

medication management. A disadvantage also is the absence of a conclusion chapter, perhaps written by the three editors.

Edited books have the potential to suffer from individual author chapter contributions that differ in style and message but this did not come across and perhaps is due to the editorial expertise of the authors.

ADRIAN JONES RN PhD
Nurse Consultant & Visiting Reader
Betsi Cadwaladr University Health Board
Wrexham
Wales
E-mail: adrian.jones3@wales.nhs.uk

PP-950-953

Art Therapy and Anger

Marian Liebmann
Jessica Kingsley, London and Philadelphia
2008, 268 pages, £19.99
ISBN 978-1-84310-425-4

Focusing-Oriented Art Therapy

Laury Rappaport
Jessica Kingsley, London and Philadelphia
2009, 251 pages, £18.99
ISBN 978-1-84310-760-6

In the UK, there is growing acceptance of arts therapies in mainstream health service provision (although not always the funding to support them!). This is strengthened by the recent announcement from the National Institute of Clinical and Health Excellence that it will promote the use of programmes offering music, art and dance therapy for the first time. Therefore, new literature supporting art therapies must surely be welcome. In this review I will be examining two recent publications, first *Art Therapy and Anger*, edited by Marian Liebmann (UK) and second, *Focusing-Oriented Art Therapy*, by Laury Rappaport (USA).

I'll consider the UK book first. As with any edited tome, in Liebmann's book the reader has the advantage of learning about the experiences, opinions and wisdom of a variety of authors; although there is always the disadvantage of not getting the benefit that comes with a single thesis evolving through the pages. In *Art Therapy and Anger*, the

formula works very well indeed, largely because there is a multiplicity of approaches and methods but also the subject of anger can be understood in many different ways. Each chapter is a report from practice of experiences of working with angry people from a variety of backgrounds, in a variety of settings and with a variety of methods. As such, it is a stimulating book and probably needs to find its way onto the bookshelves of art therapists everywhere. In everyday life, anger is perhaps an emotion that is frowned upon. In this book, it is dealt with through the application of intelligent psychological theory. Naturally, creative expression is regarded as an obvious outlet for angry feelings. The therapist does not get angry in return and the client feels satisfaction for safely expressing the emotion and finds subsequent calm.

Art Therapy and Anger contains chapters from practitioners in the UK, with one chapter from Australia. The authors give accounts of their experiences of working in the statutory sector, which for some reason instilled greater confidence within me as I read the pages of the book. I think perhaps because of the accountability of workers in the statutory sector in UK, there is a sense that this work is highly professional and not in any way suspect because of lack of training and experience of the authors.

Themes throughout the book include: risk assessment, multidisciplinary work, diversity issues and anger, gender issues, directive versus non-directive methods, the use of various appropriate materials. Art therapy can be used in various ways with angry people including: catharsis, symbolism, metaphors, expressing the feelings that mask and that are behind anger, exercises to look at and control anger, and replacing anger with creative expression and so on.

The book is divided into four parts: 'Children', 'Offenders', 'Mental Health' and 'Other client groups'.

Children

Chapter One offers case studies of three children over a long period of time. Each of the children has experienced abuse of one form or another. Through non-directive methods (although I can't help thinking that there will always be a bit of direction!), Maggie Ambridge helps children to draw memories, play with toys and clay. The children can image what they cannot say, they can express feelings

that they cannot speak and they can create symbols of their distress. This is all very empowering and meaningful. In Chapter Two, Leila Moules describes her methods and approaches with children who require some form of anger management. The chapter includes various useful techniques and methods such as, an anger rating scale, 'angry words' vocabulary tools and relaxation techniques. In the third chapter in this part, Elaine Holliday discusses the difficulties and challenges of working with children in foster care. A long-term view is explored, and how creative expression may be useful as a displaced child grows up. Karl creates volcanoes symbolic of his outbursts. The final chapter in this part focuses upon the growing problem of adolescents who self-harm. Sheila Knight makes a little too much of the relationship between the words 'danger' and 'anger' (danger is anger with a 'D' and other related things begin with D etc). However, the point is clear, when young people self-harm, people tend to see 'danger' and actually it's often really about anger and if this anger can be safely expressed, the danger diminishes. Several case studies are offered to illustrate the point.

Offenders

In Chapter Five, Sue Pittam describes art therapy with young male offenders in prison. In this environment, there is much anger being contained. Connections are once again made with earlier abuse. The author is very confident in the powers of art therapy to reduce offending once young men have been released; unfortunately I suspect this is more wishful thinking than backed up by research. Chapter Six describes art therapy with prolific offenders on probation. One case study is striking because of its complexity; the offender became so moved by the therapy that he realized he could not give up his anger and warned the therapist that she may not be safe with him if she took the lid off his anger. How refreshing to have such a real-life and difficult case study! In Chapter Seven, Kate Rothwell describes her work in a secure forensic unit with seriously disturbed people. It's unfortunate that the language is medical ('assessment' and 'treatment'), although that's perhaps how it has to be in such environments, I do not know. The numerous references to murder in the chapter are sobering and one cannot but have the utmost respect for this kind of work. The murderous theme continues into

the final chapter in this part, as two therapists describe their work with 'Toby', an arsonist and serious self-harmer. Through painting and music Toby expresses his rage and these therapies facilitate his significant endings.

Mental health

Chapter Nine describes an art therapy group for women who self-harm that was run for 5 years. It discusses the role that anger played within the group, significantly again, in the context of former abuse. For some of the time, anger is portrayed as destructive, other times it is cathartic. It gives a clear message: *'If anger can be recognised and expressed safely, it has done its work'* (Page 165). Chapter Ten describes a brief art therapy group that ran alongside an 8 week, CBT programme. Directive in its approach, it is also time-limited and formulaic. In UK, CBT is on a crest of the wave in terms of political support, there must be a niche for more courses such as this. Chapter Eleven is authored by the editor and describes work with a deaf client, and incorporated a signing interpreter. This would be a very useful chapter for practitioners entertaining providing art therapy to a deaf client.

Other client groups

In Chapter Twelve, Susan Hogan describes working with a support group for pregnant women together with new mothers. The trauma of giving birth and unwanted medical interventions together with feelings of helplessness, exhaustion and powerlessness can give rise to anger. The actual engagement with art takes second place to the genuine support the women found in the group (all credit to the author here). Maybe more could be made of how art therapy might act as a catalyst and is not always an end in itself. Brain injury can lead to anger and Chapter Thirteen examines this through the example of a young man injured playing sport. He made a good recovery although his anger remained. Through engaging with art work, 'Nathan' was able to express and process his unfortunate experiences. Chapter Fourteen examines the role art therapy in cancer care. Two case studies show how families can together explore their feelings through art. The final book chapter is the Australian contribution and presents a case study of a traumatized Vietnam War veteran dealing with his anger

through creative expression and structured art therapy sessions. Experiencing war, the client was left with many visual images he needed to express to find healing. The reader is reminded of both the futility of war and the power of the human spirit. The book has many black & white and colour illustrations and I warmly recommend it.

I think what I liked most about this book is its lack of convoluted interpretation. It is comprehensible, relevant and reflects extremely effective work by skilled and responsible practitioners. Where appropriate, the work is rooted in theory. Mental health nurses will inevitably relate to the themes of this book and may draw inspiration from it and learn much, although they may yearn for the time, resources, permission and opportunity to work in such creative ways.

Focusing-Oriented Art Therapy

Focusing-Oriented Art Therapy is contrasting in structure, tone and style. Authored by Rappaport, it is entirely focused upon her work over 30 years and her appreciation of the influence of Eugene Gendlin and his work and its role in informing Rappaport's practice. If the reader is unfamiliar of the work of Gendlin, the remainder of this review may sound rather like mumbo-jumbo. To find out more about 'focusing' I would point the reader to Gendlin's 1981 book of that title. What Rappaport has done is to combine the principles of Gendlin's 'focusing' to art therapy and this book demonstrates what this then looks like in practice. A too brief description of Gendlin's approach by me will not do justice to his work.

Where *Art Therapy and Anger* has a strong British tone, by contrast *Focusing-Oriented Art Therapy* is North American in its language (I think by this I mean less bound by rationalist language and freer to use a softer, gentler idiom) that may make some British readers squirm ('creative spirit', 'inner creator', 'can you be friendly to your own self?'). The subtitle 'Accessing the Body's Wisdom and Creative Intelligence' will inevitably put off some therapists from buying the book. To appreciate the value of this language one really does need to appreciate how focusing works. The first three chapters therefore are devoted to explaining Gendlin's method. As replete as these chapters are with explanations faithful to Gendlin's theories, it is probably still worthwhile reading his original book (it is quite short and easily available). The fourth

chapter gives an overview of the history, concepts and practice of art therapy. The remainder of the book explains the practice of *Focusing-Oriented Art Therapy*, (although this shifts to '*Focusing-Oriented Art Psychotherapy*' midway through the book) with plenty of illustrations from the author's long experience in this field of work. Examples are then offered from specific areas of practice including: Adult Psychiatric Day Treatment, a State Prison, a Cancer Support Group and includes themes such as working with trauma, stress and spirituality. The book concludes with some guided exercises that anyone could use in virtually any area of practice.

Focusing-Oriented Art Therapy is a refreshing read. I attribute this to its client-centred humanistic philosophy. Gendlin was an associate of Carl Rogers and central to their shared philosophies is the potential for change and growth within the individual and the lack of emphasis upon the knowledge and expertise of the therapist. Nevertheless, there will always be the reality of the need for client-centred therapists to become trained and expert in order not to yield therapeutic power over the client and to conduct the therapy. Rappaport handles this well as her humanistic philosophy and principles are evident throughout. Focusing lends itself to being adopted by art therapy because the use of imaging is called for by Gendlin. For him it was an act of the imagination although there is no reason why this imagining should not become physically expressed.

The two books stand in stark contrast to one another. The first is more conventional and applied in statutory healthcare settings. The second may well be harder to accept if the reader is of a more psychodynamic or behavioural persuasion. Focusing may come across as something a little mystical or 'new age'. I think this is why reading Gendlin's work is important. There is nothing ethereal about his thesis, in actual fact; the approach is quite a common sense way of people getting in touch with and making sense of their feelings. As such, *Focusing-Oriented Art Therapy* is a timely and valuable contribution to art therapy literature. For the serious art therapist I therefore recommend both books and I hope the reader enjoys the contrast of the two as much as I have. For mental health nurses who have perhaps not received formal training in the arts therapies, I would encourage the use of creative approaches in any given opportunity; one does not need to be

'doing therapy' in order for therapeutic activity to happen; as such, these books may serve as inspiration for creative approaches in mental health nurse practice.

THEO STICKLEY PhD, MA, Dip Couns. Dip N.
PGCHE, RMN
Associate Professor of Mental Health
University of Nottingham
Nottingham
UK
E-mail: theo.stickley@nottingham.ac.uk

Fictions Madness

Liam Clarke
PCCS Books, Ross-on-Wye
2009, 232 pages, £18.99
ISBN 97819062542230

There has been a recent surge in interest in the previously underexplored realm of representations of mental health problems in fiction, a branch of the medical humanities that is only recently beginning to be acknowledged as clinically and academically relevant. This is evidenced by the development of the Madness and Literature Network at the University of Nottingham (of which Liam Clarke is a member) and books such as Femi Oyebode's *Mindreadings: Literature and Psychiatry* – indeed, Oyebode provides the Foreword to this text. Liam Clarke's recent book is a welcome addition to the growing body of material in this area – indeed, as one of the first critical texts to thoroughly explore the potential clinical use of fiction, his book is set to become a key text. His aims with this book are clearly asserted in the preface:

This book looks at some links between madness and literature with the aim of promoting better understandings of the former, above and beyond that provided by textbooks. But why tell of mental distress through fiction? In an era of evidence based-practice, biotechnology and pharmacology, it's unfashionable territory. Well, literary narratives might augment psychological knowledge and, consistent with current service user involvement, validate the unorthodox against professional ownership of ideas, thus establishing a more democratic, reflective, psychiatry. (p. v)

Beginning with some background material around what constitutes a novel and broad observations

on fiction and madness, Clarke demonstrates a remarkable breadth of literary interpretation and sociohistoric knowledge that even some literature scholars would fail to achieve. Moving through Shakespeare and classic madness narratives like *The Yellow Wallpaper* by Charlotte Perkins Gilman and the tricky *Metamorphosis* by Kafka, Clarke also explores more recent fictions such as Pat Barker's *Regeneration* and Patrick McGrath's *Asylum*. His readings of these texts often contain elements that are directly and explicitly relevant to clinical practice, and such readings are seamlessly interlinked to relevant clinical material. Through the diversity of fiction that Clarke illuminates, he is also able to comment on a number of conditions and – crucially – to both suggest and demonstrate how fiction may assist clinicians (and a wider readership) with understanding experiences of mental distress or illness rather than the potentially more one-dimensional clinical form of disorders. As Clarke suggests, it is his intention with this book to 'augment a reductionist evidence base with fiction that amplifies therapies which prize client's narratives within reparative work' (p. 16).

Clarke's book is enjoyable, clear and easy to read, and highly accessible for those without a degree in literature. This book should, and I expect will, inspire clinicians and students alike to read fiction in order to enhance their clinical understanding in an enjoyable and safe manner. Simultaneously, this book contains much for the literary scholar to get their teeth into while also containing gems of clinical insights and knowledge that divert from the commonly used and know biomedical models of mental illness. Following the body of the book are a series of discussion papers, which are useful in and of themselves for the purposes of expanding Clarke's fictional interpretations – I particularly enjoyed his pieces on Laing and Goffman. This is an affordable textbook that will be of value to nurses, nursing students and other clinicians working in mental health, in particular those looking for more creative interpretations and treatments of mental health difficulties.

CHARLEY BAKER BA MA
Research Associate
University of Nottingham
Nottingham
UK

E-mail: charlotte.l.baker@nottingham.ac.uk