAINING

Qualifying training for Music Therapy registration is at post graduate level. It is monitored and validated by Universities and other recognised 3rd level institutions which award Dip M.Th. or M.A. in Music Therapy. Courses cover psychology, psychotherapy, and psychiatry as a theoretical base for Music Therapy theory. There is an emphasis on personal therapy and supervised clinical placement. The training offers the personal, theoretical and practical as an integrated experience allied to assessment, research and report techniques.

APPLICATION

Music Therapy offers a secure creative space for exploration, expression and development when verbal communication is inadequate or unavailable. This shared-music environment allows a therapeutic relationship to develop. The client is encouraged to explore possibilities in sound with a range of musical instruments. The therapist observes, listens and acknowledges, supporting and developing the music created by the client. This creative interaction through sound is employed as a basis for communication. This involves the therapist being involved in the sound making and silences.

Music Therapy may be offered to people of all ages who have physical, learning, social, or emotional difficulties, on an individual or group basis. Its practice varies with client group but its main features are outlined below.

- (1) It is provided in a supportive and encouraging manner, and is not coercive or judgmental. The client is empowered to exercise choice of expression and engagement in a safe environment.
- (2) Music Therapy is not music teaching but involves interactive improvisation as a means of enabling the client.
- (3) The process of the music making is important not the musical product. The focus is to develop the clients own creative potential which also enhances a sense of independence and self-esteem.
- (4) The music therapist may liaise with a multidisciplinary team, care staff or parents.

The Function and Practice of Music Therapy in

- Acute Psychiatry /Long Term Mental Illness • Mental Handicap/Learning Disability
- Social Disadvantage • Physical Rehabilitation • Personal Development

*Features highlighted in each category are present, at some level, in all Music therapy exchanges.

ACUTE PSYCHIATRY/LONG TERM MENTAL ILLNESS

Includes people with neurotic or psychotic diagnoses, such as depression, schizophrenia, as well as covering addictions, abuse and the elderly mentally ill.

Music Therapy can offer access to difficult emotional material and allow it to be processed and reorganised. A client or group can negotiate difficult issues through the medium of improvised music, with support from the therapist. This experience may be discussed verbally or 'left in the music' so that the client/group 'owns' the creative situation. The therapist provides a safe, contained non-judgmental, non-directive environment and may reflect issues arising for the clients consideration either musically or verbally. The therapist acknowledges supports and contains the client/group exploration and may instigate musical contact when appropriate.

MENTAL HANDICAP/LEARNING DISABILITY

Includes people with learning disabilities and termed mild/moderate or severely handicapped.

Music Therapy can engage all clients at every sensory and cognitive level. Music is a particularly varied language. It consists of many parts such as: the vibrational and textural qualities of the sounds, the tactile proprioceptive variety of the musical instruments and the temporal exchange of sounds in the shared space. These all provide a richness of possibility for the learning disabled.

As with all Music Therapy contact, silence is as important as sound. The presence silence, as well as sound is significant in terms of negotiation, processing and resolution of individual issues. The

work can focus on specific cognitive issues such as communication, attention span, self awareness but also allows emotional expression which may have no other meaningful outlet for the learning disabled.

SOCIAL DISADVANTAGE

Includes individuals or groups in difficult inner city situations accessed via schools, special units for homeless or unemployed and community programmes.

Here, Music therapy promotes self expression through constructive interaction and affords self empowerment to promote a sense of balance and personal direction. One of the benefits of Music therapy in this area, is its usefulness in addressing marginalisation, repeated failure, and self esteem issues employing a creative, client centred, approach.

PHYSICAL REHABILITATION

Includes those with cerebral palsy, neurological conditions, stroke, Parkinson's disease and traumatic injury.

Using the precisely focused elements of rhythm, dynamic and texture of musical sounds, Music Therapy can assist the development or rehabilitation of physical co-ordination, strength, global body awareness and neurological integration. It can offer potential for both physical rehabilitation and emotional expression in this area of work.

PERSONAL DEVELOPMENT

Music Therapy is available for anyone. It is used in stress clinics for overworked business people, staff groups in a variety of health and education settings, and all areas of personal growth.

It can provide a creative medium for self exploration and clarification of personal issues. As the music involves playing the instruments in a freely creative way, it offers a creative, child-like experience to enhance self awareness through discovery.

Note:

The above sections have described each therapy and covered some of the areas in which the **Arts Therapies** are practised. However, it is not anticipated to be exhaustive in showing all the areas of their application. Refer to appendices for a list of Irish Arts Therapists and a section outlining some their areas of work, as well as, a selection of routes individuals took to becoming Arts Therapists.

CURRENT PROFESSIONAL MEMBERSHIP

Community
Fruities

Dramatherapists and Drama and Movement Therapists

043 452 55
Sr. Angela Bracken DT Longford
Ms. Anne Cole DT Dublin
Ms. Martina Dunne DT Dublin
Ms. Angela Knight DMT Fermanagh, N.I.
Ms. Janet O'Hagan DT Belfast
Ms. Christine Simpson DMT Dublin
Ms. Katie Woolett DT Dublin
Mr. Damien McCormack DT Dublin

Art Therapists

04 04
Ms. Suzie Cahn. AT Wicklow
Ms. Maeve Dunne AT Dublin 8901212
Ms. Deidre Horgan AT Dublin
Ms. Alice MacLaughlin AT Down, N.I.
Ms. Bernadette McLeavey AT Dublin
Ms. Mary McMahon AT Dublin 8740097
Ms. Lisa Moran AT Dublin 8685171
Ms. Máire Muldowney AT Dublin
Ms. Michelle O'Brien AT London
R. O'Siochan AT Dublin
Liam Plant AT Dublin
Ms. Pamela Whittaker AT Dublin
Ms. Marja Wilmer AT Dublin
Ms. Diane Da Cruz AT Dublin
Ms. Lesley Wiggins AT Dublin

Dense Burke

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Music Therapists

Mr. John Clark Kilkenny
Mr. Jim Cosgrove Dublin
Ms. Ruth Walsh Dublin

new Cathryn Phillips - John O'Grady

697136

SELECTION OF THERAPIST RESUMES

Drama Therapists - Dance/Movement Therapists

Martina Dunne, Dublin

Martina has a background in Psychiatric Nursing and Obtained her Dramatherapy qualification in 1991 at the University of Hertfordshire. She is currently employed as a Dramatherapist in acute psychiatric and adolescent services in Dublin. She also undertakes freelance work and was a tutor on the Horizon Project, Arts and Self Advocacy.

Angela Bracken, Dublin

Angela's background is in Primary Education. She attended the diploma course in Theatre Studies at Maynooth, 1991-92. During 1992-93 she trained as a Dramatherapist at St. Albans, Hertfordshire and worked there for a year before returning to take up a special post in St. Joseph's Primary School, Longford. In this pioneering venture her role is defined as both creative art resourcist/dramatherapist. Angela is also currently completing the Advanced Training Diploma in Dramatherapy a part-time course at Hertfordshire.

Katie Woollett, Dublin

Katie has a background in Occupational Therapy and has been working in psychiatric services in Dublin for seventeen years. She obtained her post-graduate diploma in Dramatherapy from the University of Hertfordshire in 1986. Katie is currently employed in a community psychiatric day hospital in Dublin and is involved with some teaching and supervision work. She was a tutor on the Horizon Project, Art and Self Advocacy.

Damien McCormack, Dublin

Damien trained originally as a Primary Teacher in 1972 and subsequently took further training to qualify in the Troebel method of Education. He trained at the Guildhall School of Music and Drama, London, and also as a teacher of Co Counselling. Damien then qualified in Dramatherapy at St Albans, Hertfordshire. He continues to work as a teacher, and facilitates a self-esteem program, as well as, running some workshops for teachers. He also runs groups in the school for children with social/emotional needs with input from the school psychological services.

Janet O'Hagan, Belfast

Janet has been working with groups in the community since 1980. From 1987 she has applied her cumulative professional training including BSc. (Youth and Community) and Dramatherapy qualification, to a wider range of groups. These include: staff training in a variety of settings throughout Ireland North and South. Since 1990 she has been responsible for Personal Development through Drama', a course for young adults with special needs at the Belfast Institute. In 1994 she occupied the first Dramatherapy post in Northern Ireland at Holywell Psychiatric Hospital. Janet has also conducted courses at Queens University and is a recognised supervisor.

Art Therapists

Deidre Horgan, Dublin

Deidre has a BSc. from Trinity College, Dublin where she co-ordinated several community arts projects. She gained her art therapy qualification from Goldsmiths College, University of London. She currently works in a variety of psychiatric settings with adults and children, including the Mater Child and Family Centre and St. Camillus' unit, Elm Park, as well as, Our Ladies Hospice, Harolds Cross. She has a small private practice. Deidre has been a guest lecturer at Trinity College, Dublin and the DTI. She is a tutor on the Art Therapy Foundation Courses and Summer Schools at Crawford College, Cork. Deidre is currently a Training Officer on The Association's Executive Committee.

Liam Plant, Dublin

Liam trained as an artist in the mid-seventies. He was co-founder of the community arts action team in 1982. He trained as an art therapist at St. Albans, Hertfordshire, in 1984. He has been working as an art therapist in Dublin since 1985. He works mainly in psychiatry but has experience in the fields of learning disability and physical disability. He is a tutor on the Art Therapy Foundation Courses and Summer Schools at Crawford College, Cork and runs numerous art therapy workshops.

4785022

Maeve Dunne, Dublin

Maeve studied at the National College of Art and Design in Art Education and Textile Sculpture graduating with a first class honours degree in 1988. She subsequently received a Masters degree in Art Therapy and Special Education in New York, 1992. She currently works full-time with young offenders in residential placement in Dublin. She also sees clients in Private Practice and conducts experiential and training workshops.

4 Glen Ellen Close
Sawards

8901212

Rugby Ground Side

Suzie Cahn, Wicklow

Starting out with a undergraduate degree in fine arts, sculpture and volunteer counselling with the Limerick Rape Crisis Centre, Suzie went on to qualify as an art therapist in the College of New Rochelle, New York in 1991. She holds a Master of Science Degree in Art Therapy. Most of her early work as an art therapist was with emotionally disturbed adolescents and children. She now works with adult survivors of sexual abuse and rape as an art therapist at the Dublin Rape Crisis Centre. Suzie has hosted many workshops in Art Therapy for health care workers, both here and abroad. She is a tutor on the Art Therapy Foundation Courses and Summer Schools at Crawford College, Cork, and is a guest lecturer at Trinity College, Dublin and on the Dublin Rape Crisis Centre's on-going training programs. She has completed advanced training, such as, the association's Meithal and supervision workshops. Suzie was The Association's first Chairperson.

36 Wallace Hill Rd

Downpatrick

9-37

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Alice MacLaughlin, Co. Down

Alice trained as an Arts and Crafts teacher at Stranmillis College, Belfast, 1961-65. She gained her experience in Art Therapy through a long apprenticeship with Rita Simon who pioneered Art Therapy in Northern Ireland. Alice is a founder member of NIGAT and held the chair from 1984-93. She has also trained as a psychotherapist at Queens University, 1991-94. She currently works in a variety of psychiatric and geriatric settings; Downshire Hospital, Ravenhill Adult Centre,

Symbol of style Donpatric

1991 Symbolic images in Art
work Artset (RouHebae Dublin 101)

Newtownards General Hospital and Lagan Valley Hospital throughout the North. Alice has lectured at Queens University and the University of Ulster, and has been involved in staff training for various Health Boards and Voluntary Agencies.

Diane Da Cruz, Dublin

Diane is a member of the Holy Faith Congregation. Her background is in primary and secondary education both in Ireland and overseas. She qualified in Art Therapy in St. Albans, Hertfordshire. She currently practices in North Dublin.

Bernadette McLeavey, Dublin

2822995

Bernadette studied at the National College of Art in the late sixties as an art teacher. She received a Masters in Art Therapy from George Washington University in 1983. She has worked as an Art Therapist in private practice, hospitals and in a seminary and is currently in private practice in Ballybrack, Dublin. In addition to the Association Bernadette is a member of the Irish Association for Counselling and Therapy and the Irish Association for Humanistic and Integrative Psychotherapy. She is also a member of the Water Colour Society of Ireland and exhibited in Dublin.

Mary McMahon, Dublin

8740997

Mary comes from a background in Primary Education. She trained as an Art Therapist in Goldsmiths College, London, 1989. She worked in London for a number of years as an Art Therapist in special education, and completed the first year of the advanced training diploma in Art Therapy at St. Albans. Since returning to Ireland she has worked in special school, community projects, and private practice, where she has dealt with children and adolescents with a wide variety of special needs. Mary is currently the Association Secretary and serves on its Executive Committee.

3 Oxford terrace
east wall
Dublin 3.

Michelle O' Brien, London

Michelle completed a one year certificate in Crawford College of Art and Design, Cork, 1985-86. She went on to obtain a degree in fine art from the National College of Art and Design, Dublin, 1990. Following graduation she became involved in community arts work and gained experience providing workshops in long term psychiatric hospitals. She trained as an Art Therapist at St. Albans 1992-93 and is currently working in a mental health day centre in North London.

Angela Knight, Co. Fermanagh

Angela graduated from Queens University, Belfast in 1974 with a degree in French and Italian which she followed with a post-graduate Diploma in Education. After teaching for eight years she was member of an International Community which focused on people who found themselves "on the edge" of society, through disability, race, or lack of money or resources. She then trained as a Dance/Movement Therapist at St Albans, Hertfordshire, in 1994. Since qualifying she has worked with community development groups, adults with learning and physical disabilities, and the elderly. The work has been in day-centres in the Fermanagh/Tyrone area, as well as, on a sessional basis for the WHSSB. She is currently starting a pilot project for a group of long term psychiatric patients.

01 365820153

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36 Wallace Hill Rd
Downpatrick
BT30 9510

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→ single numbers

Lisa Moran, Dublin

Lisa began her art training at the National College of Art and Design, Dublin, and went on to study fine art at the Cooper Union School of Art, New York. She began her art therapy training at the Vancouver Art Therapy Institute, Canada, and completed her post-graduate diploma at St. Albans, Hertfordshire. Currently she works as an art therapist in psychiatry in Dublin. She is the Treasurer of The Association and serves on its Executive Committee.

8685171 merion

Marja Wilmer, Dublin.

Mon 24 October

4 merlyn park
Balsbridge

Marja trained as an Occupational Therapist at the Dorset House School of Occupational Therapy, Oxford (1974). She is a member of the BAOT. She did her Art therapy training at Hertfordshire College of Art and Design in 1975. She has also done an introductory general course in groupwork (1980-1) at the Institute of Group Analysis, London. She worked as Head O.T. in the psychiatric unit of the Westminster Hospital (1976-84) including work in acute psychiatry, day hospital and children's day hospital. She used Art therapy extensively in this context. Since she came to Ireland Marja has been active as a founder member of IADAMT, serving as both secretary ('92-93) and treasurer (93-94), as well as raising her two children.

ps Jerry Geoghegan

4962097

tuesday - Burke coll
40 Clontarf
Westminster St
Bulling

Chair person now
in school
North side partnership

Research
& resource
centre

Catrin Phillips
School + Theatre

6262519

Trinity College
Teacher / Army

~~monday 24~~

Patricia Wurl
Artist in residence
St Brigid's

Bernabele -

Music Therapists

why Jim Cosgrove, Dublin

Jim has a BA in Music from University College Dublin and a post-graduate diploma in Music Therapy from York University via the Guildhall School of Music and Drama, Barbican, London. He was employed as a Senior 1 Music Therapist by the Parkside Health Trust in Community Mental Health Units in West London. In Dublin he has worked in mental health, learning disability and inner city projects. Jim has given workshops throughout Ireland. He is now Senior Music Therapist in Cheeverstown, Dublin. Jim is The Association's current Chairperson.

Ruth Walsh, Dublin

Ruth graduated with a joint honours degree in music and psychology from the University of Surrey in 1992. She went on to qualify as a Music Therapist at the Roehampton Institute, London. She returned to work in both Dublin and Belfast in 1993. She now works at the Music Therapy Unit in Our Lady's Hospital, Dublin and privately for St. Michael's House, Dublin. She also works in St. John of God's, Dundalk. Ruth has run numerous workshops on Music Therapy and disability all over Ireland, and is involved in community arts with the disabled, such as, a group who performed as part of a percussion festival at the City Arts Centre, Dublin in 1994.

John Clark, Co Kilkenny

John began volunteer work for a Camphill Village in Newton Dee, Aderdeen in 1970-71, where he completed a one year introductory course in Social Therapy. He then began a three year course in Curative Education at the following Camphill Schools: Thornbury, Bristol, 1971-72, Beaver Run, Penn, U.S.A., 1972-73, and Aberdeen, Scotland, 1974-75. In Between these years he had taught remedial education for one year at La Escuela Waldorf (Waldorf School), Mexico City in 1973-74. John then went on to train as a Music Therapist under the guidance of Ms U. Schroder and Mr. C.A. Linenberg, (Music Therapists) from 1975-1980, Camphill Schools, Aberdeen. Since 1980 he has worked independently as a Music Therapist and co-founded the Camphill Community in Ballytobin, Co Kilkenny where he continues to reside and work.

CODE OF ETHICS

A therapist shall always act in the best interests of the client. This should include:-

- Respecting the confidentiality of the client.
- Ensuring privacy of the client in therapy and as far as possible, in matters relating to it, such as record keeping.
- Maintaining communication with relevant professionals and advising them of the nature and progress of treatment, where appropriate.
- Seeking advice, as necessary, from other appropriate professionals.
- Respecting the client's values and supporting the client's right to self determination.

A Therapist shall ensure that a satisfactory standard of professional competence is maintained. This will involve responsibility for:-

- Restricting his/her practice to within the limits of his/her training and competence.
- Undertaking, when possible, to attend conferences, lectures, etc. offered by appropriate organisations, in order to extend his/her range of skills and knowledge.

A Therapist shall conduct his/her professional affairs in a satisfactory manner. This will include:

- Maintaining an appropriate level of inter-colleague relationship with the Association.
- Refraining from working in a therapeutic session while under the influence of alcohol or drugs, except in the case of drugs prescribed by a medical practitioner.
- Refraining from working in therapeutic session unless mentally and physically fit to do so.
- Refraining from delegating duties to unregistered persons, except in the case of students, in which case, full responsibility must be assumed by the therapist for that delegation.
- Refraining from committing any criminal act in the practice of his or her work.
- Providing suitable premises and conditions for the treatment of clients.
- Ensuring that clients insured against all risks while engaged in therapy.
- Ensuring safety of equipment for both client and therapist.

BOOK LISTS

Dramatherapy

Storymaking in Education and Therapy, Alide Gersie & Nancy King, Jessie Kingsley: 1990.
Dramatherapy: Theory and Practice for Teachers and Clinicians, Ed. Sue Jennings, Croon Heln: 1987.
Dramatherapy with Families, Groups and Individuals, Ed. Sue Jennings, Jessica Kingsley: 1990.
Dramatherapy and Psychiatry, Dorothy Langley with Gordon Langley, Groom Heln: 1983.
Dramatherapy Concepts and Practice, Robert Landy, Charles C. Thomas, Illinois: 1986.

Art Therapy

Art Therapy Viewpoints, Ed Elinor Ullman and Claire A Levy, Schocken Books, NY: 1980.
Group Interactive Art Therapy, Diane Waller, Routledge, London: 1993.
Art as Therapy with Children, Edith Kramer, Schocken Books, NY: 1971.
On Art and Therapy, Martina Thompson, Virago Press, London: 1989.
Introduction to Art Therapy, Margaret Naumberg,
Teachers College Press, NY and London: 1950 and 1973.

Music Therapy

Music Therapy: An Art Beyond Words, L Bunt, Routledge: 1994.
Music Therapy in Health & Education, T Wigram, Jessica Kingsley Publications: 1993.
Music and People with Developmental Disabilities, F W Schalkwijk, Jessica Kingsley Publications.
Making Music with the Young Child with Special Needs, E Streeter, Jessica Kingsley Publications.
Music Therapy, J Alvin, Hutchinson: 1975 (revised 1983).

Information on Training Addresses and Affiliated Organisations

The following organisations can supply information on recognised training and Journals of Arts Therapies

British Association of Drama Therapists
30C Bank St.
Kinkardine, Fife, SK10 4RY

British Association of Art Therapists (BAAT)
11a Richmond Rd,
Brighton, Sussex, BN2 3RL

American Art Therapy Association, Inc. (AATA)
1202 Allanson Rd,
Mundelein, Illinois 60060 U.S.A.

British Society for Music Therapy (BSMT)
25 Rosslyn Ave,
East Barnet, Herts., EN4 8DH

Association of Professional Music Therapists (APMT)
38 Pierce Lane,
Fulbourn, Cambs., CB1 5DL

American Association for Music Therapy
P.O. Box 27177
Philadelphia, PA 19118 U.S.A.

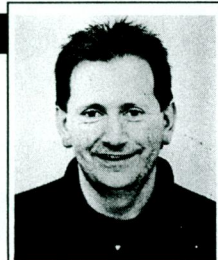
We are affiliated to:

NIGAT Northern Ireland Group for Arts Therapies
Honorary Secretary
216 Antrim Road, Newtownabbey, BT36 7QY

ECArTE
Coordinator
Hogeschool Nijmegen, PO Box 9029
Nijmegen, Netherlands

"We use the creative art process to facilitate personal well - being"

From the Chairperson



The Northern Ireland Group for Art as Therapy now in its 21st year has confidently kept pace in the face of changes within Arts and Disability initiatives.

As Chairperson I have come to the post at a time when exciting developments have been established and will hopefully form the foundation for further growth and innovation.

In development we have seen the establishment of Art Therapy services in the North-West of the province with Make Your Mark - NIGAT which has been co-ordinated by Mary De Courcy McDonnell. The Londonderry Initiative has received substantial funding and Mary's work is a model for endeavour and vision to pursue a community based Art Therapy service for children.

In Musgrave Park Hospital, B.B.C. Children In Need has given a £10,000 grant towards the establishment of a part-time Art Therapist post in the children's Paediatric, Orthopedic and Rheumatology Ward. Following the success of the Art Therapy post within the Cystic Fibrosis Unit, Royal Hospitals which was also supported by B.B.C. Children In Need, we are hoping to announce an appointment for the post before the New Year.

The continuing success of the three day meetings a year provides the core of NIGAT'S commitment to provide a unique format for individual and shared creativity together with informative guest speakers.

The Annual Summer School in August, which takes place at the Ulster University Campus in York Street, maintains NIGAT'S profile in education with first class organisation in delivering a variety of lectures and experiential workshop experiences. NIGAT is indebted to both Eileen McCourt and Alice MacLaughlin for their commitment and organisational skills in the smooth running for what is now an established highlight within the NIGAT year.

NIGAT has been fortunate to have a committed core of members who have given excessively of their time stretching over 20 years. As we move towards a new millennium NIGAT is keen to encourage members old and new to both share the workload and initiate fresh ideas. It is important we build on our success by keeping and working together to ensure that NIGAT maintains its valued contribution in both the statutory and voluntary sectors.

DUNCAN WALLACE CHAIRPERSON

Secretary's Report for 1997

Throughout 1997 it was encouraging to note that the interest in art as therapy continued to increase. Numerous contacts were made by people from diverse therapeutic, helping, creative and developmental contexts who were enquiring in both professional and personal capacities. NIGAT continued to provide a valuable focus for individuals and agencies wishing to develop knowledge and skills in this area, or avail of an Art Therapy service.

The February 1997 Day Meeting marked the last time we were able to use the Bayview Day Centre, Groomsport Road, Bangor, and we extend sincere thanks to the Eastern Health & Social Services Board for making this venue available to NIGAT for many years. Our thanks also go to Margaret Dunlop, Day Centre Manager, and to the North West Social Services Trust for making the Ballyowen Day Centre available to NIGAT as a new venue and this is where the June and October 1997 Day Meetings were held. These Day Meetings enable both members and non-members to engage in the creative process and to extend theoretical insight through case studies and presentations. They also act as an important forum for sharing views and exploring issues relating to the therapeutic arts and personal development.

The Fifth Art Therapy Summer School was held by NIGAT, in conjunction with the University of Ulster, in August 1997 and again proved an invaluable opportunity to experience the integration of practical and theoretical learning over a sustained period of time. Significant progress was made this year as 1997 marked the first year that attendees could achieve formal accreditation for the Summer School.

NIGAT continued to maintain links with Drama Therapy, Music Therapy and Dance & Movement Therapy practitioners in Northern Ireland and the Republic of Ireland. NIGAT membership currently stands at approximately 80 and includes people from diverse contexts and backgrounds interested in the use of the creative and therapeutic processes, as well as those working or involved in the Art, Drama and Music Therapy professions. NIGAT continued to maintain contact with overseas Art Therapy organisations and individuals via the Internet and E-mail and our On-line page has attracted many enquiries from abroad.

The NIGAT Committee seeks to develop the Group's work & aims, and important links are maintained by Committee Members between Art Therapy and the art and caring professions through their presence on other committees - the British Association of Art Therapists Sub-group for Arts Therapies in Prisons (Eng.), ArtsCare, Musgrave Park Hospital, and the Arts Environment Project, Royal Hospitals. The Group intends to maintain and develop possibilities for Art Therapy training. It is hoped that establishing Summer School accreditation will assist NIGAT in working towards the creation of a Post-graduate Art Therapy course. In 1998 NIGAT plans to continue to promote the use of art as therapy in the community and in institutions, and to work towards increasing the number of Art Therapy posts in Northern Ireland.

CARYL SIBBETT SECRETARY

The Financial Account is detailed up to 31st October 1997. The current financial position is made up of grant credit of £4857.56 and general credit of £1400.54.

The Financial Account is detailed up to 31st October 1997. The current financial position is made up of grant credit of £4857.56 and general credit of £1400.54.

The Grants income has risen considerably due to the inauguration of "Make Your Mark - NIGAT", an Art Therapy Service for children, young people and their families in the West of the Province, which is based in Londonderry. In Belfast the Creative Writing project at the Royal Hospitals and the Musgrave Children's project has also accounted for a growth in grants. The commitment of Duncan Wallace, and of Mary De Courcy McDonnell and her advisory panel have ensured these incomes.

The main source of NIGAT'S general income remains the membership fees, the day meetings and the Alexandra Rose Day Collection. Besides the costs of Newsletters etc., and of books, the main general expenditure is on administration and day meetings.

Income		Expenditure	
Credit Balance in Ulster Bank	1565.59	Make Your Mark - NIGAT Londonderry (from Regeneration fund)	37500.00
Derry Regeneration Initiative Funding to Make Your Mark - NIGAT Londonderry	37500.00	Make Your Mark - NIGAT Londonderry (from Children In Need)	500.00
Children In Need to Make Your Mark Londonderry	500.00	Cherry Tree House Children In Need	1306.44
Children In Need to Musgrave Project	3264.00	Creative Writing Project from Arts Council	100.00
Children In Need to Cherry Tree House	2000.00		
Arts Council to Creative Writing Project	1000.00		
Membership Fees	1013.00	Newsletters, Leaflets, Annual Report	576.00
Day Meetings	373.16	Postage, Phone etc.	307.93
Alexandra Rose Day	344.88	Day Meetings	247.83
Summer School '97	312.11	Books - Rita Simon	410.73
Rita Simon's Books	348.93	Books - other	210.17
Members Exhibition	62.50	Summer School '96	143.58
Edgecumbe Centre	45.00	Summer School '97	397.63
Donations	57.50	Members Exhibition	130.00
Bank Interest	55.63	Courses, Travel	75.64
Travel	18.01	A.G.M.	68.00
		Alexandra Rose Day	47.97
		Play Resource Workhouse '96 & '97	70.00
		N.I. Mental Health	10.00
		Disability Action	10.00
		Phoenix Clinic	17.11
		Miscellaneous	48.95
		Unpaid items & charges	24.23
Income: Grants	44264.00		
+ General	4196.31		
INCOME TOTAL	48460.31		
Current Financial Position Grants	4857.56		
+ Current Financial Position General	1400.54		
TOTAL Current Financial Position	6258.10		
		Expenditure: Grants	39406.44
		+ General	2975.77
		EXPENDITURE TOTAL	42202.21

Make Your Work - NIGAT Londonderry

Income From 1st November 1996		Expenditure	
Londonderry Regeneration Initiative Funding	37500.00	Londonderry Regeneration Initiative Funding	26977.07
Childhood Fund	6777.60	Childhood Fund	2423.55
Mercy Sisters Fund	10000.00	Mercy Sisters Fund	6.30
Children In Need	500.00	Children In Need No.4 Account	220.96
Fees for Services	690.00		
Market Yield Interest	6.44		
TOTAL INCOME	55474.04	TOTAL EXPENDITURE	29627.88

1997 Committee

President	<i>Rita Simon</i>
Chairperson	<i>Duncan Wallace</i>
Vice-Chairperson	<i>Eileen McCourt</i>
Secretary	<i>Caryl Sibbett</i>
Assistant Secretary	<i>Camilla Reynolds</i>
Treasurer	<i>Alice MacLaughlin</i>
Assistant Treasurer	<i>Colin Watson</i>
Committee Members	<i>Brenda Blaney</i> <i>Katrina Collins</i> <i>Mary De Courcy McDonnell</i> <i>Janet O'Hagan</i> <i>Joanne Robinson</i>

REGISTERED CHARITY NO. X0 - 957 / 89

For further information and membership details contact the Secretary:

Caryl Sibbett
Hon. Sec. - NIGAT
216 Antrim Road
Newtownabbey
Co. Antrim
BT36 7QY

Telephone (01232) 832871

MISSION STATEMENT: "WE USE THE CREATIVE ART PROCESS TO FACILITATE PERSONAL WELL-BEING"

"Make Your Mark - NIGAT"

Make Your Mark - NIGAT is Art Therapy for young children and their families in the west of the province. It has been set up by Mary De Courcy McDonnell after years of establishing credibility for her work in the Community in Derry. Funding has come at last from several sources, European Community, The Childhood Fund, Children In Need and the Mercy Trust. Mary received backing through her contacts and requests, to Londonderry Initiative Funding, Social Services and Education Department. She also requested and found support through Derry City Council, leaders of community groups and a local doctor who confirmed the necessity for such a service.

Funding first began last November 1996 for one full-time Art Therapist, a part-time administrator and a small capital fund for premises, which are located at 47 Carlisle Road, Derry. Extra funding has now been received for a part-time Art Therapist working 3 days per week as well as another Art Therapist for 2 sessions a week.



MAIN AREAS OF WORK ARE:-

Children and parents, individually & together; group work, training mothers in parenting skills, in service training where there are local leaders. Information and practical sessions for professionals & semi-professionals, teachers in special nursery schools, play group leaders and input to cruise bereavement service. Mary has taken on a great challenge, and succeeded in widening the awareness of the need and establishing the value of Art Therapy. NIGAT wish her every success in her excellent work.

£10,000 From Children In Need

Our Chairperson Duncan Wallace has been successful in opening a part-time Art Therapist post for sessional work in the Children's, Paediatric, Orthopaedic and Rheumatology Ward in Musgrave Park Hospital. The B.B.C. Children In Need have generously funded the post for three years, two sessions a week and including art materials. Oonagh Nelson has been appointed to take up the post before the New Year.

Summer and Autumn Day Meetings

We have made a very successful transition from Bayview Centre, Bangor, to Ballyowen Day Centre in Belfast, as the venue for NIGAT day meetings. This is due primarily to manager Margaret Dunlop, who liaised with North & West Belfast H. & S.S. Trust, and who has been of great assistance in the use of this facility.

On Saturday 7th June the theme for the morning workshop was "Gifts", presented by Camilla Reynolds, committee member and who works with people who have a disability. She illustrated this theme very aptly in different ways, focussing on our abilities rather than our disabilities. In this way we can be both givers and receivers of new values, replacing old ones, where everyone should belong and has the right to be in 'relationship'. Her use of poem and music enabled the workshop participants to move towards a creative use of the art materials.

The theme, or individual's own personal issues were consequently explored in many thoughtful, emotional and physical ways. In the small discussion groups which followed each person had the opportunity to share thoughts & feelings about their art work, and the process, if they wished.

Chris Freudenberg; one of our members from England, had come to Northern Ireland - for the first time - to speak at this meeting. Chris is an artist/craftsman and writer and has trained in Social Anthropology and Art Therapy; he has a wide knowledge of health and illness from many points of view and believes that participation in the arts has the capacity to enrich our lives. For six years he was a member of, and worked as a potter, in a London "Intentional Community of Attachment", where people with or without a disability can live together outside of professional care arrangements or family obligation. We were able to admire the paintings and ceramics made by Chris and his friends during and since this period. It became clear that the themes which he and Camilla movingly presented were indeed similar - many thanks to them both.

At the Autumn Meeting on 4th October

Moirá Doherty offered the optional theme "Beginnings" for the morning experiential art workshop. Moirá reflected on what beginnings can be about: joy, sadness, challenge, uncertainty, exploration and growth and can be a time to reflect on the future and the past. Art therapy can be a beginning experience for a client. If we begin with certainty we end with doubts or

if we begin with doubts we can end with certainty. The question was posed "Where to begin?" "To begin at the beginning and continue on until you reach the end and then stop." Moirá ended with music which provided a time for people to reflect and to make the transition into the non-verbal mode of expression.

After the workshop was finished we moved into small groups where it was clear that the theme resonated with many people in different ways. These included: the concept of source as beginning; the feeling of chaos and confusion which can be experienced; the spiral as a symbol which can be seen as beginning at the centre or at the outer edge or both; the growth which a beginning can bring.

The afternoon talk, entitled "Creative Learning at Corrymeela" was given by **Joanne Robinson**, Program Resource Co-ordinator at Corrymeela. Joanne gave a fascinating overview of the history of Corrymeela and described how groups of adults and children from diverse areas, backgrounds and religions come together to engage in creative learning. Groups are encouraged to work both indoors and outdoors. The talk was illustrated with slides of art work which individuals and groups have created. Volunteer staff come from all over the world to work at Corrymeela, thus providing a rich cultural experience.

Often groups are from different "sides", religions or political orientations and some can have been involved in paramilitary activities. We have to acknowledge the destructive and the creative potential in all of us. Joanne expressed her belief that we cannot be part of the solution unless we see that we are part of the problem. Joanne noted that the symbol of the spiral has significance for her perspective on art as therapy. It can be viewed as a spiral inwards or a spiral outwards, or rather both simultaneously. For therapeutic movement to occur there must be safety. Corrymeela is regarded as such a 'safe' place where the 'ground' is neutral and protected. The time there is 'enchanted' because it is not time by the normal standards of society, in that clients can move at their own pace and not the pace expected of them. Her talk encouraged the realisation that creative play means learning to live, and not just a mere passing of time. It illustrated clearly the value of experiential spontaneous art work in creative learning.

Thank you very much to Moirá and Joanne for their excellent presentations which resonated within the group.

Resent & past Events

Perrot, S. France, May 1997

On 3rd May four members of NIGAT - Rita Simon, President, Brenda Blaney, Mary De Courcy & Alice MacLaughlin gathered with anticipation at Gatwick Airport. They flew to Bordeaux to meet with Carol Connolly Harrell, NIGAT, and their host, Simon Brown. And so on to the depths of the beautiful Dordogne countryside - and Perrot, an amazing 18th century Perrigord Farmhouse. Charlotte Amazon & Simon (previously Art Therapists in England) turned this into a beautiful retreat for days artistic holiday and courses. They provided tutors, local history and delicious French cooking. It was an experience well recommended (despite some unreasonable inclement weather) and included a fascinating visit to the Prehistoric cave Arc Lascaux au Rouffignac. Details from the above members or 'Holidays at Perrot'. Brookhouse, Renbigh, LL16 1L. Telephone: 01745 813308.

Department of Psychotherapy, Belfast

A new 6 month project is starting for the S.E. Belfast Trust. The Studio Art Therapy Group is formed for patients already in therapy at the department, who might benefit from a different approach for a short period.

London

Rita Simon, founder of NIGAT, is hosting a group for Art Therapists who work with autistic children. She also provides supervision and art therapy support for other workers, including some N. Ireland therapists who travel there regularly to discuss their work.

April

The Irish branch of the "Association for Child Psychology & Psychiatry invited 4 members of NIGAT to facilitate a Creative Therapies Day at the Boyne Valley Hotel in Drogheda, Julie Sutton and Mary De Courcy presented theory and case work in the morning on Music Therapy and Art Therapy. In the afternoon there were 4 small concurrent group workshops in both therapies.

May

Art Therapy was represented at a meeting of the Psychiatry division of the British Psychoanalytic Association, at the Tavistock Clinic, London. Dr. S. O'Connor consultant at Downshire Hospital, Downpatrick was talking about "Psychoanalytic perspectives in the mental hospital". Alice MacLaughlin gave a poster presentation of significant paintings made by a patient illustrating his use of symbolic art as therapy. Rita Simon was of great assistance with this project.

June

NIGAT were delighted to receive a donation of £45 at Edgecumbe Day Centre. Eric, Beverly & Ann presented a cheque on behalf of all the students to Duncan Wallace, Chairman; this will provide funds for a group in need of art materials.

Lottery Cash

A New National Lottery-funded programme of grants to community art projects was announced at a major conference in September.

The programme, entitled Access to the Arts, is designed to develop the creative talents of young people and to increase participation among the wider community.

Unveiling the details, Arts Council chairman Donal Deeny said that grants of between £500 and £25,000 will be available for one-off projects, while audience development initiatives could receive up to £75,000 for a three-year period.

He was speaking at the Waterfront Hall which was packed for the inaugural meeting of the Consortium for the Arts in Northern Ireland - a group set up to foster co-operation between artists and the wider community.

A distinguished list of speakers included Ulster's own Nobel Laureate, Seamus Heaney, broadcaster and writer Melvyn Bragg, film-maker Sir David Puttnam and jazz singer and art enthusiast George Melly.

Mr Deeny, who opened the conference, emphasised the crucial role the arts played in society.

As members of the Disability Action, NIGAT were invited in June to their Head Quarters in Annadale Avenue to talk to Monica Wilson, Chief Executive. Alice MacLaughlin and Camilla Reynolds of committee found it a mutually useful meeting when we were able to re-affirm our interest and benefit from D.A. Disability awareness and rights taskforce (DART). This is a new initiative concerning the inclusion of people in, for example culture and communication in N. Ireland. We could also be part of 'Dis. Discrimination Art' monitoring - forms are available from NIGAT. DA's new Advice and Information Centre is at 174 North Street, Belfast, phone 322504.

News & Recent Events

Counselling Diploma, and Skills Certificate Courses

Caryl Sibbett has facilitated 'art as therapy' sessions combining theory and practice, in personal development modules for diploma students. In the Skills Course she promotes the value of non-verbal and symbolic modes of expression. Caryl is continuing the therapeutic art sessions at Beconsfield Marie Curie Centre and at a nursing home outside Belfast.



Art Therapy Summer School '97

NIGAT'S annual Summer School was held for the fifth time in August at the York Street Campus of the University of Ulster. This established event attracts participants from all over Ireland and sometimes beyond. Thirty five attended on this occasion, the largest number so far; twenty four persons were interested in accreditation, this being the first year that such has existed. For some the Summer School is an introduction to the theoretical and practical under-pinnings of Art Therapy. For others, it is an opportunity to extend existing skills and further their understanding of their personal creative process. For all, it is an opportunity to be immersed in spontaneous art - making for a week and to seek connections with other like-minded people.

The menu of national and international speakers allowed a glimpse of art therapy's many facets. The keynote speaker as in other years was Rita Simon, President of NIGAT, artist, art

therapist and authoress. Rita's address, fresh and stimulating, provided an outline of the art therapy movement and an overview of its origins and progress throughout the years. Illustrated by a case study of a young boy, the presentation conveyed the dignity of the individual accorded by the art therapist's approach, a trust in his personal creative endeavour and the necessity of the art therapist's quietly containing, receiving but not interfering. Rita Simon's book *The Symbolism of Style* (1991) and *Symbolic Images in Art as Therapy* (1997) are available from Waterstones or in the case of the latter, NIGAT.

Caryl Sibbett, NIGAT Secretary delivered a thoroughly researched and well-received paper 'Creative Connections in Verbal and Non-verbal Therapeutic Approaches'. Caryl's art therapeutic experience coupled with her extensive training in counselling produced ideas which held much resonance for participants.

It was with much pleasure that Pamela Whitaker was welcomed back to N. Ireland to deliver a presentation 'Art Therapy with Individuals who are H.I.V. Positive'. Pamela, art therapist from Canada who worked in Ireland for almost three years now works in Malaysia in an innovative and developing project. Her energetic style engaged participants who were asked to consider cultural differences not only of a geographical but also a personal nature.

The final presentation of the week was given by Peter Byrne, leader of the Art Therapy Diploma course at Edinburgh University. Entitled 'Art Therapy in the context of Post-Modernism,' a subject central to the development of art therapy training in the future, the paper gradually unravelled fascinating threads, culminating in participants experimental demonstration of the theme.

The quality of the panel's offerings was recognised by the audience, shown by the level of debate and discussion engendered by each presentation.

The structure which proved successful in former years was repeated with experiential workshops held in the afternoons. A variety of workshops catering for beginners in art therapy to those with more experience was offered, in NIGAT's tradition. Maire Muldowney, art therapist from Dublin conducted a successful workshop 'Introduction to Art Therapy' leading her group gently from initial exploration of media to self-directed 'play' with chosen materials. Alice MacLaughlin, art therapist and psychotherapist combined her specialism in a workshop 'Images and Words' bringing to the group an opportunity to grasp Rita Simon's theoretical formulation of the importance of 'style' in art therapy.

Art therapist Duncan Wallace's workshop 'Inner Conflict, Passivity and Aggression' attracted a group who participated individually and on a group basis, combining spontaneous and directed use of media. Interesting learning took place here arising from responses when materials are occasionally and deliberately limited.

'Transitions' was the title of the workshop offered by Eileen McCourt, art therapist whose group's work reflected individual reactions, expressed symbolically, to the many transitions arising out of the Summer School itself.

A plenary session on Friday afternoon was an opportunity for students to externalize thoughts views and ideas which had arisen during the week. It was the first occasion during any Summer School when **all** presenters and workshop leaders were able to be present and full use was made of this occasion.

An important part of the Summer School is its social life - the wine and cheese event on Thursday evenings hosted by NIGAT created the opportunity to mingle in a relaxed and informal way. Many persons chose to extend this with a shared meal afterwards.

Thanks are due to: Waterstones for providing a bookstall on two occasions. - The canteen staff for their friendly attitude and lovely food. - to Martin Sayliss and his staff at the Short Course and Professional Development Unit, Jordanstown, for their patience in carrying out the administration relating to the course.

Particular appreciation is extended to Carole Connelly - Harrell, Co-ordinator of the Summer School, whose unobtrusive attentiveness throughout the week ensured a smoothly - run event.

Eileen McCourt (Vice-Chair NIGAT)

Members News

Dublin

Vivienne Buckley, now teaching in Dublin is the link person between 'NIGAT' and the Irish Association of Drama, Art and Music Therapists. She has been instrumental in establishing sessional art therapy for some boys at the school, who have emotional and behavioural difficulties.

Malasia

Pamela Whitaker is co-ordinator of Art Therapy at the Positive Living Support Programme in Kuala Lumpur. In May as part of the Malaysian Aids Foundation "Memorial Day" observation, her group agreed to show their work in public at the successful "Art Aids" exhibition. She is presently engaged in organising a major display of arts and crafts for Kuala Lumpur National Gallery at the end of January, '98.

Are You Interested.

In joining a small support group of people who are using therapeutic art in some way at their workplace to be led by an art therapist. This could take a variety of forms:- as a discussion group to look at issues in the work and at clients art - as a time to explore personal creativity to build understanding of self and client. Meetings would be on a regular basis weekly or fortnightly for a set period possible venue Holywood Road, Belfast
Contact: A MacLaughlin 01396 828344.

Journals, Magazines etc. available

● **Scraprap** published quarterly by the Resource Workshop, Belfast - details of art materials & scrap materials available to named members of NIGAT committee. The magazine also contains articles, details of arts training courses and community events.

● **"Mental Health Matters"** 3 times a year, by NI Association of Mental Health; also the Annual Review. Judith Lee, then director of Education is a former art therapist.

● **"A Review of Policy for People with a Learning Disability"** by Mencap & DHSS, clearly illustrated with drawing and dialogue - to explain the recent DHSS Policy Review.

● **"Disability Action News"** including information and events, quarterly also - D A Corporate Strategy 1995-8 from D.A. office.

● **"Disability Rights Handbook"** 1997 - 1998.

● **"Insight"** an Irish quarterly magazine on disability issues.

● **Books** We have still some copies of Rita Simon's book "Symbolic Images in Art as Therapy". Otherwise it is available from: Waterstones & Dillons in Belfast, or by post from Pam Houssome, Routledge Publishers, FREEPOST, Andover, Hants, SP10 5BR.

Other new books from Routledge are: "Feminist Approaches to Art Therapy", ED. Susan Hogan; "Art Psychotherapy & Psychosis" ED. J. Schovemen & K. Killick.

21 YEARS OF NIGAT

A Selection of Facts and Events

October 1976 - NIGAT formed, twelve original members -
Rita Simon - Founder Member,
Dorothy McCourt - Secretary/Treasurer.

Three Day Meetings a year offered since 1977

11 Bangor Road, Holywood 1977 - 1984

Bangor Arts Club, Hamilton Road 1984 - 1985

Bayview Resource Centre, Bangor, 1985 - 1997

Ballyowen Centre, Belfast 1997 - Present

Six weekend Art Therapy Courses, Waterside House, Oxford Island, Lurgan between April 1983 and March 1993.

Rita Simon leaves N. Ireland to live in London, December 1984.

11th Triennial Congress of the International Study of Art and Psychopathology, London September 1985, contributions by Alice MacLaughlin and Duncan Wallace.

21 YEARS OF NIGAT

Four Creativity and Health 2-Day Courses, Queen's University, Belfast, Murlough House, Dundrum between April 1984 and February 1991.

Shared Creativity 2-Day Conference, NIGAT / British Society Music Therapy, Ulster University September 1988. NIGAT registered as charity in 1989. Rita Simon installed as President, Alice MacLaughlin first Chairperson.

NIGAT's 1st Members Exhibition, Ards Arts Centre, October 1992.

119 Registered Members in 1992 - The symbolism of style - Rita Simon's first book published 1992.

1st Summer School, August 1993, Ulster University.

Major Grant from B.B.C. Children in Need to fund Art Therapy Post, Cherry Tree House, Cystic Fibrosis Unit, Royal Hospitals 1993.

Eileen McCourt Chairperson 1993 - 1996

NIGAT 1998 CALENDAR

● Saturday, 7th February

Winter Day Meeting

● Saturday, 6th June

Summer Day Meeting

● Monday, 17th August - Friday, 21st August

6th Art Therapy Summer School
University of Ulster, York Street,
Belfast

● Saturday, 3rd October

Autumn Day Meeting

● Thursday, 26th November

NIGAT A.G.M.



1998 Art Therapy Exhibition

The 9th Art Therapy Exhibition will see a move to the Waterfront Hall Gallery space from June 2nd - 7th 1998. Participating units will include the Royal Hospitals, Musgrave Park Hospital, Forster Green Hospital, Phoenix Resource Centre Newtownards, Thompson House, Lisburn and the Island Resource Centre, Belfast.

There are several International Art Therapy Conferences coming this year - in Wisconsin U.S.A., in Canada, and in Canberra, Australia. Details from NIGAT Secretary.

NIGAT Winter Day Meeting, Saturday 7th February 1998, 10.00 am - 4.00 pm, venue: Ballyowen Day Centre.

Andrew Honoured for Arts Efforts

A Co. Antrim man has been awarded for creative artistic endeavour at a ceremony for cystic fibrosis sufferers at London's prestigious Dorchester Hotel.

Andrew Shields, 29, won the award for the over 16 age group and was joined by a star-studded line-up which included England soccer manager Glenn Hoddle and former Beirut hostage Terry Waite.

Cystic fibrosis is Britain's most common life-threatening disease, which affects 7,000 children and adults.

It causes a mucus which clogs the lungs, making it difficult to breathe and reducing the body's ability to digest food.

Children as young as 10 were honoured in various categories including academic achievement, service to the community, creative and artistic endeavour and sporting success.

Andrew can be attributed to the initial enquiry which set the wheels in motion, to the setting up of Jackie Crook's appointment as Art Therapist in Cherry Tree House, Royal Hospitals. NIGAT would like to congratulate Andrew who had been assisted by Duncan Wallace NIGAT chair to host an exhibition of his own work during the summer of 1994.

NIGAT CONTACT ADDRESS:
Caryl Sibbett, NIGAT Hon. Secretary
216 Antrim Road, Newtownabbey,
Co. Antrim BT36 7QY
Telephone: 01232 832871

Northern Ireland Group for Art as Therapy (NIGAT)

NIGAT- Mission Statement-We use the creative art process to facilitate personal well-being.

The Northern Ireland Group for Art as Therapy (NIGAT) was formed in 1976 to provide a unique forum for persons interested in pursuing Art Therapy as a profession or within their existing work. NIGAT became a Registered Charity in 1989. An elected Committee acts as the organising body and represents the members' interests. The working contexts of members include Art, Drama and Music Therapists; teachers; Social Workers ; Nurses ; care workers in voluntary and statutory agencies; counsellors; art students etc.. The Group also actively encourages networking with other creative therapies, such as Drama and Music therapy.

NIGAT's purpose is also to promote the use of therapeutic art for self-expression and the relief of stress for adults and children in institutions and in the community and to provide an Art Therapy service.

An important part of the work of the Group is to increase the awareness of the value of the therapeutic art approach.

Therefore, NIGAT conducts workshops, training and information courses, seminars and an annual Art Therapy Summer School in August. Our Fourth Art Therapy Summer School was held in August 1996. Some of these events are held in conjunction with Queens University Belfast and the University of Ulster. The Group also holds three Day Meetings per year which combine experiential workshops and presentations on theoretical approaches, case studies etc.. These are open to members and non-members (NIGAT publishes a Newsletter) (three times a year) and an)

Annual Report which provide a focus for information about Art Therapy and other creative therapies. The Group has close links with the Irish

Association for Drama, Art and Music Therapists (IADAMT), based in Southern Ireland.

UK and Eire membership fees (pounds Sterling) for 1996/97 are as follows- Individual: (pounds Sterling)15.00 (employed), 10.00 (unemployed); Corporate 15.00 - all per year.

As well as the above services, a moderate reference and lending library of books, journals and articles is available to members. Initiation and development of opportunities for qualified therapists returning from training is another major area of work for NIGAT. Negotiations have been taking place between the University of Ulster and NIGAT regarding the setting up of a post-graduate Art Therapy training course in Northern Ireland.

NIGAT seeks to ensure that Art Therapy is practised in a professional manner, abiding by an agreed Code of Ethics and Practice.

Art Therapists in Northern Ireland at present work in various fields, such as elderly care (Royal Victoria Hospital) psychiatric illness (Downshire Hospital) offenders (HM Prisons & Probation Board for N. I.) families of prisoners (Prison Link) children with learning difficulties children suffering cystic fibrosis (Royal Hospitals) etc.. Some Art Therapists are freelance, practising with other client groups. The Psychotherapy Department, Belfast, also avails of the services of an Art Therapist. Art Therapy volunteer workers assist in some of these areas and others.

Contact address-Caryl Sibbett, NIGAT Secretary, 216 Antrim Road, Newtownabbey, County Antrim, Northern

Ireland, BT36 7QY. E-mail: 100714.2323@compuserve.com



NIGAT

Northern Ireland Group for Art as Therapy

"We use the creative art process to facilitate personal well-being."

S. ALICE MACLAUGHLIN
36 WALLACE HILL ROAD
KILLYLEAGH
COUNTY DOWN BT30 9SD
TEL. 01396 828344

29.12.97

Dear Ashley,

I apologise for delay in sending
you the enclosed information - about NIGAT
and brief info. about art therapy in Psychiatry
+ some useful quotations. Was there some
other items you need? Please contact
me again if necessary.

With love wishes,

Alice MacLaughlin.

P.S. I tried to contact you at the phone
number 04271 310 - but it was
not obtainable?

APPENDIX FOUR

**REPLIES TO REQUESTS FOR INFORMATION ON ART THERAPY FROM
IRISH HEALTH BOARDS / NATIONAL REHABILITATION BOARD/ NURSING BOARD**



Bord Sláinte an Iarthair
**Western
Health Board**



Telephone : (091) 751131

Fax. : (091) 758483

Your Ref. :

S/10/1-1

Our Ref. :

(Please quote our ref. in any reply)

27 November 1997

Special Hospital Care,
Merlin Park Regional Hospital,
Galway.

Ms. Aisling Crudden,
Craft Department,
NCAD,
Thomas Street,
Dublin.

Dear Ms. Crudden,

I refer to your letter of 6th October, 1997, copy of which was referred to me for attention. This department deals with longstay institutions such as hospitals for mentally ill patients and hospitals and homes for older people.

I note that you have received a separate reply from Ms. Anita Garner in the Day Care Centre, Sacred Heart Home, Roscommon regarding Art Therapy at that location (further copy enclosed).

In addition, we also provide a limited amount of Art Therapy at St. Michael's Day Hospital which is based on the grounds of St. Mary's Psychiatric Hospital, Castlebar, Co. Mayo. The Art Therapist is Ms. D. Walsh.

I trust that this information will be of assistance to you and I wish you well on the preparation of your thesis.

Yours sincerely,

B. Haddigan,
Programme Manager.
cm.
Encl.



Bord Sláinte an Iarthair Western Health Board



Telephone : Roscommon (0903) 26130

SPECIAL HOSPITAL CARE DEPT.

26 NOV 1997

WESTERN HEALTH BOARD

Sacred Heart Hospital
Roscommon

Your Ref. :

Our Ref. :

(Please quote our ref. in any reply)

Ms. Aisling Crudden,
Craft dept.,
NCAD,
Thomas St.,
Dublin.

20/11/97

Re : Art Therapy in the Sacred Heart Day Care Centre, Roscommon

Dear Aisling,

In reply to your recent letter regarding above. The Art Programme is diversified into four groups. Painting, Mosaic, Rushwork, Paper Mache.

Each craft evokes Reminiscence Therapy through the tactile senses. An art project was formulated using mixed media symbolising the four seasons of a natural lifespan. The programmes are developed utilising existing everyday materials found within nature. We attempt to achieve a continuity between the past and present as in paper mache, old newspapers are recycled to form a useful decorative ornament to enhance our daycare centre.


Rushwork recreates a traditional pattern which simulates the interwoven lives of man and the natural elements.

Painting is used in a self expressive program where the participants are encouraged to develop their connections to the past and through the use of various styles and techniques simplified to the skills of the clients involved.

Mosaic repeats the traditional patterns which enhanced our unhurried simple life.

The personnel engaged includes Matron, Mary Kelly who has the vision and trust to place and allow staff to develop programmes tailored to Roscommon Day Care needs. Anita Garner S/N who assists with input and ideas and who acts as a sounding board for Christina Waldron who provided the inspiration and the understanding of the participants needs in our dynamic day care.

Yours sincerely


Anita Garner
Day Care Centre



Waterford Regional Hospital,
Dunmore Road,
Waterford,
Ireland.

Telephone: (051) 73321
Fax: (051) 79495

21st October 1997

Ms. Aisling Crudden,
Craft Department,
NCAD,
Thomas Street,
Dublin.

Dear Ms. Crudden,

I refer to your recent letter to our Chief Executive Officer, a copy of which has been forward to myself. I would be grateful if you could arrange to contact me regarding the exact details you require, as at the present time Waterford Regional Hospital is involved in a Healing Arts Programme which has been ongoing now for a number of years. I believe we would be in a position to provide you with information regarding the Healing Arts Programme and also our past and future proposals with regards to the same.

Please contact my secretary Ms. Marie Casey, at the above telephone number, ext. 2421.

Yours sincerely,



CATHERINE NEARY
Hospital Services Manager.

bord slainte an deiscirt



southern health board

Our Ref: JK/SD

Your Ref:

Telephone: (021) 541901

Fax: (021) 303017

Our Lady's Hospital
Lee Rd.,
Cork.

24th November, 1997

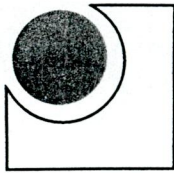
Ms. Aisling Crudden,
Craft Department,
NCAD,
Thomas Street,
Dublin.

Dear Ms. Crudden,

I wish to acknowledge receipt of your letter of 6/10/97 to the C.E.O. of the Southern Health Board, in relation to Art Therapy. Please note that Ms. T.C. O'Riordan is employed as an Art Therapist at Our Lady's Hospital, Lee Road, Cork and you might contact her regarding the information you require.

Yours sincerely,


JAMES KELLEHER
Staff Officer



North Western Health Board
Bórd Sláinte an Iar-Thuaiscirt

Manorhamilton, Co. Leitrim.
Cluainin, Co. Liatroma.

Telephone: 072/20400
Fax Terminal: 072/20431

23rd October 1997.

Ms. Aisling Crudden,
Craft Department,
NCAD,
Thomas Street,
Dubin.

Dear Aisling,

There is nobody directly employed by the Health Board, involved in Art Therapy but we know of a person part funded by us in a voluntary organisation who has an interest and has done some work in this. Her name is Ann O'Donnell and she can be found at St. Anne's Youth Club, Chapel Street, Sligo.

Yours faithfully,

Joanne Rowlette
pf Val O'Kelly,
A/Child Care Development Officer,

Craft Department
NCAD
Thomas Street
Dublin

6 October 1997

The Chief Executive Officer

N.E.H.B.

Dear Sir

I am a final year student in The National College of Art and Design and I am preparing a thesis on Art Therapy in Ireland.

I would be grateful if you could let me know details of programs and personnel engaged in Art Therapy in your region.

Any other relevant information would be much appreciated.

Yours faithfully

Aisling Crudden.
Aisling Crudden



To Aisling Crudden.



North Bord
Eastern Slainte
Health An Oir
Board Thuaiscirt

Date 20/10/97

With the Compliments of

Alice Spry

Occupational Therapist
Community Care Services
Lisdaran
Cavan

Ph: (049) 61822 Fax: (049) 61877

- | | |
|---|---|
| <input checked="" type="checkbox"/> For Information | <input type="checkbox"/> For Observations |
| <input type="checkbox"/> For attention | <input type="checkbox"/> As Promised |
| <input type="checkbox"/> As requested | <input type="checkbox"/> Kindly return |

I could advise you to contact physiotherapy hospitals in Dublin eg St Pats (beside you). We



National Rehabilitation Board

25 CLYDE ROAD, BALLSBRIDGE, DUBLIN 4, IRELAND

TEL (01) 608 0400

FAX (01) 660 9935

December 1997

Dear *Theresa*

Further to your request for information on

Art Therapy

I enclose a list of the books and journal articles on this subject.

Due to limited resources, library staff are unable to provide any more than **Two Journal Articles** and **Two Books** by post.

If you require additional material, you are more than welcome to make an appointment to visit the library. If you are unable to do this yourself, you can arrange for someone on your behalf to make the visit. In order to make an appointment, please contact either

Michael or Michelle at Switchboard/minicom : (01) 6080400

Fax: (01) 6609935

Direct line: (01) 6080433

Yours sincerely,

Michael Foley

Michael Foley

Librarian

**NRB LIBRARY AND INFORMATION SERVICE:
JOURNAL ARTICLES**

Dec 1997

SUBJECT: Art Therapy
PREPARED FOR:

1.

Understanding Art as Therapy, by Dave Rogers.

DISABLED NEWS: 11, Spring 1993, pp. 7.

Inmagic no. 4171

Subjects: ART THERAPY;DISABILITY

2.

Art for kids' sake, by A. Cole.

NURSING TIMES: 87, 21, May 22, 1991, pp. 43-45.

Inmagic no. 2673

Subjects: ART THERAPY

3.

Artistic treatment, by D. Russell.

NURSING TIMES: 85, 28, 12 July-18 1989, pp. 42-45.

Inmagic no. 1028

Subjects: ART THERAPY;LEARNING DISABILITY;MENTAL HANDICAP

4.

Making it together, by Stephen Harrison.

NURSING TIMES: 92, 41, 9-15 October 1996, pp. 30-31.

Inmagic no. 5711

Subjects: ART THERAPY;MENTAL HEALTH;DISABILITY

5.

Making Art with your Child, by Eubanks, Paula.

VOLTA VOICES: 4, (3) May/June 1997, pp. 14-16.

Inmagic no. 6231

Subjects: HEARING IMPAIRMENT;ART;ART THERAPY;CHILDREN

NRB LIBRARY AND INFORMATION SERVICE: BOOKS

Dec 1997

SUBJECT: Art Therapy

PREPARED FOR: Theresa Mooney

1.

Conference Proceedings Volume 1 - The Arts Therapist - Papers from the Third European Arts Therapies Conference: Italy, 14-17th September 1994, by ECARTE - European Consortium for Arts Therapies Education.

Hatfield School of Art & Design - University of Hertfordshire 1995

Shelf No. 615.85156

Accession No. 6445

Subjects: ARTS THERAPY

2.

Conference Proceedings Volume 2 - The Arts Therapies - Papers from Third European Arts Therapies Conference: Italy 14-17 September 1994, by ECARTE - European Consortium for Arts Therapies Education.

Hatfield School of Art & Design - University of Hertfordshire 1995

Shelf No. 615.85156

Accession No. 6446

Subjects: ARTS THERAPY

3.

Conference Proceedings Volume 3 - Clinical Cases: Art and Dramatherapy - Papers from the Third European Arts Therapies Conference: Italy - 14-17 September 1994, by ECARTE - European Consortium for Arts Therapies Education.

Hatfield School of Art & Design 1995

Shelf No. 615.85156

Accession No. 6447

Subjects: ART THERAPY; DRAMA THERAPY

4.

Drama for People with Special needs: group project in partial fulfilment of Extra-Mural Diploma Course in Theatre Studies, St Patrick's College, Maynooth, May 1992, by Bracken, Sr. Angela; O'Donovan, Doreen; Carton, Roisin.

Maynooth 1992

Shelf No. 700 BRA

Accession No. 5482

Subjects: ART THERAPY; DISABILITY

5.

Expressive therapy with elders and the disabled: touching the heart of life, by Weiss, Jules C.

New York Haworth Press 1984

Shelf No. 615.85156

Accession No. 1708

Subjects: ART THERAPY; ELDERLY



An Bord Altranais
Nursing Board

Let 1/CR.

9/12/97

Dear Mr Mooney

Further to your request for information on:

ART THERAPY

I enclose a reference list of articles on this subject. You will see under the heading: **LOCAL HEADINGS** the references marked available, can be obtained from this library. To obtain photocopies of the articles you require, please place an X beside the reference and return the printout to the **LIBRARY**, we will return your photocopying together with an invoice.

If you have any queries about the enclosed or require further information, please do not hesitate to contact me.

Yours sincerely

Catherine Rooney

Catherine Rooney
Librarian



An Bord Altra

REGISTRATION EXAMINATION
PSYCHIATRIC NURSING

PAPER 2

WEDNESDAY, 29 OCTOBER 1997
TIME: 10.00am - 1.00pm

IMPORTANT: Read the questions carefully and answer only what is asked.
FIVE (5) questions must be answered.
Marks for each part of the question are indicated in brackets.

- ✓ 1. Describe how the psychiatric nurse can play a meaningful role in the promotion of mental health within the psychiatric services. (100)
- ✓ 2. (a) Identify any four factors which may contribute to the outbreak of violence within the psychiatric care setting. (30)
(b) Discuss the role of the psychiatric nurse in the after care of a patient who has been the victim of such violence. (70)
- ✓ 3. Discuss the role and responsibility of the psychiatric nurse in maintaining and supporting rehabilitated psychiatric patients in the community. (100)
4. The recurring nature of bipolar, manic depressive illness presents its own unique challenges for both the sufferer and his/her family.
Discuss how the psychiatric nurse can assist both the patient and his/her family to meet those challenges. (100)
- ✓ 5. In relation to three of the following specialist treatments/techniques,
 - ✓ i) systematic desensitisation
 - ii) family therapy
 - iii) psychodrama
 - iv) art therapy,
 - (a) explain precisely what is involved in each one, (50)
 - (b) indicate the type of clinical situation wherein each such intervention may be utilised. (50)

APPENDIX FIVE

Feature article - 'Art for sanity's sake' from The Irish Times -mid 1980's

Art therapy is only in its infancy in this country but in Britain it has been a recognised branch of therapy for over 10 years and is part of the national health system there. Katie Donovan spoke to two Irish art therapists about their work.

Art for sanity's sake

DEIRDRE HORGAN hates meeting people in pubs who ask her what she does: "How can I explain what it means to be an art therapist in two sentences?" Deirdre is one of Ireland's three fully qualified art therapists and was the only Irish person in her post-graduate course at Goldsmith's College (University of London).

In Britain art therapy has been a recognised branch of therapy for at least 10 years, used in such diverse areas as psychiatry, mental handicap, special education, the social services and prisons. Art therapy is also widely practised in the US.

Deirdre introduces art therapy with the following: "Often our thoughts and feelings are closer to imagery than words. Art gives us a way to express and explore these feelings at conscious and unconscious levels." For children and adults who have difficulty in verbally articulating problems, painting and clay modelling can be an effective means of self-expression.

"The creative process is also very therapeutic," says Deirdre, who is an artist herself. "A person who is involved in an arts activity becomes part of a process that is self-motivated and self-sustaining."

Liam Plant, a former screenprinter and community art teacher, has worked as an art therapist in Ireland for four years. Liam deals mainly with schizophrenics in St Brendan's Hospital and finds clay modelling a good way to start off a session: "I ask clients to close their eyes, feel the clay, and maybe thump it around a little. This has a relaxing, grounding effect. Then, if the client has an idea that he or she wants to start on, I say go ahead. Otherwise I'll suggest something, perhaps a fantasy animal."

Liam explains how the suggestion of a fantasy animal can succeed in bringing to the surface aspects of the client's unexpressed self: "A very intelligent man in St Brendan's, who



Art therapist Deirdre Horgan ... For children and adults who have difficulty in verbally articulating problems, painting and clay modelling can be an effective means of self-expression.

still had a lot of fight left in him, painted a creature which had jagged teeth, and spikes coming out of its head. He said: 'That's my demon'."

Deirdre says it is crucial for the art therapist to create a safe atmosphere within which the client can paint or model clay unselfconsciously. Both Deirdre and Liam blame the way art is

taught for the fact that adults are fearful about producing a "bad" painting: "There's too much of an emphasis on craft and technique and achieving standards of excellence at an early age. Ten-year-olds need to be able to let their imagination go free, otherwise they'll never be able to when they're adults," says Deirdre.

She tells all her clients that they don't have to be good at art in order to paint: "You don't have to be an Olympic sportsman to do a bit of keep fit. The goal is personal development rather than a perfect picture. In this case, a small scribble can be more effective than a finished painting."

If a client experiences a block, Deirdre suggests writing first: "Experimenting with scribbles and handwriting is often a more accessible form of mark-making." She has found collage particularly successful: "In a collage the images are ready-made, which gets over the block about painting images. The big decision becomes how to select and arrange them. Clients can come up with some powerful combinations."

"People tend to dry up totally if you ask them what their picture means," adds Deirdre, who guards against an overly analytical approach to the client's art work. "Children can show you what the painting means to them if you encourage them to interact with it. They can tear up their picture, or use it to make something else. They can act out

little scenes from the picture or talk to the people they have painted. My approach with adults isn't much different, though they're less flexible about being playful."

Deirdre is amazed by the different art work painted by her clients: "If two people both paint a black cat, one picture could be spooky and the other could be cosy and domestic."

Liam Plant agrees. He notes that houses are a popular image in the work of his clients: "One mildly mentally handicapped girl starts every session by painting a house. The house takes up all the space on the paper and she paints it in very vigorous colours. I think the ritual gives her a sense of security. It's her 'safe house'. Now that she is getting involved in other activities, she has started to paint two houses, perhaps an indication of her awareness that her world is opening up."

Deirdre points out that art therapy revolves in a triangular way, between therapist, client and the client's art work. "The client can use the painting to work through some of his or her very scary feelings in a safe, indirect way, while the therapist simply facilitates. This is different from the traditional one-to-one relationship between client and therapist, which can be too intense and confrontational," says Deirdre.

The full force of the client's



Liam Plant with a drawing by a patient entitled "My Demon." He has noted recently an increasing awareness of the value of art therapy among doctors.

emotion is therefore often directed at the painting, rather than at the therapist: "I was working with a group of children in care who'd been sexually abused. One little boy was angry and wanted to squirt paint at me. Luckily I was able to suggest that he squirt paint at a piece of paper instead!"

Deirdre, who works on a sessional basis for the Multiple Sclerosis Care Centre in Rathgar and two Eastern Health Board

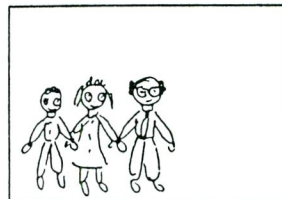
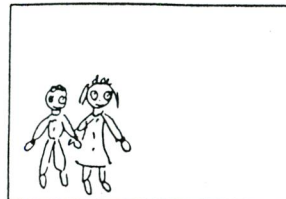
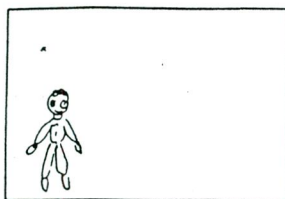
hospitals, has noticed good results in her clients: "I've seen people who are shy and inhibited become courageous and very creative. I've also seen people whose anger or sadness was channelled in a positive way into making a painting." As far as her hospital work is concerned, Deirdre sees herself as part of a team, and feels that successful results come from the all-round treatment received by the patients, both medical and otherwise.

Liam Plant notices an increase

in confidence and trust in his clients as a result of their art therapy sessions. His biggest challenge is the "learned helplessness" of institutionalised clients, some of whom have been in St Brendan's for 20 years: "Learned helplessness may be the only way of surviving in their hospital environment, but it isn't an appropriate method of survival anywhere else, and the aim is to get them to function again in the outside world."

Liam has noted recently an increasing awareness of the value of art therapy among doctors and administrators. He believes that there is a future for art therapy in Ireland, but says we have a long way to go before it reaches the status achieved in the UK, where art therapy has become a recognised part of the National Health system.

Deirdre concludes by saying: "Imagination is seen as a dangerous thing by society. Artists and writers are acceptable, but if Joe Soap starts showing his imagination, he's considered odd. Art therapy is a safe space to explore the fantasy world we all have."



Four drawings by a little boy of his family. The figure on the left is himself, the second figure is his mother, the third is his father, and the fourth is his sister — with teeth.

PHOTOGRAPH: EDDIE KELLY

