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Artistic Sensibility in the Studio and Gallery Model: Revisiting Process and Product

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Abstract

This paper examines the cultivation of artistic sensibility and its impact on the art therapy process and product in a community mental health center. Artistic sensibility embodies the sense of self as an artist through the integration of artistic and aesthetic attributes of self and other. The formation of a gallery to exhibit patient art was found to promote empowerment by embracing the patients as artists and by reframing identities, roles, and self-defining experiences. In the gallery model of art therapy, artistic sensibility extends the studio experience of the process to the art product, strengthens the creative process, and de-stigmatizes mental illness.

Introduction

Art therapy can utilize practices from contemporary art, especially the development of an artistic sense of self and the cultivation of an artistic sensibility toward life challenges. Art therapy as a contemporary art practice strives to restore the primacy of art and to achieve a balance between artistic practices and psychotherapy. It calls on the active development of the artist identity in the patient and in the art therapist. This paper explores the therapeutic benefits of the establishment of a permanent gallery within a large urban psychiatric institution. The role of art in art therapy is examined with a particular focus on the gallery studio model that can be applied to clinical art therapy practice. The theoretical foundation for the gallery, which integrates the process and product in art therapy, is illustrated in this paper with two vignettes showing the therapeutic effects achieved since the inception of the gallery. The gallery exemplifies how aesthetic consideration in the process of art making can permeate the resulting product without sacrificing clinical goals.

Artistic Sensibility and Origins

Historically, it was believed that the art productions of people considered to be "insane" provided insight into the emotional, psychic, and mental state of the artist (MacGregor, 1989; Prinzhorn, 1972). The field of art therapy embraced this insight and was founded on the belief in the healthy potential of creativity and of making art for its own sake. Early on in the development of art therapy, studio-based art therapy practices were regarded as fundamental (Moon, 2002). For example, Lyddiatt (1971) described spontaneous painting as an "introverted activity, a method of linking the conscious and the unconscious so that a new attitude can come into being" (p. 3). Ullman (as cited in Rubin, 1998) stressed the importance of both art and therapy, whereas Ault believed that artists were the best art therapists (as cited in Feen-Callahan & Sands-Goldstein, 1996). The studio approach reemerged in the 1990s to push the existing boundaries of the two major historical conceptions of art therapy practice, that of art psychotherapy (Naumburg, 1987) and art-as-therapy (Kramer, 1971). Allen (1992) attempted to counter what she called the "clinification" of art therapists by advocating the role of artist-in-residence.

When the purpose of art in art therapy is devalued or disregarded, one consequence is serious concern for the well-being of the profession (Malchiodi, Cattaneo, & Allen, 1989). Malchiodi (1999) saw an artist versus clinician split within the profession as measured by the degree of artist identity the art therapist possessed. She advanced the view that incorporating diverse ideas from other fields could lead to the dilution of the role of art in art therapy. Other art therapists advised returning to active studio practice as artists (e.g., Lachman-Chapin, et al., 1998).

Studio Art Therapy Approaches

The studio art therapy approach emphasizes the core values of art to restore vitality to the therapeutic encounter and to counter psychologically driven ideologies (Ault, 1994) or clinification (Allen, 1992). McGraw (1995) designed a studio art therapy model to provide a safe, nurturing space for self-discovery that is "intentionally unrelated to pain, loss, or institutionalization" (p. 168). The main components of Allen's (1995) Open Studio Project were (a) attention to the energy that infuses the space, (b) focus on the art-making process itself and in relation to materials, and (c) the idea that each person can become an artist through self-determination. Allen (2008) recently reiterated that the open studio was conceived as an ethical and political act that distinguished it from traditional art therapy practice and resulted in non-hierarchical relationships based in creativity rather than therapy models.

In the open studio ArtStreet, Timm-Bottos (1995) emphasized the community aspect of the model, which

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she promoted through witnessing participants' creative processes and exhibiting their art products. McNiff (1995) found it necessary to move the studio physically away from traditional art therapy sites because within the hospital "institutional forces swallowed every attempt at change" (p. 180). Wix (1995) enhanced art therapy education with an open studio for interns to explore their artistic processes. Applying the theory of object relations, Henley (1995) related the function of the studio to Winnicott's concept of the holding environment and its ego-building characteristics.

There are other studios that promote the centrality of art but make the claim that what is practiced is not art therapy (Vick & Sexton-Radek, 2008). Included in this account are certain art studios in Europe, such as the House of Artists, the Collection de L'Art Brut, and the Prinzhorn Collection, which are precursors to the studio model. The Creative Growth Art Center in California and Hospital Audiences in New York are two examples of spaces where participants with mental disabilities can discover their essential artistic selves through immersion in a decidedly psychotherapy-free environment. The philosophy of the Creative Growth Center is to encourage participants to experiment with materials in the studio and to promote self-awareness. The openness of this approach, however, is at odds with the goals the center set for one of their artists, which were "to experiment with new media and to expand his range of color choices," and "to produce 'exhibition quality' work" (Rivers, 2004, p. 40). The first two goals resemble art directives and clinical interventions often found in the art therapist's toolbox that usually stop short of aesthetic judgment of quality. The more problematic third goal assumes a level of talent that is required to produce quality exhibits, as Vick and Sexton-Radek discussed in a recent comparative study of community-based art studios in Europe and in the United States (2008). These authors noted that the European model is more likely to endorse the merits of artistic talent to produce quality art, and that this trend "leads to the active recruitment of artistically gifted individuals into these programs" (p. 8). Vick and Sexton-Radek go on to surmise that "the historic value in art therapy of 'process over product' can explain the low endorsement of talent [as a program criteria] among the U.S. respondents" (p. 8).

The above facilities employ studio art and educational practices rather than art therapy, yet clearly the fields overlap, as the tenacious, irascible attribute of the art product constantly reappears in art therapy theory and practice much like an uncanny return of the repressed. It is as if Cane's (1989) pioneering legacy of attention to both process and product in art therapy forever shadows the developments in the field, finding allies from Kramer (1971) to Henley (2004). Henley expressly stated that "a model of aesthetics and even art criticism can be constructed that is commensurate with the aims of therapy without diluting the intent of either discipline" (p. 153). Nonetheless, a differing school of thought that disregards the aesthetic product repeatedly appears in the annals of art therapy. For example, Junge (1994) inserted this belief into her narrative of the history of the field, writing that "the aesthetic quality of the art is not important" (p. 217) and "the arts are important only as they express the flow of a person's feelings and not as technically finished products" (p. 240), as well as arguing that the focus in art therapy is on "primary creativity, [not] with an aesthetically pleasing object" (p. 245). The devaluing of the product is disguised through active dismissal of its aesthetic value. This practice can rob art of its core attribute—the evocative power of the art object—and may contribute to the confusion of locating effective interpretive strategies in the practice of art therapy (Franklin & Politsky, 1992).

Artistic Sensibility

Artistic sensibility embodies the awareness of the self as an artist through the integration of artistic and aesthetic attributes toward self and other. This awareness of the artistic self permits a certain freedom of responsiveness as the client's artistic sensibility pervades and informs affective and cognitive reactions to his or her internal process and the wider environment. In art therapy, artistic sensibility is often conceived in relation to the art therapist's response to his or her clients, rather than as an attribute that is cultivated within the client and the art object. Robbins (1987) described the therapist's aesthetic responsiveness as one of mirroring the shifting psychic patterns of the client in order to capture the nuances of the affective exchange. Artistic sensibility increases attention to one's own creative process and contexts as reflected through one's personal art history. When a client develops an artistic identity, it can lead to the development of an aesthetic sense of beauty, as well as other qualities such as perfection, temporality, stillness, observation, comparison, and empathy. At the same time, artistic sensibility may inform comparable mental states such as acceptance, confidence, freedom, empathy, compassion, recognition of choice, insight, symbolization, personal vision, and an increased tolerance of imperfection and ambiguity. As a result, the new and old senses of self come into focus, together leading the client to rehearse new possibilities of selfhood and to increase self-esteem (Franklin, 1992).

Artistic sensibility navigates the inner world of the psyche as well as permeating outside-in-the-world spaces, as a flow that emanates from both spheres. It promotes flexible, affective responses to ideas from having reflected and acted upon them. Art provides perceptual freedom from practical concerns and engages the whole person in the attention and pursuit of beauty through incremental stages toward moments of perfection. The artist's sense of self is strengthened when different aspects of his or her personality are integrated and enriched by this ongoing creative process. Insight and awareness transform the art experience into a rich exploration laden with meaning. Aspects of the true self that were once dimly known or previously inaccessible may surface in the artwork to find their place in the world.

Agnes Martin (1992) described beauty as the purpose of life and identified art in particular as the striving for beauty's manifestation perfectly embodied in visual form.

She believed this perfection to be unattainable; however, the key for the artist is that "happiness lies in our moments of awareness of it" (p. 69). As Martin saw it, this awareness increases tolerance for life's inevitable imperfections and frustrations because it ignites inspiration that can confront and defeat negative attitudes. Although inspiration is always available, awareness of it is often clouded by daily routines and minds that are full of thoughts; thus, if inspiration should break through, it may be perceived as a rare occurrence. Martin wrote:

> Inspiration is pervasive but not a power. It's a peaceful thing. It is a consolation even to plants and animals. Do not think it is unique. If it were unique no one would be able to respond to your work. Do not think it is reserved for a few or anything like that. It is an uncontrolled mind. (p. 62)

As the artwork's potential unfolds, the artist experiences the phenomenon of temporality acting upon both the viewer and the artist (Dufrenne, 2002). Parts of the self inhabit the artwork that, when externalized, now form a part of the world. The dialogue between the self and the world informs and sustains the artist's sensibility, making it possible for the artist to acquire the nuance and subtlety that are the hallmarks of this process. Martin (1992) stressed that the strength of art lies in its capacity to resonate without needing any intellectual translation; it remains "wordless and silent" (p. 89). She illustrated how the temporal nature of artistic sensibility pervades the creative process and renders the art product essential for providing insight and self-awareness as follows:

> If we can perceive ourselves in the work—not the work but ourselves when viewing the work—then the work is important. If we can *know our response,* see in ourselves *what we have received* from a work, that is the way to the understanding of truth and all of beauty. (p. 89)

Process and Product

The art therapy axiom of valuing the process over the product can be seen as an intrusive act based on a distortion of two essential characteristics of art, namely, aesthetics and the conception of beauty. The gallery model and studio-based approaches to art therapy, in contrast, focus on the therapeutic and artistic capacity of the client to discover his or her own artistic sensibility within the structure of the therapeutic alliance and studio. Cane's (1989) aesthetic and psychologically astute techniques were designed to summon the artist in each person to shape his or her creative process into the best possible product—the art object—consistent with the artist's authentic individual self. Cane understood the importance of confronting the art object as a means to gain mastery over negativity and failure. Kramer (1971) extended these therapeutic parameters to include attention to the final product as reflecting both therapeutic and artistic success when the sublimated art reaches a certain quality that she called *formed expression.* Kramer expressed the belief that in art, "product and process are one" (as cited in Levy et al., 1974, p. 15) and that product and process reflect the unity of integration, an aesthetic measure of health and optimal ego functioning. Kramer asserted that "when concentration on process results in systematic neglect of or disrespect for its natural culmination—the product—the patient is deprived both of his goal and of the reward from his labors" (p. 16). The aesthetic sense of the art product can be used instead as a source of strength and an object that invites further exploration. A true artistic sensibility requires aesthetic consideration of both the process and product because this is the route to defeat negativity, to quiet the troubled mind, and to reconcile imperfections through the pursuit of beauty in the form of desublimation (Thompson, 2007).

The reconfigured relationship of art, therapist, and client today may extend beyond the triadic (Schaverien, 1992) to include a phenomenological essence of an architectural space that is reintroduced within the psychiatric institution. The gallery has much in common with psychoanalytic conceptions of inside and outside and with Winnicott's (1971) articulation of transitional space, which he defined as an intermediate, "potential" state of self-realization that exists between the self and the other. The gallery can function as an intermediate "other" in this relationship, providing another form of the "holding environment" for the client that safely extends potential space into realized space or selfhood. Transitional space allows the artist/patient to enter a zone of enlightenment, melding affect and cognition with the promise of a transcendent experience. The art object now visible in the gallery physically occupies this realized space and time such that the client may revisit and differentiate what Winnicott (1971) called the "me" and "not-me" aspects of the self. The intimate work in the studio finds an outlet in the public gallery, which encourages introspection and engagement in the development of a body of artwork. This oeuvre contains the patient's own art history, which motivates the deepening of artistic sensibility to support self-reflection and engagement. In this way, the product of art therapy unfolds its value and meaning across a continuum of artistic processes.

The Gallery

A permanent gallery within a large, urban psychiatric institution necessitates a leap of faith in reframing the typical experiences of chronic and acute mental patients. As a recipient of a Society for the Arts in Healthcare consultancy grant, I formed an interdisciplinary committee to research the feasibility of creating a permanent designated gallery space with rotating shows of artwork produced by consenting patients who attended art therapy (Figure 1). Gallery 1236 became part of the natural continuum of therapeutic process, incorporating the unique artist identity of the adult outpatients who attended art therapy regularly in a day hospital program, and providing them with a powerful context to share their art expressions. There were many questions that arose regarding this project; for example, could the institutional forces cited earlier that McNiff

Figure 1

(1995) observed be held at bay, reframed, or enlisted to help deinstitutionalization? Could the same attention to the creative process that takes place in the art therapy studio be extended to the attributes of the art object and its reception in a gallery? These and other questions served the goal of embracing a sense of hope and belief, rather than doubt, anxiety, and negativity.

The gallery maintains the link to art and art therapy by serving as a dynamic, radical, and potentially subversive force that can effect a positive change by infiltrating the psychiatric arena of the whole institution (Goffman, 1961). The gallery model of art therapy focuses on the role that identity plays in the development of hope that is contained in the sensibility of an artist, as opposed to treating the adverse effects of stigma (Goffman, 1963). Working at their own pace, patients can choose artworks to exhibit and are empowered to safely share their expressions. Exhibiting artwork under respectful circumstances can address patient goals of agency, protection, and empowerment (Spaniol, 1991). Although the dynamic between a person's identity as an artist and his or her identity as a patient remains a controversial aspect of art therapy, the Living Museum in Creedmoor, New York is one well-known example of a powerfully effective gallery that provides evidence of the changing conceptions of what constitutes the identity of a patient with mental illness (Parouse & Yu, 1998). The strength of this model lies in the transformative nature of the art expression to capitalize on each individual's unique attributes.

Case Vignette: John

John (pseudonym) had stopped attending outpatient art therapy due to a series of events and losses that culminated in an acute inpatient hospitalization. He belonged to a distinct group of patients who were developing their artistic identities. Despite this peer support, he struggled with drawing a picture of a cat (Figure 2). The fractured form bears witness to his debilitated state at the time and reveals gaps that mirror the lapses evident in his cognitive and affective worlds. Although John did not immediately return to art therapy, upon being discharged from the hospital he chose "Silver" (Figure 3), a sculpture representing his cat that he had worked on for several months, for the gallery's first exhibition.

Figure 2

Figure 3

Even in its unfinished state, the sculpture embodied John's artistic sensibility and retained the energy he had invested in it. "Silver" had waited for its message to be reactivated in John's awareness. As the status of the sculpture was heightened through inclusion in the exhibit, John was able to rediscover its qualities and message as well as the promise it contained. He saw that the gallery took his artwork seriously as an aesthetic phenomenon of value. This effect was intensified through the aesthetic charge of all the artwork in the exhibition combined, which further invited reflection. In response to the invitation to display an artist's statement with his sculpture, John wrote the following about his creative process and the importance of relating empathetically to his cat:

> I went into a kind of a trance to wipe everything out of my mind to focus on my memory of Silver's expression. It was almost dream-like, trying to remember that face. I enjoy my artwork because it is relaxing and I don't think of anything

Figure 4

Figure 5

else and there is no tension. You don't have to work at it because things flow. (Personal communication, February 23, 2008)

John's inclusion of his artwork in the show, followed by positive praise and attention from the viewers of the exhibit, had a rejuvenating effect on him that led to increased participation in all treatment modalities. The exhibition ran for 5 months in order to encourage repeated viewings, and this had a profound effect on John by increasing his self-esteem and renewing his own commitment to his art. John now attends art therapy daily, something he had never done before, and he can be seen throughout the hospital with his art folder, spreading out his drawing supplies whenever he has some spare time to work on his art. His drawings of a lion and a tiger (Figures 4 & 5) show a dramatic change in John that is congruent with visible changes in his appearance and behavior. His affect has a greater range than before and he is brighter and more capable of spontaneity. He appears more able to relate to others and his improved focus and concentration are clearly evident in his drawings. John's description of his process echoes Martin's (1992) observation of the inspiration and freedom that are found when a person searches for beauty with a tension-free, untroubled, and uncontrolled mind.

John was a more active participant in the second exhibition, in which he originally planned to show Figures 4 and 5. Although he was pleased with these drawings, he ultimately changed his mind and settled upon a drawing that he had made several years earlier that depicted two polar bears frolicking on the ice. John explained that this image represented his two close friends who had recently been discharged from this program causing a painful separation, and that he had drawn it during "happier times" before he relinquished his home.

The ability to revisit the product allowed John to determine what his precise needs were. In this case, an older drawing gave John the opportunity to project and mirror his own feelings and states of being through its inclusion in the gallery. The show provided John with an aesthetic opportunity for empowerment as he searched for and found his drawing once again, and actively revised his sense of self to conjure the good feeling he desperately needed in the difficult times he currently faced. Located in this positive identification with happier times is John's ability to actively seek choices that encourage change, having reestablished the bonds of friendship, love, and affection. This reflective process, which echoes Martin's (1992) concept of the discovery of beauty through inspiration, is activated when attention is focused on the art product in order to encourage insight, to attune various states of affect, and to develop the artist's capacity to dialogue with different aspects of self-identity. The work that John selected for the show had undergone a phenomenological shift for him that presented an opening for heightened understanding and responses. Thus, when incorporated into art therapy, the aesthetic function of the gallery is distinct from the studio and the process of making art, due in part to its different context and orientation to the work. This therapeutic potential of the gallery model was naturally utilized by John because it offered the additional benefits of increased ownership, pride, and the desire to communicate his feelings directly.

Case Vignette: Tom

Tom (pseudonym) also attended the partial hospitalization program and was thrilled about the prospect of exhibiting his work. Tom consistently created art both in art therapy and outside of structured groups, including at home. His practice made him an artist role model in the program. Tom's total immersion in the creative process, however, could inadvertently lead to his destroying a drawing due to a failure to differentiate between the art process and product. His keen artistic sensibility hungered for the exhibition of his artwork—a necessary way for his work, with its focus on trauma, to have an impact on others. Tom expressed frustration with the standard art therapy group technique that simply summarizes artwork pinned to a wall.

Figure 6

Tom submitted "The Laughing Horse" (Figure 6) to the first exhibition and described his art as a source for relaxation and a fountain of satisfaction leading him in the right direction. He enjoyed the gallery show's reception and was proud to discuss his work with interested viewers. Tom's attendance in art therapy had often been sporadic but it improved after the show and he attended more consistently. He became absorbed in preparations for another exhibition and the creation of a mural-size collage comprised of different drawings reflecting the themes of trauma, integration, diversity, and tolerance (Figure 7). The opportunity to exhibit this work and to negotiate its scope provided therapeutic benefits and increased Tom's artistic sensibility, which led to a differentiation of self and other through a sustained focus on the emerging art product. Tom intuitively understood this insight; art therapy in this instance provided the means to safely work through trauma, manage intense affect, expand his vision, and deepen his expression of feelings (Julliard & Van Den Heuvel, 1999) through the integration of process and product on an ambitious aesthetic scale.

Tom titled his new work "My Life," and wrote, "I combined the drawings to show more than one work, to bring together all my different ideas—so it becomes one. I'm able to express 'me,' what I do and what I am" (personal communication, November 10, 2008). This project, which was the direct result of planning and preparing for an exhibition, provided much needed scale for Tom to move closer to integrating his complex mix of themes, emotions, and self-representations. The temporal nature of this task, accomplished over a period of many months, allowed him to grasp the complexities of his personality and his vast range of feelings. This phenomenological approach helps to create connections within the interiority of the ego and to revisit the sense of otherness within that often remains obscured. Gallery preparations became as important to Tom as the actual process of drawing itself, as he took care to reflect and revise his work's component parts within the space of an

Figure 7

empowered critique. Empowered critique advocates a specific approach that is humanizing, non-judgmental, reflective, supportive, empathic, depathologizing, and relational (Thompson, Abbenante & Chapin, 2008). These aspects of artistic sensibility provided a broad and comfortable context for Tom in which to add old and newly created images that acted as a bridge between his past, present, and future; to subtract images as needed; to alter, edit, and harmonize the entire composition; and to manage and regulate his intense feelings.

Attending with care to the artistic process within art therapy helps to ensure an optimal therapeutic experience that can be extended to both the product and its potential reception. Part of this care is an attention to the parameters of expression; in Tom's case, both the dimensions of the work and the exhibition deadline proved beneficial for establishing a container that was grounded in reality. This helped Tom to define the experience by embracing and also controlling his own narratives—a phenomenon that often worked in reverse for him as he could, at times, become overpowered by his own intensity of expression. The narrative nature of Tom's exploration also points to the importance for him to tell his story and relate it to others through complex visual forms (Figure 8). The parameters of time and space were allies in helping Tom overcome his self-destructive propensity and negotiate the potentially insurmountable tendency towards infinity, where there can be no end or comfortable resolution. As his confidence and self-esteem increased, Tom also actively strove to take more risks with his artwork, to reconfigure the more troubling and traumatic parts of his history, and to make these accessible to mastery through reparation in art.

Conclusion

Group art therapy can provide a container for intense affects that can be expressed safely without retribution in the unique format of "an asylum within an asylum" (Case & Dalley, 1992, p. 40). The gallery was designed for this phenomenon, with its attributes of sanctuary and celebration of the communicative power of the art object that originates in the artist and offers solace and therapeutic

Figure 8

reach to a wider audience. The sanctuary extends the feeling of safety from the phenomenon of the group process to the products its members create. Those artistic sensibilities that require peacefulness are felt within the gallery, imbuing the space with a spiritual and poetic air. The concept of "making special" that Dissanayake (1992) identified as an inherent purpose of art applies as well to the attention necessary for showing artwork. In this subtle but important facet, the patient participates actively in the well-being of others, including peers, therapists, staff members, and the community beyond. This active participation traverses the continuum of artist and viewer and reverses expected roles within the institution. The empathetic communication that resonates through the art asks for a reciprocal, compassionate response that challenges stereotypes that viewers typically associate with the patients. A frequently heard response to the show was, "Wow! Did the patients do this?"

The gallery contributes to the community by imparting *aesthetic action* (Thompson, 2006) to reframe a public experience. Aesthetic action refers to a subversive agenda that redefines the meaning of the gallery and its participants as beyond the reach of institutional forces from within its own walls. The gallery that is established within a psychiatric institution challenges the power relations of division (Foucault, 1984) whereby patients are effectively segregated from sane society. Thus, the gallery helps to restore the social praxis of the therapeutic community. As an artist whose work has been exhibited, the patient can now be seen not as an "other" signifying pathology but rather as one who represents health manifested in the singularly human endeavor present in the creative moment and visible in the work. A poetical aesthetic experience derived from the integration of process and product in the gallery model of art therapy offers the potential to move the artist and the audience, transformed, together into a new reality.

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