

Chapter 11. Workshop 'Art therapy for an art therapist'

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Abstract

'Art Therapy for an Art Therapist' was an experiential workshop presented at the 5th International Health Humanities Conference, Arts and Humanities for improving Social Inclusion, Education and Health: creative practice and mutuality - held in Seville (Spain), from September 15th to 17th, 2016.

The main enquiry proposed to the audience was how to conduct an art therapy workshop for an art therapist. This key question addressed an important role in our teaching model, since it was designed to promote an autonomous and critical thinking among the participants to an almost Socratic style and to some more committed conjunctures according to Bain theory (2005: 118) and following the Experiential Learning (Kolb, Boyatzis & Mainemelis, 2000).

The method used involved different phases and techniques, as a gymkhana or an art exhibition. The results pointed out the vision and thoughts of the ideal art therapists and the descriptions of the main capacities and abilities needed.

Keywords: art-therapy, game, roles, workshop.

Theoretical background

According to the Spanish Professional Association of Art Therapy, 'art therapy' is a profession that uses artistic creation as a tool to facilitate the expression and resolution of emotions and emotional or psychological conflicts. This is practiced in individual or group sessions with varied populations and objectives, from the treatment of mental illnesses such as depression and anxiety, to the promotion of emotional intelligence and self-

esteem (Esteban & Garrido, 2013). The main element of this type of therapy appears in the relationship between the agents: (a) the patient / user, who use Art as an alternative and complementary type of communication to the word, (b) the image or artistic object, which is created during the session and (c) the therapist, who guides and facilitates the creative process as a function of the therapeutic goals.

The basic skills that practitioners of art therapy must develop, according to Izuel & Vallès (2012), are summarized in eight blocks: (1) Artistic & therapeutic competence (i.e. understanding the need to establish and maintain the artistic & therapeutic relationship as a creative process within a holder and safety frame; Knowing the own capacities and limits), (2) Artistic competence (i.e. Developing production activities in any form of Art), (3) Cultural competence (i.e. Being aware that therapeutic artwork can be affected by culture, age, origin, gender, religious beliefs, etc.), (4) Critical competence (i.e. Ability to exercise the profession in a critical, self-critical and reflective way), (5) Ethical competence (i.e. Understanding of art therapy as a process to be developed 'with' the patient and not 'for' the patient); (6) Communicative competence (i.e. Communicative ability both verbal and not verbal, through images or other forms of representation, that allow an adequate communication for the development of the task); (7) Creative competence (i.e. Ability to promote and evaluate creative processes at individual and collective level through the development of non-stereotypical perceptions and divergent thinking); and (8) Research competence (i.e. Ability to properly use the art therapeutic framework in research, as well as the application of the most appropriate methods to allow advance in the knowledge and studies to be performed).

For its development, art therapists must permanently revise their practice, their theoretical, technical and methodological formation. In this sense, we consider that developing artistic activities as users will facilitate art therapists own training as well as professional and personal growth. Also, experiencing as participants the activities they develop as therapists, put themselves in the place of their users, increasing the empathy and identifying their own reactions to therapeutic proposals. We are, therefore, faced with a process of Experiential Learning Theory that provides a "holistic model of the learning process and a multilinear model of adult development, both of which are consistent with what we know about how people learn, grow, and develop" (Kolb, Boyatzis & Mainemelis, 2000). In this sense, there is an increasing number of manuals where there are techniques that are directed to a multitude of groups, where health care professionals also begin to have a space for attention (Domínguez & Esteban, 2014).

In this document we present an experience in this direction carried out at the *5th International Health Humanities Conference* with health professionals from different contexts and countries. Below is the methodology carried out, the main results, some lessons learned and conclusions.

Method / Description of the experience

Goals pursued to participants were as follows:

- To reflect on creative techniques currently used at work with vulnerable populations.
- To change the position of the art therapist in order to adopt the role of "patient" and feel as such in a given context.

- To generate open, collective and/or multidisciplinary spaces for innovation in this field.
- To encourage the incorporation of new teaching and artistic methods for improving health and social inclusion.
- To promote the use of alternative creative tools for improving health and social inclusion.

To facilitate these goals, we organized the experience using *flipped classroom* (Sanmartín, 2015), a kind of conceptual workshop based on constructivist methodologies oriented to action (Arroyo, 2014). This type of workshop allows participants to solve for themselves the challenges they face by working in groups (Finkel, 2008: 167-170). So the workshop lasted 50 minutes, distributed in four phases:

Table 1. Description of the workshop phases

| Phase | Time | Description of the activity |
|-------|--------|---|
| A | 5 min | Presentation of the workshop (Figure 1). |
| B | 35 min | <i>Gymkhana</i> developed by teams composed by slightly different numbers of members. Through different clues provided in six trials, participants unravelled different concepts, tools, ideas and materials that responded to the question posed at the beginning of the workshop (i.e., characteristics of the ideal ‘art therapist’). So, the objective was to discover how to make an art therapy workshop for an art therapist. The key was that if they really wanted to know the answer, then they had to obtain it through a somewhat peculiar way - deciphering the clues. Once the teams found and analysed everything, we all met again, gathering all the collected parts to give the solution to the enigma. |

| | | |
|---|---------------------|---|
| C | 10 min | From this point we proceed to a discussion through the sixth and final trial, taking into account the paradox that participants had already done unconsciously an art therapy workshop for an art therapist through the previous phase. So, the challenge was maintaining the generated expectation all the time. |
| D | No time restriction | Art exhibition with the pieces resulted in the workshop and made by participants were shown in the hall of the conference's host institution afterwards. |

The audience of this workshop involved 10 participants in total. Materials were delivered to them in order to develop the activities: such as paper, crayons, markers, glue, scissors, cardboard or ropes. The room provided by the organization of the conference was a standard room with mobile tables and chairs and also a screen and speakers for the audio-visual material and *PowerPoint's* presentation displayed in this workshop, in which the six trials below already mentioned in phase B were described to participants as it follows:

Table 2. Description of the six trial in phase B

| Trial N° | Time | Description of the activity |
|----------|--------|--|
| 1 | 3 min | To make groups finding other participants with the same colour. |
| 2 | 8 min | To take an envelope (per group), looking for materials outside the classroom and putting them on a specific target table provided in the classroom (Figure 1). |
| 3 | 4 min | To select the materials more interesting for the group and taking them to its own space. |
| 4 | 15 min | With those materials, to debate in the group which are the main characteristics of the ideal 'Art Therapist' and creatively represent it from the attributes defined (Figure 2). |
| 5 | 5 min | To imagine the room as an art gallery and to exhibit the artwork produced in the group (in 1 minute) explaining it to the rest of groups (1 minute per each one). |
| 6 | 10 min | Sharing session asking the next key questions proposed: What common characteristics would you highlight from these representations? What have you learned from this experience? How could change the ideal art therapist role in the future? |

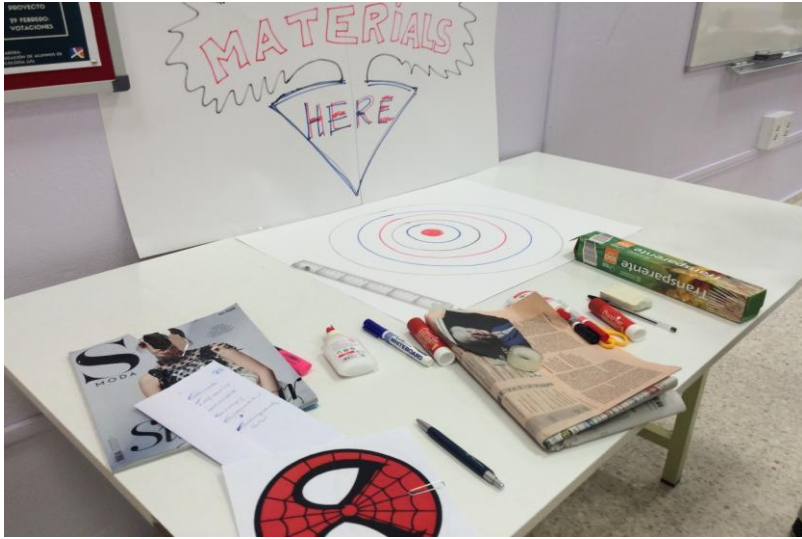


Figure 1. Materials founded by participants and displayed on a specific target provided. *Source: own collection, 2016.*



Figure 2. Participants doing the trial No. 4 during the workshop. *Source: own collection, 2016.*

Results

As a result of this whole process of learning, the evidence led the realization of four works of art produced by the four groups formed in the workshop respectively. Each work symbolized the ideal 'Art Therapist', according to the group that represented it, generating knowledge through their own emotions experienced during the workshop (Mayer y Salovey, 1997: 10; Kolb, Boyatzis & Mainemelis, 2000). The following four works are analysed below.

The first group performed a work, which was titled "Art is below" and it was given the price of \$50,000. It consisted of a hard platform as a base, taken from a magazine, a glass, human beings made of play dough, a kid's tambourine, a layer of silver paper and many portraits of people cut-out from newspapers (Figure 3).



Figure 3. Artwork made by group 1. *Source: own collection, 2016.*

They tried to portray how these people, who might well be art therapists, tried to climb the 'fragile' glass, to finally break the last layer of silver and enter a world full of different people and personalities. The kid's tambourine gave stiffness but also rhythm to the composition.

The second work was made of play dough, an open magazine, glasses, and a battery-operated toy that played a melody if you pressed a button. On this occasion, what they tried to represent in the figure of the ideal art therapist was the exaltation of all the senses of a human being. They pointed out the head as something big and an open book is trying to emphasize that to be a good tool as art therapist, who also would need the best sight, touch, smell, taste and especially, ears.

The third group made a piece of cardboard, a silver paper, a bit of play dough and many cut-outs from magazines. In this case, with each cut of magazine, which constituted a symbolic image, they wanted to represent the skills that every ideal art therapist should have. Among others, they indicated enthusiasm, attention, calm, courage, communication, self-awareness and openness.

Finally, the fourth group used mostly blank paper and cut-outs with superhero logo prints to create it (Figure 4).



Figure 4. Artwork made by group 4. *Source: own collection, 2016.*

As can be appreciated, they attempted a general balance of weights in which we must know how to measure very well what is best for the ideal art therapist depending on the situation depending on the patient to be treated. In this work appeared the icon of 'superman' as a strong superhero and out of the ordinary human, but also with a powerful heart from which to be feed.

Discussion

With all these pieces produced by the participants it was conducted an exhibition at the end of the workshop. A productive debate was generated in which each one shared the own vision of what a good art therapist should represent as well as the vision of all this experience during that workshop.

It was expressed, among other things that the art therapist works from a transparent layer that separates it from the rest of people. Also it is

necessary to separate what it means to be an 'art therapist' or to be an artist who works to improve the health of the people. Every professional should find their own ways of working in which to be identified and find the own limits.

Finally, and as an extraordinary closing ceremony of the workshop, all the works were settled at the congress reception entrance, enabling a temporary and original exhibition aimed at the enjoyment of all attendees.

Additionally, participants expressed that the methodology based on learning by doing was very interesting, because it allowed them to think in a critically way and to use subjective strategies to share with the rest of the group, facilitating a warm atmosphere where to express their thoughts.

Consequently, we conclude that art therapy workshops are useful methodologies to include in the training of art therapist and providers of healthcare, based on the premises of the experiential learning models (Kolb, Boyatzis & Mainemelis, 2000).

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