

***Art of the Possible:
The Place of Art Therapy in Work with High Risk Offenders***

Eileen McCourt, Probation Board for Northern Ireland

Summary

The paper outlines the aims of art therapy in relation to working with high-risk offenders acknowledging the need for research to establish whether and how it can impact upon re-offending behaviour. A short vignette of practice is provided followed by a discussion of the necessity to find a language which is understood by all practitioners. It concludes with further information on the possibility of links between art and probation practice. In the article, the offender is referred to as “he” and the Art Therapist as “she”. The principles of Therapeutic practice are equally applicable in the case of male therapists and female offenders.

Keywords Art therapy, symbolic communication, research, effective practice.

Introduction

Offending can be seen as a destructive and habitual response – a known method of finding relief from conflicting feelings. If commitment can be secured to explore other aspects or parts of what the personality has to offer, a different kind of experience is then met, one which confirms change and adaptability. To make a sustained change, the offender requires a degree of flexibility – the ability to meet the demands of situations in life in a new and responsive way instead of reverting to a rigid set of rules, habits, attitudes and behaviours.

When direct, verbal communication seems insufficient or is of limited worth, an alternative is the visual and nonverbal method of art therapy.

Art therapy has been available within Probation Board for Northern Ireland since 1987 when a seconded probation officer returned from full-time training as an art therapist. Although the service was available to all categories of offenders over the years, it is now targeted at high-risk and potentially dangerous offenders. For an art therapy service to develop within the context of the probation service, it is imperative that practice is research-led, evidence-based and that it is seen as a method which can contribute towards reduction of offending behaviour through being able to affect criminogenic needs ie, those factors which have a direct link to re-offending. These include anti-social attitudes, beliefs and values; anti-social associates; lack of pro-social role models; dependence upon alcohol and drugs; a sense of achievement and community integration; employment; social isolation and mental health.

In their listing of these Chapman and Hough (1998) state: ‘Drama, art therapy if purposefully and carefully designed and delivered can address criminogenic needs ... These activities should be carefully marketed and evaluated to convince the public that they are effective in reducing re-offending’ - (emphasis added by author).

Aims Of Art Therapy

Therapy indeed may appear to outside perceptions as a 'soft option' but the process can involve facing up to painful and distressing aspects of oneself with the consequent need to withdraw projections, repair damage and take personal responsibility for future behaviour. Art therapy in any context involves the use of art materials to communicate visually ie, create symbols, in order to express internal experience – thoughts, feelings or ideas.

The role and function of the arts therapies in working with offenders is delineated by Cordess in McMurrin (2002). He writes: "It is the task of the therapeutic relationship, by achieving a therapeutic alliance, to understand this propensity to destructive acting-out, and to be able to get it into words and to discuss it rather than needing to be endlessly actually repeated. It is also the case that many offender patients find talking, rather than acting, either difficult or quite beyond their capacities. There may be relative degrees of incapacity to symbolise and a 'concretisation' of thought. In these cases the arts therapies – whether art, music or drama – may be particularly helpful in allowing a therapeutic alliance to grow 'without words' ". (pp 82 – 83).

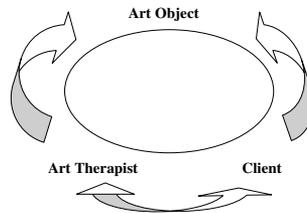
Art therapy offers an opportunity to communicate symbolically – to use art materials to represent thoughts, feelings or ideas. This occurs in the presence of a trained art therapist whose role it is to receive and value the individual's visual expression as well as the verbal expression which might arise within the session. The process of creating involves both conscious and unconscious activity – the therapist's work is to make the therapeutic situation safe enough so that unconscious processes may arise. Thus external form or shape is given to the individual's internal world by being projected onto or into basic art materials. A boundary for this previously unexpressed material is provided by the consistent regularity of the therapeutic contract.

The art therapist takes cognizance of both content and style in the client's art work: content is what is held within the art object whereas style (or form) refers to the manner in which it is approached. For example, a landscape drawn precisely and with deliberate care would indicate a very different mood than one created with strong colours using paint and a large paintbrush. Ideally over a period of time previously inaccessible parts of the personality become freed for expression through the safety afforded by the therapeutic situation. The innocuous nature of the art materials allows a different arena for communication than the verbal. As shape or form is given to what was previously unexpressed, so distance is achieved and there is an opportunity to reflect on the image. What can be seen can be talked about, thus its power is reduced and some modification in behaviour is possible as a result of an acceptance and re-integration of previously denied thoughts, feelings or ideas.

In practice terms, how does this theory apply to the client in the room and how does it affect the therapist's behaviour? From the point of entry into the room (and even before this) the therapist will note the language used, attitude towards art materials, evidence of receptivity to a symbolic form of expression – eg the use of metaphor and simile. Her musings will be of the following nature:

- Can this person make a symbol?
- What kind of symbol does he need to make?
- How can he be helped to do this?

The three-way relationship always present in the art therapy session may be shown thus:



In the author's view, the process of creating in itself forms the basis of the possibility of change. All her behaviour will encourage the client's discovery and consolidation of the process. Personal experience as a therapist would indicate that a reluctance to make marks is borne out of fear – the fear of risk, of a derisory response, of loss of control. This is not solved by providing a theme or suggestion about how to begin, but rather by the therapist's behaviour and attitude which gives room and time for potential creativity to show itself.

After the making of the first mark, the page is no longer blank and the first risk has been taken – the story unfolds! The therapist calls upon the nature of the mark-making, the creator's attitude to it and all other verbal and non-verbal cues to help her to attend to and receive appropriately the communication. Appropriate in this context suggests a response which encourages the client to connect himself to the work to whatever degree and level he is able at that stage.

Application To Practice

B. was referred to art therapy by his Probation Officer who felt that he 'needed a therapeutic outlet for anger and depression'. The referral followed an overdose and admittance to psychiatric hospital and it was indicated that he had major problems regarding separation from his wife and children. It was felt that a non-verbal method could help contain his strong feelings, which if not managed would break out into acts of violence. A 45 year old male who was placed on probation for disorderly behaviour and later was arrested for threats to kill, he was a rigid man with fundamentalist views in terms of relationships, having experienced a difficult upbringing with a father who drank heavily and was violent towards the family. He had weekly art therapy sessions over a long period of time, continuity being maintained during a period in prison, psychiatric hospital and throughout a pre-release scheme, as well long periods in the community. He was obsessed with his marital situation and with his desire for his wife to return. He seemed to veer between the possibility of doing harm to his potential victim, his estranged wife's new partner, and harming himself, the latter at periods when he could accept that his wife would not return. At some stages, his anger was so great that members of the public who confronted him represented the victim.

B. immediately accepted the offer of a contract of six weekly sessions, saying with great consideration at the end of the first, "I don't know where it will lead to. I don't know what I'll get from it", which spoke of his willingness to enter a process without the guarantee of a particular outcome. His self-directed work over a number of months (the initial contract having been extended) portrayed visually his feelings of being restricted (by probation conditions), his vengeful wishes about 'the enemy', his desire to do harm 'when the climate is right' to the new relationship. He saw art therapy as being about 'my ideas, my thoughts, down on paper'. His fear was that some day he would be at boiling point, that he wouldn't be able to do this. His being 'almost at boiling point' in one session resulted in a huge sheet of paper painted in layers and layers of black. His style gave way to a more representational one where pencils were used to portray tender reminiscences of family life before the marriage break-up. B. eventually found that he liked to work with clay, initially in its soft form, thereafter utilizing hardened blocks or pieces of clay.

During these initial stages, he continued to be pre-occupied with planning revenge and depending upon his mood also considered suicidal ideas. Both of these potential acts of aggression seemed subtly intertwined. B. ensured that he was protected from actually carrying out his threat to kill by alerting all professionals involved to his intention. His suicidal ideation occurred in relation to it happening after the intended killing – which essentially delayed the suicidal act.

Art therapy provided B. with the opportunity to connect his past and current experience, to reach behind his everyday mode of self-understanding and attempt to explore the origins and effects of his rigid attitudes. He talked in terms of black and white, how there were no greys, no middle ground, no meeting place. The hope was that in being creative, this inflexibility could be left aside for a period since the creative process involves a risk-taking which goes beyond the familiar and leads to the possibility of a synthesis – a different constellation.

B.'s use of the hard clay seemed like 'a whole new world', representing a 'challenge' for him. As he chiselled and bored holes in the material, he seemed to be testing how far he could act upon it without it breaking up, exploring how much impact it could withstand while remaining intact. At other times, he used smaller pieces of clay juxtaposed with each other to represent the delicate balance of relationships. A contrast in his verbal and non-verbal expression was the idea of opposites – good and evil, holding out and surrendering, hard and soft, weak and strong. The clay became his battleground upon which he played out his conflicting moods and attitudes, struggling to find a balance between his rage and hatred and his intermittent acknowledgement that he had to let go of his desire for revenge. He talked of the 'good part' of himself being in conflict with the vengeful, hate-filled part. "The hatred – it's awful". He spoke wistfully of how he'd like to capitalize on and encourage the good so that it could win. The art therapist's role was to encourage expression of emotion within the art rather than description and reiteration of familiar thoughts and attitudes. At times, B. was able to approach his emotional side, it being expressed forcibly within the clay object; this was often followed by a more linear expression, a retreat to self-indulgence and self-obsession.

It was essential that the probation officer and art therapist maintained frequent contact to

match their perceptions of B.'s moods and to ascertain the probability of his acting on his feelings. This contact, by telephone or in person, occurred after B.'s weekly appointments and was another 'safety net' to hold his volatile nature and to allow ongoing assessment of risk. The art therapist needed to convey to her colleague the significance of the art work – its content, style or indeed both – in relation to its helpfulness or likelihood of interrupting the destructive behaviour which is 'endlessly actually repeated' – not an expectation of 'diagnosis' but rather the development of a common language which indicated connection between what appeared in the art (and how it appeared) and the external life of the offender. Here, the important aspect was how and whether B.'s art work showed an emotional component. During the periods when this style was predominant, there seemed to be some possibility of him withdrawing his projections and owning some personal contribution to the situation in which he found himself.

B. ended his probation period without carrying out his threats and to the knowledge of all involved has not offended. The art therapy component of his supervision allowed a broader perception of the complex relationship between his thoughts, feelings and behaviour through their visual representation. The processes involved in B.'s creative activity were at the basis of any therapeutic encounter – eg capacity to trust the therapist, the risk-taking involved in making marks, the existence of both conscious and unconscious activity, the ability to develop a symbolic language and the use of such in everyday life. Referral to the art therapy service for this highly defended individual recognised the fact that growth and change can occur not only through cognitive means e.g. problem solving but through an engagement with the imagination. Here both conscious and unconscious processes combine to give form or shape to the offender's internal world and provide a visual representation from which talking and 'thinking about' can arise. B.'s rigid views, historically formed and affecting his current relationships needed the wider arena of symbolic activity where he could 'play out' their various facets. The art therapy service, offered and operating within the probation framework of assessment and management of his high risk behaviours, supported the creative expression of the feelings underlying these behaviours. Such expression delayed or inhibited their direct or concrete discharge through the distancing which symbolic activity allows – a chance for perspective rather than overwhelming involvement.

Implications For Research

Any art therapy practitioner has both quantitative and qualitative information within her caseload which can be given a research frame. If the effects of art therapy are to be measured, the processes outlined above have to be investigated in relation to their potential to affect behaviours. In 1999, the author attended a course entitled 'Measuring the Immeasurable' (1999). An art therapist and music therapist presented to a panel consisting of a drama therapist, music therapist, a psychiatrist and a researcher who commented on both clinical and research aspects of the presentation. Searching questions were asked of both professions. In relation to art therapy: what are we looking for in the art work? Why is particular behaviour happening and how can it be presented to other team members? How does what is happening relate to other people? An important question was – how can the specific be generalised into a client's life? The

psychiatrist posed what he called 'the radical doubt' – is one just seeing the potential in a client or is there a real capacity to create internal change? Some conclusions reached included the need to explore ways of standardising the content or the nature of extracts from pieces of practice – this then is a basis for research. If there are others who can look at and score the same piece of work, then reliability occurs – this further affirms the need to find a language which is accessible to other professions. An important point was made about the need to look not just at the pathological but also the functional aspects of the individual's personality. If a base-line can be created then we know where change starts from. Some information may be offered in relation to the above questions:

What are we looking for in the art work? We look for some evidence that there is a capacity to use a symbolic language - colour, shape, form - to express and communicate. We look for whether the way (or style) in which this presents over a period, changes and how it changes. For example, can emotion be expressed whereas formerly it was avoided?

Why is particular behaviour happening and how can it be presented to other team members?

One can point here to the conditions which are necessary for creativity to occur and also take cognizance of the detail of the session and indicate which marks followed particular interventions (or non-interventions) by the therapist. The significance of changes in content or style can be communicated to one's colleagues e.g. a shift from self-preoccupation to even the slightest hint of empathy for others as shown by a variation in the nature of the marks made.

Can the specific be generalised into other aspects of life?

Any change likely to be permanent takes a lengthy period of time. In art therapy, changes in the style of work are often involuntary and unconscious but can be affirmed and reinforced in reviews of the art work over a period. As one offender said 'If I can make changes here (on paper) where I don't know what I'm doing, I can surely make changes in other parts of my life that I'm familiar with'.

Thus, some factors to be considered in relation to research formulations are whether the offender has the capacity to find and develop a visual and symbolic language which he can use in exploring different aspects of relating to self and others to reduce the risk of offending behaviour; the significance of changes in style of work which can be aligned with and complement probation officers' supervision plans; methods of reinforcing those emergent aspects of the personality which are pro social.

Conclusion

The challenge for art therapy's practice with high-risk offenders is to produce evidence for the validity of the method in terms of observable changes in behaviour. However the ongoing necessity is to observe and define the particular contribution which art therapy can make to behaviour change and translate this in intelligible terms to other disciplines in offender services. In the present political and social climate, therapeutic involvement needs to be couched and re-framed in language which emphasises its outcome in terms of reduced risk of offending and increased public protection. The world of symbolic communication needs to meet (and greet) the world of assessment and management of risk and earn its place there without losing its creative and ethical base.

References

- Chapman, T. & Hough, M** (1998): *Evidence Based Practice: A Guide to Effective Practice* (on behalf of HM Inspectorate of Probation)
- Cordess, C.** (2002): "Building & Nurturing A Therapeutic Alliance With Offenders", in McMurrin, M. *Motivating Offenders to Change. A Guide to Enhancing Engagement in Therapy*. Chichester: John Wiley
- Gregory, D. & Garner, R.:** *Paradigms & Research: Examining The History & Future Of Art Therapy*. Artery International (2002). www.burleehost.com/artery/research
- McCourt, E. & Collins, Dr. K.** (2001): 'An Invitation To Play: The Practice Of Art Therapy & Research Implications' in British Psychological Society (Northern Ireland Branch Newsletter)
- Teasdale, C.** (1997): 'Art Therapy As A Shared Forensic Investigation', in *Inscape* Volume Two No. 2, p.32-40
- Teasdale, C.** (1995): 'Reforming Zeal Or Fatal Attraction. Why Should Art Therapists Work With Violent Offenders?' in *Inscape* Volume Two, pp 2 - 10

Formerly a probation officer, **Eileen McCourt** was seconded by the Probation Board for Northern Ireland (PBNI) to train as an art therapist at the University of Hertfordshire returning in 1987. She delivers an art therapy service to high-risk offenders in the community and as part of her job in PBNI, is a clinical supervisor of students on the MSc Art Therapy course at Queen's University, Belfast.

Email: admin.pdu@pbni.org.uk
