

ATOL: Art Therapy OnLine

Art Therapy Places, Flows, Forces, Matter and Becoming

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Abstract

This paper explores perspectives on the setting or room where art therapy *takes place* as an intense sensory, affective and meaning-filled site or *placeworld* wherein social, material, discursive, and psychological forces mingle. Using Dovey's (2010) appropriation of the *assemblage* of Deleuze and Guattari (1987), the art therapy room is conceptualised as a dynamic 'state of affairs', wherein multiple forces including the political, ephemeral, discursive, material, interpersonal or psychodynamic are at play. Here, matter has agency with which we negotiate, collude and engage, albeit often semi-consciously and tacitly. Located initially in a phenomenological reading of the lived experience of the setting of art therapy for both art therapists and their clients, this proposition of the agential dimension of matter evolves and develops ideas from eco-psychology, new materialism and post-human discourses.

Keywords

art room, studio, material conditions, place, client experience, therapist experience

Postlude

This paper is the content of an address given at Goldsmiths Art Therapy Conference in April, 2016. It represents thinking which began to emerge

through my PhD research many years ago (Fenner 2010). In keeping with such a study, I completed an extensive literature review which addressed not only work already done by art therapists about the physical setting of art therapy, but also other related constructs, pertinent to my research interests. These interests included the construct of *place* and the *lived experiences* of therapists and their clients in the settings of their encounters. What I learned from these participants led me into some different literature on philosophy and materiality, way beyond the traditional confines of art psychotherapy theory. This paper represents my thinking trail.

Introduction

I am going to talk about place more than space, a topic I became interested in when researching the settings within which art therapy takes place. This all started with a study of the experiences of therapists and clients of the settings they used. My invitation to unpack qualities of experience, created a kind of fresh, naïve, sideways step to viewing and experiencing environments which were, on one level, already very familiar. What I learned at the time was that a sense of place played a significant role in the experiences of both groups, and this was largely mediated by material and non-human aspects of the settings (Fenner 2011).

Discourse we know to be not only what is said, but that which constrains or enables what can be said (Barad 2003). The discursive context of this inquiry favoured an anthropocentric reading which isolated the physical setting along social, psychological, ability, gendered, aesthetic and practical lines. That is, the room as oriented around the perceived emotional, psychological and art making preferences and needs of the inhabiting subjects. Decisions about these orientations are ostensibly made by therapists of course, within the overall context of authority for the space. The phenomenological lens I brought to the study, created the possibility of alternative readings wherein the data of the experience might be horizontalised (Spinelli 1990), and the material and other presences which comprised the rooms, had a chance to be sensed and intuited. Through this phenomenological lens, I found myself inevitably focused in a world of matter, affect, and peoples' relationships with the non-human and material.

I am raising questions here of how our practices might be expanded for the benefit of our clients by incorporating a place awareness. How for example, power relations in therapy might be re-tuned and client authority further energised, by therapists becoming attuned to the intense sensory, affective and meaning-filled *placeworlds* of our therapy settings. So I ask, how would art therapy responses to mental health and wellbeing problems change were we to take seriously the vitality of place? (Bennett 2010).

An argument for a place-informed practice is not one to dominate or replace other therapeutic modes and preferences. Instead, it is an argument for a recognition of these sites as places of becoming, with diverse and multiple actants in the mix; that is, according to Latour (1999), sites rich with bodies or things which *do* something, which have 'sufficient coherence to perform actions, produce effects, and alter situations' (Bennett 2004, p.355), in effect, beyond the standpoint that agency is the exclusive preserve of humans.

When we talk about place or a sense of place, we are usually talking about environmentally-based experiences in the everyday that are particular, that bear a certain kind of intensity (Dovey 2010). A sense of place can occur almost anywhere, is experienced subjectively, and can be shared between groups of people. Our subjectivity becomes an emplaced subjectivity (Mathews 2003). Dovey (2010), to whom I owe much for my thoughts about this topic, says place is an assembled mix of elements which are at one time social, material, and discursive. Dovey is most interested in social issues and place. He says a romantic view of place is one which is essentialised and often connected with a sense of ontological security and identity (Dovey 2010). Indeed place can stabilise dwelling, but those places are in a state of activity and change (Fenner 2011).

Having worked phenomenologically with the data of these therapists and their clients, I found Dovey's formulation of a theory of place apposite. Dovey appropriated the *assemblage* construct of Deleuze and Guatarri (1987), to build this theory. The notion of vitality in matter, or the non-human, as represented in the theories of the New Materialism, particularly the ideas of Jane Bennett (2004), took me beyond an habitually instrumentalised notion of *things*. As the hubristic, anthropocentric scales fell from my eyes, a world of matter, including nature and things, operating in spite of us, was revealed.

This thinking started however with what I learned from the clients and therapists directly. But first of all, I need to discuss the ideas of the *assemblage* and of *zones of intensity*. I do this as my key assertion is that, part of the dynamic function of our work is generated by factors other than either, the art, or what we interpersonally and relationally bring to it. These other active ingredients include elements we can attribute to place. To do this I rely on Dovey's explication of Deleuze and Guattari, as his project is apposite, being focused primarily on the built environment (Dovey 2010).

The therapy room is an *assemblage* of all the objects within and the processes and actions they afford; the connections that can be made between people in the room and those beyond, such as via the internet for example. The *assemblage* also includes the light from the window, the breeze, and the beings which come and go. The *assemblage* includes the social linguistic exchanges, and the discursive element, such as the therapy style and form practiced within; the meanings which emerge, and the intensity of the experience, the feel that is sensed. It is a place, and it is a place in a state of becoming, as processes occur in time, including the life of matter.

We might think for a moment, of any inhabited room as an *assemblage* comprising light, warm bodies, breath, fidgeting movement, air-conditioning, thoughts, voices, assertions, walls, doors, hard seats, the visual and tactile patterns on the floor and walls, the images on screens, the angle of the seating arrangement and the legroom available, the buzz of a Smartphone receiving a text, the belt around a waist, the action in the perceiving subject's gut. These can all be thought of as actants (Bennett 2004, 2010; Latour 1999); material, human or non-human elements of the *assemblage*, which bear agency or have an effect, of one kind or another.

Placing emphasis on the material elements of the *assemblage*, Jane Bennett refers to the idea of the *assemblage* as 'an open-ended collective' with agency borne of a 'cluster of materialities' that can make something happen (Bennett 2010, p.24). Although as humans we are compelled to regard the world instrumentally in order to survive in it, she says, this is at odds with the 'distributive agency' of the vitality of materialities within (Bennett 2010, p. 21). Bennett's emphasis on matter doing things, is helpful when thinking about the therapy room as *assemblage*. She says that when we think about agency we

usually have a sense of directionality away **from** something **towards** something. Agency in the context of the *assemblage* might be better configured as a swarm, an agentic swarm, which produces effects (Deleuze & Guattari 1987). What I really like about this idea is that it speaks to the seemingly unpredictable way I found the rooms of therapy acted upon the clients I interviewed. Unbeknown to their therapists, clients enacted non-verbal exchanges with single or clustered objects, or features in the room which became ingredients in the mix **of** the therapy experience rather than being separated off **from** the process, or being situated as lifeless backdrops (Fenner 2012).

The room as *assemblage* becomes another place, over time, as slight or more profound changes, take place and different people, exchanges and practices occur within. In the original language of Deleuze and Guattari, the room as *assemblage* is all forces and flows. *Assemblages* are a state of constant becoming, we do not have to create the *assemblage* for it to exist; the *assemblage* is more a state of affairs; rather than a static site (Dovey 2010). However, *assemblages* which are rooms and settings or sites for therapeutic encounters are likely to also emphasise a groundedness and reliability which can support a sense of being held and feelings of security. We as therapists are not outside all of this of course; we are parts of these places, parts of the material-discursive event of the *assemblage*.

Place as *assemblage* is a complex, energetic, affectively rich environment, where *zones of intensity* draw our attention. Being integrally part of the *assemblage* of place, we encounter it and sense it affectively, before we make sense of it conceptually. According to Deleuze, the *assemblage* creates a stable point, within the flow of desire, which is life.

Assemblages in this context are comprised of contingent parts, changeable, dynamic as stabilised places; as territories. Milieu is a similar but more person-centred construct. What Dovey emphasizes however, is that places are not simply locations but constellations of things which bear 'intensity', or a high level or degree of something. He referred to mood as a point of intensity in the *assemblage* of place. A point of intensity refers to the effect of the social, material and expressive forces that evoke concentration of mood. I like to think of it as a hotspot, or like the coloured areas illuminated on a brain

scan where we see neural activity lit up. We may refer to the area of intensity where (a) 'buzz or atmosphere' emerges (Wood & Dovey 2015, p.52). It may comprise light, or visual elements, sounds, which are sensed and to which we emotionally respond. Zones of intensity are where high degrees of affect are experienced in response to interconnecting points between flows of the *assemblage*. This is where ambient, material and aesthetic qualities are experienced. In this light, the therapy room is a material, discursive and expressive event.

Back to the worlds of our daily art therapy practices, it is only a short step to imagining potential exploitation by pragmatically motivated managers or authorities, when using language of this kind about our rooms. The notion of a setting always in a state of *becoming* could be mistaken as advocacy for a provisional base. I am not asserting placing at further risk, those places we may already struggle to retain. But the short falls in our places of work are already plenty. The place *assemblage* construct offers us is an idea around which we can be creative; a new vantage point from which to consider what is taking place in the room which we are a part of. Rather than erroneously reducing our presence to that of primary agent, amidst a backdrop of lifeless matter, our viewpoint shifts to that of multiple agentic forces and flows. That the *assemblage* in its multiplicity affects our clients and us as therapists differently, became clear to me from what people showed and told me.

I interviewed and invited people to make art in response to their experiences of their therapy settings. The images I am going to show you are examples of what I am calling *zones of intensity*; that is areas, aspects, affect-rich constellations of things, which were identified as being of particular interest in these art therapy practice rooms in Melbourne, Australia. This study received Ethics Approval from the La Trobe University Human Ethics Research Committee. The names of participants have been de-identified for this paper. The focal areas or precincts in the rooms which the photographs reveal, were determined by participants when given free rein to make images using a digital camera, or make other art, as a way of becoming sensitised to the experience of the room.



Fig 1 Eleanor's studio

Eleanor's studio was located in a decommissioned convent (Figures 1 – 2c) converted into a community arts precinct. Eleanor experienced the room as a live entity, a collaborator – reflecting her own values, communicating things silently.

Eleanor's focus in the room was on a fabric drape, spanning the length of the ceiling and down two opposite walls.



Fig 2a The drape



Figs 2b, 2c

This drape became a focus of intense responses for Eleanor. This intensity comprised: material, natural, non-human and discursive elements. These included: its physical form, as it occupied space both within as well as without (Matthews 2005), its material presence, the way light behind presented itself through the fabric, the extent to which the drape spanned the room, the colour of the material, the cultural associations and meanings, as well as discourses of supervision, ethics and self-care. Eleanor spoke of the drape affording her the experience of a positive, hovering supervisor presence, over and alongside her art therapy practice; a material representation of an internalised supervisor. She referred to the drape to avoid becoming tunnel visioned, to remain fresh, above things, while viscerally and relationally engaged. However to conceive of this place-centred experience as just an internalised object which Eleanor utilised reflexively, would not only be an insistence on a narrow anthropocentric lens, but also rob this object-in-context of other agentic qualities. Once installed in the studio, initially to hide the fluorescent lighting, the drape's presence acted **upon** Eleanor.

Eleanor's client, Raygan, identified his experience of the same room in two ways, first of all when offered the camera he drew attention to aspects of sunlight quality in the room. The blurring of the images resulted from Ray's medication-induced parkinsonian tremor.



Figs 3a, 3b Raygan's Images

Ray went on to say he had no singular attractions in the room, but it was the total experience that meant so much. The abundance of materials and opportunities to make art in multiple ways, led to him feeling authorised, and created an all-round experience of empowerment. Ray anticipated an experience of plenitude when he came to art therapy, which stood in contrast to much of his life experience outside therapy.



Fig 4 Entrance Ruth's room

Ruth ran a private practice in a room at the front of her house overlooking a leafy garden. My invitation to explore her experience led to an exchange about one half of her room, which lay beyond a white curtain.



Fig 5 The divided room

As a first time visitor I had not noticed the division of the room, so effective was the layout of the functional half at masking the 'dark side'. The curtain masked chaotic storage of materials from her practice in such a fashion, that she understood it to represent a conflicted sense of identity and capacity as a therapist. She felt beholden to the protection of the lives of her former clients through retention of their images. This half of the room, only barely out of sight, was a constant presence for Ruth, when working. Here we see how experiences of place and the qualities of the assemblage are not innately positive or even helpful. Ruth sustained both inner conflict, and a restive identity, a sense of purposeful protectiveness and a restrictive use of her space, by maintaining the hidden half-room as she did. As a zone of intensity, the area comprised complex spatial and physical arrangements, in how documents lay in relation to each other, the play of light which filtered through

the curtain into the operational area of the room; discourses of disguise and hiddenness, of danger and protection, of ethical responsibilities and of professionalism; and so on.



Fig 6 Window orientation Ruth's room

However, her client Dee had intense responses to the experience of the room of a quite different kind, of which she herself had not been aware. Dee had an overall positive experience of a two year long therapy with Ruth, however, she discovered she had preferences for parts of the room and was repelled by others.

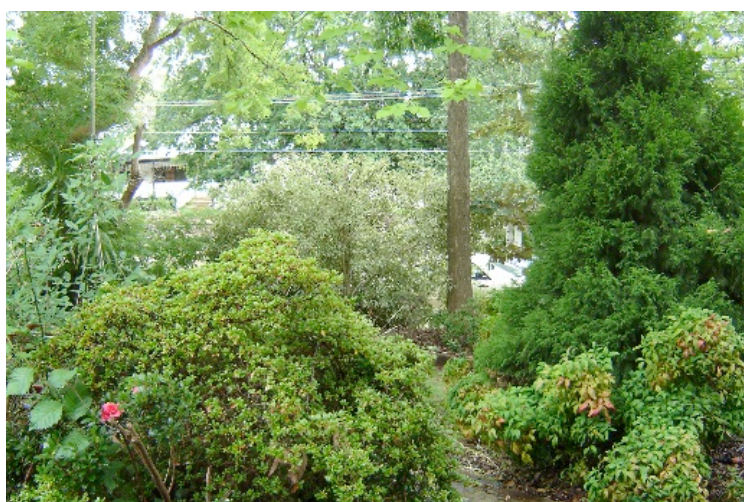


Fig 7 Garden outlook

Dee focused on the view to the garden beyond or through the curtain. As much as this was a visual preference, it served as a way of avoiding much of the room that she experienced as disquieting. She linked a sense of freedom

indissolubly with the success of her therapy, facilitated by the view to the garden. In fact Dee said, **had** she been required to face the opposite way, back **into** the room, she would have 'struggled' in the therapy. As positively as she felt about her therapist, Ruth's room was too messy for Dee's comfort.



Fig 8 Window in Cate's room

Dee was not the only client to be drawn to window views. Two more people drew attention to nature views when able to express zones of particular importance. Melanie effectively left the interior of therapist Cate's room and drew attention to a thin tree branch in her line of vision from the art making table.

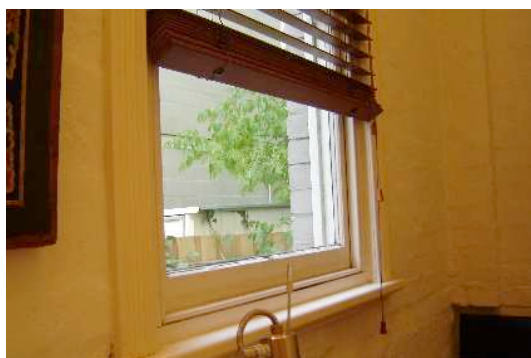


Fig 9a, 9b Window view

Another client, Clara, also made a point of the view from the window in the therapy room.



Figs 10a, 10b Window Venus' room

Whereas her therapist Venus, was oblivious to what were meaningful zones of intense affect for Clara, she focused exclusively upon objects in place within the walls. A photograph well known to many of us, the Persian rug-bedecked couch of Freud, was her hotspot, set purposefully amidst self-made clay sculptures at her desk.



Fig 11a Reproduction Freud's couch Fig 11b in Venus' office

Venus intended that the room provide luxury to her clients materially as well as psychologically. But this image performed in some way like Eleanor's drape, as a reminder of desired capacities when therapy work became challenging.

Potentialities of place-sensitive practice

These images are dimensions of *assemblages* which lend themselves to photography. These images afford us views of material and other non-human elements such as light, but are not the whole story of place. These images focus on aspects of the rooms about which the people who use them had affectively-driven responses, *zones of intensity* as salient elements of *assemblages*.

Rather than being fixed or finite, as therapists and clients we contribute to the enactment of *assemblages* as lived, creating the potential for vibrant and democratic places. How could a sensitivity to the therapy setting as a place of transitions, activated by exchanges between people and things, open us to new possibilities in practice? May weighty predispositions about organisation or how we use our rooms, be relaxed to permit exchanges about diverse experiences of place? Life in a room is made possible through an openness to change, an appreciation of the life in the materials we use, even the way the room is performed.

Before you hasten to remind me of the reality of space infringements, territory wars, or any number of other enactments of power and material struggles that present in organisational life, I will do so myself by way of sharing a couple of stories from my own recent experience. Earlier this year I was informed that for the purposes of organisational coherence, I (along with some others) would have to move office to another building in the coming months. This proved to be the straw that broke this camel's back following a raft of new demands university authorities have been incrementally imposing. Often open to cooperation, I was stunned by the rigid inflexible defender-of-patch who I aggressively became, in the face of the messenger. Perhaps the new room would be preferable? Perhaps the natural light on the 5th floor would be so vitalising my contentment at work would be heightened? But instead, I was resistant, furious. This meant loss, a reduction of conditions as far as I was

concerned, feeling the proverbial pawn in someone else's game. My current office was mine, fixed and permanent. No flexibility or openness to new ideas at all.

Whether we work in universities, hospitals, schools, community centres or arts precincts, wherever; we often need to defend our therapy rooms or fight for better conditions. The Master Art Therapy program I have coordinated in recent years, has been required to move our physical accommodation three times in four years. Primarily and ostensibly, this has been because of growth in numbers and an incompatibility between our basic material and functional requirements and what the university has been able and prepared to provide. This has been exceptional and completely unacceptable. No other program area in the health sciences has had such an imposition, to my knowledge.

Our former room, of many years habitation, was built 25 years ago to be a wet space for Occupational Therapy that is ideal in many practical ways for art therapy. As we did not have dedicated use, and the orientation of occupational therapy had in the meantime changed, conflicts emerged about cleanliness and the organisation of furnishing. Figures 12a – 12c illustrate the required presentation state of the room within a department which no longer practices art making or similar activities.



Fig 12a



Fig 12b



Fig 12c

For more than a decade the room became a non-place as more prohibitions were placed at our feet. Paint palettes and water containers could not be washed in the sinks and the kiln was not connected to the electricity grid. We managed to work up a sense of place more relationally than materially, through lively and moving personal and interpersonal experiences. Stories insinuated themselves into the walls and we became adept at defiance through art materials. The traces of paint and clay left on sterile tables after classes, produced dissent from our colleagues, and helped us indirectly claim purchase to the room as our place as well, albeit mashed up with frustrations and the receipt of accusations. Then more recently, finding ourselves outgrown that space, my colleague and I explored the campus and beyond for an alternative program home.

This year we moved to our fourth setting in as many years, a period which has seen our intake into the Masters program more than double. Our room now is a decommissioned science laboratory over which, at this point in time, we have relative authority (Figures 13a – 13c). This has allowed us to bring a light touch to our hold on the space, wordlessly permitting students to make their marks and create their own sense of presence. This includes, what I feel are affective responses to the space and the creation of place. Images and forms, spontaneous representations of self in the new context, speak back to the new student cohorts, permitting a sense of place to emerge.



Fig 13a Current classroom



Fig 13b



Fig 13c

Relative autonomy affords abundant creative iterations of what constitutes a suitable material environment to allow for a place responsiveness to evolve it seems. Our settings can become healthy places for our work or, at worst, stay as unhealthy assemblages, with dulled intensity, repelling expression, overwhelmed by regimes which proscribe.



Fig 14a Students' traces Fig 14c



Fig 14b



Fig 14c

So, in concluding, I reiterate a key question of this paper: how might assemblage sensitivity or place-based awareness, enhance or rewrite the ways we work and the nature of social relations within therapy?

How open might we be to inviting our clients into a participatory relationship in the manifestations of our rooms? How well do we know the responses our clients have to our rooms? Do we assume a static arrangement and habits within our rooms? How might a loosening of control in relation to the experience of the setting influence how we understand power and individual authority and agency of all subjects? How can we keep open to better place practices for our work?

Asserting place as constitutive to art therapy practice, disrupts the relational psychological and art-based frames which we customarily apply to our work. It is not easy to build place into our thinking, if for no other reason than its immanence, which can easily elude consciousness.

What I think we can assume is that places are active and acting upon us and our clients, even if we are not aware. When we only assume how the room is experienced by our clients, we may be doing all parties a disservice. Becoming sensitive to place, means becoming sensitive to practices of control and influence. These therapy practices may benefit in unforeseen ways by attending to how our clients and our colleagues respond to the room as a whole in therapy. We know that gradations, intensities and orientations of light, both natural and artificial, enliven experiences of place and that many studies affirm the benefits of light and views to nature. We can be sure that the effects of place will vary continuously and will be experienced variably. We know also that some things seem not to change – such as the imperative to defend, retain, or increase levels of, relative autonomy about the places we use in our work environments, even if that is limited to a portion of a room. When we are required to work with dull or inappropriate places, our place-sensitive attitude can bring an energetic ambience temporarily into the mix through relationship, discourse, the gestures which we encourage our clients to make, and the assertion of presence we permit.

Conclusion

This paper was launched with an adaptation from Bennett's (2010) musings, 'how might art therapy responses to mental health and wellbeing problems change were we to take seriously the vitality of (nonhuman) bodies and the intensity of place experiences?'

There are no simple answers to this question, however a differentiated sensitivity to our own experiences and those of our clients, in conjunction with a developing place-sensitive awareness, may be sufficiently agentic to inveigle themselves into the fertile places in our hearts and minds.

Biography

Dr Patricia Fenner is a registered art therapist and the Course Coordinator of the Master of Art Therapy at La Trobe University, Melbourne, Australia. As well as having a commitment to developing graduates with strong practice skills, her research focus areas are in art-based research, art making and mental health recovery in Australia and the Asia Pacific, as well as art therapy

in cancer care. Prior to working in the university sector, she worked in diverse contexts including public mental health, education and in aged care, as well as a community artist in both Melbourne and Berlin.

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