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In what ways does the context shape the practice of art therapy?

Chair's Introduction

Dr. Margaret Hills de Zårate

I have the pleasure of introducing and chairing the first of three panels looking at the changing shape of art therapy.

These three panels, beginning each conference day over the next three days, will look at how art therapy becomes shaped by different contexts, by different identities and by different theoretical underpinnings.

So the focus of today's panel is the way context shapes practice and here we are thinking of context being the country, socio-economic and cultural factors, the physical setting, the organizational setting and so forth.

Our panelists Marcela, Blanca and Dominik have been chosen because they represent the diversity of contexts in which art therapists' work.

Art Therapist**, Marcela Andrade del Corro** will talk about the current socio-economic

situation in Mexico and how this situation is creating an increasing population of street children. She will discuss art therapy psychosocial interventions in communities of street children living in precarious circumstances.

Artist, art therapist and social activist, **Blanca Haddad**, will present her work with a multicultural group of refugees of twelve different nationalities, in Barcelona and offer us a detailed picture of the complexities of working with heterogeneous groups, especially those affected by conflict and torture, with reference to therapeutic group factors and the different phases of the refugee experience.

Dominik Havsteen-Franklin will address this subject in relation to evidence based art psychotherapy practice as informed by the changing context of the NHS in his role as Consultant in Arts Psychotherapies within a UK NHS Foundation Trust

Summing Up and Comments

Before inviting questions, comments and discussion with the audience, I would like to offer a brief reflection of what I discern as being some of the key similarities and differences between these three presentations.

Firstly, I would like to underline the diversity of art therapy practice as shaped by context. We know that one size does not fit all and this is clearly reflected in the presentations we have just heard. What we actually have is a spectrum of contemporary art therapy approaches in contemporary international contexts designed to meet very different and specific social, economic, cultural and organizational circumstances.

What all of the presenters have demonstrated is how they have taken into account the very different variables at play in the different settings they have described: by proposing interventions appropriate to those settings.

Secondly, what strikes me is that all three presenters have in one way or another

referred to poverty, inequality and marginalisation.

Dominik has referred to his patients as being 'some of the most transient and deprived populations in London. Marcela has described a situation in what is one of the world's largest developing economies and considered an upper-middle income country by the World Bank but which according to the Organisation for Economic Co-operation and Development (OECD) has the second highest level of income inequality and the highest level of relative poverty[1] in the world (OECD, 2011). Despite the fact that income inequality in Mexico has recently fallen, the incomes of the richest are still more than 25 times than those of the poorest.

According to the most recent official figures 1.5 million children live and work on the streets forming part of an informal economy and swelling the numbers of those who form part of the child labour market of almost 4 million children between the ages of five and 17 (UNICEF, 2010; Hindman, 2011).

Similarly, the work that Blanca has described relates to poverty in that the refugee must leave everything behind, often never to return and thus often reduced to poverty and dependency; a stranger in a strange land.

But it is not surprising that poverty emerges as a theme in these presentations for it is no stranger to any mental health professional, for while multiple social, psychological and biological factors determine the mental health of any one person at any point in time the clearest evidence is associated with poverty (WHO, 2004).

The association between poverty and mental disorders appears to be universal, occurring in all societies irrespective of their levels of development (Patel & Kleinman 2003).

Furthermore, the evidence for this link between income and ill-health is stronger for mental health than for general health as shown in high income countries such as the UK where the extent of inequality is increased with the severity of mental health problems

[1] Relative poverty defines poverty in relation to the economic status of other members of the society.

with the greatest inequality recorded for psychosis (Mangalore et al., 2007).

However, although the evidence for this pattern in high- income countries is fairly robust, it is only in the past two decades that emerging epidemiological data has confirmed the same trend in low-income and middle-income countries (Lund et.al. 2011).

Some of the most interesting data emerges from two systematic reviews of research into the complex relationship between poverty and mental health in low to middle income countries, which showed that programmes primarily aimed at alleviating poverty were not markedly successful in decreasing the mental health problems of the target populations.

On the other hand, there was a 'clear trend' in which mental health interventions, including individual and group psychotherapy, were associated with improved economic outcomes and the continued improvement of clinical symptoms (Lund et.al, 2011).

This sort of evidence meets with the requirements of the Evidence Based Practice paradigm which in Dominik's context within the NHS has led to the development of the 'mentalization based arts psychotherapy model' which allowed him and his colleagues to conceptualise and frame 'what they were already doing' within an evidence based framework; essential to securing continuing art therapy service provision.

As such, Dominik's example is about synthesis, combining entities that together form something new. It requires original or creative thinking, the ability to identify new problems and develop new approaches to respond to them. Marcela and Blanca have, I think, also given examples of this process by undertaking what I would frame as ethnographic research in situ and drawing upon this and other relevant research to create sensitive and appropriate therapeutic responses.

Recent research draws attention to the need to address mental health as a neglected priority in international development economics and confirm that the evidence for interventions that address the social selection or social drift pathway (whereby people with mental illness are at increased risk of becoming poor) by providing treatment and

rehabilitation interventions for people with mental illness seems to be the most robust. In their view it is not only a public health and human rights priority, it is also a development priority and not only in low to middle income countries, but for all us.

Poverty has many faces; the social, cultural and the personal and the statistics for the UK and Europe are salutary.

We, as art therapists, are already engaged with these issues within a variety of contexts as all of our presenters today have demonstrated, albeit within quite different physical spaces and within different organizational contexts.

There does exist evidence-based research that we can build upon and we are not short of practice-based evidence.

Practice informing research, and research informing practice are inseparable and neither element is complete on its own.

We need the full range of research, from the systematic reviews, to RCTs, to ethnographic qualitative research.

However, we also need the thoughtful practitioner who carefully describes each unique patient, and evaluates the results of every clinical decision made.

As Einstein, reputedly, once pointed out "*Not everything that can be counted counts and not everything that counts can be counted*."

In conclusion, there are many differences in practice as dictated by context and that is as it should be.

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