

Art Therapy Online: ATOL

***Convivencia*: a medieval idea with contemporary relevance**

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Dedication

Michael Edwards invited me to give an earlier version of this paper to the Champernowne Trust Summer School in 2005. This new version is dedicated to his memory because he died on the 13th March 2010. For me his work represents the heart of art therapy. Throughout his life, he encouraged respectful, humorous and yet gently lyrical therapeutic work.

Abstract

This paper was first inspired by medieval Moorish architecture and by the word *convivencia*; the literal translation of which is living together and mingling. The Spanish word conjures the possibilities for living well when ideas are shared and when there is tolerance. It is used to describe the cultural flowering that occurred in medieval Spain, when the ruling Muslim Caliphates promoted tolerance, and when Muslims, Jews, and Christians lived well alongside one another. This history seems to show how mental health might be sustained in cities.

The impact of urbanization, migration and poverty upon mental health services, are considered in the light of how art therapy has developed and what it might contribute, however modestly. The case is made for drawing creatively upon knowledge developed during successive periods of the profession's history. The paper suggests that it could be wasteful of growing professional knowledge to

espouse practice based on only one strand of what is a rich history. It concludes by expressing the hope for further integration, or *convivencia*, in the current period of art therapy development.

Key words

Art therapy, *convivencia*, mental health, migration, poverty, and therapeutic adaptation

Introduction

The ideas explored in this paper grew out of a talk I was invited to give on the theme *Boundaries, Borderlines, and Crossings: Navigating Experience* (Champernowne Trust, 2005). Shortly after receiving the invitation I saw a television documentary on an Islamic history of Europe in which I first heard the word *convivencia* used about the medieval period in Southern Spain (BBC Four, 2005). Photographs I came across of medieval Moorish architecture seemed to capture the legacy of that time.

Inspired by the photographs I visited Valencia, Cordoba, and Granada. The medieval buildings I saw contain many vantage points from which it is possible to play with perspectives of the outside, from positions inside (see figures 1, 2, 3, and 4).



Fig 1

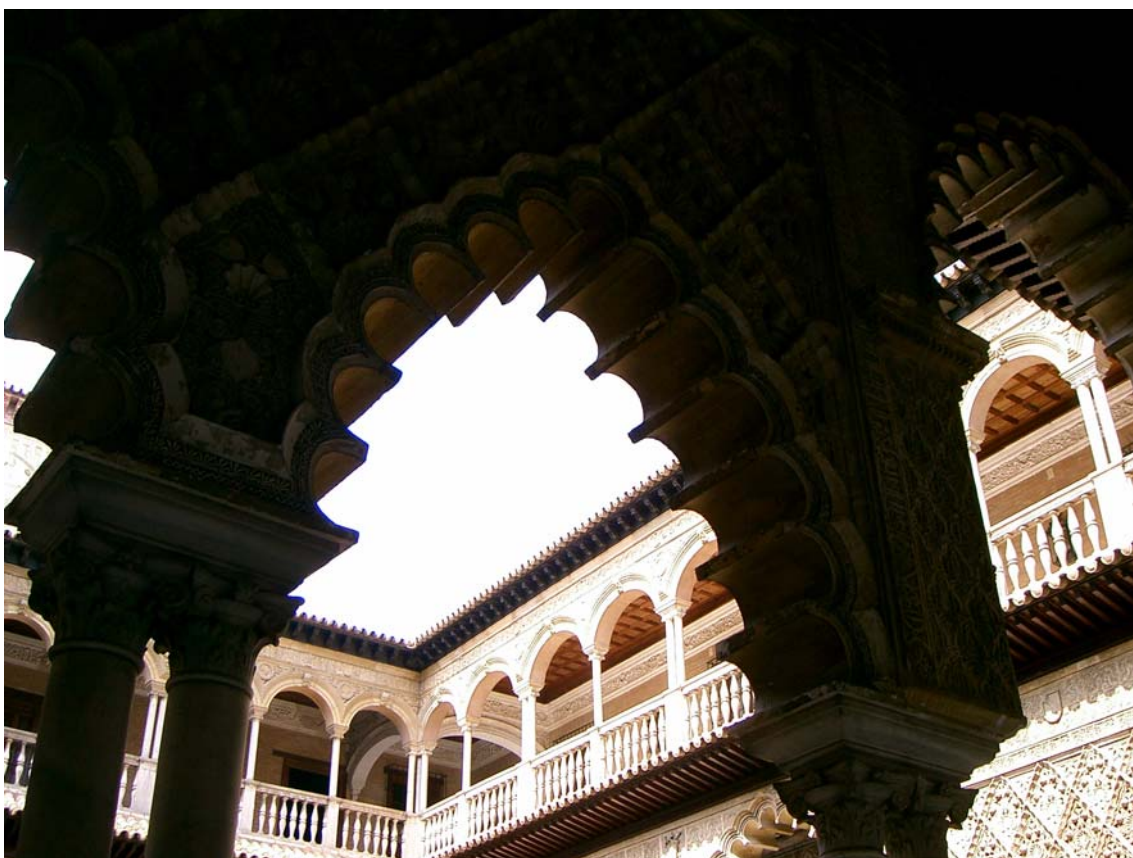


Fig 2



Fig 3

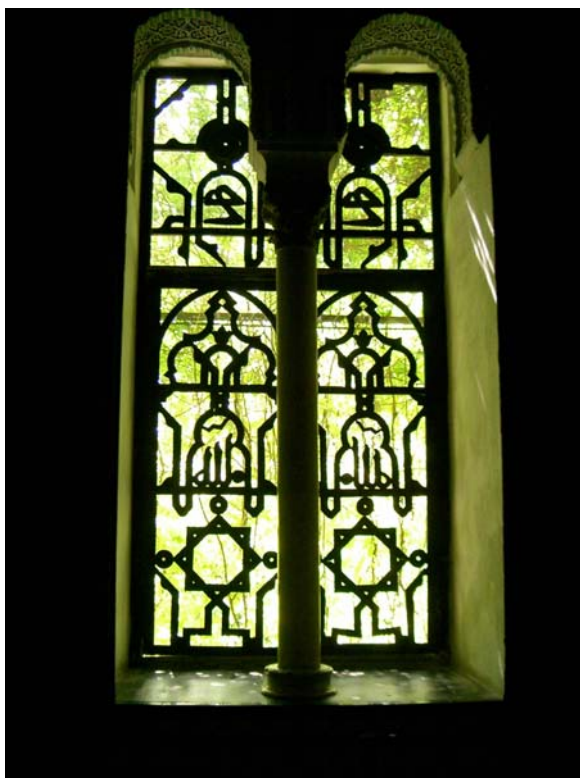


Fig 4

It is also possible to see glimpses of the inside from positions outside (see figures 5, 6, and 7).



Fig 5

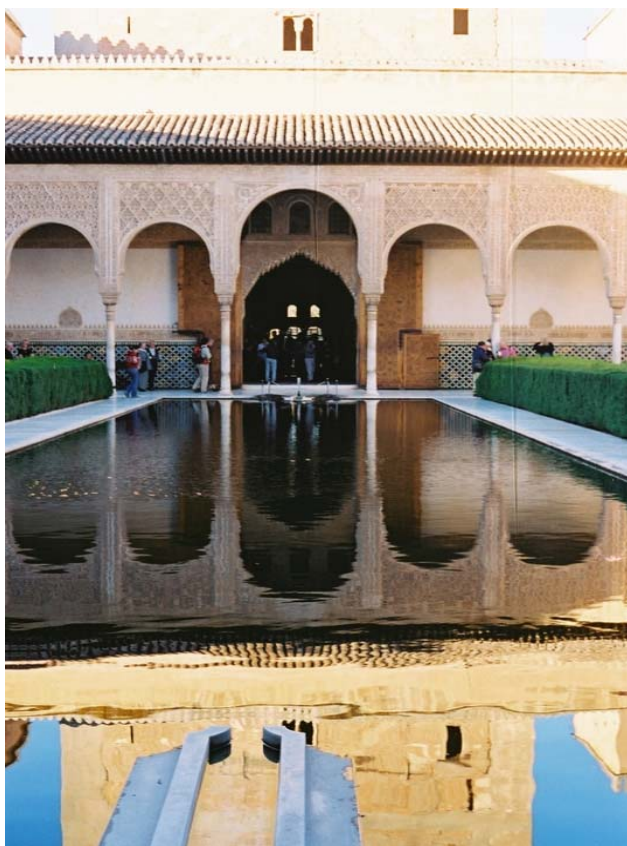


Fig 6

Implicit in the structures of these wealthy buildings are clear distinctions between public and private life. They have long beautiful gardens, courtyards and many outer rooms to pass through before reaching the inner living areas. (Figures 8, 9, 10 and 11).

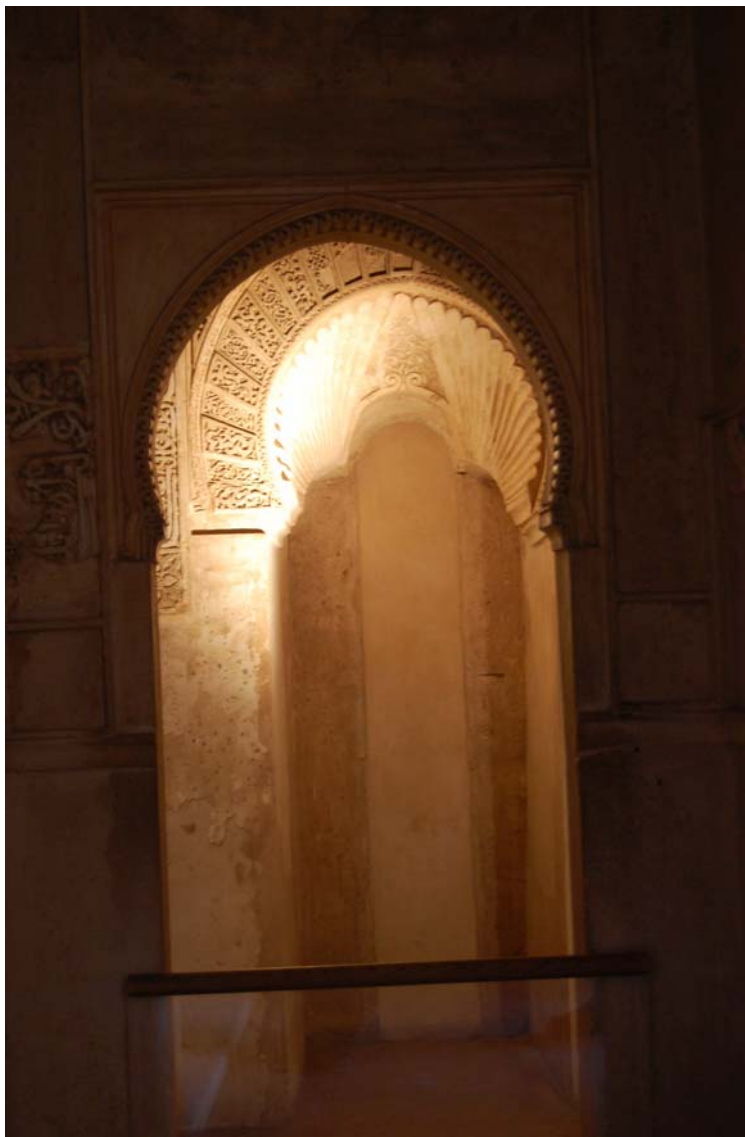


Fig 7



Fig8



Fig 9



Fig 10



Fig 11

In contemporary life, distinctions between public and private are not so clear, because so much that was private is now made public on the screen, the internet, and in newspapers and magazines. There are democratic benefits because of more being shared, but there are difficulties. Psychologically we seem to benefit from having private time to digest what we feel and reflect on what we have understood, before we have to act publicly. This seems connected to discussions in psychoanalytic literature about ideas of containment (Bion, 1967; Winnicott 1958 and 1971). It also seems linked to the often-unexplained ways in which we all '*navigate*' backwards and forwards between our inner psychological experience and events in the world. There is some tension between the psychological need for private protected space (or containment) and the notion of *convivencia* (mingling), but essentially sharing and fruitful exchange seems to depend upon the availability of a *good* containing environment.

Convivencia:

The word *convivencia* used in the context of Medieval Spain describes the sharing of ideas, cultural and religious tolerance and living together well in a community. This has contemporary relevance to what is necessary for mental health: too many people living in the world's teeming cities feel alone and isolated. *Convivencia* in Moorish Spain provided a platform for cultural and intellectual flowering and the history suggests that citizens then were more connected in ordinary ways (Menocal, 2002). These forms of living were sustained (although not without interruption caused by periods of tension), throughout seven centuries.

That period of medieval history has helped me try to make sense of what is currently happening in the world. Conflicts between different belief systems and their debasement in war, and in violence have had a terrible impact on mental health today (Segal, 1987; Summerfield, 2000; Srinivasa Murthy and Lakshminarayana, 2006).

I had sent off the abstract for my original talk to the Champenowne Trust long before the London bombings in July 2005. Their summer school was just a few days afterwards and many people attending the school arrived from London in

shock. It was difficult for everyone to think in the immediate aftermath and painful to consider that had our government heeded the huge anti-war movement in Britain (2003); the bombings in London might not have happened. Explanations for centuries of tolerance in Medieval Spain seem increasingly to have contemporary relevance.

A cluster of historical circumstances made it possible for centuries of peaceful co-existence between Muslims, Jews, and Christians. Contemporary cities throughout the world are home to people from different races and religions: but political and economic upheaval often detracts from the possibilities inherent in tolerance. Economic strictures, war, and fear have meant that it is much more difficult for the contemporary urban environment to provide sufficient containment for genuine multi-culturalism.

The series of Islamic Caliphates that ruled medieval southern Spain were fortunate because their foundations were built upon long periods of economic stability and wealth; they had few reasons to be defensive. Fundamentally, the economic stability of that period between the seventh and thirteenth centuries contributed to the liberal interpretation of Islamic law and this meant that people with different cultural backgrounds could live together (Menocal, 2002, Fletcher, 1993). There is evidence that places of worship were shared and that there was fruitful cultural, religious, and intellectual exchange. Belief in education was strong and libraries and centres of translation were staggeringly in advance of what was happening in Northern Europe. One example is in the numbers of books housed in libraries of the time, between 400,000 and 600,000 in some in Spain, compared to a few dozens in equivalent libraries in more Northerly European countries (Prince, 2002). The sciences of navigation and mathematics made great advances. Many translations were made of the ancient classical knowledge. Art and architecture flourished (Menocal, 2002). These developments often seem strangely hidden from accounts of medieval history, yet they almost certainly surpassed aspects of the later renaissance in Europe. The grand splendour of Moorish medieval architecture grew out of this period.

I come from a sea port, when I was young my father was at sea with the merchant navy and I still find some phrases from the language of people who work at sea helpful. The theme I had been given *Boundaries, Borderlines, and Crossings: Navigating Experience* (Champernowne Trust, 2005) seemed to me to be in familiar territory because it holds connotations of the sea. It makes me think about how we all navigate internal and external boundaries and then make our crossings in ways that seem to me to be integral to psychotherapeutic work.

As therapists working with psychological concerns we do not always recognise the extent to which, the inner experiences that our clients describe, hold the imprint of the outer world. Psychological trainings in general do not commonly address the impact of the external world. Different training courses for art therapy practitioners consider the impact of living circumstances on the lives of clients, with differing degrees of emphasis. It is not straightforward to do this because clear *navigational charts* showing *the waterways* between the internal and external aspects of human lives do not exist. We do not always know how to *navigate eddies at play* between events in the world and our psychological experience. More thinking about this is needed because the majority of therapists in a range of disciplines work with clients whose lives are greatly influenced by city living, migration, poverty, and housing difficulties.

The rapid urbanization of the world population has had an impact on mental health and the organization of services. Wars and poverty have made migration or *Diaspora* a feature of our times. Many urban areas in the world now include refugees trying to pick up the pieces and make a life for themselves in countries far away, from where they were born. These things cause stark human difficulties both practically and emotionally. It can be daunting for therapists of all persuasions to know how to respond.

Given the nature of many large cities, it is not surprising that the idea of multi-culturalism has been widely used as a way of trying to respond helpfully. However, the contemporary prospects for genuine multi-culturalism are not easy. Many things create fears that get in the way of seeing the economic benefits and cultural exchange that can come with people from such a wide range of backgrounds living alongside one another. In the best circumstances,

the mix of cultures can be seen as wholly positive; in other circumstances, courtesy and distant respect might be the best that can be hoped for; whereas in the worst circumstances, there is hostility, misrepresentation, and racism. The rise of the far right in Germany, the career of Le Penn in France, the election of BNP candidates in England and contemporary fears about Islam indicate that we still have a lot to learn from *convivencia* or ways of living together that might enhance the mental health of city populations.

Mental Health services throughout the world try to help those who are alienated and afraid. Much that is reported about refugees also applies to people with mental health problems. Many feel alone and outcast even though they live inside the urban crush. At their best, I think services try to help people *navigate* the crossing places between alienation and sharing in the life of a community.

It is hard to organise and deliver services because the world population is standing on the threshold of a demographic crossing. Since 2007, it is estimated that more of the world live in cities than live in rural areas (UN, 2003). A conference in 1998 (hosted by Thornicroft and Goldberg at the Maudsley Hospital), brought together mental health workers from some of the largest cities in the world, to try to address what the sheer size of cities would mean to the future of mental health. The largest cities hold between 18 and 28 million people. The population sizes of these cities are almost unfathomable. The metropolis is becoming the megalopolis. What do 28 million souls mean in Tokyo?

'Megalopolises are not only cities grown big: they are likely to be different creatures – in the same vein as adults are not big children although they continue to belong to the same biological species when they are children and when they grow up ... It is an amazing fact that governments of the world, faced with rampant urbanization, have not developed a strategy for the provision of health care in cities. In some 30 years four-fifths of the world population — in developed and developing countries will be living in urban areas. This represents a steady growth for industrialised countries and a revolutionary change for most of the others. It is easy to predict that this change will bring new health problems or magnify those

currently facing health care in an unprecedented manner: it is also possible that a well formulated plan of action to counter these problems might make it easier to deal with them' (Sartorius, 1998: 3).

Pictures of highly populated cities suggest what the sheer size of cities might mean for mental health services (often puny by contrast in terms of human resources). The extraordinary photographs by Sebastião Salgado have documented the crowded nature of city living and the effects of migration: <http://pdngallery.com/legends/legends10/>.

Appropriately Cairo (home to 16 million) has been the setting for two international conferences on population and development (ICPD) in 1994 and 2004. At the second Cairo conference



Fig 12

the key population-development concerns were poverty; the environment; urbanization and internal and international migration. It is sobering to realise that these are issues in **both** the developing majority world and in the developed world.

It is not difficult to see how these issues impact on mental health. It is not so easy to be coherent about possible responses. Maybe the vision of the Rogers architectural practice can provide a hopeful vantage point about the possibilities for containment and *convivencia* in urban settings on a small planet.

‘At the heart of our urban strategy lies the concept that cities are for the meeting of friends and strangers in civilised public spaces surrounded by beautiful buildings’ (Rogers Partnership, 1986).

In the partnership’s vision for sustainable cities, centres for work, living and leisure are moved closer together (seen in the different coloured circles on the architectural plan (figure 13) to provide more compact living and community areas and less traffic.

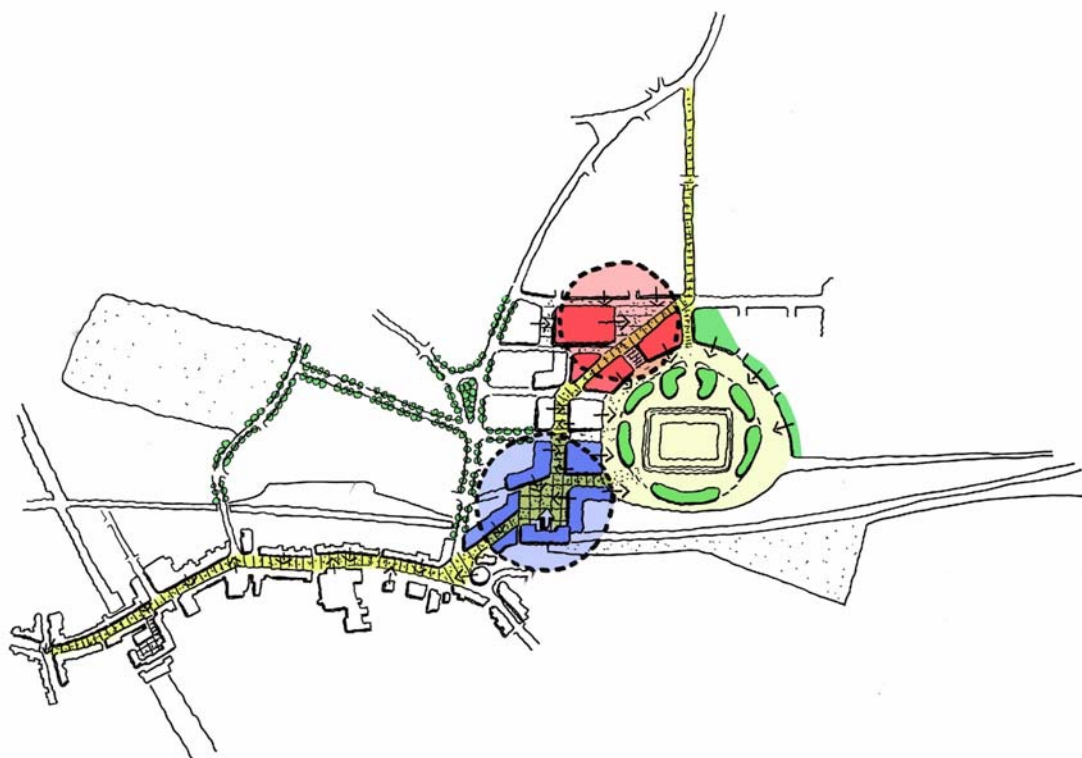


Fig 13

Some of the ideas, where there has been the political will, have been realised and commissioned. Of course, this has not been on a scale that will do much yet to influence mental health.

Nevertheless, it seems important to point to the high value placed upon the public meeting places in these architectural designs. These are the meeting places in cities (whether in or outside) in which to meet and mingle. The public square outside the Pompidou Centre in Paris was reviled when first built, but it has become one of the most populated in Europe, suggesting as the architects

do (Rogers partnership) that public places even on a less grand scale could improve city life. Places where we can congregate in the city can help us to feel contained. Yet the need for public meeting places is prone to being overlooked. Traffic is an inhibiting factor, it acts like *silt* in cities making it less likely for people to meet (Rogers, 1997: 37). Although things are improving, cities I know in the north of Britain have few places where it is possible to congregate and meet without paying for a ticket.

Art therapy as meeting place

The use of studios shows that art therapists have long understood the contribution made to mental health that comes from creating a meeting place (Lyddiatt, 1972; Adamson, 1984; Killick, 1993; Hyland-Moon, 2001; Wood, 2001). My experience of art therapy studios is mainly from a British context, although I have been lucky enough to visit art therapy studios in France, Spain, Finland, Taiwan, and Australia where I found a similar understanding of their value. Hyland-Moon (2001) was writing about her experience of studios in American art therapy at the same time as British art therapists (cited in Wood, 2001). This implies that there is a consciousness of the significance of the meeting place in art therapy communities around the world.

When they are available, art studios might be the literal meeting place for art therapy. When they are not available, as in many public sector settings or (more understandably) in the context of war (Kalmanowitz and Lloyd, 1997), art making facilitated by a therapeutic relationship is still the essential way in which the client might encounter new ways of meeting themselves. It seems to me, using the analogy of Moorish architecture with its gradual transition from the public to the private, that there are several layers of possible art therapy practice. For some clients semi-public work in an open-studio is helpful, for others closed-groups move the work into a less public space and this might enable (as with individual work) therapy more suited to a private sphere.

Those art therapists, who have been successful in making adaptations to their practice coherent, seem to start from having clarity about their basic approach. The history of the profession in Britain has seen the development of an

approach which combines a belief in the power of art making, an understanding of the therapeutic relationship and a social psychiatry perspective that does not pathologize the client because of the economic conditions of their life. These three strands of the profession's practice were gradually knotted together during three overlapping twenty-year periods of the last century (Wood, 1997, 1999, 2000, forthcoming 2010 a and b). In the first of these twenty year periods (1940s – 1950s) art therapists like Adrian Hill, Edward Adamson, J. M. Lyddiatt, and Joyce Laing proposed and upheld the healing power of expression. In the second period, (1960s – 1970s) art therapists like Patsy Nowell-Hall, Michael Edwards, John Henzell, Peter Byrne, and Diane Waller worked to consolidate the profession of art therapy. They worked in mental hospitals often with the psychiatric colleagues who developed the anti-psychiatry movement. This movement helped create a successful period of social psychiatry that had many benefits for clients and which often, incidentally, facilitated the work of art therapists within mental health. Then as the work of mental health services moved into the community (1980s – 1990s) (Wood, 1997 and forthcoming 2010a) art therapists were working with more single-handed responsibility for their clients, and as a result they sought and found more rigorous explanations of the therapeutic relationship within psychodynamic approaches for work with children and adults (Wood, 2001).

Although the majority of art therapists do not think themselves to be psychoanalysts (with the exception of those who have trained), I think that a range of psychodynamic understanding of the therapeutic relationship appeals to many of them because it theorises the unconscious in ways that other models (e.g. from humanistic and cognitive traditions) do not. For centuries, artists and writers have invoked less conscious aspects of human experience. Theories that push only towards the rational aspects of human behaviour might tend to *scupper* the art making side of life.

Nevertheless, there is now a surprisingly long list in the literature of different therapeutic approaches and models being used by arts therapists that suggest how often art therapists adapt their practice to the circumstances of their client's lives. Not all of these adaptations include the idea of an unconscious. Some examples are in the list that follows:

- behavioural (Roth, 1987)
- brief therapy (McClelland, 1992; Riley, 1999; Wood, M. 1990)
- cognitive (Rosal, 1987)
- eclectic (Wadeson, 1987)
- group (Waller, 1993; Skaife and Huet, 1998; McNeilly, 2006)
- intercultural (Waller, 1998; Case, 1998; Campbell et al, 1999; Kalmanowitz and Lloyd, 2005; Solomon, 2005)
- inter-subjective (Tipple, 2003; Skaife, 2008)
- narrative approaches (Cattanach, 1988; Gersie, 1997; Solomon, 2005)
- person centred ([Natalie] Rogers, 2000)
- psychodynamic and analytic (including theories of human development and attachment (Case, 2005; Edwards, 2004; Naumberg, 1973; Schaverien, 1991)
- psycho-social (Waller, 1999; Wadeson, 2000; Liebmann, 1994, 1996, 2000; Kalmanowitz and Lloyd, 2005; Wood, 1999, 2000, 2005 and 2010 forthcoming a and b)

The extensiveness of the models being used might mean we can reasonably extend the claim to share evidence of effectiveness produced for some of the other psychotherapies. However, in doing this it seems important not to lose sight of the fundamental elements of our practice: the art making and the therapeutic relationship and the way both of these are *anchored* by the social economic circumstances of the client's life and the therapeutic setting. Many art therapists have passed through training courses in which they are asked to navigate backwards and forwards between these elements. I am suggesting this as the *convivencia* we uphold for art therapy practice. The combination of these elements is unique to our profession and one of its strengths.

My pragmatic approach is to try in my own work to adapt the therapeutic approach to the context. There are no clear navigational charts to help with this process of adaptation. One important thing is to discover if there is any research relevant to the difficulties of the client we are working with. Another is to keep in mind the context and the external pressures upon the client's life. Of course, during the process of adaptation I make mistakes, I try to militate against too

many by keeping in mind the fundamentals of the work: the relationship between the client and therapist, the art making, and adaptations to context. This particular form of meeting is where our history has brought us.

Therapeutic care:

I often have to think, whilst working as an art therapist with clients, about the *internal* consequences of contemporary living and what might be a helpful therapeutic response. The notion of *convivencia* has helped me think about relationships with clients and about the art therapy profession and its development. Although therapeutic work focuses on helping people live with themselves psychologically, *convivencia* suggests that the creation of mental health also involves helping people live with one another.

The book '*Therapeutic Care for Refugees and Asylum Seekers: No Place Like Home*' by Papadopoulos (2002) is helpful. It considers the interconnections between psychological experience and the political world. It helped me clarify my thinking about repeatedly navigating backwards and forwards between internal experience and external circumstances of a client's life. Although concerned with clients who are refugees, whose lives are affected by numerous political issues, discussion in the book is highly relevant to other work by art therapists in many services. Case discussions amongst arts therapists working in different cities confirm that there is strong evidence of urban alienation and poverty in the lives of many clients. It is not the job of therapists to sort the world out for their clients; but our attention can properly include the impact of the outside world upon their lives. Much art therapy literature (in for example, the list given above) shows that practitioners are often involved in the process of adapting their therapeutic approach, in ways that enable them to respond appropriately to the context of their client's lives. I think that the preparedness to make these adaptations is another strength of art therapy.

Papadopoulos in his introductory chapter discusses what approach to take for clients in hard living circumstances and proposes a form of adaptation, which is 'therapeutic care'.

‘ ... traditional psychotherapy in its fuller form may not always be available to or, dare I say, appropriate for the majority of refugees who may not have either the right motivation or symptomatology for this kind of specialist work. However, I would strongly argue that *therapeutic considerations* can always be useful and should be included in any kind of care plan refugees are offered. This means regardless of their suitability for or availability for psychotherapy proper, refugees will always benefit from appropriately adjusted forms of “therapeutic care” ’
(Papadopoulos, 2002 :4).

Whilst quoting the son of a refugee who after many years is able to return to his country and take great solace in fixing what had become the leaking roof of his house, Papadopoulos writes,

‘ ... “there is no place like home” can be understood in many ways. Can the positive effects of home be recreated (not that the home itself can be replaced) through other means? Can therapeutic care for refugees, understood in a broader a creative manner, be one of them?’
(Papadopoulos, 2002: 5).

The need for a sense of belonging is often central, to what clients with a history of psychosis describe. Warner’s (1985) book contains much of the international evidence for the benefits of an inclusive approach. The ‘therapeutic care’ that is implied in the following quotation seems to me to be a good description of the therapeutic stance taken by many art therapists with this client group and with others.

‘We may conclude that when schizophrenics are in an environment which is protective but not regressive, stimulating but not stressful, and warm but not intrusive ... many of these patients will not need antipsychotic medication’ (Warner, 1985: 257).

Within psychosis, the eruption of less conscious aspects of self can make it difficult to think. People in the midst of an episode can feel overwhelmed and sometimes they can no longer distinguish (*or navigate*) between the inner and

the outer world. The purpose of a period of therapeutic work is then the attempt to help the person *stay afloat* with their thoughts and feelings until the *swell* of semi-conscious dream-like material subsides. Art making in the context of a therapeutic relationship can be a gentle way of doing this (Killick and Schaverien, 1997; Brooker et. al, 2006; Richardson, Jones, Evans, Jenkins and Rowe, 2007). Also doing the work in a stable meeting place and (in some situations) in small groups can help create a sense of belonging, which can be helpful for clients especially when they feel lost in the midst of the urban sprawl. Group work and the spaces used with this client group are thoughtfully described in two papers by Greenwood and Layton (1987 and 1988).

Many clients with difficulties other than psychosis also need help negotiating *the waterways* between their inner world and the world outside themselves. When possible the therapist can *come alongside* the client (make a relationship) and help them find a form of art making that suits them.

The framing of therapeutic work helps, but it can sometimes be complicated either by the requirement for multidisciplinary work or by other complications of context. The thought of Moorish buildings, which facilitate the movement backwards and forwards between public and private experience, can provide an analogy for framing therapy as a space apart. The construction of the therapeutic frame depends on the work of the therapist. It needs to be felt internally by the client, so that the resulting sense of containment makes it safe-enough for them to daydream and mull things over. When art materials are available, the invitation to become absorbed in mulling things over can be potent.

***Convivencia* within the art therapy profession:**

Sometimes when there is a tendency to highlight one of the strands of our history and claim it as the most significant, the idea of a triangular frame for art therapy is forgotten. Papers in the *International Journal of Art Therapy: Inscape* by Maclagan (2005), a reply by Mann (2006) and the discussion of both by Skaife (2008) provide a high quality though heated discussion of some of the issues. The paper by Maclagan (2005) and the reply by Mann (2006) are carefully written and exciting to read one after the other. This is because of the

passionate discussion they represent, but it would be a loss if they invoke a polarised approach that separates the woven strands of our work and discards our history.

I think Maclagan is telling us that we have lost our way, but that we might find where we are going if we remember that, the essence of our craft is in the imagination. Imagination is *the waterway* on which many of us came into the profession (Wood, 1986). In one sense, Maclagan is telling us another medieval story in which he and a few others manage to climb and then stand on top of a hill with a glorious view. In looking back down the hill, the majority of art therapists Maclagan sees are struggling to climb and he thinks that unless they can enliven their imagination, they will not achieve the summit. He seems to think that they are in danger of slipping down and becoming stuck in the mud with what he sees as hapless colleagues, the medics, nurses, social workers and other therapists. Better though he implies, to be stuck in this muddy purgatory with limited imagination than to fall to the fiery depths and find ourselves for all eternity with an assortment of psychoanalysts.

I enjoyed the hubris of Maclagan's story and of course, there are some sharp barbs, which sting me into thinking about how we ensure that our practice remains imaginative. He also offers a number of fine examples of what he means us to do in relation to the artwork. Nevertheless, I think it is a failure of imagination to cast colleagues in such concrete terms as caricature representatives of a medieval cautionary tale.

Mann's reply (2006), brought to mind memories of discussions about aesthetics and 'art for art's sake'. This philosophy is in sharp contrast to phenomenological philosophies of art that see it as woven into the fabric of society and of human meaning. Probably the majority of art therapists would tend to subscribe to the latter and think about art as embedded within culture and society and they would not see art as an end in itself. Yet Mann represents Maclagan's position as being in contrast to this, suggesting he is a neo-romantic. He acknowledges and apparently accepts much of what Maclagan asserts about the endangered imagination of art therapists, but wishes to take issue with the idea that this is largely at the behest of psychoanalytic influences.

He defends (though not without criticism) the use of psychoanalytic ideas by art therapists. He argues that much of what we do is unconsciously autobiographical, but that this does not make what we do in life or in making art pathological. His discussion is clarified by being linked to his own history. This is helpful and humorously honest.

‘I started out interested in R. D. Laing and anti-psychiatry, then became a Jungian (because I thought Jung’s view about art was better than Freud’s and I liked and still like the idea of ‘bespoke’ therapy). I vacated this kind of thinking when I became more aware of the importance of understanding infancy ... and was greatly influenced by Objects Relations schools ... Much to my own surprise, I found the ideas of Freud making more sense than those of his contemporaries or those who followed after him (Mann, 2006: 33).

He reminds Maclagan that the essence of analytic ideas has been to attend to the imagination and the client’s sense of play. He does not see Maclagan’s ideas as being in opposition to this, but he repeatedly and pertinently asks of Maclagan’s position, what does it leave the art therapist to say. In addition, he asks:

‘Although Maclagan amply illustrates how his own imagination about the artwork might be liberated, he gives us little clue about how this might be used to serve the patient: how does it benefit the patient to have the therapist running off on an imaginative contemplation?’ (Mann, 2006: 36).

The ways in which both papers polarise and heighten their respective positions is interesting and the dialogue keenly points to the connections between imagination and art making, and between imagination and relationship. Skaife’s paper (2008) also discusses the contrasting positions of Maclagan and Mann and the ways they perpetuate a potential split.

The ways in which such polarities might be exploited seem to me to be in no one’s interest. A story reported at the time of the war involving Lebanon, Gaza, and Israel seems relevant. It is about the heated discussions that took place

between members of the West-Eastern Divan Orchestra. The musicians make up an extraordinary group from the Middle East. About half of its 100 musicians are Jewish Israelis. Most of the rest are Arabs. Some are Palestinians from the West Bank and Gaza; others come from Lebanon, Syria, and Egypt; and a small number are Arab Israelis. This orchestra when not touring is based in Andalusia, which seems appropriate because the evidence of a shared history between Jews, Muslims, and Christians is in the fabric of the place.

When they were in Seville for rehearsals, the conductor Maestro Barenboim gathered them together in the Bull Ring and announced that a statement condemning the latest conflict would be printed on the programme for the orchestra's forthcoming tour. At first it seemed as though no one would object to this. Everyone agreed, that to continue playing without saying anything about the war, would be like fiddling whilst their countries burned.

Then heated debates began to rage. It seemed as though the orchestra may not survive. As though finally the pain and conflict of the Middle East would finish them off, various amendments were put to the vote, but there could be no agreement. Then it happened that the original statement was accepted. Their furious conflicted feelings were contained within the orchestral community and within the music. Whereas the pain of the Middle East conflict continues and is not resolved nor contained.

At the level of much more manageable conflict, I hope that we in art therapy communities throughout the world continue to use professional structures as vehicles within which we contain our differences. The world economic situation means that there are likely to be political pressures upon art therapy work in education, health, and social services. Art Therapy in different countries needs professional structures that will act as vessels that are seaworthy against the elements. I think we need to be in a position to continue to make use of different aspects of our history (whilst allowing for the tensions that exist between them) to create *convivencia* within the profession and contribute to *convivencia* in the lives of our clients.

Conclusion:

Liisa Girard a Finnish art therapist asked me whether I think that what art therapy needs is a synthesis or an integration of different models. The British art therapist David Edwards asked me what I think of as the difference between the two. A synthesis is like an intricately drawn pattern or finely woven embroidery with all the symmetry and intention of a Moorish design. Whereas to continue the analogy, to integrate something involves less conscious shaping and symmetry: so an analogy might be a cloth woven with thick threads, although less delicate than something finely woven, it still has strength. It holds together and it works. I think that given the high level of adaptation that art therapists often use as a way of responding to the context of their client lives, what happens in practice is that therapists integrate (where they can) the elements of the profession's history.

I think that what is possible is integration and that this serves our clients well, although the processes involved are not much acknowledged. Understandably, there is a fear that if we use adaptations we will be dismissed as being less than psychotherapeutic or as eclectic and incoherent. This is unfortunate because the profession could make more use of the evidence that exists for the different elements of our practice that come from the profession's history. The evidence for the benefits of art and play might be linked to psychotherapeutic evidence (ranging from the analytic to the cognitive). In addition, there is wide international evidence that psycho-social (or social inclusion) approaches benefit mental health and we can use some of this because the profession has a long history of taking such an approach. The repeated processes of therapeutic adaptation will sustain and develop our practice and our thinking. Importantly this will help us think about the particular needs of our clients in what are often the difficult contexts of their lives.

Clients (like all of us) need a sense of belonging and containment; they need places in which to meet themselves and in which to meet others.

‘One of the basic human requirements is the need to dwell, and one of the central human acts is the act of inhabiting, of connecting ourselves, however temporarily, with a place on the planet which belongs to us, and

to which we belong. This is not, especially in the tumultuous present, an easy act (as is attested by the uninhabited and uninhabitable no-places in cities everywhere), and it requires help: we need allies in habitation' (1991, Moore: 3).

One vision I have for the future of art therapy is to see it contained in a series of city centre studios (meeting places), possibly having some features of the 'Studio Upstairs' already established in London and Bristol: what is needed are studios suited to a range of approaches. However, my fantasy for the studio buildings is that they are containing 'round houses'. Maybe we could let our imaginations soar and build in the round style of the David Mellor cutlery factory designed by the architect Michael Hopkins in Hathersage (figures 14 and 15). This is a lovely building designed to provide a mixture of public and private workspace. Most of its workbenches have a view of trees. Since seeing the Mellor building I have noticed there are many round buildings in cities. Maybe we could reclaim some of them and even plant some trees!



Fig 14

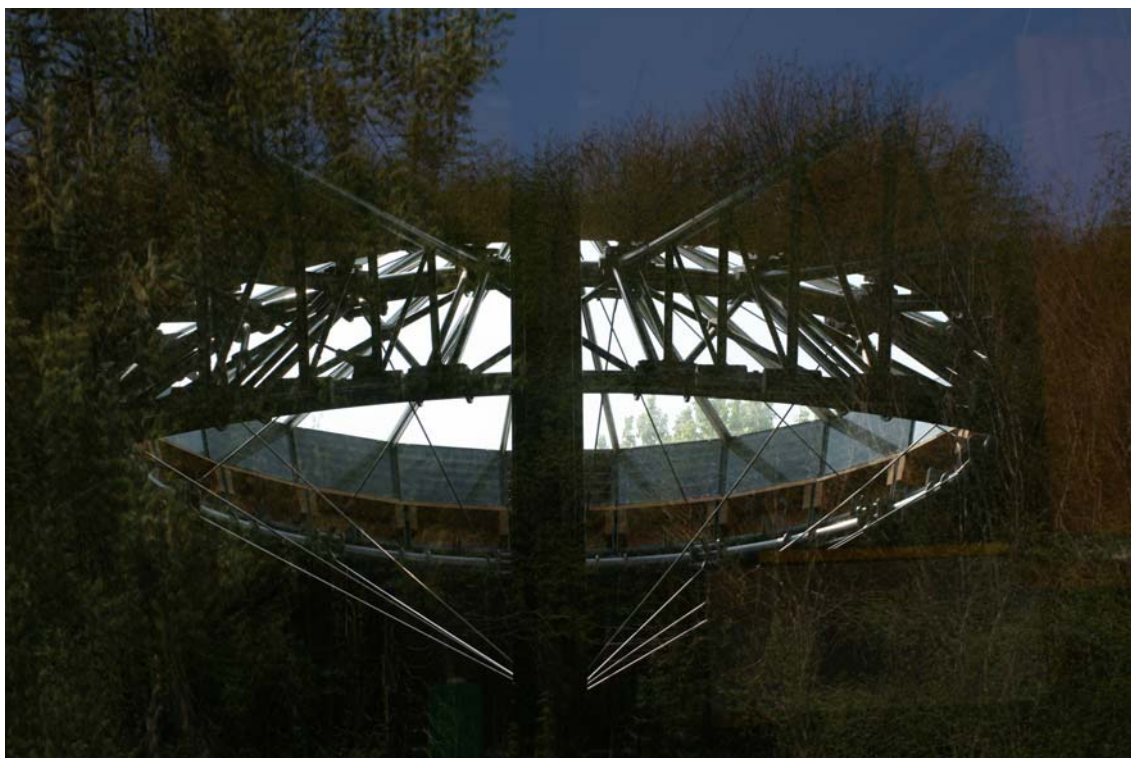


Fig 15



Fig 16

The use of the 'round house' and round shapes for meeting is ancient (figure 16). Round studio buildings would be ideally suited to sharing communal and

individual space, making art, and meeting. Also in broader terms these studios (no matter what shape) dotted around cities would help counteract the sense of city life and our mental states being squashed and uncontained. The idea of studios being meeting places available when needed, is something users demanded when questioned about how art therapy could best meet their needs (Brooker, et. al. 2006). Art Therapy studios scattered around would be good punctuation marks for the megalithic sentences that our cities have become. This would be a good contribution for art therapy to make to mental health in the city.

Biography Chris Wood (PhD) works as the team leader for the Art Therapy Northern Programme. This is in Sheffield and it provides a base for training and research. She is happy to continue to combine work in higher education with therapeutic practice in the NHS. Her interests include the uses of contemporary art and popular culture, the relationship between mental health and politics, and the many ways in which people with long-term mental health problems manage to live well. She works with staff and students of the programme, clients, arts therapists, and other colleagues to contribute to the evidence base and to promote art therapy.

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Lists of illustrations

Figures 1, 5, 7, 8, 9, 10, 11 and 16 photographs of Granada and the Alhambra by Germaine Bryant submitted with the paper 1st May 2009

Figures 2, 4 and 6 photographs of the Alhambra by Chris Wood submitted with the paper 1st May 2009

Figure 3 photograph of the Alhambra by Laura Richardson submitted with the paper 1st May 2009

Figure 12 Cover illustration of the 'Cairo Consensus State of the World Population Report 2004' accessed 1st May 2009

Figure 13 Rogers, R., Gumuchdjan (1997) Cities for a Small Planet submitted 1st May 2009

Figure 14 and 15 photographs of Mellor cutlery factory by Dick Pitt submitted 1st May 2009

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