Art Psychotherapy Groups in The Hostile Environment of Neoliberalism

Collusion or Resistance?

Edited by Sally Skaife and Jon Martyn

'This book is at the vanguard of the political turn taking place in sections of the psychotherapy profession. Eloquent and accessible, it is a powerful, critical account of how art psychotherapy has been used on "the front line" in a range of settings, not only to ameliorate the psychological harm produced by neoliberal policies, but also to empower the citizen. Skaife and Martyn's work is a call to arms, challenging many of the taken-for-granted norms of the psychotherapy profession.'

Farhad Dalal, *Psychotherapist and group analyst;*
Author of CBT: The Cognitive Behavioural
Tsunami: Managerialism, Politics and the
Corruptions of Science

'Sally Skaife and Jon Martyn's book comes at a critical moment as art therapists grapple with the impact of the neoliberal "free market" policies that have contributed to the vast divide between the rich and the poor. This book questions the impact of capitalism and marketization on the epistemology of art psychotherapy. Practicing art psychotherapy necessitates that we question our complicity in colluding with privatization that values profit over wellness. As the world comes to grips with the inadequate distribution of health care during COVID-19, which has severely impacted communities of color, this book should be necessary reading for anyone working in mental health.'

Savneet Talwar, *Professor; Chair, Department of Art*
Therapy, The School of the Art Institute of Chicago

'Just the title alone is sufficient for me to add this book to my "must read" list for 2021. The book summary promises a critical examination of art therapy in the context of a corporate capitalism that commodifies therapy and individualises distress and dis-ease, overlooking how social and institutional norms that are fundamentally unhealthy generate distress in the first place. Combining rigour with a fast and energetic polemical prose style, this book promises to be one of the most important (and I hope influential) art therapy texts of the decade.'

Susan Hogan, *Professor of Arts & Health*
University of Derby, College of Arts, Humanities
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Mental Health, Nottingham

ART PSYCHOTHERAPY GROUPS IN THE HOSTILE ENVIRONMENT OF NEOLIBERALISM

This book explores how 'the hostile environment' of neoliberalism affects art therapy in Britain. It shows how ambiguity in art and in psychoanalytically understood relationships can enable art psychotherapy groups to engage with class dynamics and aspire to democracy.

The book argues that art therapy needs to become a political practice if it is to resist collusion with a system that marginalises collectivity and holds individuals responsible for both their suffering and their recovery. It provides accounts of the contradictions that are thrown up by neoliberalism in art therapists' workplaces as well as accounts of art therapy groups with those affected by the fire at Grenfell Tower, in an acute ward, a women's prison, a community art studio and in a refugee camp.

Written by art psychotherapists for art therapists and other mental health workers, the book will bring political awareness and consideration of resistance into all art therapy relationships, whatever the context and client group.

SALLY SKAIFE, PHD, is an art therapist and group analyst working in mental health. She was a Senior Lecturer at Goldsmiths, University of London; a chair of the British Association of Art Therapists; a member of the editorial board of Inscape and, currently, ATOL; and has numerous publications.

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Dedication

'… for the many, and not the few …'

CONTENTS

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PART ONE

Resisting capture

Figure P.1 Placards left at the gates of the Houses of Parliament, London, after a Black Lives Matter demonstration in 2020. Photograph by Jon Martyn.

The hostile environment

Sally Skaife and Jon Martyn

Neoliberalism has been with us for a while but now its own contradiction, that it profits only the few whilst it disadvantages the many, threatens humanity itself through climate extinction, wars and pandemics. Meanwhile, neoliberalist hegemony is having a disastrous effect on the mental health of the majority. This urgent situation requires art therapists to no longer ignore its contradiction, but how should we respond?

Over the last few decades it has become increasingly apparent that art therapy,[1] in adapting to the demands of the market within mental health services, has been persuaded to abandon some of the subversive and radical ideas that drove its development in the 1970s and 1980s. Art is constrained by treatment models as we are forced to ensure 'efficiency' by providing evidence, turning patients and art therapy packages into products for measurement. Our workplaces, where they still exist, often seem toxic and punitive – not only are 'patients'[2] made to fit a profit-making system based on the supposed neutrality of numbers, so too are we rated against performance targets. Other art therapists work alone, needing to sell their product to individuals experiencing alienation and in relationships tainted by an uncaring, racist, sexist, discriminatory society. The most difficult problem is that, as art therapists, we feel required to be in a state of disavowal, unable or unwilling to see things as they are, and so are liable to collude with the idea that the 'patient's' distress is because of a lack within them rather than in the social world, which we can treat or respond to through the market-led drive of wellbeing projects.

We live in an unjust world in which accelerating inequalities, associated with neoliberalism, have led to a few billionaires and transnational corporations, supported by governments, owning nearly all the wealth. They control the means of production and distribution, as well as the media and the military. Meanwhile, the majority in the world live in

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1 Art therapy/art psychotherapy. We tend to use these terms interchangeably throughout the piece. This is a split we'd prefer to hold in a dynamic tension, rather than resolve.
2 Patient/client/service user are used interchangeably as we find none of these terms satisfactory, each having difficult connotations.

poverty and are subject to violence. Black[3] and people of colour are the worst off, and women are exploited for free care work and low-wage work, the Western world suffering less because it still profits from what was the colonised world. The capitalist system that creates this is lodged into all our institutions and services, and thus in our ideologies too, to the extent that it is difficult to imagine it could be any other way.

In this book, though, instead of being sunk by the neoliberalist contradiction, we recognise the potential in art therapy for subverting it. To survive contradictions, we repress what doesn't fit; the practice of art therapy provides the possibility for the representation of what becomes repressed and for engaging with mind/body splits that have been exploited by capitalism in racism, patriarchy and elitism (Skaife, 2013). Art holds ambivalence and contradiction, as do psychodynamically understood relationships, and we maintain that these can be tools through which we challenge the contradictions to which neoliberalism gives rise. In the book we consider how neoliberalism, with its methods of fragmentation, marketisation, commodification and disempowerment, has affected those with whom art therapists work, art therapists themselves, our profession, its training and art therapists' practice.

This introductory chapter and the two that follow in Part One, are contextual introductions to the seven contributor chapters in Parts Two and Three. In this chapter we introduce the book and discuss the effects of neoliberalism on society, focusing on the UK government's austerity regime and the effects of marginalisation. In Chapter Two we look at the way neoliberalism has invaded our institutions and led to a shift in our values. Chapter Three considers the way that art therapists have approached politics in their art therapy group practice. The seven contributor chapters show art therapists grappling with the difficulties of staying with the conflict and stress in the day-to-day work, recognising their own social position

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3 Identifiers. We are unable to find satisfying terms for signifiers of identity. We recognise that the use of racial terms contributes to the positions of difference. Where the capitalised 'B' is used in regard to 'Black', this refers to political blackness; and is in recognition of class/colonial oppression of the many. Where other authors have used different terms, we have tended to use their terminology. When class is discussed, we have hoped for this to be an identifier which transcends racial constructs, such as 'the white working class'.

within it. Lastly, the Epilogue draws from all the chapters to consider art therapy groups as potential spaces of political action.

HOW THE BOOK BEGAN

The seed of this book began in 2018 when Jon was approached by a publisher to write an art therapy book in response to the European refugee crisis. The focus was to be, 'What resources are needed for art therapists working with refugees and migrants?' The question seemed to allude to, yet evade, a more important question: why is this 'population' denied access to resources and even the most basic rights? Jon felt somewhat uncomfortable writing a book that solely focused on refugees and the crisis. He was disquieted by the way migrants were described; they were often seen as a problem even from sympathetic sources and framed as victims which Europe's governments had a duty to save as individuals. The idea of writing about migrants seemed to feed into a process of marginalisation. Such frames focus the problem on the migrant and distract from the wider political agendas, that is, the creation of militarised territorial borders that, whilst allowing the unimpeded transit of capital, of goods and of the wealthy, violently exclude the movements of the poor, however desperate their plight. Jon approached Sally with this conundrum. We had both worked with the organisation that is currently called Freedom from Torture and on the MA Art Therapy training at Goldsmiths, and we shared an involvement with political activism.

In our early discussions we considered the idiom 'Hostile Environment' as a term that encompasses the way in which we are all affected negatively by neoliberalism. The term was coined in 2012 by the then home secretary, Theresa May, and referred to a set of administrative and legislative measures designed to make staying in the UK as difficult as possible for people without settled status in the hope that they might 'self deport'. We considered this a feature of a divisive culture that sets us against each other and projects suffering into one group of people, who can be nominally supported by another group, but the oppressive, disempowering system remains intact.

CONTRIBUTING AUTHORS

We had decided to invite art therapists to contribute chapters to the book who had a psychodynamic approach to their work with marginalised communities. Unsurprisingly, amongst this group were relatively new practitioners, opening a possibility for a fresh approach to art therapy work. We asked them to write about the effects of the hostile environment on their practice, about power differences that arise within the therapy, and to describe case material with attention to detail and to the specific. We were wanting authors to consider how political dynamics become replicated in their art therapy work, and how, as art therapists, they face the challenges presented by them. We thought that art therapists were finding themselves in an Alice in Wonderland world in which little made sense, and that if they were not to be totally sucked in, were in a state of continuous anxiety and stress.

We decided to embrace the subjective and consider the book as a whole as a reflexive practice, much like therapy and like making art, rather than attempt to provide an overall idea of the nature of provision of art therapy in a particular area. So, in asking our authors to address certain topics, we decided the field, they responded to this, and we responded to their drafts according to what we were learning as we were developing our thinking and learning from the authors. We hope that the book gives rise to thoughts that are also applicable to other areas of therapy work.

PSYCHODYNAMICALLY BASED ART THERAPY GROUP WORK

When we received the chapter proposals we realised that all the authors had written about group work, which then gave a particular focus to the book. Our own art therapy practices were predominantly in psychodynamically based art therapy group work and the training we had both taken and taught was based in the same. Sally had training in

group analysis and had been conducting, writing and researching art therapy groups for many years. Jon has an ongoing interest in therapeutic communities, having worked within two before co-founding the New Art Studio, a therapeutic art studio for asylum seekers and refugees.

There are frequent criticisms of psychodynamically based art therapy in the art therapy literature that pick up on unquestioned power relations in psychoanalytic theory (Wood, 2011, Springham et al., 2012, Hogan, 2015, Talwar, 2018). We recognise the origin of psychoanalysis in middle class circles in Central Europe and the adoption of colonialist positions in relation to 'the other', which ascribe to the patient projections of 'the primitive', sexuality, aggression and so on. Also, the analyst's regard of themselves as experts on the patient's unconscious must be rejected. However, psychoanalysis came from Freud's radical philosophy in which human development was understood dynamically and as embodying contradictory notions, such as between nature and nurture (Blackwell, 2003). Understanding the mind/body binary dynamically allows us to appreciate how it has been exploited in social class, racism, patriarchy and in mental health provision, and in the way we work in art therapy (Skaife, 2001, 2013). We argue, like Blackwell (2003), that all therapy models are derived from psychoanalysis and similarly exhibit a power dynamic derived from colonialism. Those that attempt to police discriminatory attitudes within the therapy can be said to exert more power over 'the patient' than those that allow the unequal power dynamics, inherent in all our relations, to emerge and be thought about.

We were also aware that, though there is a radical tradition in art therapy in the therapeutic community movement and in the open studios in asylums which ran counter to traditional psychiatry, the political potential of groups is not always what is harnessed from them and they do not inherently solve the problem of the individualising of mental health and its market. Art therapy groups, too, have become packaged up as sets of techniques and sold to the representatives of diagnosed client groups. However, we consider that art therapy groups provide a field of social relationships that art can give form to, and art making can rework. Art offers a subversive, alternative communication which can

upset our habitual language. We were influenced by the writings of de Maré et al. (1991) on the potential, in large groups, for moving away from hierarchical to democratic relating, considering the ideas also relevant to smaller groups. In groups that do not have an explicit agenda but let the process go as it will, the dynamics of the dominant culture, which are present within the hosting institution, will inevitably emerge. The reiterations of these dynamics in art making, performing, looking and talking can allow for new meaning; art therapy, then, can be politics in action (Skaife et al., 2020).

PLACING THE BOOK

After we had begun working on the book we discovered Savneet Talwar's ground-breaking book from Chicago, USA, which was asking similar questions to us (Talwar, 2018). She writes about the need for radical caring and social justice, and a shift in our thinking away from the individualising and pathologising of mental disturbance, towards the effects of social and cultural conditions on the daily lives of those most disadvantaged by them. Talwar's book is written by authors who are feminists of colour, those with disabilities and those belonging to LGBTQ+ communities, and is about art therapy with these communities. It is these groups, Talwar says, whose issues have been written out of dominant art therapy discourses, that are at the vanguard of challenging mainstream frameworks of art therapy.

It takes those who have lived it, like the authors in Talwar's book, to see more clearly the everyday racisms and sexist racisms suffered by the marginalised. We, the editors of this book, are both white, middle class and one male, and are therefore more likely to not see, and thus to have a tendency towards unconsciously repeating discrimination or domination in our art therapy work. Although not all our chosen authors were white, the majority are. We began to think that our particular contribution might be to focus the book on how hegemonic power relations of class, race and gender emerge within the clinical work, and how art therapists

recognise and work through them. As first drafts were coming in, we directed authors to consider this.

Similarly to Talwar's book, the work in this book comes from one multicultural city, London, UK (with one chapter on a project in Greece with London-based therapists). London, as a centre of financial and political power, can be seen as a microcosm of a global system of social division, inequality and distant and unaccountable elites. This specificity of place allows for a shared context to the chapters in each of the books, revealing more clearly differences in the contrasting cities/countries and their traditions – social action therapy and art therapy for social justice in the US, which Talwar describes, and psychodynamically based art therapy in the UK. The histories we describe are centred from the UK. We would want to avoid any idea of national identities, but specificity of time and place allows for contrast to be seen, compared and learned from.

In addition to Talwar and colleagues, we would position this book, overall, in a relationship to Diane Waller's paradoxical suggestion that UK art therapists are 'pragmatic rebels' (2004). Waller is referring firstly to the contradictions between artists who value the unpredictable and uncanny nature of creativity and free expression and those who wish to fit art into a mental health agenda; and secondly, those who are critics of the establishment but wanting to be accepted as a profession by that establishment. Waller made this suggestion at a time when public services had opportunities for growth and creativity and more capacity to reach marginalised people. In the 19 years since, we have had a ratcheting up of neoliberalism, most forcefully felt through austerity, during which time the health service and welfare services have been further marketised – with private companies awarded contracts often under the banner of 'the NHS'. This fragmentation of the public sector makes the situation for pragmatic rebels very different, though the contradictions remain. Art therapists additionally face the conflicts involved with implementing psychodynamic art therapy practice within institutions that follow establishment agendas such as measurement and targets. The issue of pragmatic rebels, then, is pertinent to the group material. Finally, the argument of this book builds on Chris Wood's (1999, 2011, 2013) almost sole endeavour in art therapy, to discuss class as a relational matter.

COMMUNITY

Art therapy has its roots in a time more favourable than now to communal and collective ways of understanding mental distress and delivering therapy. The NHS and welfare state had been implemented after the second world war in recognition of the fact that the wellbeing of society rested on the health and welfare of all individuals, and therefore it should be collectively paid for through taxation. The art studios of the old asylums, psychiatric day hospitals and therapeutic communities provided art therapy groups that enabled patients to find agency through art making and a sense of belonging to community. This all changed when Margaret Thatcher became prime minister of the UK in 1979.

Thatcher famously said in an interview with the magazine *Woman's Own*, 'there is no such thing as society only individuals and families'. This individualistic ideology, which was paralleled in the US with Ronald Reagan, and soon all over the world, was used to enable the turn towards the privatisation of public services and financialisation – the making of money from money – and the destruction of oppositional communities. The defeat of the miners' strike, through violence, was a critical moment; it allowed the government to seriously curb the power of the unions and to close down most of Britain's manufacturing industries, leading to high unemployment and the break-up of strong communities that had held together for decades. The Labour Party MP, Jon Trickett, in a recent interview (Savage, 2021), describes the effects of this decision on workers in the North of England. Hitherto one or two industries employed thousands of people who then belonged to the same unions and shared a supportive, communal social life based around them. Closing down manufacturing left people without economic purpose and with 'a loss of agency: the belief in the capacity of human beings to collectively act on their environment, to change it, and to impose their will on it'.

The asylums, day hospitals and therapeutic communities were closed down around this time. The policy was termed as moving 'care into the community', and its espoused aim was to relieve the stigma and disempowerment attached to mental illness. However, communities had already been destroyed and patients were left isolated with little support

in the context of ever shrinking resources. From this period the 'public' sector workplace began to change, and since the financial crisis of 2008, this change has speeded up.

AUSTERITY

The hostile environment of austerity that the UK has been suffering for more than a decade was a result of the banking crisis in 2008, when the process of rentierism, the making of money out of the investment of profits that had been deregulated in the 1980s, went out of control. Financial institutions across the world had been relying on profits from the mortgages on ever increasing property prices in the USA, and when the housing market bubble burst, they were all bankrupt. Governments, which had been rolled back, were now called on to sort it out, which they did by rescuing the banks, even at the cost of amplifying the recession caused by the sudden credit squeeze, making us all pay for it through austerity measures. The effects of austerity in the UK have been devastating for many. A freedom of information request, to which 50 hospital trusts in England responded (Brewis, 2020), showed that 2,483 children were admitted to hospital with malnutrition between January and June 2020. In December 2020, Unicef, who support children following catastrophes, for the first time in its 70-year history was providing food to malnourished children in the UK, the sixth most wealthy country in the world. Recent research (Redman and Fletcher, 2021) can now show evidence of what was known about the Department of Work and Pensions – that Universal Credit has been a means of making people made vulnerable by the system responsible for their hardship and punishing them for it, leaving the unemployed, the poorly employed, those on low wages and the disabled without money for weeks; many have died as a result. Meanwhile, the housing crisis, brought about by the increased selling off of social housing and more private renting with no rent controls and easy evictions, has led to large numbers of homeless and the breaking up of communities, the effects of these being increasing alienation and mental illness.

People have had to claim benefits and use food banks because the world of work has changed. More and more people are on zero-hour contracts, not knowing if they will get work that day, many have to do two or three or more jobs, whilst others are obliged to commit to one employer only. This has a terrible effect on people – precarious work never ends, the worker must always be available with no claims to a private life; there are always others to take your place as now what is bought is packages of time, not the work of an individual. Nowadays almost all forms of work are precarious. Meanwhile, there is yet a further underclass; Britain's and the USA's imperialist wars have led to large numbers of displaced persons needing sanctuary in the UK but not actually getting it. Migrant and immigrant populations are treated as a sub-class, amongst whom political insecurity, lack of full citizenship rights and racism enable employers to exploit them even more ruthlessly in modern forms akin to slavery.

Art therapists' work has progressively become more precarious with increases in temporary contracts, sessional employment, honorary contracts and voluntary positions (MacKinnon et al., 2017). Alarmingly, 14.65% of respondents to a British Association of Art Therapists (BAAT) survey (BAAT, 2018) had no contract.

MARGINALISATION

Naomi Klein's 'disaster capitalism' (2007) describes how displaced persons from wars and tragedies are being treated as a valuable commodity in the market. A whole private financial industry exists around refugee camps, detention centres, prisons, enforcement agencies and so on. We are accustomed to think of wars as between countries, but it appears that the purpose of wars is to feed, not only the arms industry, but now these other companies like Serco and G4S. We see that the distress of the people with whom we work is not only the result of an uncaring system – the creation and exploitation of distress has been a political choice that has enabled capitalism to reinvent itself and carry on.

We, art therapists, have prided ourselves on our work with these marginalised groups in the public sector, and now in charities and other organisations, when traditionally other therapists have been more likely to work with those able to pay (Waller, 1991, Wood, 1999). It is reassuring to see that in response to the Black Lives Matter movement, BAAT, in consultation with the membership, has devised a statement which acknowledges the systemic nature of racist oppression (BAAT, 2020). We think, though, that it is essential that structural racism and oppression are recognised as written into the neoliberal agenda. Until this link is made, and we can comprehend the enormous limitations we face in helping those most affected by the system, very little progress can be made. James Baldwin, in the film, 'I am not your negro', asks, 'Why do white people need the negro?' (Peck, 2016). This question raises the issue of white people's complicity in the necessity of a 'denigrated' (the Latin origin of the word, lowered by being black) 'other' for the maintenance of capitalism.

In the same statement, BAAT says that art therapists have used the arts to help clients to find their own unique mark, and to express something of their experience, in their own way. Whilst a recognition of individuality is an important means of valuing those who are marginalised, the emphasis on the individual contributes to an idea that art therapy can treat the effects of racism. As Gipson (2017) says, it 'distances professional ethics from wider historical issues of power … well-meaning professional caregivers participate in the process of disconnecting interpersonal experiences from political and economic forces that affect everyday human life' (p116). The fact that a current day map of the most impoverished peoples would map straight onto a map of black and brown skinned people tells us all we need to know about the legacy and on-going practices of colonialism, and what has to be done to confront the problems of structural racism. It is disappointing in this light to read that BAAT, in the same statement (BAAT 2020), declares itself to be a non-political organisation.

Around 90% of the art therapy profession are women and the implications of this are of interest. It is an essential feature of capitalism that 'unproductive' work, in the form of the care needed to maintain a workforce that labours to produce, is done unpaid. Hence women have been the ones to raise the children, keep the home, care for the sick and

elderly, all without remuneration. Where they are employed in paid work it is usually in the care sector and thus low waged. It is important that we recognise that endemic discrimination in class, race and gender, as well as in disability, religion, sexuality, age and so on, combined in their various groupings in the term 'intersectionality', all stem from the same cause – the domination of the working class through violence or the threat of violence.

Art therapists working in the care sector are, on the whole, alert to the political context of our work, it often appears more so than some other healthcare practitioners who are arguably more protected by recognised status. However, neoliberalism works in a way that draws us in to perform in ways that collude with the interests of the few and against the interests of the many without us often being conscious of it.

Due to therapy's origins within colonialism, therapists have inherited much of the authority and certainty that white colonialists have had in relation to 'others'; we have seen ourselves as at the centre of an understanding of the human condition, the creators and authors of history, the discoverers of the rest of the world (Blackwell, 2003). These colonial patterns of relationship, Blackwell argues, remain deep in our social unconscious and the significance of skin colour is embedded in our psyches. This has fitted into social class structure, with upper and middle classes concerned with the maintenance of superiority and social difference. Non-whites become more acceptable as they adopt white, middle-class values. Hostility is replaced by paternalism, condescension, conditional acceptance, tolerance and kindness rather than respect as equals. Our heritage as art therapists, then, is the missionary, helping the poor African children by diverting them from their 'primitive ways' and teaching them the values of Christian religion.

CONCLUSION

There is a temptation for art therapists, for all therapists, to deal with the immense suffering brought about by neoliberalism by separating ourselves from it – seeing it only in our clients who we can then feel

good about helping. For art therapists, the agency in art making and the empowerment that can be felt from that can seem like tools we have that counter the hostile environment. However, this position of helper and helped can lead us to unknowingly replicate unequal power relations within the therapy and, paradoxically, disempower our clients. It is not possible to separate art therapy from the political systems of domination in which it exists, but in recognising the ways in which they invade our art therapy groups, we can become aware of the dynamics of collusion or resistance, or to use Waller's words, pragmatism or rebellion.

The next chapter looks further into the way the privatisation for profit agenda of neoliberalism has invaded our institutions, presenting contradictions between our own intentions for art therapy and those of the profiteers, whose interests are becoming increasingly embedded in all of our institutional structures, and thus the priorities of our managers. We explore how neoliberal priorities invade our own thinking as we attempt to be pragmatic and maintain an art therapy service in antithetical conditions.

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Caught in contradiction

Sally Skaife and Jon Martyn

INTRODUCTION

In this chapter we look at the contradictions that have arisen in institutions in which art therapy is involved that have resulted from the ideology of neoliberalism. An NHS setting, a university art therapy training setting and our professional association, the British Association of Art Therapists (BAAT), are seen to have been impacted in some similar ways. We consider how a likely internalisation of neoliberalist values can lead us to replicate these in our practices.

We argue, in the tradition of many others before us, from de Boettie (1577) to Fisher (2012), that capitalism only continues because of our complicity, and that to counteract this we need to be aware of our role in maintaining the system and to take creative control of its inherent contradictions.

We consider two central contradictions that have followed the privatisation of public services, the first is the focus on individualism whilst simultaneously individuals are neglected, and the second is the privileging of disembodied rationality despite art therapy involving the specificity of materiality in art and complex social relationships.

AN NHS WORKPLACE

An art therapist writes:

In 2010 I joined an organisation, 'The Retreat', a former residential therapeutic community, which had been reformed to become a personality disorder outpatient service. The service retained elements of the therapeutic community, providing non-residential treatment to people who were able to self-refer without the need for diagnosis. With the emphasis still on group work and patient-led social spaces, the aims were building trusting relationships, where this was a serious area of difficulty, and fostering a sense of individual and collective responsibility. Patients developed a relationship with the service, the building and the practitioners, the majority of whom had been in the service for over a decade.

Some months after I had begun work there, a problem arose with the location of the service, which was away from the centre and thus seen as limiting patient access. Trust funding was acquired to establish an outreach group, and a number of suitable, unused buildings within the trust's hospital grounds were identified. The only problem was that the trust's newly established 'internal market' meant that the service would need to pay the trust's central office to hire these buildings. The community group was not funded to pay for rental costs and the trust was not willing to waive the hire fee, so that was that. A madness, as this was money which would have been cost neutral either way.

Thanks to national policy focused on shortening waiting lists, the trust was also under constant threat of being fined, then £300 per patient waiting to be seen for more than eighteen weeks. The trust was placing pressure on the service for its long waiting lists, as if it was to blame for the high levels of social distress and the resultant demand for specialist long-term treatment. The service was forced to create a solution to this problem and began to offer group assessment sessions where a group of up to thirty referrals would be invited to the service for a half day introduction. From a management perspective this was a great innovation; the service was able to reduce the waiting list and meet with a huge volume of referrals using only a few members of staff. However, this large group experience would often be overwhelming, leaving fragile patients to disengage. Less demand for the service meant less scrutiny from the trust management as the trust faced fewer government fines. I was aware of this system being a deterrent, but I marvelled at the ingenuity afoot and agreed with the rationale that disengaged patients, in any case, were not going to be suitable for group therapy.

The service, though highly respected, was also seen as costly and inefficient due to the complexity and length of treatment programmes. Whilst the organisation was acting as a preventative measure keeping patients out of crisis care, this cost was not included in budget calculations as it was recorded in a separate budget in a separate service. The service manager, knowing that good work was done, would frequently complain that we were not providing adequate evidence of our work. There was an expectation that

we would gather CORE forms (Clinical Outcomes in Routine Evaluation – a self-rated questionnaire which measures psychological problems and distress). We were warned of the consequences of non-compliance and were monitored to ensure we did the job. Yet these forms were never analysed. They sat untouched, growing in mass, in a filing cabinet; no one in the team had capacity, training or motivation to analyse them. When the service manager raised this with his managers, he was told that the trust was not willing to employ someone to scrutinise this data, nor was anyone permitted to reduce their patient contact time to attend to this growing bulk. We were all stuck in a bind – patients would frequently complain of the intrusive nature of the questions while staff members were expected to hurriedly collect the data in the knowledge that forms would just be left to gather dust.

This was the early years of austerity and the service was implementing cuts actually devised under the Labour government. There was a growing sense of mistrust – a belief that the cuts would be poorly implemented. The service manager – a white 'well-spoken' man – became a focus for staff and patient discontent. In a team meeting the topic of performance review was being discussed. One staff member was dismayed about cuts to the training budget; these performance reviews were meaningless if staff development was not being supported. Discussion became heated. The service manager became exasperated and shared his recent experience of his own performance review. He explained that his own line manager had written it before they had met and he was expected to sign it without discussion. He was indicating that his role was to 'manage' and implement decisions which had been made by his superiors. This disclosure punctured our collective illusion of his potency and yet revealed something more difficult – the service manager was not destroying the service nor was he able to save it. In essence, we were all powerless together.

The service was forced to reform in 2012; self-referrals were no longer permitted and new patients needed a personality disorder diagnosis or their treatment would not be funded. The trust sold the building and grounds to a housing developer and the service was renamed, with its link to its history and sense of community removed, replaced by a purely diagnostic title, Personality Disorder Treatment Service. The service was relocated to the

city's hospital groups, with treatment programmes and posts cut, including one of two art therapy posts.

This hospital service is a powerful example of the contradictions that arise when a public sector service that aims to help is run as a business whose aim is profit. The internal market in the trust meant that to respond to the needs of the community for better access, money had to be spent on hiring an unused building the trust already owned; here the philosophy of profit making had not only resulted in less benefit for the clients, it was in direct contradiction with the aim for efficiency itself. Another absurd contradiction was that the service was punished with fines for its high demand; in a true marketplace a business with a long waiting list would expand and provide more treatment instead of having impediments put in its way.

The business philosophy actually spelled the demise of this successful service as a recognisable therapeutic community; not simply through cuts and closure but by infiltrating and undermining the ethos of community as treatment. The dignity and ownership that went along with self-referral, and the emphasis on mutual relationship, was replaced by the creation of 'service users', a name that differentiates them from 'service providers'. The 'service' suggests that the priority is one of processing them as if they are the sum of their file. People in distress were processed into patients-with-diagnoses, but then these same people/commodities were also the consumers of our other product, packages-of-treatment, in our case, 'art therapy'. As consumers, service users rate the treatment product through CORE forms. These CORE forms were not only found by patients to be intrusive and by staff to feel pointless, as the data gained remained unused, but the individualised questions about symptoms presented a contradiction to a service which was about interdependence and the encouragement of patient responsibility. The idea that all outcomes are measurable is absurd and the pressure on patients to comply with this notion is a further attack on dignity and on the value of the relationships they formed. This mismatch shows why therapeutic communities, as they were originally conceived, have all but vanished.

The waiting list problem was solved unethically, however the head of the service was not responsible – the problem had been handed down, the manager on site was not responsible – just following the targets, and the therapists were just doing what they were told. Dalal (2018) argues that the increase in hierarchy in organisations is related to the knowledge that cuts do harm and that no one wants to be directly responsible for it.

In this NHS example we see a number of contradictions that have resulted from the invasion of the market into the workplace. The trust scores 'own goals' as the profit principle has not resulted in the efficiency it desires; staff are neither able to do the job as they wish, nor are they able to do what the service is now requiring as there is insufficient time for bureaucracy; clients are individualised in a service that addresses interpersonal relationships; and those most in need of the service become excluded from it through the system of assessment, and are made to feel it is because of their own inadequacies.

The introduction of the profit motive into another public institution employing art therapists – the university – whose goal is education and research, shows similar contradictions and own goals, such as inefficiency and the inhibition of a learning culture.

IN A UNIVERSITY

An art therapy educator writes:

There was a point at which I suddenly discovered that my job had changed and that I ought to have known it already, though it was never spelled out. My energies were now to be redirected to bringing increased income into the university and networking in search of opportunities. Already, our time to teach the art therapy programme had been gradually whittled down by increasing bureaucracy – filling in time management sheets, research output forms – several different ones for different purposes, self-evaluation, programme evaluation, evaluation of evaluation, giving words to every facet of the art therapy training to match against criteria

for quality assurance inside and outside the university. Our admin staff who had previously worked closely with us and understood the work well enough to support it independently now were told that they weren't paid to think but only to follow our instructions. This led to numerous unnecessary misunderstandings and extra work for all.

There was some sharing in the department as a whole of the new situation that faced us, that is, that we were all having to conform to a government agenda which had set universities in competition, with inadequate resources, and that the survival of us all depended on us becoming entrepreneurs. We were in it together. However, it took on a personal, bullying tone. It was made clear that unless you met research targets or became a manager yourself, you were only of minor use and, as was once said by a manager, 'dead wood'. This attitude to staff was mirrored in that towards students, with quite punitive protocols over assessment, for example.

We were encouraged to regard the art therapy training as akin to other non-therapy vocational training and for it to be run similarly, preferably with joint teaching. Our interest in our subject and the quality of the programme were seen in a negative way, we were frequently told that we were 'siloed', stuck in the past, and should not think of ourselves as special. The way budgets were managed resulted in the programme usually being in debt despite high recruitment; we were told that its costs were being covered by other programmes to their detriment and that we were responsible.

The worst of it was, though, that I would catch myself operating with some of the same, dominant values. I wanted to succeed within the criteria of the university and I also wanted to do whatever it took for the university to survive and flourish as I identified with it. I felt I had been swallowed up in a poisonous system that I recognised as such but could not see the way out of.

It was on the picket line during a trade union backed dispute with management over pensions being cut that I discovered that staff in other departments were having similar experiences and had ideas for making the university a more democratic place. This gave us all some strength.

This art therapist educator's experience of the exponential increase in bureaucracy is widespread everywhere. Ironically, the argument for

bringing the market into public services was that the private sector did well because competition reduced bureaucracy, yet we have seen a massive increase in bureaucracy in public services (Dalal, 2016). Prior to the privatisation of the NHS, just 4% of the overall budget was spent on admin, now it is 12–15% (Gill, 2019). All this bureaucracy has created the need for managerialism to ensure that it is done in the required way; at the base of which is the notion that workers are not to be trusted. What operates is 'a culture that is highly regulated, highly controlled, very rigid, and often very punitive' (Dalal, 2018, p. 88). The aim is control of the workforce through the creation of multiple protocols and procedures, and the micromanagement of checking performance in relation to targets and adjusting rewards accordingly. In order not to overwork managers, more and more of the surveillance is given to workers themselves who end up in a constant state of anxiety about their readiness for the next appraisal. Fisher (2009) echoes Foucault in pointing out that in bureaucratised institutions it isn't necessary for all the staff to be surveilled all the time, since the surveillance is internalised. Time spent on bureaucracy is time spent away from the main task, education and research, and is therefore antithetical to the university's purpose.

Dalal (2016) talks of how public services are required to show value for money but do this by using the methods applicable to the mechanics of manufacturing, which come unstuck when used for people. Yet measurement has become the rule of the day, the quantification of everything with the detachment of numbers can mean that no one is responsible. Audit and protocols are without authors so they cannot be critiqued; neither can they be applied flexibly, as they would if they did have an author. Admin staff being told their job was not to think removes any meaningfulness from work. Performance, that is, the practice of art therapy or teaching, is not easily quantifiable, so it needs more and more audits which end up bearing little relation to actual practice. All this enables services to be packaged and reproduced, losing their connection to history, place or people.

Public relations representations have become everything; a university is known by its rating for research via the Research Excellence

Framework (REF) and teaching by the Teaching Excellence Framework (TEF); schools are measured by OFSTED (Office for Standards in Education), and hospitals by National Institute for Health and Care Excellence (NICE)-approved treatments. The competition engendered by ratings means that they are inevitably massaged and manipulated. These targets are supposed to be about ensuring best practice but actually are a means of giving parents and patients the idea that they have a choice. Choice is an illusion of empowerment since the choices are, by definition, limited – not all of the children can go to the 'best' school – whilst offering choice opens doors to privatisation of more and more services.

The art therapist and the educator speak of being sucked into the system and this again seems part of how the apparatus now functions. Dalal (2016) talks of how our human need for recognition, for value and acceptance get manipulated. For example, the 'employee of the year' encourages us to compete with one another. Managers may have taken on the role with a genuine belief that they would prioritise their responsibility towards staff over that of the efficiency drive of the institution. However they are caught, flattered or threatened in some way into taking on the role, they will only survive by following the dictates of their own managers and exercising power over those below them in the hierarchy. As Fisher eloquently writes,

> watch someone step up into management and it's usually not very long before the grey petrification of power starts to subsume them. It is here that structure is palpable – you can practically see it taking people over, hear its deadened/deadening judgements speaking through them.
>
> (Fisher, 2012, p. 69)

The increase in competition, bureaucracy, audit and protocols, as well as hierarchy, that we have described in our workplaces can be seen operating within our professional association, BAAT.

A PROFESSIONAL ASSOCIATION

During most of its existence BAAT has either been working towards, or within, the government body now called the Health and Care Professions Council (HCPC). The intention was to achieve a secure place for art therapy in public provision and to protect standards. Prior to this, many art therapists had been pushed here and there in ad hoc positions, often employed in other roles such as adult art educators and had been unable to offer any consistent therapy; anybody could call themselves art therapists regardless of training, but now regulation would protect the title and, in doing so, protect the public. When state regulation was eventually established in 1997, a question was posed about the role of BAAT as it would no longer be the regulator of training nor of professional standards, roles now taken by the Health Professions Council (HPC) as it was then called. It would instead have an advisory function to HPC, alongside the training establishments and that of individual art therapists.

BAAT's response was to set itself up in competition with the university-based training courses. Continuing Professional Development (CPD) courses and introductory courses, which had previously been run in the universities, were now offered by BAAT at a cheaper rate. Universities and other sources of training were charged (and continue to be at the time of writing) large sums of money by BAAT to advertise their non-qualifying courses through the only mailing list of art therapists available. BAAT has, in recent years, aligned itself with the company PG Mutual for special reductions for consumer purchases on the high street, gym membership, entry to golf courses and more. It seems that BAAT has been moving away from being an association of its members to behaving like a small business, part-funded by membership subscriptions, which monopolises the CPD market. There is a confusion over whether BAAT members are the products or the consumers of BAAT produced CPD. This creates contradictions for members whereby some are unable to use the association for support in their work in the form of advertising it, and

some will not be able to access non-BAAT CPD because they will not hear about it, that is, if it is possible for it to be put on at all. At one time it was a prerequisite of BAAT membership that members belonged to a trade union. On a BAAT survey in 2019, however, only 43.5% were in a union, which reflects its change in direction.

Since 2019 BAAT has become a Company. Council, renamed the Board of Directors, are the body legally responsible for the organisation and so make the decisions. Thus, proposals made at AGMs are no longer binding on Council. In line with this the association appears to have become increasingly hierarchical and undemocratic. From the top down there is the CEO, now a job-share, then the Board of Directors, then parallel Regional Coordinators, Special Interest Group co-ordinators (SIGs) and an Art Therapy Practice Network co-ordinator, who are all accountable to the Directors. One of the current job-share CEOs, whose only work experience of therapy is as a CEO, has the following job description: 'To provide leadership and clear strategic direction for the development and management of BAAT so that it is recognised as a beacon of dynamism and innovation for UK art therapy'. In a democratic organisation the person providing leadership and direction should be elected by the members. The coordinators of the SIG groups seem to be in a middle management role, they are expected to give direction and leadership and to ensure that the aims and approach of the SIG are maintained in accordance with the Board of Directors. Minutes of meetings must be sent to the unelected CEO. All groups have quite specific aims that have been devised by BAAT, in particular, research is meant to be at the heart of all of them, with different aspects of research specifically outlined. BAAT has created detailed Standards of Practice on top of the HCPC ones; those for private practitioners include questions to ask at assessment to all clients regardless of race, gender and so on to be in line with equal opportunities, suggesting art therapy is something to be formulaically applied.

BAAT internal correspondence has revealed that criticisms of the Board of Directors or CEOs have often been met with intimidating and threatening responses. On one of the members' forums there is a threat that if members post anything that the Board of Directors perceives as unsuitable they may be referred to the HCPC under 'fitness to practice'. There seems to be a preoccupation with risk and harm, though in actuality the number of arts

therapists that have been struck off by HCPC is only 0.16% of members of all art therapies professions, and only 16 cases out of the 77 referred were seen to merit pursuit (Springham and Huet, 2020). There is a danger that harmful behaviour is getting located in individual practitioners rather than in the system. We can see from the institutional examples above that harm is embedded in the apparatus itself, and an emphasis on individuals can both mask and collude with this. The managerialism that Dalal (2018) refers to as necessary because workers are not to be trusted seems applicable here. BAAT members are not to be trusted – indeed, to make it onto the private practitioners' list, art therapists have to produce descriptions of case work in a prescribed form for vetting on criteria that are not made transparent.

It is now often the case that managers are no longer professionals of the service they manage and know little about the actual job they are managing, as is the case with the job-share CEO. This is not seen to matter because it is the system, known by its representations, that is prioritised and the system can be transported. The result of this is manualisation – the idea is that the organisation and the work it does can be fully known in advance, delivered and measured (Dalal, 2018). There is a clear similarity here with the development of models of art therapy.

Where art therapy has valued interpersonal relationships as the context of treatment, neoliberalism throws up the individual-with-a-lack to be processed and measured; where art therapy has valued play with an unknown outcome, neoliberalism throws up hyper-rationality and manualisaton, also to be measured. The result is a loss of meaningfulness and a lack of soul.

Unsurprisingly, art therapists can end up internalising priorities that run counter to its basic values, suppressing the contradictions.

INDIVIDUALISM/VALUING THE INDIVIDUAL

The individualising ideology of neoliberalism has been highly successful, permeating its way into all aspects of life, and thus, art therapy. For

example, though groups can be the form of treatment in contemporary art therapy, the energy and money is put into assessment and measurement of individuals, rather than into the supportive infrastructure that bolsters up the collective, the building and the staff team that can enable the community as a whole to do the work. Lost are the art studios which enabled patients to discover agency in art making and a sense of belonging. Also lost to the margins is the original sense of the therapy group, as group reflection of the group by the group and for the group, including the staff – adapted from Foulkes and Anthony (1965).

Whilst capitalism favours individualism over community, it paradoxically devalues individuals' experience. As a system reliant on inequality, capitalism has normalised a lack of care as necessary collateral damage. The richest, who are most dependent on care, employing nannies, cleaners and so on, are able to deny their need for care by projecting their dependency onto those they make dependent through paying paltry wages for their caring work. Meanwhile, those needing care from public services are denounced and humiliated (Hakim et al., 2020).

Frances Walton (2016) describes the systematic and exponential way in which the government has withdrawn from a responsibility for those with mental distress, replacing 'dependency' with Personal Health Budgets (PhB) that allow patients to become 'experts in their own recovery'. PhBs allow them to purchase short stints of NICE-approved therapy, usually cognitive behavioural therapy (CBT), art classes and gym membership, for example – activities which are not about building relationships. In her reflections, Walton balances the loss of personal attachments to buildings, teams and therapists with the benefits of independence and personal choice, paralleling her own move from a reliance on the workplace to working privately and 'managing' herself.

In another paper on adult mental health, Rothwell and Grandison (2016) draw on Fuller's (2013) psychic stages of recovery for their art therapy plan for service users moving from acute to community settings: 'a lack of a consistent cohesive sense of self during an acute admission' (undifferentiated sense of self), 'an emerging sense of self, through to a more stable sense of self (differentiated)' (Rothwell and Grandison,

2016, p. 181). The language is entirely individual, though the treatment is actually in groups. The aim is for 'social recovery' and the 'care pathway to recovery' is described as 'patient led'.

There is something disingenuous in these terms used in adult mental health. It seems unlikely that patients experiencing psychosis or severe depression are going to easily manage PhBs, however attractive the notion of being 'experts', getting 'care' and achieving 'recovery' sound. That failure will be felt as their personal failure. Rothwell and Grandison (2016) describe their plan as something to be kept in mind, as patients are frequently readmitted, sometimes involuntarily, and circumstances change. The reality, as one would expect in the hostile environment, appears to be much messier than what is suggested by 'care pathways to recovery'. The idea that the plan is 'patient led' seems to be contradicted by a system that relies on dominant white discourses of recovery, not differentiating between social or racial background. In both these articles the art therapists stress the need for therapists' adaptation to, and flexibility with, the limits of the system. Despite both the chapters discussing support in the community, what seems assumed by the service and the art therapists is that independence is a desirable goal. It is interesting to note that in BAAT's description of art therapy (BAAT, 2021) there is no mention of the therapeutic relationship, as if the therapist is an invisible provider of art therapy methods.

Val Huet (2012) writes about creativity in a 'cold climate'. She explores the devaluation of work in a pilot research project in which a group of middle management NHS nurses make art in response to looking at art on the hospital walls, and in the process, tell moving stories about their working life. One nurse speaks of the way that the organisation has ridiculed their day-to-day hard work, completely undermining and devaluing it. Huet speaks of the staff's stress, isolation, fatigue and helplessness, and talks of a freezing and paralysis of creativity. Huet's paper argues that staff in organisations can cultivate their creativity through art therapy, enabling a freeing of imagination. This has seemed to be the case in this example. However, unless we take this a step further and link the benefits that come from creativity to collective benefits, which might enable resistance and foster imagination of how different the world could be without capitalism,

there is a danger of the outcome sounding like an entrepreneurial promotion of our product for soothing the effects of an inhumane system, and so propping it up.

The idea of therapy as the solution to our unhappiness has been crucial for the success of neoliberalism (Fisher, 2012). It is linked to the propagation of self-help doctrines, both in therapy treatment (such as CBT) and in popular culture, such as self-help television shows and self-help books. Smail (2005) calls this tendency 'magical voluntarism', the idea that the therapist can magically cure the patient of their distress with their rituals and potions, for example, with our interpretations. Art therapists' potions might nowadays be 'evidence-based' interventions. Smail suggests that therapists are invested in this idea not only because their livelihoods depend on it, but also their self-worth and status; however, this self-interest goes unacknowledged. It is complicated as patients, too, are invested in magical voluntarism – we all like the idea of magic. The art therapist Gipson (2017, p. 112) describes disavowal of self-interest as perpetuating a situation in which art therapists can imagine we are 'outside of the social world that produces the issues that bring people to counseling'. The whole therapy project requires us to project our own feelings of dehumanisation, lack of being valued and need for attention onto 'the other' who we help. We see something of this happening in the recent emphasis on service user representation.

The service user movement and 'dual experience' (referring to those who have been, or are, both patients within the psychiatric services and professional art therapists) expertise have taken a front seat in art therapy in recent years (Morgan et al., 2012, Woods and Springham, 2012, Huet and Holttum, 2016, Wood, 2020), perhaps due to the HCPC embedding consultation with service users and carers in its Standards for Education (HCPC, 2014). On the one hand, this looks like the 'patient', who traditionally has very little power in psychiatric services, being given or taking power, and thus seems like a form of resistance to the stigmatisation of mental illness. However, it seems to also stem from, and lead back to, an individualised way of understanding distress.

The service user movement has been around for about 40 years, yet, as a concept, it has never been completely clear what it is (Millar et al., 2016). Millar's concept analysis produced five key attributes – person-centred approach, informed decision making, advocacy, obtaining service users' views and feedback. Most art therapy papers seem to relate to the first and maybe last categories.

It is upsetting to read under Millar's 'person-centred' category that service users in mental health need to advise mental health workers of the importance of their being listened to, of receiving empathy, attempts to understand them, respect and dignity. Art therapist service users' accounts of their experience in the literature similarly describe dreadful stigmatisation of mental distress. It is not surprising that a proportion of society should have to carry, for the rest of us, feelings of uselessness, anxiety, fear and so on. This projection and 'othering' is necessary for the maintenance of the go-getting, positivist, self-promoting culture that feeds neoliberalism. In promoting the service user voice are we not disavowing our own self-interest, as Gipson (2017) describes?

Huet and Holttum (2016) point to a paradox – that in inviting service users to share their experiences in art therapist education, the idea that they are the ones who have negative experiences is reinforced, increasing stigmatisation. They suggest that this might be resolved by facilitating therapists who themselves have been service users to teach, creating them as experts by experience. The issue with this is that though the service user may have experience that most therapists don't have, that is a mental health diagnosis and experience as an in or out patient, each service user will have different experiences of this. No one individual can speak for all. All of us have experience of mental suffering to different degrees and should be able to empathise with any individual's unique experience. Therapists relate to others' suffering based on in-depth reflection on our own in personal therapy. Therapists need to learn not from individual representatives of service users, but from the person we have in front of us, about how being a service user has affected them. It is important, too, to keep in mind that what happens in the therapy space, and the art made in it, is a co-production. Different art works will be made with different

therapists and other group members. A person's difficulties cannot be separated from the particular therapist relating to them or from the positionality of the creators of the so-called objective form they fill in.

This is not to say that the collective activities of service users – such as the Hearing Voices Movement described by Wood (2013, 2020) – are not valuable, far from it. But this is service users working together for goals of their own choosing, rather than individuals being co-opted to the agenda of art therapists (even if that art therapist is themselves) and required to conform to priorities that conflict with service users' interests. Such priorities include the requirement to conform to evidence-based treatment methods acceptable to NICE, which privilege cognitively based therapies.

HYPER-RATIONALITY

Art is material, embodied and takes its meaning from context. In contradiction, what has become valued in art therapy is disembodied practices separated from context. We saw how these appear in BAAT documents in standards of practice and guidelines; they are also embedded in much art therapy research.

When the notion of evidence-based practice was introduced alongside neoliberalism in the 1980s and 1990s fear was expressed about losing everything we most valued about art therapy – the creative and anti-establishment potential in art, for example. Art therapists, though, took a pragmatic approach, embracing audit and guidelines and research. Gilroy's (2006) view was that whilst art therapists should remain alert to the politics involved and to the privileging of 'gold standard' research methods, such as randomised control trials that are not easily implemented in art therapy, we should nevertheless embrace research using a plurality of methods, including finding our own suited to our particular practice. To not do this would be to our peril, and the efforts to find out what worked best for whom could also help to improve practice.

Such pragmatism has not made noticeable gains for us in the mental health marketplace, art therapy losing out to treatments such as CBT, which have the production of outcome measures built into their design. Dalal (2018) compares Improving Access to Psychological Therapies (IAPT) programme's dominance of the mental health sector to an aggressive corporate takeover, where the evidence base has been gamed and corrupted to produce results which gain favour with commissioning bodies in order to further market growth.

Working out what works best for whom, though it sounds laudable, inevitably requires diagnosis, or clusters based on 'needs', and it requires manualised treatment that can be measured. In recent years the profession has embraced mentalisation based therapy (MBT), a treatment method created and manualised by Peter Fonagy and Anthony Bateman for clients with borderline personality disorder (BPD) (Franks and Whitaker, 2007, Or, 2010, Springham et al., 2012, Havsteen-Franklin and Altamirano, 2015, Springham and Camic, 2017). MBT regards the BPD patient as having an impaired capacity to think with affect and to understand others' minds. The therapy aims to increase the thinking capacity and the method is the practice of rationality. Similar to CBT, the treatment appears aligned with the research method and with cost effectiveness in mind. 'This treatment can be implemented by generic mental health professionals with experience of working with personality disorder; only moderate levels of additional training are required' (Bateman and Fonagy, 2013, p. 599).

Springham and Camic's research (2017) on art therapy MBT with BPD service users focuses on 'what good therapists do' and uses grounded theory analysis of observed practice. Sixteen observers in four groups of differently interested people observe video extracts chosen by the art therapists of three groups on the basis of what they think is their best practice in the art looking phase of the group. In line with the method, observations are coded and categorised. The mentalising approach gives quite explicit instructions on how therapists should behave, and the behaviour observations mirror this, appearing quite mechanical, 'art

therapist demonstrating attention', 'art therapist appearing passive' –
all behaviour becoming separated from its field when turned into
prescriptive findings, the main one being that good art therapists working
with BPD individuals actively keep the focus of the group on thinking
about the art in the discussion part of the group, as this enables 'chaotic
and dismissive groups to cooperate' (p. 1).

Tipple (2017) argues that MBT's overemphasis on mental representations
results in it obscuring the relationship between images in groups, group
dynamics and the embodied, material and culturally conditioned aspects
of mind and thinking. As such, it does not engage with the social and
political at all. Based on Springham and Camic's (2017) paper it appears
that the only reason for making art in MBT is for encouraging the artist
and the viewers to mentalise about it. Chaos and defeatism could be
regarded as a necessary part of the creative process, both in art and in
groups, but in MBT it seems that, along with subjectivity, they are to be
tidied up.

Andrew Marshall-Tierney (2014), in a contrasting paper, writes a
powerful personal account of making art alongside his clients on an
acute forensic ward, discussing the paradoxes involved when art is
a joint production between therapist and patients. The art therapy
described shows an alternative way of being with human distress
than those derived from psychiatry and psychology. He says, 'By art
making I hope to show toleration for ambiguity and uncertainty; I
value not-knowing in an environment that tends to foreclose meaning'
(2014, p. 99). This is not a research paper, yet it ends up with a list of
recommendations that he expects to be applicable to other art therapy
situations, which seems to contradict the ambiguity he has spoken
of earlier. The recommendations consist of a list of dos and don'ts
which close meaning down: 'let patients view, handle and modify the
therapist's art work', 'begin art making whether or not patients are in
the room' (2014, p. 105). It is an example of what Dalal (2018) says
about us being steeped in an evidence-based mentality that demands
that the value of any experience is in its capacity to be turned into a set
of actions to be copied.

This dominance of research has led to very particular ways of conceptualising and discussing art therapy. The language often seems dead and unimaginative. Words or phrases seem to be assumed as at one with a singular meaning, complete and self-explanatory. There is often little discussion of the assumptions made in the research questions and the methods. Most importantly, the figure is lifted from its ground, meaning context is completely lost. The problem is that research is now the absolute dominant language in which art therapy is being developed. Like capitalism, there seems to be no alternative.

DISCUSSION

Fisher (2009) asserts that in order to have any political agency we have to accept our 'insertion at the level of desire in the remorseless meat-grinder of capital' (p. 15). On the one hand capitalism is an abstract system we feel powerless within, but on the other hand, it wouldn't exist if we were not complicit in it. Later, he says:

> however much individuals or groups may have disdained or ironised the language of competition, entrepreneurialism and consumerism that has been installed in UK institutions since the 1980s, our widespread ritualistic compliance with this terminology has served to naturalise the dominance of capital and helped to neutralise any opposition to it.
>
> (Fisher, 2011, p. 124)

By highlighting art therapy's limits and acknowledging therapists' self-interest, we are not arguing against art therapy. Rather, we argue that art therapists find a way to work within the system that does not collude with its values. We think, like Fisher (2011), that this can be done by showing up where the incontrovertible logic of neoliberalism is untenable. Fisher gives examples: how can the free market improve our lives when profiteering leads to climate catastrophe? Capitalism cannot survive without workers, yet there is a refusal to acknowledge

this dependence; robots may be cheaper, but without people what is the work for?

Contradictions are not in themselves the problem. In fact, contradiction is at the heart of creativity in the form of dialectics. Whilst Hegel had recognised humans' propensity to develop through the reconciling or synthesising of contradictions, the synthesis then producing further contradictions, and that human enlightenment was the goal, Marx saw the material coming first in the dialectic. Thus, the dialectic is formed in relation to our transforming the matter of the world into things useful to us, like food. The dialectic is in the opposing struggle between the owners of the means of production, who can reap the profit from the workers' labour because of that ownership, whilst the workers get only what they are given, their power being resistance. Psychoanalysts recognised dialectical processes in the binaries of conscious/unconscious, the depressive and paranoid positions, the individual and community. Post-structuralists and phenomenologists such as Merleau-Ponty, who prioritised the body in relation to contradictions, and Derrida, who unpicked texts to show up their contradictions, all saw contradiction as the basis of creativity, the urge to reconcile opposites which can never be fully resolved but that bring about development through creating further oppositions.

The feminist bell hooks, writing in 1982, speaks of the contradiction that feminists have structured a women's liberation movement that is racist and excludes many non-white women. She quotes from an anonymous women's liberation pamphlet:

> In all these struggles we must be assertive and challenging, combatting the deep seated tendency in Americans to be liberal, that is, to evade struggling over questions of principle for fear of creating tensions or becoming unpopular. Instead we must live by the fundamental dialectical principle: that progress comes only from struggling to resolve contradictions.
>
> (p. 195)

The next chapter looks at how art therapists have engaged in the political struggle in their art therapy group practice.

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Art therapy as resistance

Sally Skaife and Jon Martyn

INTRODUCTION

The changes imposed on institutions by neoliberalism do not work in the interests of those that implement them and certainly do not work for those affected by them. However, despite this, art therapists can end up ignoring the contradictions that neoliberalism produces and colluding with its ideological trends, such as the individualising of suffering and the promotion of hyper-rationality. In the last chapter we argued that it was important that we stay alert to the contradictions, as this will engage us in a struggle to resolve them, which is a political or class struggle. When we speak of class, we are speaking of a dynamic between those that benefit from neoliberalism and those that do not. This includes consideration of intersecting modes of domination, such as race and gender, in which some benefit from others' disadvantage (Olufemi, 2020).

The psychoanalyst Lynne Layton (2019) explores the conflicted position white people have in relation to race. She talks of whites of privilege wanting to hide from the pain of acknowledging that our advantages have been, and continue to be, at the expense of those who have been exploited by colonialism and slavery and its continuation in intersectional inequality. Simultaneously, we also have a desire to face this pain so that we can integrate what has become split off but which still continues to haunt us. Art therapists may come from different places from one another in relation to 'class', but we share one aspect of the dynamic, the danger of splitting off what feels too difficult, projecting it into our clients and then dealing with it in our therapeutic work with 'the other'. In doing this we end up performing in the interests of neoliberalism.

In this chapter we consider the way in which class relations manifest in the ambiguous and contradictory relations involved in art and therapy. We start with a discussion of the ways in which art therapy has tended historically to deal with contradiction, that is, by polarisation. An example being the names; art psychotherapy often referring to groups in which there is verbal reflection, and art therapy referring to those that privilege art making. We argue that, if instead contradictions are exposed, a struggle to reconcile them can engage the group in a political process.

This thinking is related to some selected group art therapy papers that are examples of literature that acknowledge art therapy as taking place within systems of class conflict. Looking at these selected pieces in their context within various art therapy traditions gives a deeper understanding of how art therapists are working with the contradictions of neoliberalism.

We have broadened our lens in this chapter to look beyond the UK and also outside mainstream institutions. In the UK, art therapy is widening its field in response to cutbacks in mainstream services. It now crosses into territories it once made efforts to be distinct from, moving into wellbeing, general health, arts in health, community and social projects, as well as educational frames. Mental health services have been delivered in museums and galleries (Schaer et al., 2008, Coles and Jury, 2020) and the natural environment (Heginworth and Nash, 2019). In the US and Canada, Expressive Arts, which works with all art forms and with a primarily social focus, has always had a broader reach; it now seems Social Action and Social Justice art therapy are in a similar field, with attention put in at a 'macro' (social) level to boost the health of communities in order to help individuals within them (Kapitan et al., 2011). There appear to be many more similarities between art therapy in the UK and US now in comparison to the past, and there is a growing art therapy literature from outside the UK and US. However, early differences have continued to characterise approaches between either side of the Atlantic and are thus prevalent in art therapy literature as a whole, which cannot help but have been influenced by them.

SPLITS IN ART THERAPY

Observations at American Art Therapy Association (AATA) conferences (Gilroy and Skaife, 1997) revealed that the US and the UK had widely different art therapy practices, but in both cases there were clear splits. In the US, art was, on the one hand, an adjunct to psychology used diagnostically and tied to specific art-based interventions. On the

other, art was seen as linked to spiritual healing, with the art therapist as a powerful, charismatic person, a sort of shaman. It appeared that therapeutic work in both types of art therapy was almost entirely oriented towards changing feelings viewed as negative (anger, sadness) into positive feelings – rage and depression seemed out of the question. This contrasted to the UK idea of art therapy that it was a space in which difficult feelings could reach expression and be worked with.

In the UK, there was a split between psychoanalytically based group models and the art as healing mode. The former saw therapist(s), patient(s) and art in a dynamic relationship in which roles could be explored, but often the process of art making went unrecognised in favour of the appreciation of symbols and representations. In the latter, art was seen as transformational, but the relationships which determined the art and the way in which it is looked at went unremarked. As studios closed down another split emerged between psychodynamic practice and that based on human theory, the latter often addressing social issues more overtly, but as in the art as healing mode, the therapist was assumed as an unexplored benign presence and the work kept in the conscious realm, often with directives.

Thus, in both countries we could describe art therapy as 'ethnocentric monoculturalism' (Talwar, 2018). Whilst class conflict seemed disallowed in US art therapy, in the UK there was a tendency for art therapy to ignore social and political realities in favour of power relations reduced to transference and countertransference, and 'here and now' interpersonal relationships (Brooks, 1999), or, in the models based on human theory, to disregard the way in which power relations played out within the therapy itself. It seemed that the US psychology-based model was related to the limits of licensure (art therapy not being recognised as a profession) and requirements of a health system paid for through insurance, in which packages of treatments were connected to particular diagnoses. As we saw in the last chapter, the gradual privatisation of public services in the UK has led art therapy to become more linked to diagnoses and manualised treatments here too.

By the end of the 1990s, literature in both the US (Junge et al.,1993, McNiff, 1997, Moon, 1997, and Kaplan, 2000) and UK (Schaverien, 1994, Dalley, 2000, Maclagan, 2001) spoke of polarities around approaches to the combining of 'art' and 'therapy', and proposed dynamic balance and integration. Maxine Junge, Janise Finn Alvarez, Anne Kellogg and Christine Volker (1993), though, had a political take, seeing the art therapist in a double bind, embodying both the psychotherapist, who they saw as a stalwart of the status quo who attempts to confine and exclude those who don't conform, and the artist, who makes waves and helps society to see and feel injustice and imagine something better. Junge et al.'s view has echoes of Waller's (2004) idea of art therapists as pragmatic rebels.

During the following two decades polarities gave way to plurality. Both Susan Hogan (2009), UK, and Ephrat Huss (2009), Israel, give an overview of different art therapy models, Hogan describing six types ranging from using art as a tool in a psychotherapeutic relationship, to art making with only minimal verbal intervention. Huss describes a prism, the sides seeming to refer to different lenses rather than different models as all describe a similar mode which involves interventions, therapist skills and art therapy techniques, and thus is a rejection of more psychodynamic modes of working. Hogan's later publication (2015) describes a wide range of approaches reflecting pluralism or a fragmentation of art therapy, depending on how you look at it. Only three of the nine models give consideration to the embodied political: group-interactive, feminist and social art therapy.

These are descriptive observations of the different art therapy practices prevalent at the time of their writing. There is a danger though that if we embrace an idea of different models applicable to different clients and contexts, we avoid the tensions that exist in all art therapy groups between different class viewpoints. The reproduction of class relations is inevitable in any group; not addressing them is an option, but as these processes are present in the group, this denial is, in itself, a very active, powerful intervention.

WORKING WITH CONTRADICTION IN ART THERAPY

In attempting in my own art therapy practice (Sally) to avoid colluding and replicating dominating practices, I have been drawn to thinking of the deconstruction of binaries. Art therapy can replicate hierarchical splits from constructed mind/body divisions. The cognitive, logic and thinking have been split off and valued over the perceptual, aesthetic and feeling, as if, for example, thinking did not involve feeling and logic was not aesthetic, and exploited for political reasons, as we have seen with audit and evaluation. Mind/body splits in art therapy between the cognitive and the perceptual parallel those that have become associated with hierarchies of people. For example, the upper and middle classes are thought to use their minds, whilst the working class use their bodies in labour, women catering for the bodily needs of the labourers and producing the next generation of workers; in racism, skin colour and facial features are used to divide and subjugate, and in gender, the female body is objectified and abused. These power relations permeate our unconscious and so emerge in our groups. Binary making, in itself though, is ubiquitous, and as Derrida (1988) argues, binaries are always hierarchical. Binaries in art therapy can mirror one another; art/talk, play/work, black/white, therapist/client. These can represent opposing forces at any one time; that is, the voice that speaks dominant ideology and the voice that is repressed or opposes it. Deconstruction picks up what does not fit into either category, thus disrupting the binary. These voices were represented in my own practice in the different experiences of black and white people.

In a supervision group that I ran on an art therapy training course (Skaife, 2007), two different positions, experienced between black students and white students in response to a clinical dilemma about the racial make-up of a children's group, were represented by silence on the one hand, and talking on the other. The obvious thing seemed to be to interpret the black student's silence as anger, but this did not seem right. Instead, I did nothing, allowing an irresolvable conundrum, a new contradiction with the group's purpose of discussing clinical work. Later, when I reflected

on it, I thought of the silence as being like a blank painting, that spoke of absence through its presence. The absence I thought of as the absence of a resolution to the legacy of colonialism. I understood this dynamic to relate to Pat Parker's aphorism, 'The first thing you do is to forget that I'm Black. Second, you must never forget that I'm Black' (1978). In a later paper (Skaife, 2013), I deconstructed my process notes from a group I ran with asylum seekers, in which I was white and the group members were black. I found that exploring the way in which one side of any binary is inherent in the other (white only exists in relation to black and vice versa) enabled a continuous shifting of lens between a dominant position and a subjugated one, the aim being to give prominence to what becomes hidden whilst showing up the inter-reliance of the two positions. The art therapist Sheridan Linnell (2010) also deconstructs gender and race and the therapist/client relationship in art therapy in the postcolonial context of Australia.

With these ideas in mind, we turn to examine some art therapy literature. The issue is in what ways do art therapists, who have an overt interest in working with social and political issues, handle contradictions that may emerge in art, dialogue or in the therapeutic relationship in their art therapy groups? We have selected papers that address community interventions, as it is in this work that there has been an active attempt to avoid the individualising and pathologising of mental distress. Community interventions enable greater recognition of our position within political systems of domination and present the opportunity of facing outwards, recognising the personal in the political and vice versa. The following papers were chosen as representing different approaches to this. We include papers we have been involved in writing to place the developing themes of this book in context in the literature.

We have divided the papers into three categories. The first is where the therapist leaves a Western country to work with a population that has been exploited by Western imperialism, and thus, herself,[1] clearly

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1 We use the feminine to refer to all genders in this section of text.

embodies a power relation with those with whom she will work. The second category is those art therapists that are working on their own turf and may come from the same community as those they work with. The papers here describe work where the therapy has moved outside the usual therapeutic space. The last category is where the therapist is working in an institution and therefore the therapy is likely to be replicating the power relations of that institution.

FROM THE COUNTRIES OF COLONISERS TO THOSE THAT HAVE BEEN COLONISED

Art therapists who travel from the Western world to populations in other countries exploited by Western imperialism unavoidably carry the power of the oppressor, in their internalised world as well as in what they will represent to those with whom they will work. This is also true of the art therapy intervention that they bring.

Lynn Kapitan, Mary Litell and Anabell Torres (2011) describe a cross-cultural collaboration in a long-term participatory arts-based research project in Nicaragua. The project was created both by, and for, grassroots community organisers in Nicaragua and funded through a non-governmental organisation (NGO). The authors are keenly aware of the way in which the Western world has dominated and exploited countries like Nicaragua, creating wars and poverty. They attempt to ensure that they are not exporting ethnocentric art therapy techniques through drawing on local culture and aesthetics, and are interested in what Latin American culture can offer to decolonise western perspectives. The project draws on Paulo Friere's educational model, which favours learning that comes from within the community themselves. 'Conscientizacao' (consciousness raising) underpinned structured group art making, with symbolic and archetypal associations to images enabling dialogue around social issues. A collective image is made of some evocative cultural

symbols, and a volcano with a hat becomes a central representation of a community's response to both their living by a volcano and to its symbolism for their experiences of repression, eruption, adaptation and transformation of emotional life. A task to explore the dynamics of the roles of creator, destroyer and transformer, with participants taking it in turns to create and destroy and remake each other's artworks, was introduced. The intention was that these structured activities could be replicated with the participants' communities, which might then strengthen a community's capacity to take political action.

The paper describes a structured intervention associated with a conceptual frame. The next example is a contrast in that art making appears more spontaneous and unpredictable in nature.

Carrie MacLeod's paper (2011), coming from an Expressive Arts tradition, is based on the idea that art in itself can transform conflict. Here the cognitive/perceptive hierarchical binary is upended, with the perceptual, aesthetic and imaginative given prominence. MacLeod, a Canadian art therapist, describes a project in a remote community in Sierra Leone, a decade after the civil war, in which the community's youth were engaged in creating ideas for a collaborative arts project. Fed up with the negative picture of Sierra Leone, a country which struggles with poverty and the dreadful after-effects of war, the young people were keen to do something celebratory and decided on creating a Peace Festival. This was to be an inter-ethnic festival that combined three modes: cultural art forms, traditional practices and expressive arts. MacLeod describes the different sorts of contributions made, such as a boy with amputated legs developing a 'choreography of absence', a dance performance standing on his hands that expresses both 'elation and mourning' (p. 154). The rehearsals sound rich but difficult, with themes including, losses, fears and anger of war, which MacLeod writes about as emanating from the art forms themselves. Amongst the otherwise willing participants was a group of self-proclaimed 'outsiders', hostile to foreign peace interventions, including arts-based ones, who were tired of government initiatives that promoted peace and reconciliation. They explained that 'forced forgiveness and reconciliation is an abhorrent

crime' … 'lingering hostilities cannot be casually bypassed' and … 'idealism is nothing but another form of violence in disguise' (MacLeod, 2011, p. 150). MacLeod gave scope for the outsider group to subvert the festival's message, and they used puppets to amplify and mock their fellow villagers and ironically acted out governmental 'truth and reconciliation' protocols, to which the community/audience responded with infectious laughter.

Although MacLeod (2011) does not refer within this paper to coming from a privileged country, or of her whiteness in relation to the black young people, the 'outsider' group were making references to it when speaking of unhelpful foreigners' peace initiatives. MacLeod's work, as expressive arts, is ambiguously related to therapy; the book that it is in refers to art therapy in its title, but MacLeod does not refer to her work as therapy. However, it is clear she regards it as having a powerful therapeutic effect on its participants, as well as providing the social forum for oppressions to become communally felt.

Our last example of this section (Lloyd and Usiskin, 2020) describes a project in which two art therapists from Art Refuge, an NGO/charity, travel from the UK to work with migrants in the French–UK border town of Calais. It is an environment where migrants are subject to regular police violence, often having all their belongings removed, including shoes and personal items, as well as to gangs running trafficking and sexual exploitation operations.

Art Refuge, working in partnership with humanitarian organisations such as Medicines San Frontiers, Médecins du Monde and Secours Catholique, has had a presence in Calais since 2015; at the time of this paper, going there for 2 days a fortnight. The work engages participants of mainly Middle Eastern and North African descent who are attempting to cross the English Channel to claim asylum in the UK. Bobby Lloyd and Miriam Usiskin (2020) describe the construction of a map, co-created with migrants. Unable to use their usual space, the therapists move the map outside, creating a three-dimensional space by moving the location of the map to different places into which people come and go, having conversations in response to the map about journeys, disorientation and

having nowhere to belong. On the way home the therapists frequently ask themselves what they are doing there, and their reflections end up as a blog posted on social media along with images. These are shared with, and contributed to, by the migrants and supporters, as well as other refugees visiting the social media sites. The blogs aim is to give the marginalised some control over how they are represented, to educate and to challenge demeaning stereotypes. Above all, the work emphasises that art making can 'encourage leaps of imagination and hope for something better' (p. 140).

Lloyd and Usiskin (2020) say, 'Often at the map, we ourselves feel deskilled, demoralised and carrying a profound sense of shame, which is in part our own countertransference both to those we work with and the context' (p. 136). This shame seems linked to the profound difference that they can get on a train and return to the UK with ease, whereas the migrants have to risk their lives to attempt it. This sounds extremely difficult and a moment when they were able to face the pain of the dynamic relation of their privilege.

All three papers show that the colonial/race power dynamic is present in the work though related to differently. In Kapitan et al.'s work (2011) much preparation has gone into ensuring that dominating practices are avoided. In MacLeod's paper (2011) the relationship is represented through the art, though MacLeod does not discuss this as a reference to her therapist role and identity, which leaves questions as to whether or not the work should be thought of as therapy. Lloyd and Usiskin (2020) refer to a conscious working through of the power dynamic in their social media processing. All these projects appear to have been short term, over a few days. In the following section, longer term projects are possible.

IN THE LOCALITY

In this section we describe art therapy work where the therapist is not travelling to work with the global poor but working either within their own community or in the same city. This enables a sharing between

therapist and clients of experiences of marginalisation. As with the papers in the previous section there is a community focus and the projects involve leaving the art therapy studio. This opens up questions relating to boundaries.

Salamishah Tillet and Scheherezade Tillet (2018) describe a year-long artist activist programme set up to empower African-American teen girls in Chicago to advocate for gender and racial equality, and against violence towards women and girls, in their communities and beyond. The project was called 'A Long Walk Home', and was a Chicago-based national non-profit. Many of these girls were traumatised having experienced police, community, domestic and sexual violence, or been witness to it in their area of Chicago. The art therapists, who were also African-American, chose a black feminist rubric self-care as a model of art therapy. To enter into the programme each girl produced an art portfolio that reflected the various forms of art expressions present in their homes and communities: hair braiding, rapping and stepping, creative writing, photography, dance and visual art. Classes on gender and equality invited the students to share their stories, and students were given an individual therapist where appropriate. The girls were given journals and cameras so that they could document their lives through monologues and self-portraits. This stage was called Girl/Me. They moved on to Girl/Culture, in which they thought about how their experiences were shared by others. An exhibition entitled, 'The Visibility Project: A Celebration of 100 Black Girls', which featured the artwork they had made on the project, was held at the School of the Art Institute of Chicago. Lastly, in Girl/Power, they upended the marketised, individualised and thus antifeminist and racist concept of 'self-care' by considering self-care as involving it interdependence and political resistance. At a Domestic Violence Awareness march, which commemorated the life of an unarmed young woman shot in the back of the head by a police officer, they handed out leaflets they had made that included self-portraits of themselves, thus joining themselves to a larger collective and dissolving the boundaries of politicised violence and personalised trauma.

There are echoes of the Kapitan et al. (2011) approach in the cognitively devised directives of this work. The shared identity of therapists and

clients (black, female) enabled powerful work, but the use of directives, as well as the difference in ages and social capital, must have meant that there was a power dynamic within the therapy that appears to not have been explored. If it had though, the powerful feelings that could have emerged might have made leaving the therapy space feel unsafe. The next project appears to leave space for class dynamics to emerge.

Hayley Berman (2017) describes the development of Lefika, an NGO in South Africa founded in black neighbourhoods marginalised and traumatised by apartheid. As well as providing art therapy, Lefika trains local community workers in art counselling based on group psychoanalytic thinking. The aim is that in helping the community workers to process experiences of trauma, they become able to take on parental roles for orphaned and neglected children that are sorely needed. Berman describes two group art therapy spaces set up in response to rising anti-migrant violence that led to people needing placement in refugee camps. Being aware of how past trauma, here of experiences in apartheid, gets repressed and repeated in violence towards 'the other', the therapists' aim is for spaces where the repressed can be shared and held socially. They use a mix of social dreaming (the communal sharing of dreams without comment or analysis) and art making for processing their experiences. Into the dreams come images of the horrendous violence from the apartheid past as well as the xenophobic present, mixed with references to current poverty and neglect. The participants follow up the dreams with art making, which brings together the dream images with universal images of childhood and nourishment, for example, which can be reflected on.

This paper illustrates a way of working in which art making, social dreaming and reflection are brought together to enable the processing of painful repressed material. 'The hosts' see themselves as holding the fragments together, processing the feelings engendered in them by the material in separate spaces, and a movement back and forth between returning to the rawness of the material and to reflective thinking about it. The last example in this set also involves work with refugees, but in the UK.

'Najma', Tania Kaczynski, Jon Martyn and Emma Hollamby (2021) describe a one-day-a-week group art therapy space for asylum seekers, New Art Studio, in which therapists and members make art together. The focus is on reconnection with imagination and what has become repressed, on being with others, inhabiting an alternative identity to the pejorative 'asylum seeker', and asserting one's existence through the making of marks. The studio puts on exhibitions as part of the therapy, all being involved (if they wish) in the framing, curation, promotion and selling of the work. After an exhibition, group members return to the studio space to discuss and process the experience. 'Najma' et al. describe several important dynamics that are brought to the fore by the exhibiting: the artwork can speak for itself, thereby protecting the artist; it can educate the public about the plight of asylum seekers; it can redress the demeaning stereotypes about them; it can bring self-esteem to the artists; and it can give them a different identify than one with a lack. The authors describe the experience of the exhibition as raising feelings of competition, failure and inequality for members, but they are encouraged to express and explore these.

Whether or not art therapists work in a colonised country or share a similar identity to their clients, the clients are always 'other' in some way by virtue of the role. Each of these papers have considered this differently. Tillet and Tillet (2018) don't mention it. Berman (2017), though she explores inequality, doesn't mention her own position, a white therapist working with black clients, a mirror of the relations in post-apartheid South Africa that are the focus of the paper. 'Najma' et al. (2021), like Kapitan et al. (2011), attempt to even out the power within the structure of the therapy. Interestingly, their making the client first author of the paper speaks to this power relation. Contradiction is apparent in the 'Najma' et al. paper in relation to the exhibition, which presents the studio members as artists, whilst interest in the exhibition may be to do with the art being that of asylum seekers. There is a reflection of the 'First forget I'm black, second never forget I'm black' saying which captures the dynamic to which all the papers have a position. Remember we are equal, but don't forget that we exist within a system of oppression in which you are privileged at my expense.

IN MAINSTREAM INSTITUTIONS

As we saw in the previous chapters, neoliberal ideology pervades our institutions. As art therapy takes place within this system, without active subversion it inevitably replicates it. This was very much on the minds of the art therapists in this section.

In a London NHS trust, Jane Dudley (2011) describes an art therapy median group of up to twenty mental health users, which was open to whoever wished to attend, regardless of their level of distress or diagnosis. Participants made work as they chose. Dudley considers the median group as a community, as inpatients and outpatients who attended had often met before through repeated admissions; this helped lessen the sense of us and them, as all belonged to the community of the service, including all the staff. She emphasised to group members that the group worked because of what each individually brought to it. She thought of the group as a microcosm of society, 'by thinking large we can hold the larger group in mind' (p. 4). Dudley felt that an emphasis on the group as a whole, and on group members taking responsibility for passing the culture on to newer members, was a central factor in the group's eventual high and stable attendance. She speaks of resisting the temptation to always find words to talk about the art, as expression without words within a responsive community can be a relief from the pressure to talk that can be experienced in other parts of the hospital. Dudley discusses her reasons for not making art herself in the group and remaining seated during the art making. She was consciously allowing the power relation to be present in the group, but without it being a dominating one. The group had extremely positive feedback from its members but despite its success was closed down. Group members decided to protest at its closure, which Dudley says indicated that the aim had been achieved.

This same group model that Dudley uses informs the Art Therapy Large Group run on the MA Art Psychotherapy programme at Goldsmiths, University of London. The large group is seen as a community space,

enabling a shared encounter to which the whole learning community is able to relate. Art making, performance and dialogue in the group enables representation and the processing of social and political issues, as well as issues relating to equality and diversity, and professional development. The group, to which all the staff and students attend (around 100 people), has no explicit agenda, and often invokes powerful feelings of hate and fear; the idea is that these can be transformed through the group process, modelling the challenge of transforming society from a hierarchically driven one to a democratic one.

Sally Skaife, Lesley Morris, Robin Tipple and Diana Velada's (2020) paper follows the story of a camera that the staff introduced for the group's use for the purposes of a research project. The paper describes a conflict in which students were ambivalent about the research and the camera. Responses to the camera, in the form of different material representations, dialogue and performance, seemed to be ways in which participants brought the staff–student power relation to the surface of the group material, where it echoed other class relations that emerged in the group. The repeated iterations in relation to the camera are understood by the authors to be ways in which the group made the cathected object their own in a form of resistance. The authors describe the group space as similar to a theatre or a heterotopia, a space outside of real time in which incompatible spaces are brought together in a real space (Foucault, 2000). In this group there were political demonstrations, family sitting rooms and an area affected by a tsunami.

Although the students were invited to contribute to the research on the group, they were not co-participants; the research team were concerned about a conflict with their roles as assessors. However, they also thought their not abdicating the role of power enabled visibility of relations of power in education. There were clear contradictions here in relation to their espoused aim for the group, that is, of lateral relating, when the students were not able to achieve equality in relation to the research and therefore could only expose the power relation or subvert it.

Dudley's group ran counter to the institution's values and was closed down. Skaife et al.'s paper grapples with the dilemma of needing evidence

of the effectiveness of the mode of education to satisfy institutional demands, which then runs counter to the idea of the group's purpose.

DISCUSSION

We have been arguing that art therapy has the potential to subvert neoliberalism through attending to its contradictions, and with these papers we have been looking at whether or not contradictions in the therapist's power in relation to the clients is ignored, smoothed over or openly addressed. It appears that the differences between the papers can be related to the art therapy traditions from which they come. Both Kapitan et al.'s (2011) and Tillet and Tillet's (2018) papers come from a Social Action, Social Justice tradition in the US, in which the intention is to create new ways of working. Talwar (2018) speaks of consciously planned acts of resistance which disrupt the established order, for example, naming people differently or talking back; and through reclaiming public spaces, reclaiming agency and the ability to assert empowered identities. It is perhaps in line with this that both Kapitan et al. and Tillet and Tillet use structured approaches, ensuring an art making practice that is not at odds with their conceptual aims for the group. Kapitan et al. consciously attempt to ensure an equality of power in the work. Tillet and Tillet have a shared identity with their clients. In making their clients' voices heard, they make their own voices heard, redressing the system of domination that has silenced them.

There is a contradiction in Kapitan et al.'s paper. The exercise in which, in groups of three, one made an artwork, another destroyed it and a third repaired it split off the suffering that defined the exercise. That is, the pain of having something you've made destroyed (mirroring destruction from violence or the eruption of a volcano) was not experienced because you knew in advance that what you made would be torn up. In its place was 'glee', enjoyment at the play involved. Further in the paper they talk of a crayon replacing a machete. This binary is used to embody the notion of suffering and violence, as represented by the machete, being replaced with

the empowering and fulfilling nature of art, as represented by the crayon. There is violence, though, involved in the process of art making; we ourselves might destroy what we make, or feel despair at our production, but then find a way to repair it, or not.

MacLeod's (2011) Sierra Leone Peace Project is in the Expressive Arts tradition. Originating in Canada and the US, Expressive Arts practitioners, who use all the art forms, consider that artistic expression, in itself, is transformational (Levine, 1992). They think that it is the world rather than the individual that needs changing but believe this can come about through the healing power of art, both for individuals and the collective (Estrella, 2011). This approach certainly redresses the privilege given to cognition in approaches to mental suffering, but does it fall into a mind/body split and so disguise the power relation? If the 'outsider group' had not been there in MacLeod's work, maybe the group's reaction to MacLeod's identity, as a white professional from the West, a representative of the imperialism responsible for the suffering of the marginalised poor black youth she was working with, would not have emerged at all.

Lloyd and Usiskin (2020), Berman (2017), 'Najma' et al. (2021), Dudley (2011) and Skaife et al. (2020) define their projects in relation to a psychodynamic approach, which instead of structured art making according to cognitive ideas, allows the process to go as it will, which inevitably will result in power difference becoming present in the therapy, though it may not be commented on. Dudley and Skaife et al.'s papers present the therapist as consciously performing roles of authority, with the idea coming from the psychoanalytic tradition that these can be deconstructed or analysed. Lloyd and Usiskin describe their work as drawing on Social Action as well as psychoanalytic traditions.

Contradictions emerge too in the research that some of the papers address. Though participatory action-based research, as used by Kapitan et al. (2011), Berman (2017) and Lloyd and Usiskin (2020), does offer a good model for avoiding exploitation and allows art forms as data, there is a question as to how far any research starts to limit the practice, requiring a sort of tidying up of material. We, Skaife et al. (2020), using different research methods, found ourselves caught in a paradox in

which the objective method was at odds with the subjective experience of what was being researched. The turn to a subjectively based model, based on observational drawing, raises the question as to whether or not the project could or should be considered research, as replicability could never produce the same 'findings'. Lloyd and Usiskin (2020) talk of more research needed on art materials, which seems to suggest there is an aim for 'best practice'. Berman says:

> The Lefika model of practice is highly replicable, portable, cost effective and relevant in helping to address the multitude of trauma we are confronting on a global level as a social enterprise.
>
> (2017, p. 6)

In suggesting the projects are replicable, there is a denial of their particularity in a context, in which even those not directly involved in it are in fact contributing to it. There is a contradiction. If the intention is that community art therapy work is about inclusivity and empowerment of those involved, then each project needs to be co-created from its inception.

As we have said, contradictions are always present whether we expose them or not.

It may be that suppression of the 'here and now', that is, open discussion of feelings in relation to others in the present, is felt necessary for doing the work in some cases. In the foreword to Levine and Levine's (2011) book, '*Art in Action: Expressive Art Therapy and Social Change*', in which MacLeod's paper is a chapter, Michelle LeBaron writes, 'Focusing on the issues in conflict often escalates disagreement, worsens relationships and deepens the conflict itself' (p. 11). If we push away conflict though, are we avoiding the pain of class exploitation, leaving it to be silently experienced by the marginalised?

The politically orientated papers we have discussed have illustrated differences between the US and UK art therapy traditions. In the US there is an attempt to avoid the repetition of domination that is associated with art therapy methods, which rely on pathologising individuals, by doing

art therapy differently. The UK papers draw more on those aspects of the psychoanalytic tradition, which allow for conflict to be alive in the group. A difference in the histories of the countries might give one explanation for this. In the US, violence has been at home in the form of the slaughter of the indigenous population and in slavery. Nowadays, gun violence is a tangible part of daily life for many Americans. In the UK, where the violence of colonialism has been meted out on foreign soils, its history frequently denied. Where violence is in contemporary life, it is a marginalised experience, ignored or unknown to a majority. Conflict in the UK may be more alive in the group, but often this is understood only in relation to family or in-group relationships rather than as the legacy of its history of colonialism and the violence of continued class oppression.

Not only are there differences between each side of the Atlantic though, there are differences within them. In North America we have the directive approach of Kapitan et al. and Tillet and Tillet, and the Expressive Arts approach of MacLeod. Within the UK, too, there are differences still between more directive art therapy groups, which often address overtly political themes related to gender or other forms of oppression, for example, Liebmann (1994, 1997,) Liebmann and Ward (1999), Hogan (1997, 2018), Jones et al. (1999), and those which are more group analytically based, for example, Canty (2009), Melliar and Bruhka (2010) and Dudley (2011).

Other differences were apparent in the length of group interventions, whether or not group members left the art therapy space and the difference between community-based interventions and small groups. Additionally, the different positions of therapists of colour and white therapists implies different viewpoints, the former, though, getting written out of dominant art therapy discourses (Talwar, 2018, Gipson, 2018).

CONCLUSION

Both Layton (2019) and Parker (1978) speak of a contradiction, that is oppositional forces. Layton is talking of this contradiction in relation to white people wanting and not wanting to face the fact that their privilege is

at the expense of black people, and Parker to the experience of black people as wanting to be assumed equal at the same time as wanting their centuries of oppression recognised. These two different contradictions can be difficult to keep in mind at the same time. Different sides of contradictions can easily get hidden in art therapy groups, sometimes between what is said and what is in the artwork, or in the many other dualities present.

In this chapter we have been working in a contradiction where, on the one hand, we are valuing the diversity in the different approaches on each side of the Atlantic while, on the other, our suggestion that contradictions should be exposed as such comes more from our own more psychoanalytically orientated tradition. Whilst all the projects we have selected for discussion are powerful interventions, and we recognise conflicts in all of them, our position is that those modes which privilege cognition, consciousness and directives are reflecting this same dominance in neoliberal ideology.

INTRODUCING PARTS TWO AND THREE

In the following chapters art therapy group work is described in which art therapists have grappled with the dynamics discussed here. Part Two is about the aftermath of the fire at Grenfell Tower. In Chapter Four, Susan Rudnik introduces Latimer Community Art Therapy (LCAT), a grassroots therapy project that sprung from the ashes of the fire, a preventable disaster in which 72 people lost their lives. She describes an ongoing relation of domination and resistance between the council and the community. Chapter Five describes a group for young people run in the community centre, which LCAT claimed back from the council. Beulah Lambert describes the dynamics that arose in the group when the young people made their voices heard in ways that created a lot of difficulty for the therapists. She is caught in a relation of power, which has meaning in both terms of adolescent development and in political activism. In Chapter Six, Holly Caldecourt describes her work in a primary school. Caldecourt had expected that the art therapy she

provided to year one children would be for processing their experiences of the fire, however, the school had other ideas and asked her not to mention the fire. Caldecourt describes conflicting notions as to priorities, the school requiring education based on a restricted curriculum, measurements and targets whilst the art group process revealed that the children had other concerns, which the teachers found hard to hear.

Part Three is made up of contributions from art therapists working in institutions, community arts and in a refugee camp. In Chapter Seven, Mia Cavaliero describes difficulties running an art therapy group on an acute ward whilst the NHS is required to report patients who have unstable status to the Home Office for potential imprisonment and deportation. When senior staff enter the therapy space uninvited, Cavaliero asks herself if the group, as part of the acute ward, is a hostile environment or a place of safety. In Chapter Eight, Jessica Collier discusses the effects of political, social and misogynistic scapegoating of underprivileged women from the margins of society, and the way in which professionals and the prisoners themselves collude. Collier describes the impact of this on her running of art therapy groups. In Chapter Nine, Helen Omand discusses the conflict involved when an art therapeutic studio that has been supporting those with long-term mental health problems for decades faces drastic cuts. Where do therapy and protest meet? In this chapter the studio members tell us through presentations of their art work. In Chapter Ten, Emily Hollingsbee and Katie Miller travel to Greece to work in a refugee camp. They describe a tension between, on the one hand, offering a much-needed space for art and reflection, and on the other, realising that what they have to offer seems so minimal given the forces of oppression experienced by the refugees.

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