The Good Enough Space in Art Therapy

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ABSTRACT

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This paper provides context for the zine, “The Good Enough Space”, printed in March 2015, distributed to students at Creative Arts Therapies Programs at Concordia University, and available online.

The zine illustrates the fictionalized account of two art therapy interns in their second year practicum and presents some of the challenges they face creating consistency for their clients and conducting art therapy in the spaces provided at their practicum sites. Motivated by my experience of having to shift my expectations of the art therapy room and to learn to adapt to what was available to me, I was interested in finding out what was necessary to creating consistency for our clients in changing circumstances.

This research explores the ideal art therapy space, art therapy in hospital settings, art therapy in school settings, positive therapist qualities, and affect regulation modeled in the client therapist relationship.

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Introduction

This paper provides context for the zine, "The Good Enough Space", printed in March 2015 and distributed to students at Creative Arts Therapies Programs at Concordia University, and available online. The zine illustrates the fictionalized account of two art therapy interns in their second year practicum and presents some of the challenges they face creating consistency for their clients and conducting art therapy in the spaces provided at their practicum sites.

In exploring the theme of creating consistency in art therapy practice and characteristics required of the therapeutic environment, I came to realize that the issues that arose at my practicum sites were not necessarily generalizable problems to all creative arts therapists; that perhaps they stemmed from issues present in myself that I needed to overcome in order to assert my needs in the work environment.

The production of the zine has allowed for some perspective on my lived experience and to reflect on successful moments in therapy despite challenges presented. In addition, I've gained insight on positive therapist qualities that support a strong therapeutic alliance and on establishing an art therapy practice in a new setting. This paper will contextualize the content of the zine with theories that inform the formation of a successful therapeutic alliance in challenging circumstances, working in the third space, the necessary (preferred) qualities of an art therapy space and, challenges and considerations when working in a hospital or school setting in art therapy.

Sharing a fictionalized account of my experience, I hope, can be used as a learning tool for other student creative arts therapists, future supervisor and colleagues,

and as a starting point of discussion to alert the needs of the therapist working in art therapy. For art therapists, I hope these documents can be used as an informal and accessible reflection tool to become aware of the needs we have to feel confident and supported in our work environments.

Literature Review

This literature review explores the topics of the ideal art therapy space, art therapy in hospital settings, art therapy in school settings, positive therapist qualities, and affect regulation modeled in the client therapist relationship.

The Therapist

There are many similarities that arise in the literature regarding the importance of the therapist as a person and the ephemeral space they carry with them to therapy sessions. Haigh (2013) describes the therapist as providing "a psychic space in which the things that went wrong or got stuck in primary emotional development can be re-experienced and re-worked in this artificially created setting" (p.14). Haigh elaborates on five psychosocial concepts that are essential to creating a therapeutic environment in order to recreate an attachment phase missing or incomplete in the client's early development. None of his five concepts address the physical space, but rather the relationship between client and therapist. These five psychosocial concepts are attachment, containment, communication, involvement/inclusion and agency (p.9). Weiss (1991) explains that the client-therapist relationship resembles that of the child-parent attachment relationship, whereby the child is seeking care and protection, from an older, wiser, and stronger adult.

The importance of the therapist's capacity to contain the client is discussed by Case (2006). She states that within the therapy space, it is "…the therapist (who) is a constant for the client" (p.18). Winnicott illustrates the ephemeral quality of the client therapist relation that develops in therapy, "…in due course, a space arises between container and contained and it becomes safe enough to explore, and start seeking a sense of autonomous identity" (Winnicott, 1965 as cited in Haigh, 2013, p.9).

Hazler and Barwick (2001) describe how the therapist being able to secure the client and engage in a transferential or counter-transferential dynamic is where the "therapeutic potential" exists (p. 30). They specify that this therapeutic potential is easier achieved in a safe environment but can occur independent of the location it takes place. In his research on consistent and effective psychotherapy outcomes, Wampold (2001) found that the attributes present in the therapeutic relationship were more successful than any method employed by the therapist. These attributes include, "a relationship that has characteristics of helpfulness, warmth, and commitment" (as cited in Costello, 2013, p.176). In examining the reasons for success and failure among his client patients, Hood (1974) found that the common thread between successful therapy and progress made with his clients was linked to the positive interpersonal clinical relationship (p.45).

This research indicates that because therapists carry their knowledge and way of being with the client within themselves, the physical space in which they conduct therapy sessions is less important. In describing their work with art making in war-torn Kosovo, Kalamanowitz & Lloyd (2005) suggest, "the internal structure we carry with us as therapists can allow for work to physically take place in a wide range of settings," (p.108). This understanding allowed them to conduct art therapy in less than hospitable

locations. For example, the authors describe art sessions for teachers, held around an old carpet left intact, surrounded by shattered windows in an empty school library.

In his practice dealing with unexpected obstacles with clients, Epstein (2013) incorporates mindfulness techniques and Buddhist theory to prepare himself, "… not to cling to what is pleasant and not to reject what is unpleasant – to simply be with things as they are" (p.28). Ackerman and Hilsenroth (2003) explored the different attributes and qualities that positively or negatively affected client-therapist relationships in their 2001 and 2003 studies. They found that there were definitive therapist characteristics that encouraged a quicker or more successful therapeutic alliance, namely "being flexible, honest, respectful, trustworthy, confident, warm, interested, and openness" towards the client (Ackerman & Hilsenroth, 2003). One important theory that the art therapist embodies is an understanding of affect regulation.

Affect Regulation

The response we've been given as infants shapes our working models and our expectations of future encounters in our ensuing relationships (Schore, 2003). If these calls for a response have been positively met by our primary caregivers, and later by a parent or spouse, a secure attachment style usually ensues, and thus informs the trust and expectations one brings forth to new relationships (romantic, professional, etc.). If these have not been suitably met throughout development, the therapist may act as a positive response to the client's calls of discomfort or emotional pain, and together, the therapist and client work to develop a positive model of attachment the client can refer to for future and current interpersonal relationships.

When there is positive attachment between client and therapist, attunement and

holding to ease the client's arousal, the client can recalibrate affect regulation (Schore, 2008). Schore explains that attachment principles are applied to psychotherapy, for the very reason that the therapeutic alliance between client and therapist sets in motion the "right brain internal working models encoding strategies of affect regulation" (p.30).

One of the ways in which art therapists apply their knowledge to help guide a client's behavior is in modeling affect regulation. A therapist modeling positive responses to stressors or unforeseen events demonstrates to clients ways in which they can adapt their behavior in a positive way, to self-soothe or gain mastery of a situation to problem solve in a cooperative manner with the other parties involved. The therapist's response to disruption of sessions, or towards other staff is a modeling of affect regulation for the clients. Prior and Glaser (2006) explain that the infant who is in a state of arousal, is calling out for a response to discomfort from the cargiver, "In the course of a sensitive caregiver's response, the caregiver calms the child and thereby decreases the child's affective arousal. In this way, the caregiver provides the experience and model for the child's acquisition of self-regulation" (p.44).

The Potential Space

> "It is in playing and only in playing that the individual child or adult is able to be creative and to use the whole personality, and it is only in being creative that the individual discovers the self" (Winnicott, 1971, p.73)

Winnicott (1971) specifies that play occurs in the "potential space". The potential space is a space other than our inner world (subjective), and the external world (objective) (p.55). He describes this first space as our "inner psychic reality within the bounds of the individual's personality" (Winnicott, p.72), the thoughts and feelings we are

experiencing, and second space as external reality, "located outside those bounds," the physical environment we inhabit and experience. Playing and cultural experiences occur in the potential third space, the space between mother and baby (Winnicott, 1971, p.72). Third space will vary between individuals because it "is a product of the experiences of the individual person (baby, child, adolescent, adult) and their environment" (Winnicott, 1971, p.107). In the patient-therapist relationship, "the patient having felt secure and viable because of the analyst's reliability, adaptation to need, and willingness to become involved, and now beginning to feel a need to shake free and achieve autonomy" (Winnicott, 1971, p.107). These processes of the client's growth and healing are able to occur within the potential space possible in art therapy. In the therapeutic setting potential space serves as a meeting point, for client to reveal and explore and for therapist to accompany the exploration and to hold the space.

The Setting

> "Would a bird build its nest if it did not have its instinct for confidence in the world? If we heed this call and make an absolute refuge of such a precarious shelter as a nest – paradoxically no doubt, but in the very impetus of the imagination – we return to the sources of the oneiric house" (Bachelard, 1994, p.103)

Gold and Cherry (1997) import that not considering the physical space of the therapeutic environment is to risk the quality of the relationship. They state, "dispensing with the frame entirely would undermine the notion of a therapeutic encounter and reduce the relationship to just another social interchange" (Gold & Cherry, 1997, p.153). Art therapy can take place in a wide variety of settings. Common to the image of the practice

of art therapy is the private practice office or the group art therapy studio. Art therapy can take place in many more places, and usually calls for creativity on the part of the art therapist in adapting a setting to meet the needs of the clients. Some examples of other settings for art therapy are in schools – usually conducted where space permits in empty classrooms, conference rooms, guidance counselor offices, former storage rooms, etc. In hospitals, where depending on space and the mobility of the patient may be carried out in an office on the patient's floor, the community recreation space, in the kitchen or bedside in the patient's room. Home art therapy visits also exist for vulnerable clients, such as young children and older adults with limited mobility due to age, physical injury or illness (Moon, 2001, p.68).

Moon (2001) describes the challenge, of the art therapist in adapting the space for art therapy, is avoiding preconceived notions of the art studio, from the "sacred, mysterious place" to the art studio as a place for "frivolous activity" (p.71). Not all spaces are ideal, but the art therapist can learn to work with what is available, recognizing all spaces can pose a challenge (Moon, 2001, p.71).

Rubin (2012) addresses the importance of maintaining a consistent space over the course of art therapy sessions with clients. Rubin states consistency allows for ease in expectancies; the client's anxiety may be reduced if the space remains unchanged from the last visit. The lack of surprise may help the client feel safe (Rubin, 2012, p.85). Rubin stresses that the arrangement of materials in the space can also greatly influence how you would like your client to work (Rubin, 2012). Shifts in art material use, for example, displaying new material options in an aesthetic and accessible way may help to

> encourage experimentation. Materials should always be presented in a way that is inviting, clean and organized (p. 85).

These suggestions towards consistency and accessibility in the space are assuming the art therapist is working in the same location every session. Rubin acknowledges that art therapists may not always have access to an ideal space, in which case, remaining flexible and "being clear in your mind about the necessary minimum" to provide art therapy to clients proves to be most useful (Rubin, 2012, p.84). She offers the example in which working in a hospital setting, group art therapy sessions were relegated to the hospital floor's kitchen space. At first uncertain about the symbolism and message this would send to clients and staff, Rubin was surprised at how efficient and practical this space came to be. Many patients in the group were confined to the ward and would not have been able to freely travel to an art space on a different floor. Secondly, the access to water facilitated clean up and offered flexibility in the material choices presented in session (Rubin, 2012, p.84). There are a variety of possible locations in which art therapy may take place due to availability of space in the workplace and needs of the clientele. There are different things to look for in an art therapy workspace – things to consider are light, access to water, sound (privacy factor and outside noise disturbances), storage of art materials and artwork (Rubin, 2012, p.84).

The client plays a part in modifying or adding to the space, specifically through the artwork created. In Johnson's (2008) review of literature of creative arts therapies that take place within a hospital setting, she found that the most common theme was the "emphasis on promoting opportunities for the client to create their own personal space" in the setting (p.21). For example, the client may feel ownership of the personalized

folder in which they keep their artwork, or wish to display artwork made with the art therapist in their room, and thus modifying the physical space with their mark.

Art Therapy in Hospitals

Of the many different potential settings for art therapy, some art therapists work in hospitals. Sessions may take place in a number of different available locations, an unoccupied office, a community group space and at the client's bedside to name a few.

Johnson suggests that the very nature of art therapy – containing emotions in a tangible other, the artwork, can serve in medical settings where opportunities for containment of emotions are not always available (Johnson, 2008, p.12).

Case (2011) claims that to a child, an art therapy visit in most medical establishments can be a welcome distraction from the pain. She explains,

> A visit from the art therapist, a grown-up who brings art materials and an invitation to draw or paint, instead of needles or pills to swallow, can be instantly comforting to a frightened child. Whether that first encounter leads to an expressive piece of artwork or just a few simple marks, it can establish a meaningful link to life outside the hospital and provide a concrete way to respond to the hospital experience (p.224).

The clientele an art therapist works with in the hospital may vary; potential clients may be outbound or inbound patients, in short or long term care. In a study published on the arts in healthcare, Breslow (1993) observed that art-therapy with outbound patients took on a different meaning (lacked intimacy) as compared to the work done with inpatients (p.103).

Art Therapy in Schools

The second art therapy setting explored in the zine and in this paper is art therapy in schools. Waldburg (2011) addresses the art therapist working in a school setting in her chapter, *Preparing the Room* by offering the necessary steps to follow to ensure the frame and boundaries are set within the client-therapist relationship, but also between the art therapist and the other staff. Making a clear case about the role of the art therapist in the school and the needs required helps the other staff accommodate and see the importance of art therapy in the school (Waldburg, 2011, p.81). She acknowledges that many schools have limited space, and though their intentions and feelings towards art therapy are positive, providing the dream space is often not possible; art therapy sessions are often relegated to spaces that serve many other purposes; family room, multipurpose room, meeting room, etc. (p.80). Like Rubin, she places much importance on consistency to ensure the client feels held and that the therapist is available to meet his or her needs from session-to-session (p.79). Waldburg (2011) describes the room as the container in which therapy unfolds, holding the narratives shared and the unspoken fantasies (p.79).

The Artwork

From a Jungian perspective, "the picture space," as described by Schavarien (1999), or more simply put, the artwork, acts as a frame (for emotional content expressed, imagery, metaphor) within the frame (therapeutic alliance between client and therapist). The outer frame comprised by the physical space and all its elements (table, chairs, door, window, art materials etc.) and the inner frame whereby the client and therapist are contained within this tangible physical space. The therapist plays a role in creating the boundaries of the outer frame, by setting meeting schedules with the client. The

artwork's image is a contained space, where the inner world of the client can be explored, but is physically contained within the page and stored safely before the client leaves the room. Learmonth (1994) places particular importance on the role of the artwork as a form of containment within the session and "its ability to provide a form which can contain the individual's experience" (p.20). This experience allows the client to safely walk away from conflict or frightening thought patterns expressed during the art therapy session, knowing their artwork (or disclosures) are kept safe by the therapist, available to be reexamined in subsequent sessions.

The Ideal Space

With much experience working with art therapy in psychiatric hospitals, Lyddiatt (1971) describes an ideal space in a psychiatric hospital in England where she worked in the 1950s and 1960s. She affirmed, "space is a vital necessity" (p.15). The welcoming space is paramount for welcoming new patients to move about and stretch to allow a sense of freedom. There were several rooms with high ceilings and bright natural light which served to provide a range of art therapy services. She describes a large main room with a wide range of materials and adjacent rooms for preferred working conditions, such as conversing with other patients, or for working silently. We are reminded that in hospitals, people have limited privacy – sharing rooms, doctors and nurses walking in at any time and the ideal art room would allow take this into consideration. Lyddiatt describes how many of her patients preferred to work alone, and states, "a satisfactory art department must provide conditions both for action and privacy" (p.15). Up to twelve people would work at the same time in this space but between six to eight individuals – proved ideal (Lyddiatt, 1971, p.29). Finally, in her space, she also had access to a

basement room, which provided a different freedom to be noisy and messy. Patients were invited to leave their mark on the basement walls with paint, with the understanding that their marks may be covered up by others, and to accept that reality (p.30). Accessibility to the art room is a key point in psychiatric hospitals, because the individual can have release and express the imaginary she explains, "the images made are of the world in which the painter is living; the artist forges a link with the unconscious, but the so-called crazy person is drowned in it" (p.39). Lyddiatt states that it is desirable that these spaces always be available to patients to allow for self-expression to take place when they need it. "Art departments that are always available bring life and vitality – access to the imagination for those living in hospital long term" (Lyddiatt, 1971, p.44).

Art Materials

Materials, thinking about how they are presented and received by the patient are important to the invitation to create and continuation with the process. There should be ample amounts and much variety, so the patient will feel they have all they need to create (Lyddiatt, 1971, p.16). However, the storing and display should be kept tidy and organized so as to not overwhelm, "simplicity of materials may result in more inner vitality" (p.16). The quality of materials should be good, clean, but inexpensive, to allow for the patient to feel they can use what they need without reservation. Patients will react differently to this last point, the individual who indentifies with their inner artist might view the room as containing a wealth of possibilities; someone fearing the vulnerability of creating may perceive inexpensive materials as juvenile (p.16). Lyddiatt clarifies, "a department that is well planned, equipped and organized for its special purpose is needed. Upon this foundation imaginative work can grow, and much can be accomplished by

patients, doctors and staff" (p.5). Access to windows for natural light as well as an opportunity for the patient to look out at a distance to the outside world, especially after internal introspection, to encourage oscillation between an internal state to a real world reality, located beyond the treatment room. "Often what is desirable for an art department is reminiscent of the quiet pondering of adults who in solitude play in streams and wander on the sea-shore" (Lyddiatt, 1971, p.14).

Methodology

On the arts based research, McNiff (1998) writes:

> Fiction can take us even closer to experiences than verbatim descriptions and the tedious and formalistic literalism that pervades case study literature. Fictional explorations allow us to penetrate more freely and intimately into the particular subject matter, to identify with the characters and situations in new ways, and to speak from the perspective of others. (p. 38)

This art-based research project is the result of theoretical research as well as, contemplation on my own lived experience of being an art therapy intern in new practicum sites, many of which were challenging, which prompted this investigation of how to create consistency for the client in an inconsistent and disruptive physical spaces.

The zine, a fictionalized reflection on my second year art therapy practicum, was created to share my experience with other training art therapists, and future art therapy site supervisors to open dialogue about what is needed in the art therapy space with clients.

The zine is available in print and in a digitized format online to maximize accessibility. The print version, half a letter size page (5.5x8.5 inches), reproduced by

photocopying original art works, was chosen to respect zine tradition and to facilitate distribution. The print zine was made available to students in the creative arts therapies department's student lounge at Concordia University, for current and future supervisors, as well as online at www.arthives.org.

The production of a zine was chosen in order to provide accessible information and a concrete learning tool to open the discussion on needs of the therapist, and awareness of the art therapy practice. This form of arts-based research allows for "… learning how to foster more open and original ways of perceiving situations and problems, gaining new insights and sensitivities towards others…" (McNiff, 1998, p.32). This method fostered the examination of the obstacles and fostered creative solutions to problems presented. The final product promotes dissemination of the research and allows it to be freely shared with others.

Zines have been used as a tool for marginalized groups and opinions to be heard and seen. In order for the information to reach a broader public and to be accessible, the zine "… is presented in a way that keeps it from being just another floating statistic in a sea of information, a way that makes some sort of personal connection between the zinester and "the facts" (Duncombe, 1997, p.29).

In her book *Zines in Third Space,* Licona (2012) explains that freely trading zines is a useful way to build community and to educate. Appropriately, this method of information sharing echoes with the sociopolitical Thirdspace (Soja, 1996), giving voice to those unheard, as well as establishing another potential third space, which is made possible through the creative arts therapies.

My goal for creating a zine to disseminate research is to reach the creative arts therapies community as well as others, in order to bring awareness about our profession. The zine format allows me to use my own fictionalized story as a source of valid information, the zine, "…legitimizes and validates lived experience as valuable and informative" (Licona, 2012, p.37).

Reflection on my experience through creating the zine provided a method of self-discovery (Locona, 2012 p.138) and allowed me to revisit what was successful and what I could have done differently in difficult situations during my internship experience. Through the zine creation, like Licona suggests, "practices of this developed consciousness serve to reimagine and revision (mis)representation" (p.138). I can share what I have learned by illustrating these concepts and provide a caution to other art therapists that working conditions they will encounter might bring challenges they hadn't considered. Readers may or may not identify with the characters in the zine, but can use the story as a starting point for discussion and reflection on what the ideal space can look like, what is possible within the current work setting.

Licona (2012) adds that "… the valuing of one's story and its application to a broader context are activist and political acts with consequences for the greater community," (p.46). I hope this zine can be used as a learning tool to help educate future creative art therapists but also to serve as a point of discussion for colleagues and supervisors at future art therapy sites; to bring awareness to the needs of the therapist in relation to the space and other staff, and as a reflection on the minimal conditions the therapist requires. Ultimately, my hope is that the research through zine dissemination

can build community awareness as well, as Licona advises, thorough not only increase in self awareness but also "through the development of coalitional consciousness" (p. 138).

Content of the Zine

The zine presents two second year art therapy students navigating to find their place at their second year art therapy practicum sites. The first student, Léa, is eager to apply her knowledge and begin working in individual art therapy with elementary school aged students who have been identified as having experienced trauma. The therapy intern has a keen but somewhat rigid view of the "necessary" conditions for art therapy, based on her readings of theories and practices, and the expectations she carries with her to the future practicum site. She is met with challenges and disappointments when she discovers the school is very lacking in extra space. Léa is forced to overcome the disappointment of not having the imagined room she had hoped to work in, and has to learn to make the most out of what is available to her. She learns to rely more on staff and colleagues, which demonstrate its benefits, because connecting others can be a valuable resource, especially in panic situations. Léa learns how to find a new space to work in when the current space is unavailable. She is creative in her storage system, in order to ensure all materials and artwork are safely and confidentially stowed away in the small locker storage available. And she learns that, contrary to her original belief, clients are resilient, even unaffected by disruptions if they have a sense of "being held" and contained by the therapist. Winnicott's third space is explored with Léa and her client's opening ritual. They establish the safe space in which to create, by placing a sign on the door – a metaphorical seal that holds the container.

The second student presented is Sophie, beginning her practicum at a palliative care unit in a hospital. Sophie is challenged by the lack of physical frame and constant buzz and activity; coughing, chatty neighbours on the other side of the curtain; tired clients unable to engage in art making; medical staff unaware of her role coming in and out of the space; other (though often welcome) disruptions, such as family visits; accepting loss when clients pass away; navigating the limitations of working in a medical setting (disinfection of materials, limited work space and choice of materials, lack of privacy, lack of storage, etc). Sophie brings consistency with her, rolling her signature "art cart" from room-to-room and wearing a smock to differentiate her from other staff. She is open to the conditions presenting themselves to the art therapy session, such as inviting her client Ava's chatty neighbor to participate in a session. She attunes well to the wishes of the client and works to adapt art materials to make it possible for Ava to work with messy clay from her hospital bed. Sophie has to overcome her own disappointment and attachment to clients when continuity or consistency of sessions is not always possible – interrupted by medical procedure, family visits, or mourning the death of a client when they pass away.

In the story, the calm, open presence of the art therapists reassures the clients. Both interns learn that they can act as the container for the client, traveling to them, despite changing session venues (school), or permeable session venues (hospital). Both Léa and Sophie could stand to be more affirmative in their role at their respective sites. By sharing and addressing their needs as an art therapist, other staff and colleagues learn what it is the art therapist a doing during an art therapy session and why it is important to respect this safe and confidential time with the client. By making their needs and

presence known, it is easier for other staff to be understanding and accommodating to the art therapist in the work environment.

Discussion

The practicum experiences I have had during my graduate studies in art therapy brought me to consider the space I was working in and it's role in the therapeutic process. Does the space affect the client-therapist relationship or is the consistency of the therapist's alliance enough? While Moon (2001) describes the variety of spaces in which art therapy takes place and the challenges that each location may present, Haigh's (2013) five essential factors to create a therapeutic environment do not include the physical space, rather, he describes the elements necessary to the therapeutic relationship. The factors include attachment, containment, communication, involvement/inclusion, and agency (p.9), which is supported by Case's (2006) argument that the most consistent element for the client in therapy is the therapist.

Re-examining the challenges I faced at these practicum sites through sharing my story in a zine format provided some distance and objectiveness towards the obstacles I faced. Bringing awareness to the different parts of myself that were (literally) drawn out of me - encouraged or triggered me to see how I was interacting differently with the dynamics and challenges at each site. The fictional approach allowed me to separate those two parts of myself and free them to inspire two different characters, in order to acknowledge them as whole in their very different settings.

In examining my own struggles to affirm my presence and needs at my art therapy sites, it was easy to maintain a critical view of how things could have gone differently if only I had acted differently. In order to establish my presence as an art therapist in my

workplaces, Breslow (1993) suggests the importance of the therapist participating in the weekly rounds to affirm the role of the therapist as part of the team. Equally, Waldburg's (2011) insistence on creating boundaries and a frame extend not only to working with clients in therapy, but also to the art therapist's relationship to other staff.

In trying to create consistency in my elementary school workspace, I was impressed by the level of awareness my clients brought to each session. Even children who had difficulty paying attention to short explanations would notice right away that a certain marker was missing or pencil crayon broken since the last session. I worked this consistency of space into our sessions by presenting opening rituals that allowed for them to take ownership of the space. In an effort to claim the room and to add an element of consistency, one opening ritual with my clients was as simple as placing a colourful sign that read "Session In Progress" onto the outside of the door. This turned out to work quite well; because of the removable nature of the sign, it was a transferable ritual should we need to change locations.

Clients would react differently to these sudden changes. For some, it would cause such a disturbance, the whole session was on edge. One client in particular would spend the entire session monitoring the door to be sure no one entered, commenting on all the new sounds in the room. For others, excitement ensued in being in a new space, which resulted in testing boundaries and being easily distracted by objects in the room. For others still, this shift seemed to deepen the therapeutic alliance, as this was an obstacle we were confronting together. As Schore (2008) describes, clients are able to recalibrate their affect regulation when positive attachment exists between the client and therapist.

At my second practicum site in paediatric palliative care, I held group art therapy sessions in an open multipurpose common room (also used as a dining room, concert room, and craft room). I also saw individual clients at this site. Individual art therapy sessions took place either in the child's room - a warmer version of a hospital room, with adjustable bed and rotating bedside table, or in the art room - a small room with a sink, small table and two office desks with computers. The special educators planned and prepared activities as well as used the latter space to host one-on-one art and digital media activities with the children. Like the common room used for group activities, the bedside art therapy and art room art therapy sessions presented a lack of privacy. Staff members would enter regularly to attend to the child's medical needs or for their own daily job requirements in the office. There was also a high level of noise interruption as there would regularly be movies, karaoke or guest musicians singing to the other patients in the adjacent room. Johnson (2008) presents the view that giving clients in the hospital the opportunity to create artwork allows them agency over the space. As well, we should consider the importance of the artwork's ability to contain (in lieu of environment) as described by Learmonth (1994).

The nature of the space limits the material choices to bring to the session. Watercolour or other liquid or spilling substances are problematic with adaptable angled tables and absorbent bedding. I primarily presented the options of paper sculpture art, markers and pencil crayons. The art cart that traveled with me from room to room contained different sized and colours of paper, markers, pencil crayons, a variety of textural materials, glue sticks and collage images. After a few mishaps with watercolour, I refrained from using liquids in the patients' bedrooms.

Lydiatt (1971) describes an ideal art therapy studio when working in a hospital setting, and the importance of different types of room availability for patients so they can have access to materials in order to release their inner worlds into their artwork. She describes the space she worked in, in idyllic terms, and had a generous amount of space. Notably, there are differences in the populations – children (mostly wheelchair bound) and mobile adults, as well as the allotted availability of space for art therapy practice.

By creating two zine characters, I was given some distance and able to see the comedic aspect of the training art therapy intern: uncertain, wanting to please (to which I can certainly relate). With the distance the characters provide, I've gained empathy and understanding towards my situation. It has allowed me to see the many positive moments that occurred in therapy with clients, and the skills I've gained or strengthened in these settings. I possessed most of the strengths listed in Ackerman and Hilsenroth's positive therapist attributes for creating successful therapeutic alliances (2003): flexibility, adaptability, openness and warmth.

Conclusion

I have become increasingly aware that there is no perfect art therapy room/space. Each of us are drawn to certain circumstances, locations and particular populations of clientele for a reason. Perhaps because of our skillset, our learning style and/or our past experiences. Perhaps these make the difficulties each site or client presents seem more or less surmountable to us compared to others, but a site without any obstacles or some sort conflict does not exist. In fact, this is the context in which life happens and when managed can contribute to the success of the therapy itself.

The literature review helped me to conclude that art therapy occurs in a much wider range of settings than previously imagined; that each of these settings present their own challenges to the therapist, including the level of confidentiality and the art-making process. The most important element in art therapy, I realized through the literature was not the location, but the art making itself and the ability for the therapist to hold that art making space and meet the client's needs.

The zine format lends itself well to be shared among students and colleagues. It is accessible information, relatable and lighthearted, to encourage dialogue and reflection in order to educate not only creative arts therapists with some considerations for their future practices, but can help explain to others what it is we do in art therapy and why it is so important. This project would be interesting to develop to continue to highlight the challenges through the call for submission of fictionalized stories from other art therapists working in various settings, to bring awareness and to encourage solidarity among the creative arts therapy community.

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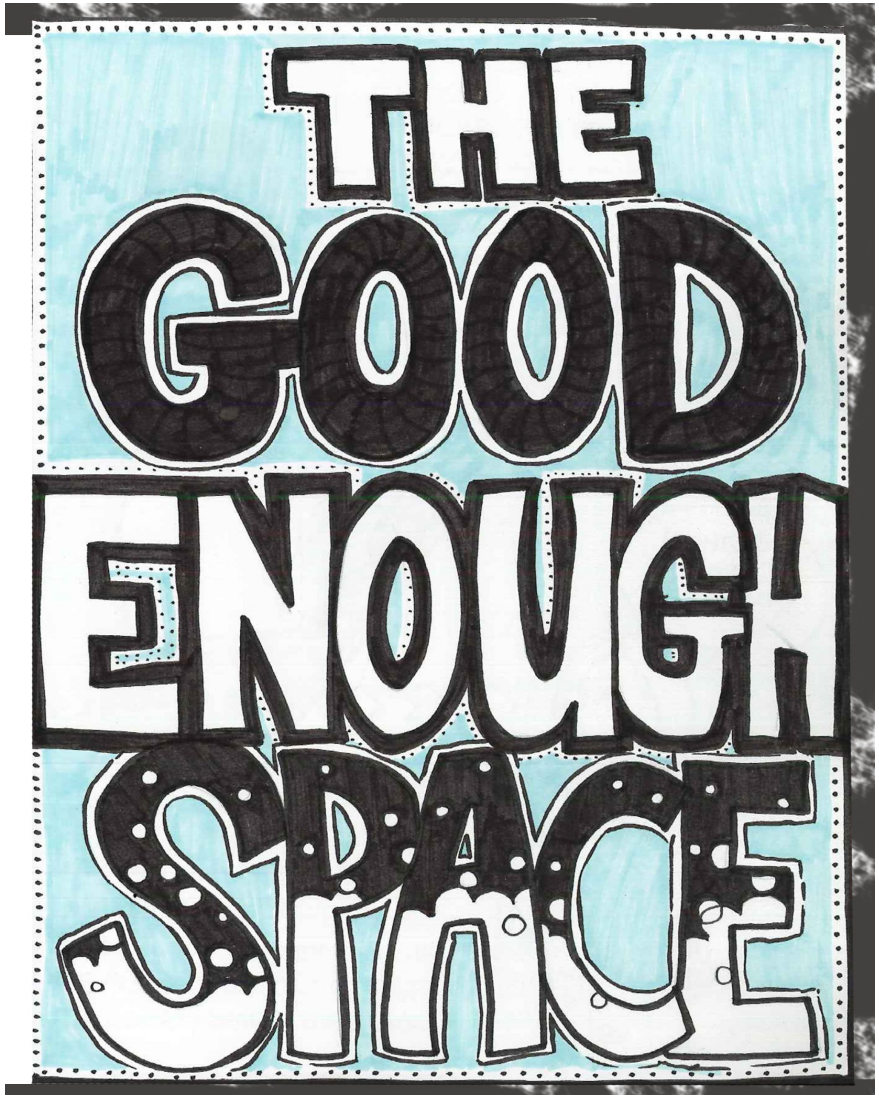
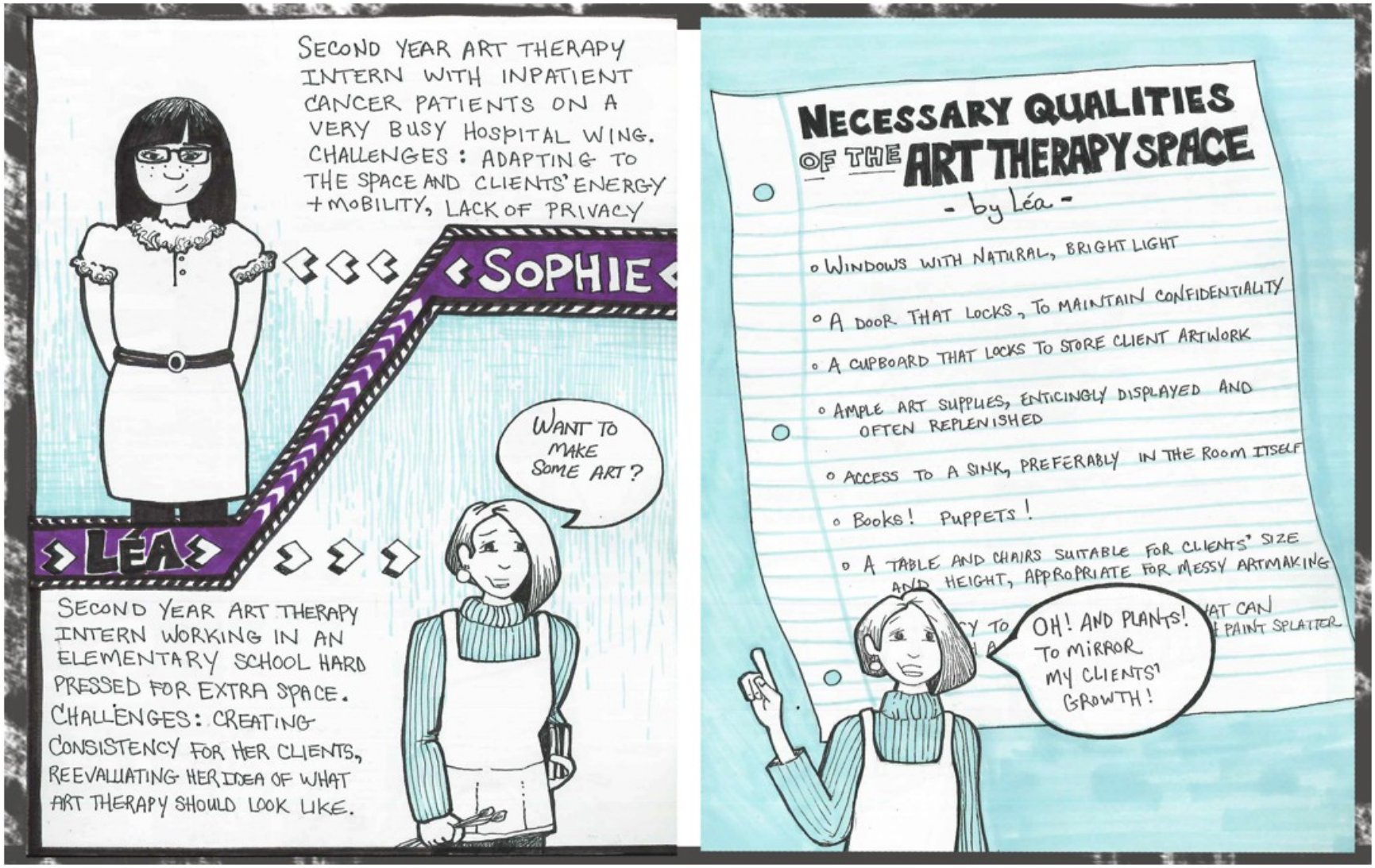
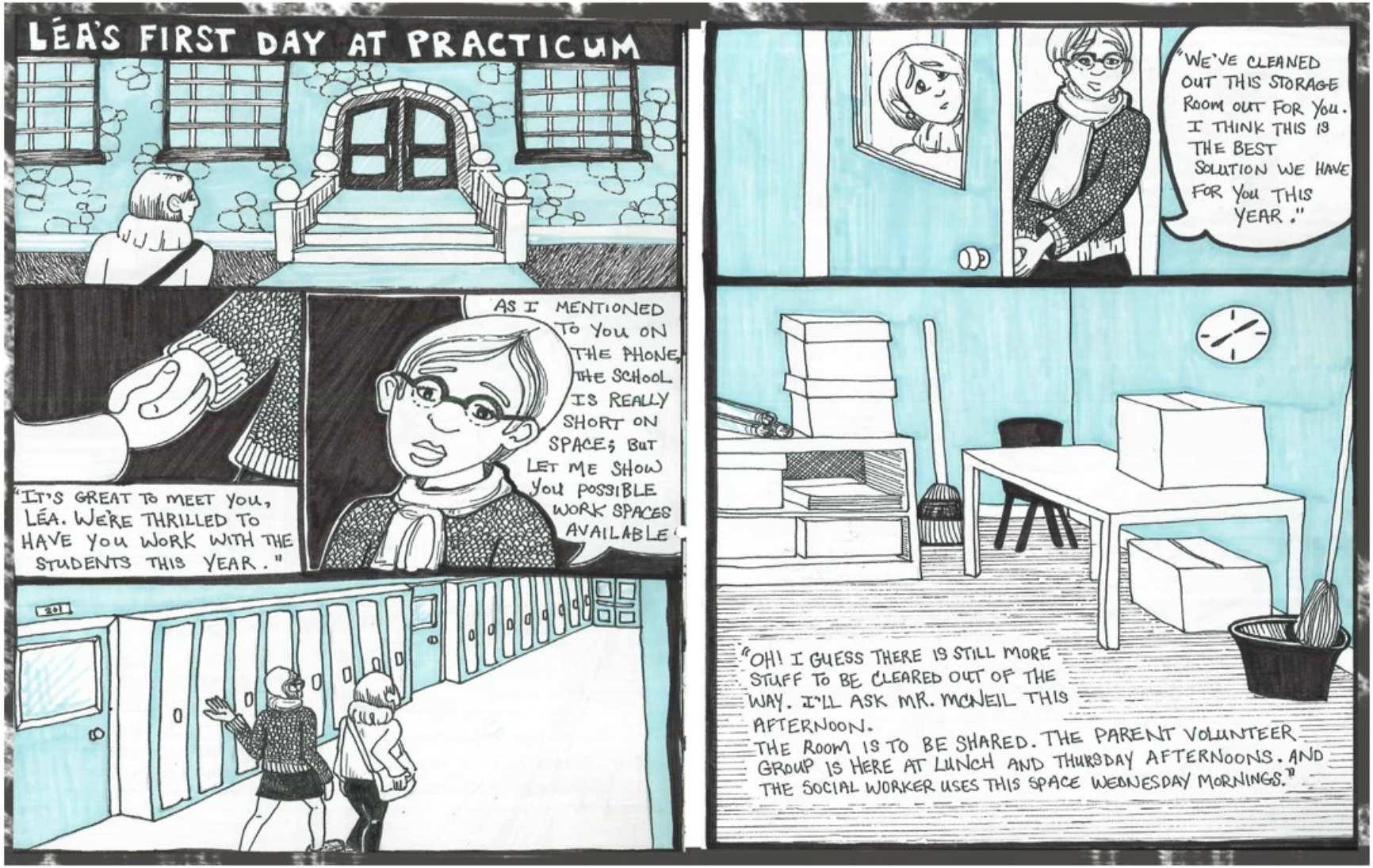
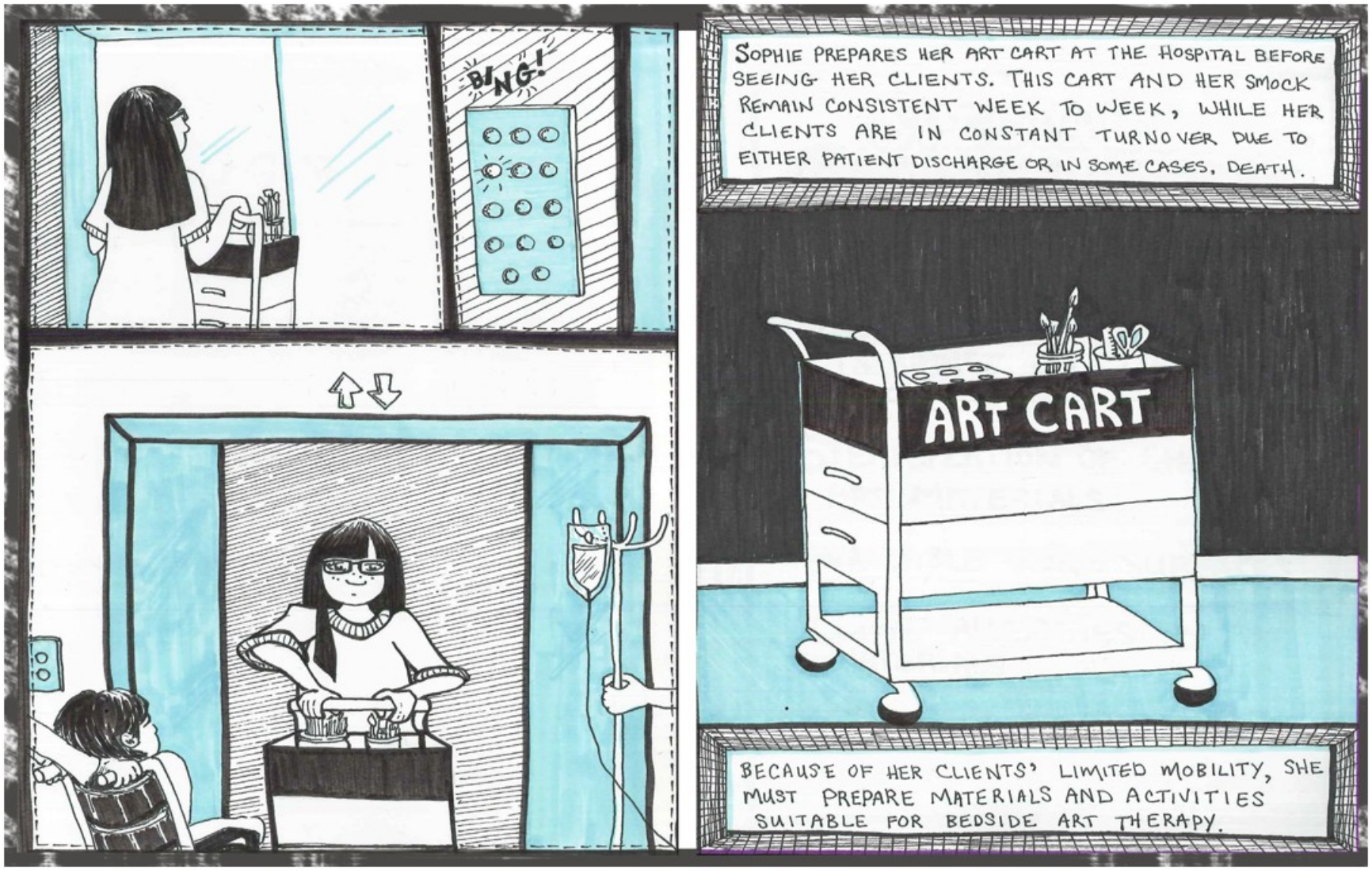

THE
GOOD
ENOUGH
SPACE

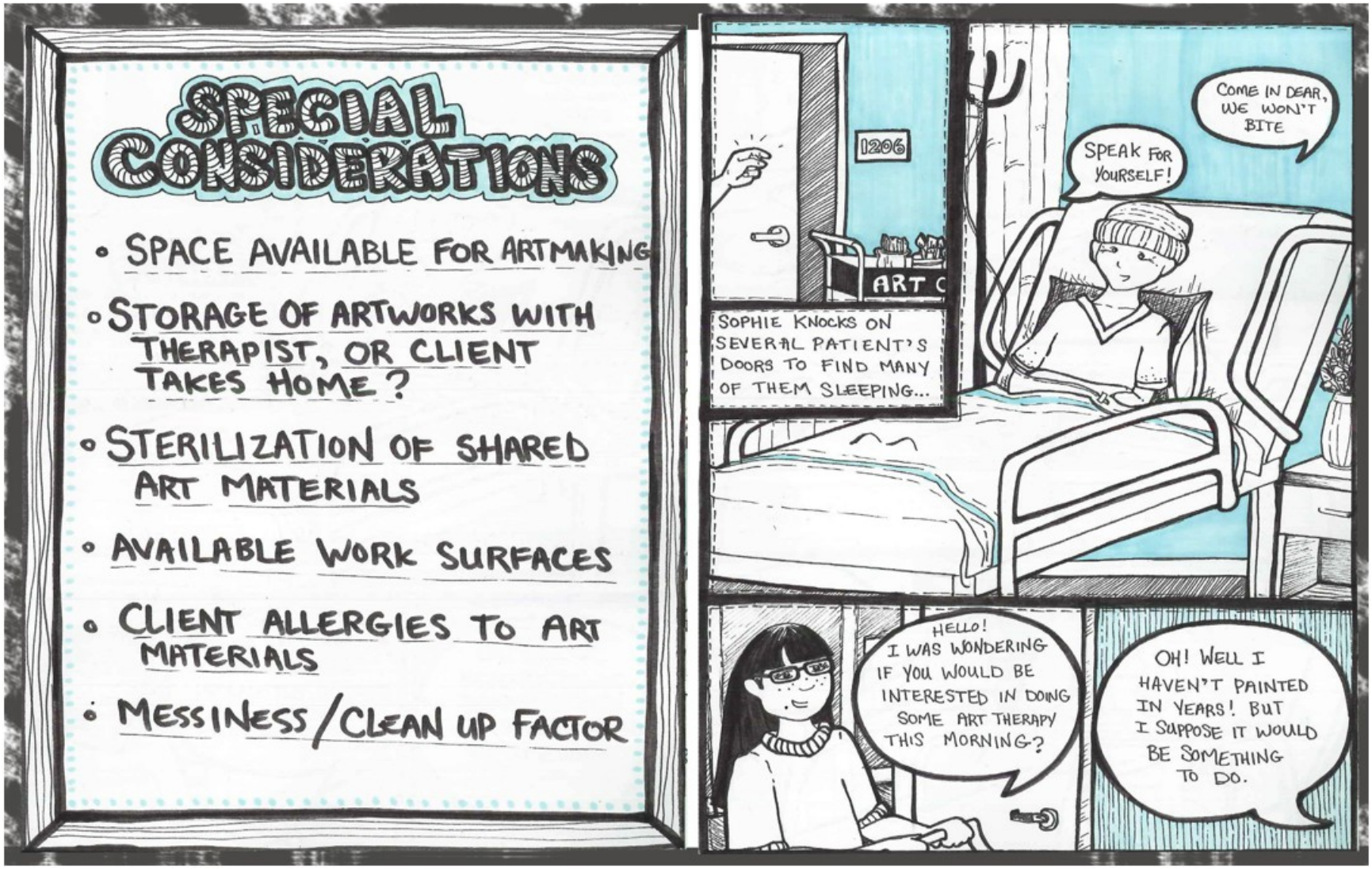

SECOND YEAR ART THERAPY INTERN WITH INPATIENT CANCER PATIENTS ON A VERY BUSY HOSPITAL WING. CHALLENGES: ADAPTING TO THE SPACE AND CLIENTS' ENERGY + MOBILITY, LACK OF PRIVACY
SOPHIE
LÉA
WANT TO MAKE SOME ART?
SECOND YEAR ART THERAPY INTERN WORKING IN AN ELEMENTARY SCHOOL HARD PRESSED FOR EXTRA SPACE. CHALLENGES: CREATING CONSISTENCY FOR HER CLIENTS, REEVALUATING HER IDEA OF WHAT ART THERAPY SHOULD LOOK LIKE.
NECESSARY QUALITIES OF THE ART THERAPY SPACE
- by Léa -
WINDOWS WITH NATURAL, BRIGHT LIGHT
A DOOR THAT LOCKS, TO MAINTAIN CONFIDENTIALITY
A CUPBOARD THAT LOCKS TO STORE CLIENT ARTWORK
AMPLE ART SUPPLIES, ENTICINGLY DISPLAYED AND OFTEN REPLENISHED
ACCESS TO A SINK, PREFERABLY IN THE ROOM ITSELF
BOOKS! PUPPETS!
A TABLE AND CHAIRS SUITABLE FOR CLIENTS' SIZE AND HEIGHT, APPROPRIATE FOR MESSY ARTMAKING
OH! AND PLANTS! TO MIRROR MY CLIENTS' GROWTH!

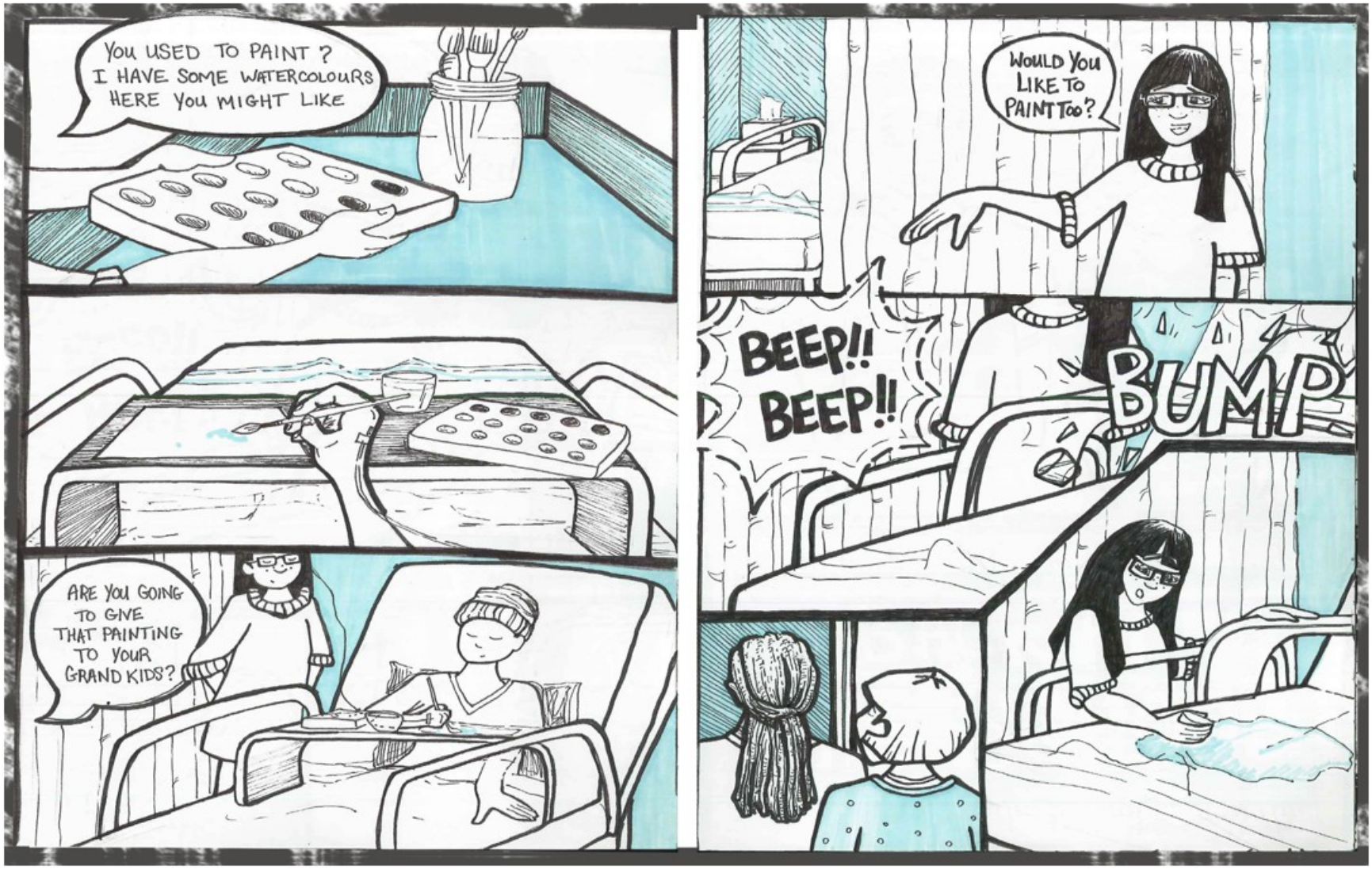

LÉA'S DREAM
ART THERAPY SPACE

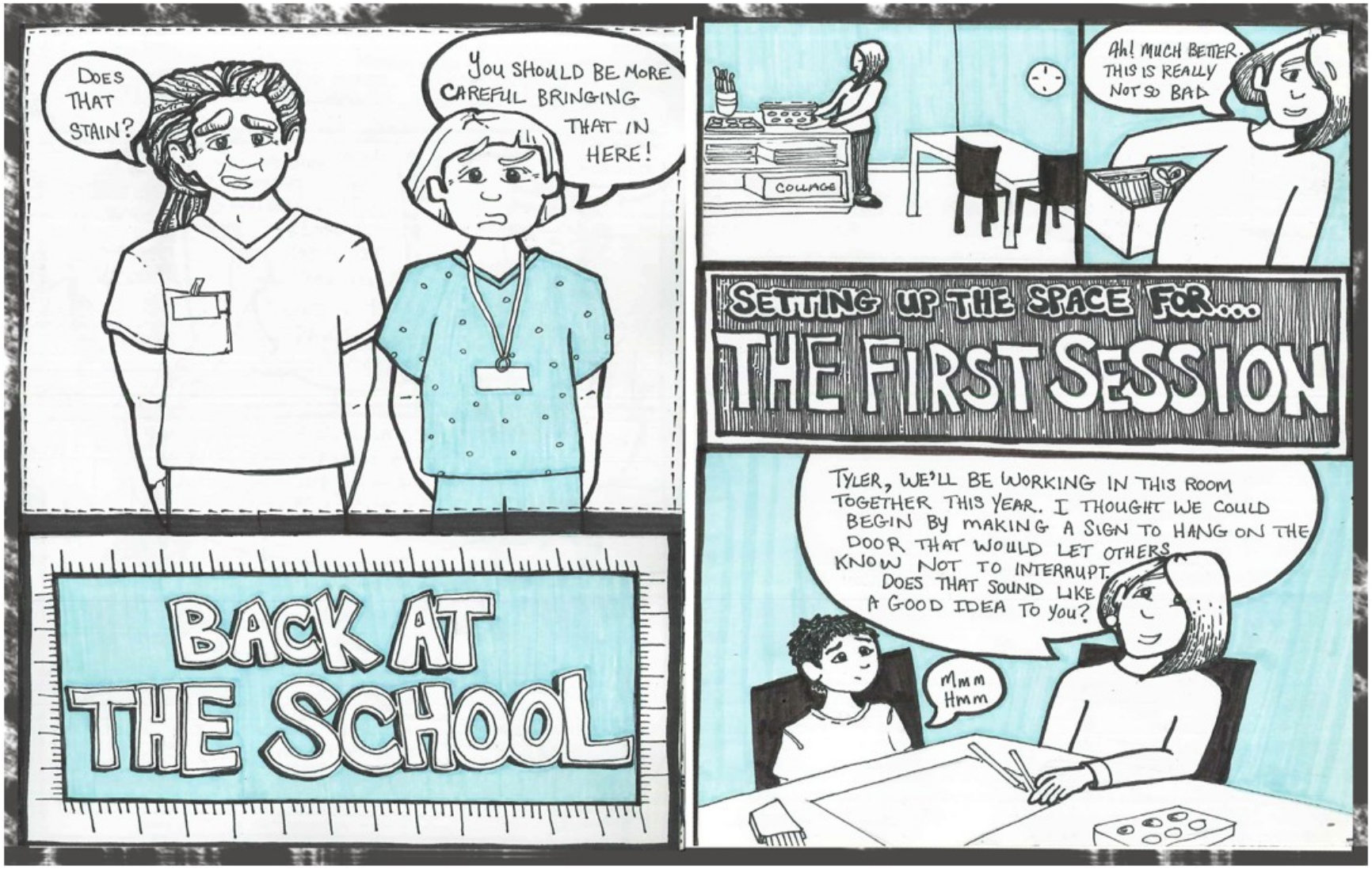

LÉA'S FIRST DAY AT PRACTICUM
"IT'S GREAT TO MEET YOU, LÉA. WE'RE THRILLED TO HAVE YOU WORK WITH THE STUDENTS THIS YEAR."
AS I MENTIONED TO YOU ON THE PHONE, THE SCHOOL IS REALLY SHORT ON SPACE; BUT LET ME SHOW YOU POSSIBLE WORK SPACES AVAILABLE
201
"WE'VE CLEANED OUT THIS STORAGE ROOM OUT FOR YOU. I THINK THIS IS THE BEST SOLUTION WE HAVE FOR YOU THIS YEAR."
"OH! I GUESS THERE IS STILL MORE STUFF TO BE CLEARED OUT OF THE WAY. I'LL ASK MR. MCNEIL THIS AFTERNOON.
THE ROOM IS TO BE SHARED. THE PARENT VOLUNTEER GROUP IS HERE AT LUNCH AND THURSDAY AFTERNOONS. AND THE SOCIAL WORKER USES THIS SPACE WEDNESDAY MORNINGS."

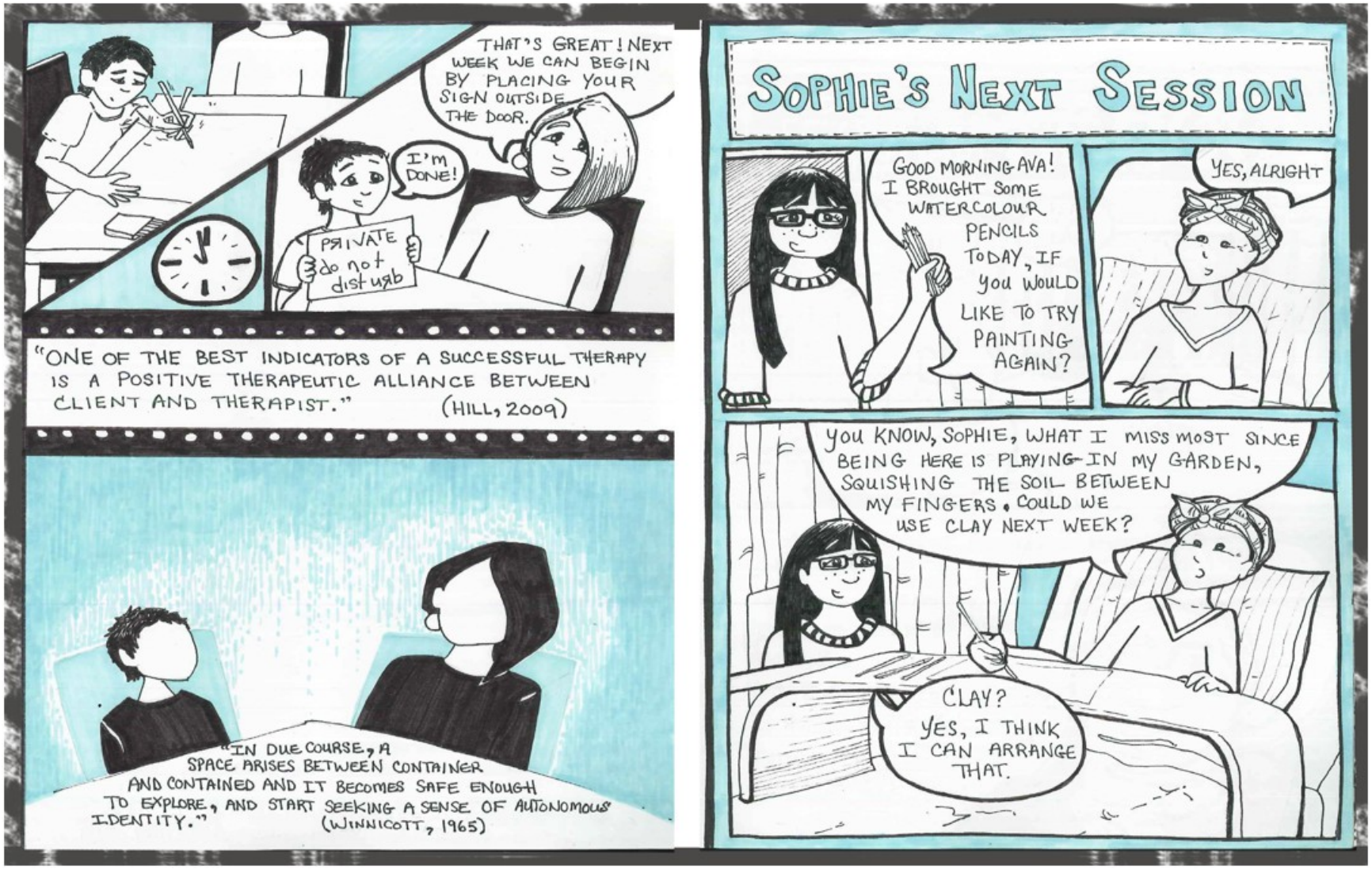

WAIT, I CAN DO THIS!
I MIGHT BE ABLE TO FREE A STAFF LOCKER FOR YOU...
SHARING THE SPACE IS NOT A PROBLEM. BUT I WILL NEED LOCKABLE STORAGE TO PUT AWAY THE ARTWORKS.
!
MARKERS
PASTELS
CLIENT FOLDERS
A
B
"I CAN MAKE THIS WORK!"
AT THE HOSPITAL
WITH SOPHIE


BING!
SOPHIE PREPARES HER ART CART AT THE HOSPITAL BEFORE SEEING HER CLIENTS. THIS CART AND HER SMOCK REMAIN CONSISTENT WEEK TO WEEK, WHILE HER CLIENTS ARE IN CONSTANT TURNOVER DUE TO EITHER PATIENT DISCHARGE OR IN SOME CASES, DEATH.
ART CART
BECAUSE OF HER CLIENTS' LIMITED MOBILITY, SHE MUST PREPARE MATERIALS AND ACTIVITIES SUITABLE FOR BEDSIDE ART THERAPY.


SPECIAL CONSIDERATIONS
• SPACE AVAILABLE FOR ARTMAKING
• STORAGE OF ARTWORKS WITH THERAPIST, OR CLIENT TAKES HOME?
• STERILIZATION OF SHARED ART MATERIALS
• AVAILABLE WORK SURFACES
• CLIENT ALLERGIES TO ART MATERIALS
• MESSINESS/CLEAN UP FACTOR
1206
ART
SOPHIE KNOCKS ON SEVERAL PATIENT'S DOORS TO FIND MANY OF THEM SLEEPING...
SPEAK FOR YOURSELF!
COME IN DEAR, WE WON'T BITE
HELLO! I WAS WONDERING IF YOU WOULD BE INTERESTED IN DOING SOME ART THERAPY THIS MORNING?
OH! WELL I HAVEN'T PAINTED IN YEARS! BUT I SUPPOSE IT WOULD BE SOMETHING TO DO.

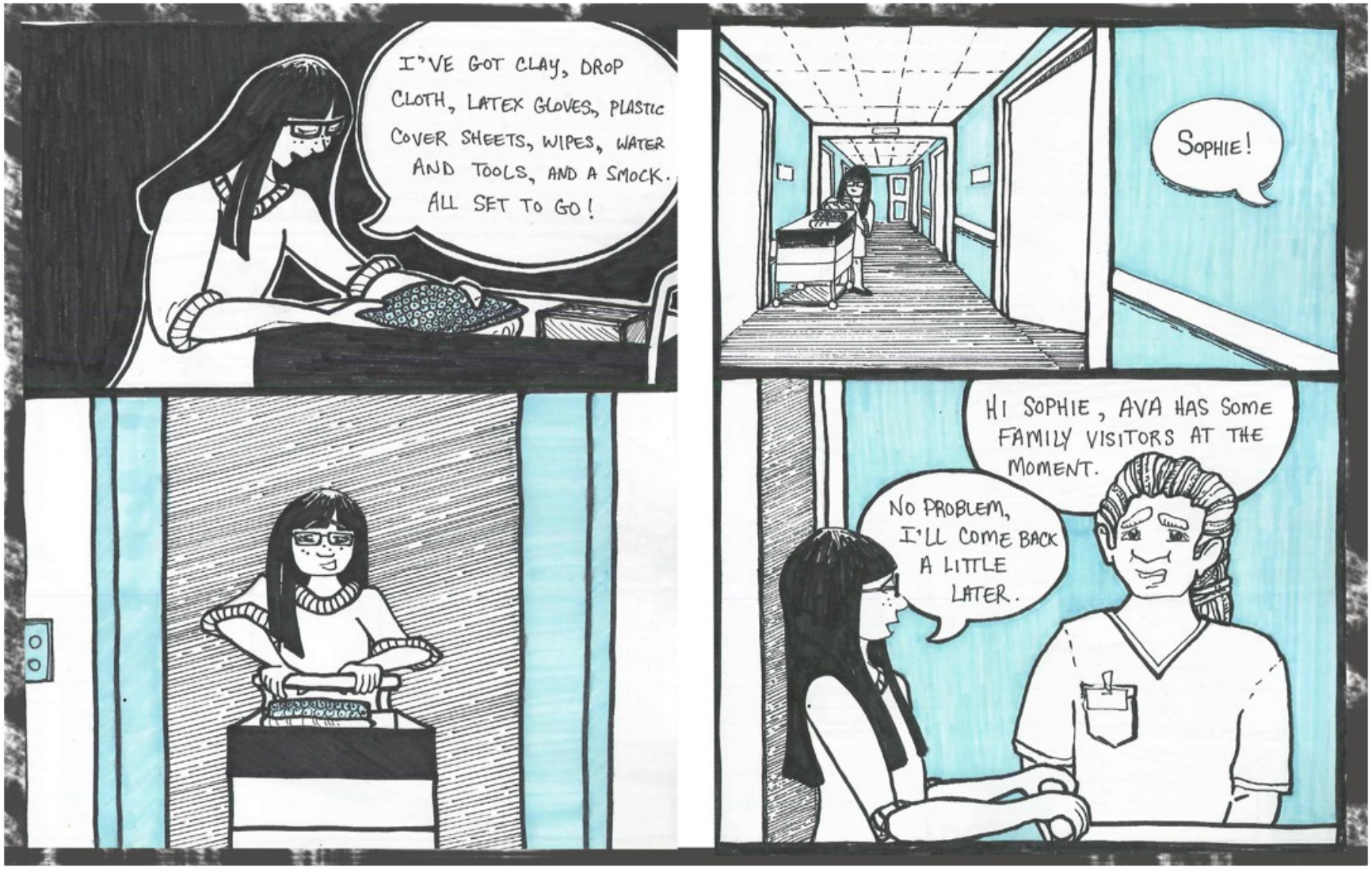

YOU USED TO PAINT ? I HAVE SOME WATERCOLOURS HERE YOU MIGHT LIKE
ARE YOU GOING TO GIVE THAT PAINTING TO YOUR GRAND KIDS?
WOULD YOU LIKE TO PAINT TOO?
BEEP!! BEEP!!
BUMP

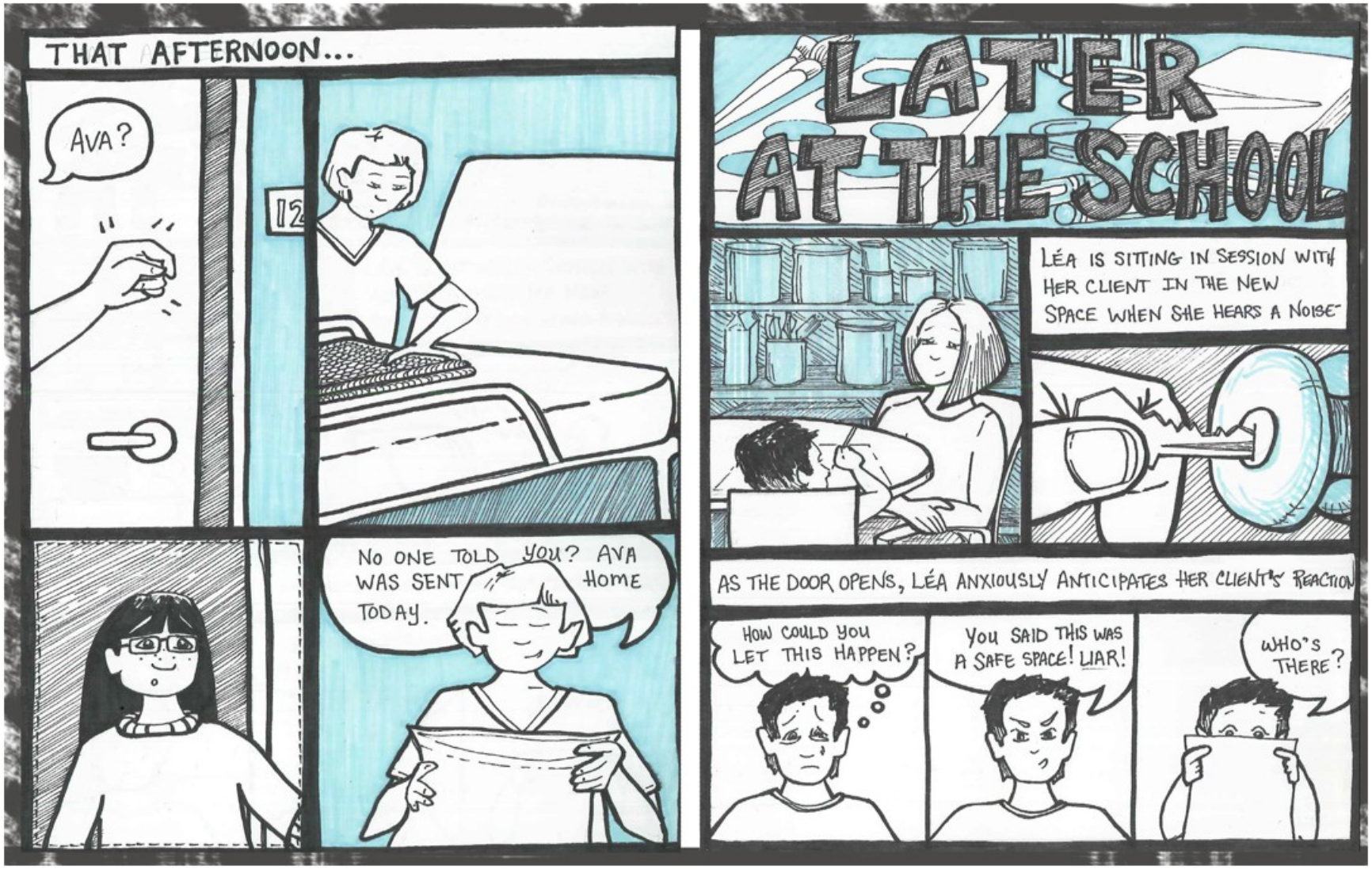

DOES THAT STAIN?
YOU SHOULD BE MORE CAREFUL BRINGING THAT IN HERE!
BACK AT THE SCHOOL
COLLAGE
AH! MUCH BETTER. THIS IS REALLY NOT SO BAD
SETTING UP THE SPACE FOR...
THE FIRST SESSION
TYLER, WE'LL BE WORKING IN THIS ROOM TOGETHER THIS YEAR. I THOUGHT WE COULD BEGIN BY MAKING A SIGN TO HANG ON THE DOOR THAT WOULD LET OTHERS KNOW NOT TO INTERRUPT. DOES THAT SOUND LIKE A GOOD IDEA TO YOU?
MMM HMM


THAT'S GREAT! NEXT WEEK WE CAN BEGIN BY PLACING YOUR SIGN OUTSIDE THE DOOR.
I'M DONE!
PRIVATE do not disturb
"ONE OF THE BEST INDICATORS OF A SUCCESSFUL THERAPY IS A POSITIVE THERAPEUTIC ALLIANCE BETWEEN CLIENT AND THERAPIST." (HILL, 2009)
"IN DUE COURSE, A SPACE ARISES BETWEEN CONTAINER AND CONTAINED AND IT BECOMES SAFE ENOUGH TO EXPLORE, AND START SEEKING A SENSE OF AUTONOMOUS IDENTITY." (WINNICOTT, 1965)
SOPHIE'S NEXT SESSION
GOOD MORNING AVA! I BROUGHT SOME WATERCOLOUR PENCILS TODAY, IF YOU WOULD LIKE TO TRY PAINTING AGAIN?
YES, ALRIGHT
YOU KNOW, SOPHIE, WHAT I MISS MOST SINCE BEING HERE IS PLAYING IN MY GARDEN, SQUISHING THE SOIL BETWEEN MY FINGERS. COULD WE USE CLAY NEXT WEEK?
CLAY? YES, I THINK I CAN ARRANGE THAT.


A FEW WEEKS LATER AT THE SCHOOL
LÉA!
I'M GLAD I CAUGHT YOU ON YOUR WAY IN! YOU'RE GOING TO HAVE TO FIND ANOTHER SPACE TO WORK IN TODAY, THE ROOM YOU USUALLY USE HAS BEEN BOOKED ALL DAY. I HAVE TO RUN – LET'S TOUCH BASE AT THE END OF THE DAY!
Oh... Ok.
DON'T TAKE IT PERSONAL, KID. IT'S BEEN CRAZY AROUND HERE THIS WEEK. PARENT TEACHER MEETINGS, THE OPEN HOUSE...
YOU CAN USE MY STORAGE ROOM. I WON'T BE IN HERE MUCH TODAY.
HEY, THANK YOU. THIS WILL BE GREAT.
NO SWEAT KID. NOTHING FANCY, BUT IT BEATS WORKING IN THE HALLWAY!


UNEXPECTED
HEROES
GET TO KNOW AND MAKE FRIENDS WITH THE OTHER STAFF IN YOUR WORKPLACE. MORE OFTEN THAN NOT, THEY ARE YOUR BEST RESSOURCES WHEN YOU ENCOUNTER A CHALLENGE.
SOPHIE TESTS OUT HER MATERIALS IN ORDER TO USE CLAY IN SESSION IN A SAFE AND CLEAN MANNER
ALRIGHT, I THINK THIS WILL DO THE TRICK!


I'VE GOT CLAY, DROP CLOTH, LATEX GLOVES, PLASTIC COVER SHEETS, WIPES, WATER AND TOOLS, AND A SMOCK. ALL SET TO GO!
SOPHIE!
HI SOPHIE, AVA HAS SOME FAMILY VISITORS AT THE MOMENT.
NO PROBLEM, I'LL COME BACK A LITTLE LATER.


THAT AFTERNOON...
AVA?
12
No one told you? Ava was sent Home today.
LATER AT THE SCHOOL
Léa is sitting in session with her client in the new space when she hears a noise-
As the door opens, Léa anxiously anticipates her client's reaction
How could you let this happen?
You said this was a safe space! Liar!
Who's there?


OH! HI THERE, LÉA! JUST CAME TO BORROW THE MOP – CLEAN UP IN GRADE TWO!
I'M SORRY ABOUT THAT INTERRUPTION, TYLER.
IT'S OK LÉA, IT'S BECAUSE WE FORGOT THE SIGN!
YOU'RE RIGHT! THE CHANGE IN ROOMS GOT ME A BIT MIXED UP TODAY
THERE WE GO!
PRIVATE
do not disturb

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