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Healing the Presence in Arts Therapy

Uzdrawianie obecności w arteterapii

ABSTRACT

Good practice in arts therapy requires reflection on its very foundations: human health that sets the therapeutic goals and the role of the therapist in the process of healing and an understanding of art that would legitimize its place in therapeutic activities. The concept of health is currently under discussion and the concept of art is inherently open. In all activities understood as auxiliary in the healing process, the *primum non nocere* principle applies. A thoughtless use of art in therapeutic activities can be harmful.

The WHO identifies health as broadly defined well-being allowing satisfactory productivity. In this paper, such understanding of health is discussed and contrasted with an approach that views health as a dynamic state of equilibrium that we owe to the vitality of the processes of homeostasis and allostasis, while recovery is understood as an effective effort taken by the whole body to manage these processes. Such a perspective allows us to see health as both being in “good shape” and the vital ability to strive for the “good shape.” I link the vitality of these processes with the human ability to be present.

I see art as a uniquely human experience of the difficult, often painful process of striving for a good form, and the form itself. I call that form “affecting presence” after Robert Plant Armstrong (1971). The creative expressive process that results in the creation and recognition of such forms is seen as driven by striving for adaptation and transcendence. Fulfilling both of these goals requires a presence that enables

KEYWORDS

art therapies, health, homeostasis, arts, “affecting presence”

SŁOWA KLUCZOWE

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direct encounter with likeness and otherness. In arts therapy practice, giving equal attention to the process and the affecting presence that issues from it is both its most crucial task and the condition of its success.

ABSTRAKT

Praktyka w obszarze arteterapii wymaga namysłu nad jej fundamentami: rozumieniem zdrowia oraz rozumieniem sztuki, które uzasadnia jej miejsce w podejmowanych procesach terapeutycznych. Pojęcie zdrowia obecnie podlega dyskusji, a pojęcie sztuki jest z natury otwarte. W każdym działaniu terapeutycznym rozumianym jako towarzyszenie w procesie zdrowienia obowiązuje zasada: *primum non nocere*. Bezrefleksyjne angażowanie sztuki w działania terapeutyczne jest potencjalnie szkodliwe.

Rozumiem zdrowie jako dynamiczny stan równowagi, który zawdzięczamy żywotności procesów homeostazy i allostaty, a zdrowienie jako skuteczny wysiłek podejmowany przez organizm w celu zarządzania tymi procesami. Zdrowie jest zarówno byciem w dobrej formie, jak i zdolnością dążenia do dobrej formy. Żywotność i efektywność procesów homeostazy łączę z ludzką zdolnością do bycia obecnym.

Podobnie sztukę rozumiem jako specyficzne ludzkie doświadczenie trudnego, często bolesnego procesu dążenia do dobrej formy, jak i samą formę, którą za Robertem Plantem Armstrongiem (1971) nazywam „poruszającą obecnością”. Twórcze procesy ekspresyjne, w wyniku których takie formy powstają, widzę jako kierowane potrzebą adaptacji i transcendencji, a obecność jako warunek, który pozwala nam bezpośrednio spotkać zarówno to, co tożsame, jak i inne. Poświęcenie równej uwagi procesowi i formie uważam za kluczowe w arteterapii.

“An affecting presence results only when its initiator is value-involved and when the values which move him are immediately presentable in arts media.”

(Robert Plant Armstrong)

Foundations

If we understand therapy as ministering to the other in the process of their recovery (Greek *therapeuein*), responsible practice in arts therapies requires reflection on its very foundations: humans

health and the arts as unique human experiences. There is no consensus on one single understanding of health, let alone one understanding of art (Tatarkiewicz 1975). Therefore, they must be revisited afresh by art therapists each time in their reflective practice in order to create a system of professional beliefs that will help define therapeutic goals and consider the involvement of art each time we work with groups or individuals in need. A lack of such reflection may result in a violation of the guiding principle of every therapeutic practice expressed in the Latin formula: *primum non nocere* (first: do no harm). Failure to recognize the therapeutic potential of arts can also be the cause of professional neglect.

Art is a special, powerful and unique human experience: an indissoluble experience of the creative and expressive process and the good form that arises from it. Good, satisfying art forms are rarely achieved in practice, just as absolute well-being is a rare and easily lost condition. But if we, as authors, are lucky, the art experience that crowns the creative process can be personally felt as an affecting and touching wholeness, a presence that embodies our value-engaged life. Working with art is a fully engaging activity that demands our profound choices. These choices made in arts practice activate all of our psychological, social, and physical potential. That is why making and receiving art can, with equal force, benefit our health (soothe us) or perpetuate and aggravate the symptoms of our illness (disturb us).

Observing therapeutic practice in Poland, I can see the widespread belief that art is always a safe space and that arts practice cannot be harmful. If any doubts appear, art therapists tend to use art partially, thereby stripping it of what constitutes its essence. Art is not a simple therapeutic tool but a powerful, unique human experience and arts therapies should be based on the recognition of that uniqueness.

The uniqueness of arts

In reflecting on the uniqueness of the experience that arts can provide I would like to recall two American authors: Elliot W. Eisner (1933–2014), whose thinking had been provoked by his concern with arts education and Robert P. Armstrong, who wrote from the perspective of humanistic anthropology.

Eisner, opening his speech at Stanford University (2002) asked the question: “What can educational practice learn from arts practice?” (Eisner 2002) I would like to rephrase that question for the purpose of this paper: What can arts therapy practice learn from arts practice? Behind this question, there is the implicit assumption that the arts offer a special experience and that therapists who work with people engaged in making art should take this into account. Eisner argued that activities in art required a specific (here: different) pedagogy that would allow the full experience that art offers to come into being. The value of this experience for Eisner is the beneficial impact on a holistic and integrated form of human development. And if such development is seen as a manifestation of human health, and developmental disorders as amenable to therapy in arts, I find the main theses of Eisner’s lecture to be justified. His view on the experience of art seems to be shared by INSEA experts who traditionally recognize the unique role of arts in providing individuals and groups with experiences that combine feeling and intellectual reflection by engaging both the mind and the body in art activities.

According to Eisner, arts education should promote the unique way of knowing and thinking that is specific to arts practice instead of using chosen arts practices and forms to promote thinking that is outside the realm of art. I see this view as relevant and important to art therapies in both the developmental and clinical approach. Let us follow his thesis and its possible importance for arts therapy:

- The kind of thinking in arts is, above all, deeply and essentially qualitative.

Art makes us experience qualitative relationships and the necessity to make judgments (value decisions in practice) within these relationships, which requires direct (non-mediated) involvement.

As Eisner noticed, these judgments are largely “somatically conditioned”—dependent on our “somatic knowledge”—on the “feeling of closure” that is provoked by the feeling of a good form. Such “good art forms,” as Eisner writes, inseparably integrate feeling and thinking, becoming a source of combined cognitive and aesthetic satisfaction. Learning through the arts, we become more qualitatively intelligent.

When the qualitative intelligence of our clients has been impaired for some reasons, resorting to art therapy seems justified. As Eisner says, a similar kind of intelligence allows us—teachers, and

dare I add, arts therapists—feel the qualitative complexity and entirety of the professional situation when we are immersed in it with our client. As practitioners working with arts, we must be qualitatively intelligent.

- Flexible purposing

Eisner suggests that in artistic practice the goals can follow the meanings and therefore may change over the course of working on art. We surrender to what the unfolding artwork reveals to us, giving way to goals that seem better and more attractive than those initially established. John Dewey (1934) called this goal-setting process “flexible purposing.” Practice in arts is not rigidly bound to predetermined goals. The propensity to control and predict comes at a price: we tend to do only what we know we can control and predict, and by the time we start doing it, we already know how we’re going to judge it. Working in the arts demands that one should be open to the uncertain. The ability to deal with an uncertain situation is a creative competence, and as stated by Donald Schön (Schön 1983), characterizes a reflective practice that is more than mere technical expertise. The question related to allowing a similar openness in educational practice (let me add: also therapeutic practice in the arts) could, according to Eisner, be, How to help our students (clients) work at the limit of their competence.

- In the experience that art gives us, form and content are inextricably linked.

In art, how something is expressed/known is inextricably linked (fused) with what is expressed/known. The attempts to express something in a different way/form naturally changes the content of the utterance.

- Artistic experience teaches us that not everything knowable can be articulated in conceptual forms of linguistic expression.

That we know more than we can say, that some of our knowledge is tacit (Polanyi 2009); that, as Eisner says, the limits of our cognition are not defined by the limits of our language; that art deals with the expression of what is critically important for humans, yet otherwise inexpressible (Ross 2011); that the experience of art (also in arts therapy) if satisfactory for the author, needs no additional explanation.

- Artistic experience is characterized by a special approach to the creative medium.

In art it is obvious that in order to create an artwork, we have to think within the limits and possibilities of the medium we use. The new possibilities offered by the creative material, which becomes the material of “representation” (medium), or even “presentation” (Armstrong 1971) in the expressive process, can generate forms of experience that would never have existed otherwise. The chosen creative material and the new medium offers us new limitations and new possibilities, and new ways of thinking that develop in the process of working with the chosen material are conditioned by it. Joseph Beuys (1921–1986), a German artist, has shown us how meanings in art are closely related to the creative material and artistic medium chosen by the artist. If each of us is an artist probably not each of us has found the meaningful and affecting enough creative material that could make it possible for us to create good forms. It is good to remember Beuys’s lesson in our arts therapy practice, when we propose the arts medium to our client or let them choose the creative material they want to work with. We have to be aware of these limitations and possibilities that the material (the medium) presents, and view the choices in light of the therapeutic needs of our client (as the multi-modal approach in arts therapies suggests).

- The experience of working in the arts gives the aesthetic satisfaction that makes the artwork possible.

Activity in the arts becomes a source of specific satisfaction that partly comes from an intense focus on creating forms. This focus occurs during personal engagement when working with the material. As arts therapists, we have to remember to create opportunities for that engagement. We also have to be aware that the concentration on this process is often so strong that in its most creative phase we “lose ourselves in time” (the experience of time called *kairos* by the Greeks replaces the daily experience of time—*chronos*). The fact that our clients are engaged in their work at key moments of creation can make it naturally difficult for them to control some aspects of their daily experienced reality. They are present, but in something else, something unusual.

Affecting presence

Robert Plant Armstrong, an American anthropologist whose aesthetic reflection was provoked by his study on tribal art saw art forms in a broader perspective than just traditional Western aesthetics. He called his approach “the aesthetic of energies” and introduced the original term “affecting presence” to describe that art phenomenon. Armstrong understood affect as the internal condition of feeling related to the presence or absence of socially articulated values or to the presence of felt, “visceral” values (Armstrong 1971: 45). He understood “affecting presences” as objects/events that embody our personal affects and other cultural energies in a way that makes them perceived as presences rather than usual objects.

Susan Langer argued (Langer 1957) that art forms belong to the realm of “non-discursive symbols”: that they embody their meanings. Armstrong was even more radical: “The affecting presence is a thing-in-itself—a presence not a symbol because the author does not built into his work cues to some real or imagined affective estate external to the work itself, but strives to achieve in that work the embodiment of those physical conditions which generate or are causative or constitutive of that emotion, feeling, or value with which he is concerned” (Armstrong 1971: 32). So understood art forms are never accidental but “longed for” so they are created in actions directed towards making them rather than anything else. They belong to the universe of feelings not to the universe of discourse and that’s why they are presentations not representations, concretizations not conceptualizations.

Affecting presence, as Armstrong argued, embodies a unique web of tensions that build our consciousness and are provoked by what we perceive as presence or absence of values and that’s why a true work of art is always affecting. The form, the event is experienced as a presence: a self-contained unity that demands our special attention. It is treated as a living entity: more like a person than a mere object (Armstrong 1981). That is why a work of art, according to Armstrong, demands a witness more than a recipient or an interpreter. Not every work with art concludes in “affecting presence” as “we must search for evidence of seriousness and mindfulness, value, feeling, import, content and presentation if we are to identify the affecting presence”

(Armstrong 1971: 87). No matter how rarely it can be observed, this is probably what we—as arts therapists—wish our clients to achieve in order for art to work in the therapeutic process.

Seeing a work of art as balancing and reconciling different powers can be found also in the writings of other authors (Pawłowski 1966; Stróżewski 1983; Witkiewicz 2002; Ross 2011). Being with our clients, initiating an affecting presence within the arts therapy process, we are also immersed in that unique active energy system. The forces of that process are in active interaction, are frequently felt as dialectic and can evoke strong emotions (Gisman-Stoch 2019). Fostering or rebuilding the ability to manage them becomes an important challenge in the work of the art therapist. The energies of consciousness activated in the process of making an “affecting presence” are not inert: we become affected co-witnesses working in the same energy field. The affecting work needs an empathetic witness to come into existence.

The affecting presence as a phenomenon is always situated “in between.” That in-betweenness is created by a dynamic and dialectic space of exchange: an exchange between our inner private world of meanings and values and the outer cultural and social world we share. The exchangeable nature of creative work can be expressed by the metaphor of breathing—the vital energies of giving and taking in action to maintain our vigorous presence in the world. I see fostering and promoting the human presence in that in-betweenness as crucial in arts therapy (Gisman-Stoch 2019).

Health—a stable state or a strong process of regulation

As medicine is continuously evolving, it is necessary to periodically evaluate and discuss its core concepts such as those of health and disease (Saracci 1997). Health used to be understood as the absence of disease, especially the absence of physical pain (Webster dictionary 1917). Arts therapy founded on such understanding will tend to use arts selectively, taking into account the diagnosed health problem and perhaps seeing the arts as a useful tool or good space to cope with mental and physical pain, using the techniques of distracting and redirecting attention. An example can be Beverly Shapiro’s description of the role of an art therapist who uses integrative and mind-body approaches in treating patients with chronic pain (Shapiro 1985).

That outdated definition of health has been replaced by a new one: “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (WHO 1946) It has enriched the understanding of health by adding social and mental dimensions. Since that revision, health has been seen as a state of physical, mental, social (now expanded to: spiritual, intellectual and even economic) well-being. In light of such a broad understanding, most if not all of us probably are in need of some kind of therapy.

This new perspective stems from a holistic view of human health: the body can no longer be separated from the psychosocial development of an individual. Health understood as well-being has become more subjective: the question “What is the problem?” has been replaced by: “How are you?” or even: “How do you feel you are?” The holistic nature of arts (its psycho-socio-spiritual dimension) and their extreme commitment to subjectivity and personal feelings give another strong legitimacy to reach for them in the processes of healing.

Inspired by the understanding of human health presented above, we tend to use art to provide our clients with a temporary well-being to promote a state of mind and body alternative to their painful everyday life: at our sessions they can be warmly wrapped in art-ificial time, be offered a chance to forget, and an opportunity to be well for a while. The benefit is maybe the hope for being well, for being in a good shape.

If health is a state of a perfect harmony—the broadly understood well-being—we should agree that the state of health would be an exceptionally rare and rather short-lived condition. The WHO understanding of health is presently debated and reinterpreted to emphasize its various aspects (Gadamer 1993; Boorse 1997; Schad 1998; Galderisi et al. 2017; Lechman, David, Gruber 2017).

Looking at this debate, I would like to recall the chosen approaches founded on a more dynamic approach. An interesting approach is the one proposed by Johannes Bircher (2005), who he sees health as “the dynamic state of well-being characterized by physical, mental and social potential, which satisfies the demands of a life commensurate with age, culture, and personal responsibility” (Bircher 2005: 336). A good relationship must be acquired between the experienced demands of life and the personal capacity to cope with them. But there is also another relationship that must be balanced to feel in

good form: the one between the biologically given and the personally acquired health potential. That latter one, understood as immunological competence, physical abilities, such as learning, psychological and spiritual development, and social capital, needs individual action and social support. Every person uses all of them to meet the demands of life and to strike a proper balance (Bircher 2005: 337).

In light of that health concept, the arts therapies should focus on the tension between both dynamic constructs of our clients' health: the personal capacities and the demands they experience. We should also work with their given potentials (gift for art, unique sensitivity or perceptual limitations, etc.) and promote personal achievements (acquired skills in art, increased sensitivity, the experience of working in their chosen medium, cultural competences, and knowledge of art, etc.).

The definition of mental health proposed by the World Health Organization has also been criticized as organized around a hedonistic and eudaemonic perspective that assigns a key role to a person's well-being and productivity: "Mental Health is a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" (WHO 2014).

And again, a different, dynamic approach has been proposed: "Mental health is a dynamic state of internal equilibrium which enables individuals to use their abilities in harmony with universal values of society. Basic cognitive and social skills; ability to recognize, express and modulate one's own emotions, as well as empathy with others; flexibility and ability to cope with adverse life events and function in social roles; and harmonious relationship between body and mind represent important components of mental health which contribute, to varying degrees, to the state of internal equilibrium" (Galdersi et al. 2017: 408). For the purposes of arts therapy, it is worth noticing that in the proposed definition, the inner equilibrium is regarded as a "dynamic state," not just good, positive emotions, but the whole spectrum of human emotional life is accepted and treated as symptomatic of a healthy life. Achieving this equilibrium may require change challenged by our life development. What is also worth noting is the importance of social values in that pursuit of regulating our lives.

In between

In arts therapy, we recognize and foster our clients' ability to manage different inner and external powers as well as their dynamic relations as they are experiencing the expressive and creative process of making art. Those powers activate the painful processes of coping with change in the struggle for balance. And we are meant to be there with them. That dynamics of the process and the active role of the professional in arts therapy has been comprehensively described in Malcolm Ross's *syncretic model* (Ross 2011). The tensions between the inner and the outer, the personal and public energies (Harré 1983), and between the powers of giving and taking in the cultural space of exchange (Hyde 2006; Kornilowicz 1930) have to be reconciled, accommodated and incorporated into a composed unity each time.

There are two processes which are considered to be responsible for the regulation system. Being in between, we experience both of them. They have been called accordingly: homeostasis (from Greek: *homois* "similar" and *stasis* "standing still") and *allostasis* (from Greek: *állos*, "other," and *stasis*, "standing still"). The purpose of homeostasis is seen as "*to stay in similar state.*" The process of allostasis is responsible for "remaining stable by being variable" (Sterling, Eyer 1988). It is a regulation system that responds to the subtle ebb and flow to maintain the inner stability of the body through change, actively adjusting to both predictable and unpredictable events. In the creative process in arts, we practice both processes of regulation: we encounter what we recognize as similar (likeness) and what astonishes us as new (otherness). We deal with the whole spectrum of accompanying feelings which should be recognized by arts therapists, the more so because we ourselves are subject to these regulatory processes in our relationships with our patients. This is what makes us experience our health as both: "the eternal returns of the same" and paraphrasing Nietzsche: "the eternal returns of the new."

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