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Can the artist avail of the therapeutic benefits of art?

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I declare that this **Critical Cultures Research Project** is all my own work and that all sources have been fully acknowledged.

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Glossary of Key Terms

Art Practice-the ways in which an artist goes about his/her work. Artistic practice goes beyond the physical activities of making artistic products and can include influences, ideas, materials as well as tools and skills. (IGI Global, n.d.)

Art World-

The network of people whose cooperative activity, organized via their joint knowledge of conventional means of doing things, produces the kind of art works that art world is noted for. (Becker, 2008)

The artworld is, after all, historically speaking, a recent invention. It was only in the eighteenth century that the Romantic notion of art as an independent field of social activity not subordinate to the state or church gained traction. (Eastham, 2020)

Self-help-the action or process of bettering oneself or overcoming one's problems without the aid of others. (Merriam Webster, n.d.)

Art therapy-a form of psychotherapy that uses art media as its primary mode of expression and communication. Within this context, art is not used as a diagnostic tool but as a medium to address emotional issues which may be confusing and distressing. (British Association of Art Therapists, 2021)

1. Introduction

This research project will explore the question, Can the artist avail of the therapeutic benefits of art? I was inspired to examine this question based on personal experiences and also by the observation that “Art edits down complexity and helps us to focus, albeit briefly, on the most meaningful aspects.” (De Botton, Armstrong and School of Life, 2013, p.12). In recent years, there has been increasing acknowledgement of the important role mental health plays in people’s lives, and anxiety and depression have increased over the course of the COVID-19 pandemic. Artists with art practice face particular challenges, so I thought it was very important to explore if we can harness the beneficial properties of art that are potentially at our fingertips.

To address this important question I use a mixed-methods approach. This involved a comprehensive literature review, a thematic synthesis of existing evidence, the development of two case studies on artists in order to fill evidence gaps, experience informed self reflection (I have previous experience of using my art practice as a way to process having a chronic medical condition, and when undertaking this research project I participated in art therapy sessions), and an interview with an art therapist (who originally trained and practiced as an artist) but now provides art therapy to patients in a hospital in Ireland. As part of my literature review, I searched peer reviewed databases (e.g., the Cochrane Database of Systematic Reviews), online repositories (e.g., "Evidence search" by the National Institute for Health and Care Excellence), NCAD’s library, and the internet using Google.

I start, in Chapter 2, by establishing the founding concepts behind the therapeutic use of art. I

discuss art therapy in relation to its current context and use as art *in* therapy. I examine the contrasts between the current conceptualisation of art therapy and the original use of the term in Adrian Hill's therapeutic use of art, which regards art *as* therapy.

I then, in Chapter 3, undertake a thematic synthesis of the literature to establish the range of therapeutic benefits one can avail of through art. I find that there is considerable scientific evidence of the therapeutic benefits of art, but this literature is all based on art *in* therapy. I discuss Edward Adamson's experience of artists' response to art *in* therapy and the reasons why artists do not respond to it.

Finally, the project focuses on the relationship between the artist and their art practice. I argue that artists can benefit from the therapeutic benefits of art if they achieve a "therapeutic art practice" which draws on the concept of art as therapy. I explore what the concept of a therapeutic art practice might involve. I illustrate the existence of such practices and their benefits through case studies with Tracey Emin and Yayoi Kusama. I also examine their practices in order to define the qualities that sustain an artist and to illustrate key aspects of a therapeutic art practice. Finally, I consider the risks and complications of having a therapeutic art practice.

2. Meaning of the term Art Therapy

2.1 Original meanings of the term Art Therapy

The therapeutic benefits of art have been availed of throughout history, often under the title of art therapy. I became interested in the concepts behind this term and how this could translate into my art practice. Art therapy can be defined as many things. However I focused primarily on Adrian Hill's and Margaret Naumburg's concepts as key figures in the history of art therapy.

Hill, a British artist was recognised as the first to use the term art therapy. He became introduced to the healing aspects of art while in hospital recovering from tuberculosis. His use of art, in particular drawing from his hospital bed aided his recovery. He specifically noted how the work “engrossed the mind(as well as the fingers).....[and in] released the creative energy of the frequently inhibited patient”(Edwards, 2004, p.1). This Hill suggested, enabled the patient to “build up a strong defence against his misfortunes”.(Edwards, 2004, p.1) Due to this experience in 1942 Hill defined art therapy as “the therapeutic application of image making”.(Edwards, 2004, p.1)

Margret Naumburg comes to art therapy from a psychotherapeutic angle. Based in America, Naumburg was labelled the “mother of art therapy” (Glanowski, 2020) due to her position pioneering America's relationship with this art form. Naumburg defined art therapy as “Releasing the unconscious by means of spontaneous art expression; it has its roots in the transference relation between patient and therapist”. (Edwards, 2004, p.1) This approach was interlaced with psychoanalytic theories. A conscious effort was placed in allowing patients to

interpret their own symbolic works. This became a communicative form between the patient and their therapist. (Edwards, 2004, p.1)

While Hill's and Naumburg's definitions may share similarities there are also fundamental differences. These contrasting beliefs highlight the therapeutic aspects of art that are key to this research project. David Edwards interprets these differences. Edwards claims "Naumburg's position might be described as championing the use of art *in* therapy, whereas Hill advocated art *as* therapy." (Edwards, 2004, p.1) Despite this, both concepts fall under the title of art therapy. This occurred due to two "parallel strands of art developing: art as therapy and art psychotherapy. The first of these approaches emphasises the healing potential of art, whereas the second stresses the importance of the therapeutic relationship established between the art therapist, the client and the artwork."(Edwards, 2004, p.1)

2.2 Current meaning of the term Art Therapy

At present the British Association of Art Therapists defines art therapy as; "a form of psychotherapy that uses art media as its primary mode of expression and communication. Within this context, art is not used as a diagnostic tool but as a medium to address emotional issues which may be confusing and distressing." (British Association of Art Therapists, 2021) It appears today's definition is used to define art in therapy. This is an important detail to bear in mind when looking at research studies under this title. Psychology Today reiterates this concept of art therapy as psychotherapy. "Art therapy is different than self-help experiences in that there is a helping professional and an individual". (Malchiodi, 2013) A crucial aspect of modern art therapy is the presence of the therapist. This differs from Hill's experience with the healing properties of art.

Psychology Today continues stating that art therapy “embraces the idea that art is a means of symbolic communication and expresses personality, emotions and other aspects of human experience.” (Malchiodi, 2013) This could be considered art as therapy. An aspect that could be availed of in a self-help context. However this statement is followed by an explanation of how the art therapist would help facilitate this. “In essence, art expressions are used to enhance verbal exchanges between the therapist and the client in this approach.” (Malchiodi, 2013) Many current articles on art therapy contain this blend of processes. Availing of arts healing properties in a psychotherapeutic environment.

A Cochrane article on ‘Art therapy for people with dementia’ states that art therapy can be used “as a way to express and communicate thoughts and feelings.” (Deshmukh, Holmes, Cardno, 2018) This could be deemed art as therapy although similarly to the above reference the therapist is crucial in facilitating this. “The aim of art therapists is to work with patients in ways that help them change and 'grow' on a personal level.” (Deshmukh, Holmes, Cardno, 2018) This study describes this involvement between “the patient, the therapist and art materials” as a “three-way process” (Deshmukh, Holmes, Cardno, 2018). However when we look at Hill’s original use of art as a therapeutic medium it was that of a two way process. The artist and the art materials. The art therapy title appears to no longer fit Hill's narrative and is now used to define a psychotherapeutic service. A service in which a patient works alongside a therapist using art mediums.

2.3 Reflections on Original versus Current Meaning

Having researched the history of the therapeutic use of art and its current context, a number of questions arose, in particular the lack of art as therapy’s presence in modern art therapy. This would be an invaluable self-help resource in our current climate. I feel this way due to

personal experience. Similarly to Hill I found the use of art beneficial during a stay in hospital. I was diagnosed with a chronic medical condition. While in hospital I worked on my junior cert art project. This work provided me with a distraction and purpose which in hindsight provided me with great comfort and support. My college portfolio continued to assist me in processing my diagnosis. I explored topics related to my health through my art, even including images of my x-rays in the work. (Illustration 1) At the time I viewed this as a topic I was interested in, however in retrospect I was using this medium to process. Through my art I could discuss, explore and learn about myself on a subject I felt unable to discuss to others. Art provided an outlet for me. This was something as an artist I turned to naturally without given thought yet it benefited me greatly.



Illustration 1. *Graphite Drawing* (Murphy, 2019)

Today's definition of art therapy is not the artistic process that Hill nor I availed of. Hill came to the therapeutic benefits of art through being an artist. Perhaps artists are naturally drawn to the healing benefits of art, instinctively harnessing art's healing power. Overall the most primary aspect of art therapy is that it avails of the visual arts. This includes but is not limited to “ painting, drawing and sculpting” (Edwards, 2004, p.3). These materials and processes are used by artists. With this in mind I wished to explore the relationship between artists and art therapy.

3. Art Therapy and Issues for Artists

3.1 Benefits of the therapeutic use of Art

With this in mind, it is crucial to consider what an artist would gain by using this form of artistic practice? “Creative activity and art-making processes” target “cognitive, motor, emotional and interpersonal skills.”(Deshmukh, Holmes, Cardno, 2018) Creating art can have calming qualities. The use of regular art sessions are found to help one “unwind, relax, and calm down”.(Adelphi Psych Medicine Clinic, 2021) Art therapy sessions provide patients relief for pent-up emotions. This is reiterated by G.Congdon, who states that The creative act of making art may be used to calm or comfort. (Congodon, Holmes and Cardno, 2018, p.41) This is promising in a self-help manner, in that it is the act of making that provides comfort.

Adamson noted that his clients “used painting as a means to share their anxieties, their depression, their loneliness and their fears of being abandoned.” (Adamson and Timlin, 1984, p.17) He claimed that through “Painting out these feelings ” they found a “ tremendous sense of relief.” (Adamson and Timlin, 1984, p.17) Adamson believed that “Where problems of the mind are concerned, the solution must be found where they originated, that is, from *within*.” (Adamson and Timlin, 1984, p.8) Art provides us with this opportunity as it “obliges us to communicate with the inner self, and in so doing, to engage in a dialogue with both our destructive and creative forces.” (Adamson and Timlin, 1984, p.8) One of Adamson’s most relevant and fitting quotes is based on his belief that “ Paintings can become a window through which we can see a person’s submerged thoughts and feelings.” (Adamson and

Timlin, 1984, p.5) Through the act of painting one can release their inner thoughts and emotions. This quote is applicable to a range of material processes.

Edwards interpretation of the art process is an expansive one in which both “crude scribbling” and “ sophisticated forms of symbolic expression” (Edwards, 2004, p.4) bring emotions to the forefront. In the therapeutic context “ art is not used as a diagnostic tool but as a medium to address emotional issues which may be confusing and distressing.” (British Association of Art Therapists, 2021) Art is a “non-verbal expressive medium”, (Deshmukh, Holmes, Cardno, 2018) which provides us with insights into our ‘inner world’(Deshmukh, Holmes, Cardno, 2018). Unconscious material (Edwards, 2004, p.30) can be brought to the surface during this time including access to “suppressed memories”. (Adelphi Psych Medicine Clinic, 2021)These memories contain “cognitive and symbolic aspects” which can be accessed through the “sensory components” (Lusebrink, 2004) of art.

These thoughts come to the forefront offering “ a means of “coming to terms with”. (Edwards, 2004, p.4) Having access to this material provides one with opportunities to “Gain a better understanding of themselves and the nature of their difficulties or distress.”(Edwards, 2004, p.4) This may lead to positive and enduring change in the client’s sense of self. (Edwards, 2004, p.4) The use of art can provide opportunities for emotional processing. Emotional processing can be defined “as the process of becoming aware of, expressing and having a non-judgemental and accepting attitude toward emotions as they arise and are experienced.” (Czamanski-Cohen, 2020)

A quasi-experimental study in the Journal of the American Art Therapy Association took place investigating “Reduction of Cortisol Levels and Participants' Responses Following Art

Making” (Kaimal, Ray and Muniz, 2016). 39 adults participated in visual art making where their cortisol levels were measured.(ibid.) An increased level of cortisol in the system would be linked to a stress response. (ibid.) Cortisol can be measured through saliva samples, which the participants provided before and after 45 minutes of art making. “Results indicate that art making resulted in statistically significant lowering of cortisol levels.” (ibid.) There were no significant differences in outcomes based on prior experiences with art making, media choice, or gender.” (ibid.)

Participants responded to the session describing how they found it. These responses expressed that the session was “relaxing, enjoyable, helpful for learning about new aspects of self, freeing from constraints, an evolving process of initial struggle to later resolution, and about flow/losing themselves in the work.” (Kaimal, Ray and Muniz, 2016) It was also mentioned that this experience, “ evoked a desire to make art in the future.” (Kaimal, Ray and Muniz, 2016)

3.2 Artists’ response to Art Therapy

One way to see if artists benefit from art therapy is to compare the results of artists and non-artists in mental health hospitals to art therapy. Edward Adamson witnessed a contrast between artist’s response to art therapy and non-artist’s in a mental institution. Adamson commented that in a hospital setting there is a “distinction between the work of a trained artist and those who have received no art training” (Adamson and Timlin, 1984, p.7).

Adamson notes that an artist rarely wishes to paint when admitted into hospital.

He went on to state that artists return to creating once they feel "in control once again that he can recommence his work.” (Adamson and Timlin, 1984, p.7) “He refers to the artist's art as

“work”. (Adamson and Timlin, 1984, p.7) Why would Adamson refer to the untrained artists' art in this manner? This mindset may reveal the attitudes artists hold and the influence this has on their response to art therapy in the presence of a therapist. Indeed Adamson claims in this extract that “the artist can consciously modulate his style to enhance his message, the untrained, spontaneous painter is forever imprisoned in the mode of his individual handwriting.” (Adamson and Timlin, 1984, p.7) Can “trained” artists access this mode of “individual handwriting”? If so, is this the artist's inner self? Could this loss of “individual handwriting” leave the artist resistant to the therapist's attempts?

3.3 Reflections for Artists

This Chapter presented evidence that art therapy as it is currently defined provides substantial therapeutic benefits, but there is evidence that artists do not participate in art therapy like non-artists do. It has been argued that “Great artists who have experienced periods of illness have often used their altered state of mind in the service of their art.” (Adamson and Timlin, 1984, p.7) This references artists using their personal issues to inform their artistic practice. My question is can this be reversed. Can artist's use their art to aid them through their illness, harnessing the beneficial properties that are at their fingertips. I believe they can and I turn to this in the next chapter.

4. Creating a Therapeutic Art Practice

4.1 The potential of a Therapeutic Art Practice

As artists have been found not to be responsive to art therapy perhaps there are alternative methods in which arts therapeutic properties can be accessed. Through developing an art practice our relationship with art can alter and evolve. Due to this we may lose the components that non-artists access in art therapy. This does not mean that art's therapeutic properties are lost. Simply that the method to access them may differ. This could be availed of in our practices. If an artist could create a personal programme tapping into these properties we could form what I refer to as “a therapeutic art practice”. This would heal and support artists through their use of artistic mediums. Artists would make a conscious decision to avail of this form of practice. A therapeutic art practice would involve artists availing of the benefits of art as therapy through their own practice. I believe there are artist's currently availing of this, however it may not be intentional. Providing the term ‘therapeutic art practice’ allows research on these artists to be compiled. This subject is extremely relevant to my current practice. As a final year art student my purpose and manner in creating art is something I am constantly considering and assessing. I present two case studies which demonstrate the power of therapeutic art practice and discuss some of its challenges.

4.2 Therapeutic Art Practice Artist Case Study - Tracey Emin

With this in mind my focus turned to artists whose practice incorporates these healing properties. When researching artists whose practices could be deemed therapeutic, the majority of references were artists from historical times. Such as Edward Munch and Vincent Van Gogh. I wished to find more contemporary artists who reflect our current times. These could provide a guide to a therapeutic art practice.

Tracey Emin, an English-Turkish artist appeared to fit this brief. Her art follows “ ideas of self portraiture, with aspects of the portrait, the biography and the autobiography all invoked.”(Brown, Emin and Tate Gallery, 2006, p.7) Emin stated in an interview that she works with what she knows, that “It is always based on some real event, something that happened.” (Brown, Emin and Tate Gallery, 2006, p.33) Due to Emin’s harrowing life many of these topics are “based around extremes of personal bodily experience such as birth, sex and death”. (Brown, Emin and Tate Gallery, 2006, p.12) In particular her work addresses issues around “sexual abuse, abortion, social failure, prejudice, violence, stigma, and anorexia as well as delirious alcoholic and romantic frenzies, and their subsequent comedowns.” (Brown, Emin and Tate Gallery, 2006, p.16)

Emin uses art to deal with these personal topics “on her own terms”. (Brown, Emin and Tate Gallery, 2006, p.12) Browne comments that “ Emin’s personal revelations can be seen as a point of departure.” (Brown, Emin and Tate Gallery, 2006, p.12)When Emin expresses “deeply intimate, personal details”(Hochberger, 2020) through her art, it behaves as a “

cathartic vehicle for healing.” (Hochberger, 2020) This sparked my interest in Emin's practice. Her artistic methods help her process and explore past traumas. Not only does Emin’s art serve her mental health but she has also found an audience and a means to present this work publicly, participating in the art world.

Interestingly Brown stated that Van Gogh is significant when discussing Emin. Van Gogh demonstrated “a romantic ideal of artistic authenticity”. (Brown, 2019, p.12) He had a great influence on Munch. Munch is cited by Emin as one of the critical influences to her practice. (Brown, 2019, p.12) Brown groups the artists together in the context of artistic authenticity describing Van Gogh, Munch and Emin as “ a trinity of artists, whose work depicts physical and spiritual anguish.” (Brown, 2019, p.12) This confirms her relevance to this subject.

Emin had two abortions in the 1990’s. Due to medical complications she suffered trauma. “the emotional consequences being a profound, lonely depression. She gave up all forms of faith and belief and - significantly for someone who had spent years making and studying art- gave up all forms of creativity and destroyed her paintings.” (Brown, 2019, p.12) This highlights the relationship between her art and mental health, in particular the act of destroying her work. For her to act in this manner suggests there is a deep connection between Emin and her work. The concept of destroying artwork arose in an interview I held with a Senior Art Psychotherapist. She believes that the act of destroying work is “quite a cathartic experience for somebody”. (May, 2021) Artists develop a relationship with their work through the creative process. Be it a positive or negative one. By destroying artwork Emin could be attempting to depart from her past self who created the work.

Emin titled this period of her life as “ ‘emotional suicide’.(Brown, 2019, p.12) Upon recovery she stated that she “*realised that there was a greater idea of creativity... the essence of creativity that moment of conception, the whole importance, being of everything ... I realised if I was to make art, it couldn’t be about a fucking picture...it had to be about where it was really coming from*”. (Brown, 2019, p.12) I am interested in where Emin believes her art is coming from? Perhaps it is fueled by her past self striving to process these traumatic experiences.

Emin describes this period of time as a time of giving up “I gave up painting, I gave up art, I gave up believing. I gave up faith.” (Emin and Morgan, 1997, p.70) Her art is heavily influenced by her beliefs, faith and past. One could suggest that Emin needs to believe in order to create her art. This quote reiterates this connection between her mental health and art. Emin confirms this in her autobiography ‘*Strangeland*’ “I only survived thanks to art. It gave me faith in my own existence.” (Hochberger, 2020) Going through this emotional distress provided Emin with insight into her creative process. In this quote Emin appears somewhat motivated, sustained by her practice. The therapeutic qualities of art are best availed of in a maintenance format. While Emin's art is crucial to her mental health when she was going through a severe “emotional suicide” she could not avail of it. Art proved beneficial subsequently.

Emin discussed her practice in a catalogue interview in 1998 for the Sammlung Goetz Museum. When asked what she gets in return for sharing her work, she replied.“I usually get this incredible emptiness. It’s like a cleansing of my soul. It’s not just getting rid of baggage. It's not that simple. Something happens within me.”(Brown, Emin and Tate Gallery, 2006, p.33) This suggests that for Emin the act of making must be paired with sharing the work.

Through exhibiting her work others become aware of her past, her artwork shares her story. Brown believes that she is “exercising her own prerogative to observe and be observed” . (Brown, Emin and Tate Gallery, 2006, p.29) Emin takes ownership of her narrative through art. This set of “private revelations” creates a “dynamic of non-voyeuristic intimacy and trust with her audience ...whose willing participation has allowed Emin a powerful creative leverage.” (Brown, Emin and Tate Gallery, 2006, p.7)

When questioned as to why her work “involves violence towards women.” (Emin and Morgan, 1997) Emin stated that her work spread’s awareness:

“Because I am a woman, people have been violent towards me. It's something that should be discussed more. I was raped at 13 by someone hardly older than myself. This happens to boys too. You must break that chain. Be aware of what's happening and stop it. In my work I continually re-address my youth, when I let things happen to me.”(Emin and Morgan, 1997)

Emin's art provides her with an outlet to communicate relevant issues. She “has been commenting on that rape through her art ever since.” (Murray, 2012, p.1631) While this may be a harsh and distressing subject matter it is a reality and through Emin's work it is being brought to the forefront.

When Emin creates art there are two intended benefactors. The first being herself “questioning myself”. (Emin and Morgan, 1997) The second being society:

“ I want society to hear what I'm saying. I'm not only talking to galleries, museums and collectors. For me, being an artist isn't just about making nice things or people patting you on the back; it's some kind of communication, a message.” (Emin and Morgan, 1997)

This provides insight into Emin’s practice. It is important to Emin to disseminate her art.

Her work's distinct message is "about very, very simple things that can be really hard." (Emin and Morgan, 1997) Emin embraces everyday life, aspects that we relate to but would not discuss. "People do get really lonely, people do get really frightened, people do fall in love". (Emin and Morgan, 1997) She believes these moments are constantly occurring but often not expressed. "Everything's covered with some kind of politeness, continually, and especially in art because art is often meant for a privileged class." (Emin and Morgan, 1997) Emin's art supports her as a therapeutic outlet, while adding to society. This combination provides her with the components of a therapeutic art practice. Her past provides her with a unique viewpoint to portray. "As Emin's work accumulates through the years, her array of confessions assembles into an ornate capsule universe that reflects, critiques, and reconstructs the world in which her assaults took place." (Murray, 2012, p.1667)

This can be seen in her artwork 'My Bed'. (Illustration 2) This controversial piece was shown in the 1999 Turner Prize exhibition. This piece could be considered a readymade seeing as it is Emin's bed. She found herself bedridden during a period of bad mental health. When she rose and viewed the bed she had inhabited she realised she had created an artwork. This art piece consisted of a variety of "detritus around the bed" (Brown, Emin and Tate Gallery, 2006, p.100) this included underwear "soiled with menstrual blood, innumerable cigarette ends, desiccated apple-cores, the remains of a take-away meal and its barbecue sauce, soiled tissues, dirty bandages, a child's toy". (Brown, Emin and Tate Gallery, 2006, p.100) The sheets were "Urine-stained, and with completely sweat-soaked pillows" (Brown, Emin and Tate Gallery, 2006, p.97). "Darren Pih described the work as a "form of assemblage art" that "almost resembles a crime scene." (Cohen, 2018) One can explore this work pondering through the objects considering their place in the scene. 'My Bed' was exhibited in an "over-theatrical darkened environment", this atmosphere heightened the "sense of brutalising

self-harm evident on its sheets.” (Brown, Emin and Tate Gallery, 2006, p.97) “Beds are places of birth, sleeping, dreaming and sex. They are also places for less positive experiences such as depressive isolation, illness, collapse, confinement and death.” (Brown, Emin and Tate Gallery, 2006, p.97) In this artwork the bed represents all of these qualities; those that stand out are the melancholic ones. We as viewers don't expect this brutal honesty to be on display.



Illustration 2. My Bed (Emin, 1999)

While this artwork is challenging due to its sensitive subject matter it is also relatable. The work has been described as “a self-portrait that doesn’t veer from the messiness of depression and heartbreak.” (Cohen, 2018) This raw realistic art piece is authentic to its cause, Emin is not shameful in displaying this. “The piece is expansive in its ability to conjure a full narrative about depression, self-harm, and eventual redemption: The bed is empty, of course, because Emin decided to leave it and sublimate her troubles into art.” (Cohen, 2018) Emin comes from this period of poor mental health and turns it into an art piece.

4.3 Therapeutic Art Practice Artist Case study - Yayoi Kusama

I was introduced to Yayoi Kusama's artwork through psychosomatic art. Psychosomatic art can be described as “ “Psychosomatic” models the ways in which artists and viewers alike might use art to measure our sense of self, considering variable states of physical, mental, and sexual wellness.”. (Hirsch, 2021)Kusama's art falls under this title.(The Art Gorgeous, 2021) This concept is relevant to the search for a therapeutic art practice.

Yayoi Kusama was born in Matsumoto, Nagano, 1929. Kusama suffered from “Visual and hearing hallucinations”.(The Art Gorgeous, 2021) As a child she would spend time in fields drawing flora and fauna, she found that they spoke to her. She would draw these visions creating art from them. “This self-thought therapy helped her to calm the fear and the shock.” (The Art Gorgeous, 2021) “The origin of her mental and nervous disorders is called “depersonalization”. (The Art Gorgeous, 2021) Depersonalisation can be defined as “when you persistently or repeatedly have the feeling that you're observing yourself from outside your body or you have a sense that things around you aren't real, or both.” (Cohen, 2018) This often occurs when someone has gone through traumatic events. Kusama suffered abuse as a child from her mother. Art provided Kusama with an outlet. (Dailey, 2016, p.8)

However, Kusama's family were strongly against her creative endeavours. In an interview with Grady Turner, she stated that “Because my mother was so vehemently against my becoming an artist, I became emotionally unstable and suffered a nervous breakdown. It was around this time, or in my later teens, that I began to receive psychiatric treatment.” (Turner

and Kusama, 1999, p.65) This self-therapeutic use of art became obsessive for Kusama, she “obsessed over repetition and the thought of reiterations twisting her brain, which instigated her hallucinations.” (Dailey, 2016, p.8) This manifested into dot format, one of her first artworks was of her “mother covered in dots.” (Dailey, 2016, p.8) This developed into a process titled “self-obliteration.” (Morris et al, 2012, p.71) This has been defined by Kusama as “obliterating one’s individual self, one returns to the infinite universe” (Turner and Kusama, 1999, p.68). In doing so the artist attempts “to surrender herself to her art.” (Morris et al, 2012, p.71) Kusama explained this method. “Artists do not usually express their own psychological complexes directly, but I use my complexes and fears as subjects...I make them and I make them, until I bury myself in the process. I call this obliteration.” (Morris et al, 2012, p.71)

Kusama’s art practice is “intrinsically linked to hallucinatory episodes during her childhood that resurfaced in later recurrent mental breakdowns.” (Morris et al, 2012, p.14) Her use of art can be described as “the medicine she needed to cope”. (Dailey, 2016, p.15) Kusama gains a better understanding of her experiences through recreating her visions. Kusama’s art can be said to be an expression of her mental illness. She states that her “art originates from hallucinations only I can see.” (Turner and Kusama, 1999, p.63) Similar to Emin, Kusama has a unique viewpoint to convey. “All my works in pastels are the products of obsessional neurosis and are therefore inextricably connected to my disease.” (Turner and Kusama, 1999, p.63) While Kusama’s mental health informs her art, she does not need to be experiencing the hallucinations to create work. (Turner and Kusama, 1999, p.63) This is important as this allows Kusama to continue her art practice without relying on the hallucinations. A release can be found through the translation of images that “plague” her. (Turner and Kusama, 1999, p.63) “By translating hallucinations and fear of hallucinations into paintings, I have been

trying to cure my disease”. (Turner and Kusama, 1999, p.65) Liberating Kusama from their hold. “I paint them in quantity; in doing so, I try to escape.” (Dailey, 2016, p.9)

Kusama's *Infinity nets* reflect this process. (Illustration 3) These works were some of the first to attain international success. She created these artworks during a series of nervous breakdowns.(The Art Gorgeous, 2021) These works were created through repetition.

“iterations of a single, simple gesture: a discrete movement of the artist’s wrist, conveyed via her brush as an arc of paint. The incessant quality of this gesture is both obsessive and meditative.” (Morris et al, 2012, p.53) Kusama described this meditative process in that “*The net expands itself to infinity and I forget myself*”. (The Art Gorgeous, 2021) These works are immersive.



Illustration 3. Infinity Net Paintings (Kusama, 1961)

In the interview with Turner, Kusama defined herself as an obsessional artist. “As an obsessional artist I fear everything I see. At one time, I dreaded everything I was making. The armchair thickly covered in phal-luses was my psychosomatic work, done when I had a fear of sexual vision.” (Turner and Kusama, 1999, p.66) Between her conservative education and experience with her father’s infidelity, Kusama developed a complicated relationship with sex. She created artworks to explore this. Kusama made repetitive phallic works in the form of ‘soft sculptures’.(The Art Gorgeous, 2021) (Illustration 4) This can be perceived as the artist “attempts to depict and thereby neutralise her neurotic anxiety”. (Morris et al, 2012, p.71) Kusama’s creative process “can be seen as an attempt to lose herself in the act of creation”. (Morris et al, 2012, p.71) In order to conquer this, Kusama created these sculptures over and over, filling a room with artwork in an attempt to conquer this anxiety. (The Art Gorgeous, 2021)



Illustration 4. Accumulation no.1 (Kusama, 1962)

Kusama was hospitalized due to this obsessive-compulsive neurosis in 1977 and has remained there to this day. (Turner and Kusama, 1999, p.63) Kusama creates her art in a studio a short walking distance from the hospital. Kusama captures her life as an artist living in an institution as “a peaceful life creating artwork”. (Turner and Kusama, 1999, p.65) Due to this shift in her practice her process altered, returning to the use of sculpture. This use of materiality can be an emotive and therapeutic experience. Kusama continues to participate in the art world despite her living situation. It is interesting when comparing Emin and Kusama’s ability to have a therapeutic practice despite having contrasting lifestyles. The act of creating work while living in a hospital setting and the effect this would have on the work is something to consider. Kusama has created a unique balance for her therapeutic art practice. Living in a psychiatric hospital may not be obtainable or necessary for many artists however this reflects the individualistic nature of an therapeutic artistic practice. Individualistic nature

Kusama's psychiatrist encouraged her to create paintings while undergoing treatment. (Turner and Kusama, 1999, p.63) Kusama’s hospital has many art therapy programs however she does not avail of these. “Being the only professional artist in the hospital, I take no part in those activities. Every day I create artwork either at a small place allotted me at the hospital or at my studio.” (Turner and Kusama, 1999, p.68) This reiterates Adamson’s comment on artists' compatibility with art therapy. Despite Kusama not attending art therapy one could argue that she avails of arts therapeutic qualities in her own manner.

4.4 Reflections on challenges of a Therapeutic Art Practice

There are many components that avail of arts healing properties in Emin and Kusama's practices. While there are a large range of benefits, a therapeutic art practice can come with its challenges.

The first of these is founded in the publication of private matters. As the artists are revealing such private and personal topics to the public I was intrigued as to how the work was received. The artist can find themselves in a vulnerable position exhibiting personal works. Both Kusama and Emin explore very personal and traumatic events in their work. One could be hesitant when disclosing information in particular around mental health in fear of their work being solely considered in that regard. Kusama was asked in an interview whether she feared people would be interested in her biography at the expense of her art. Kusama replied stating "No, I have no such fear. My artwork is an expression of my life, particularly of my mental disease." (Turner and Kusama, 1999, p.63) Kusama navigates this in a well thought out manner. The artist's personal information can frame speculation around the work. (Morris et al, 2012, p.14) Emin relates to this concept claiming "People think my work is about pain, but it isn't; that's just the part people hook onto. The part they choose to remember." (Emin and Morgan, 1997) Not all of Emin's work is based on harsh subject matter however due to context they can be perceived this way. This is a factor that might not pose an issue for some artists. As an artist you can adjust and provide as much context to your work as you wish. Therefore if this was an issue you could explore personal topics in an abstract manner, availing of the healing qualities while keeping personal details private.

Emin has been heavily criticised as an artist. Upon researching her practice I came across recurring statements referring to Emin as a narcissist. “You see, Tracey Emin is narcissistic.” (McGrath, 2004) The extent her practice plays in this intrigues me. There are a multitude of factors that contribute to these narcissistic claims. however I believe one of these is her chosen subject matter. Browne approaches these claims in a positive manner stating that Emin's art has “devised an effective response to a society and its art that has often lacked integrity of emotional expression. Such an emphatic declaiming of her personal emotions has brought about complaints of exhibitionism and the ego-specific nature of her art.” Brown, Emin and Tate Gallery, 2006, p.7) Emin's art is therapeutic due to it being personal. This work when displayed in the art world could be perceived as narcissistic. This is something to consider when exhibiting therapeutic art publicly. One could consider and restrict the degree of autobiographical content in their work however this may defeat the purpose of therapeutic art.

There is a conversation to be had around where therapeutic art should be exhibited. This may vary depending on the artist and their work. This posed an issue for Emin whose work addresses some sensitive topics. Emin stated that she had issues with her work as people claimed they were “paedophile drawings”(Brown, Emin and Tate Gallery, 2006, p.29) She strongly disagreed with this since these are therapeutic works.” The drawings are of me, it’s me coming to terms with those things in my life”. (Brown, Emin and Tate Gallery, 2006, p.29) One could argue that perhaps artworks of this manner should be shown in specific environments. However Emin believes it's important to exhibit the works. “The fact that I want people to look at the drawings is that I want people to confront what I had to confront- what other people have.”(Brown, Emin and Tate Gallery, 2006, p.29)

5. Conclusion

To conclude, I believe that artists can avail of the therapeutic benefits of art by having a therapeutic art practice. I determined that while the historical meaning of the term art therapy allows for both art *as* therapy or art *in* therapy, the current use of the term focuses solely on art *in* therapy. I showed that current research documents considerable healing benefits from art therapy. However, this research is focused on art in therapy (i.e., with institutional settings and involving an art therapist). Furthermore, there is evidence that artists do not engage in art therapy as non-artists do. Despite this, I argue that artists should be able to avail of the therapeutic benefits of art. This has led to an oversight in research involving the self-help properties of art. These are properties that would benefit the artist. I believe this can be achieved through a therapeutic art practice.

A therapeutic art practice is a practice that avails of the therapeutic properties of art while participating in the art world. Tracey Emin and Yayoi Kusama were excellent case studies in this regard. Exploring these art practises provided insight into the manner in which a therapeutic art practice can exist. While there are stark differences between the two artists the common ground is that they have created therapeutic art practises that support their mental health. This highlights the personalistic nature of their practises. A therapeutic art practice is one that caters to the artist's personal needs allowing them to process traumatic events, explore one's inner self or relieve one of their anxieties. This term applies Hill's concept of 'art *as* therapy' returning to the self-help properties of art.

By developing a specific term and concept of a therapeutic art practice it will help to create better understanding and wider use of art as therapy. Therapeutic art practice is an area that should be researched further, exploring a broader range of artist practises and their use of art. While research may help form an intentional attitude to the practice, the overall conclusion from this research is that this practice is one of a personalised nature.

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