

ART AND WELLBEING : art therapy and physical conditions
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Art therapy and Stroke

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INTRODUCTION

“The shockwaves of stroke can leave a lasting and profound impact on how people move, see, speak, feel or understand their world.” (DOH 2007:2).



Fig.1 *Author's reflection*

For one third, the after effects of stroke will result in long term disability and/or adjustment issues, due to the traumatic impact on their physical, cognitive and psychological functioning. Coping strategies, memory, learning skills, the ability to think or organise thoughts, emotional responses, behaviour, social interactions, relationships, language and understanding can all be affected; leaving the person feeling confused, isolated, unable to communicate, anxious and depressed.

In December 2007 the Department of Health published the National Stroke Strategy, setting out guidelines for the commissioning and provision of Stroke services across England. The aim of these services is to achieve a good quality of life for individuals, their carers and relatives, and to promote independence, well-being and choice. In relation to this the guidelines acknowledge the potential role of arts therapists in relation to the long-term emotional needs of stroke sufferers and their carers.

The emotional themes that emerged from my work with stroke sufferers highlighted a gap in the provision of treatment for those who may struggle to adjust to the impact, and are unable to access purely verbal forms of psychological treatment due to entrenched emotional and psychosocial difficulties, and/or problems with communication, cognition and insight.

THEMES

A theme that emerged powerfully in the nature of the referrals for art therapy was one whereby both staff and patients would feel stuck, helpless, confused, frustrated and despairing. Another theme that gradually emerged was that these patients were often experienced by the team as very difficult to 'be with'. I came to understand this as a difficulty for both staff and patients with finding a mental space in which to 'be with' and think about painful and inexpressible emotions such as the fear, confusion, anger, shame, envy, guilt, and grief evoked in response to the trauma of stroke and resulting losses. Other themes that emerged during the course of my work with the individual stroke sufferers were related to the distressing issues that lay in the past, but resonated powerfully in the present: anxiety and depression, trauma and abuse, loss of control, life and death issues, social and emotional isolation. Laid over the top of this background was the physical, cognitive and emotional impact of acute stroke leaving the sufferer often feeling humiliated and in a helpless, powerless, meaningless and dependent state over which they have no control.

In reflecting on this work two themes emerged that have offered me a frame for thinking about this 'gap' in service provision, and why art therapy, as a non-verbal psychotherapeutic intervention, may be more accessible, for some stroke sufferers, than a purely verbal therapy.

- **the emotional response to trauma**

Without reliable emotional support structures, internally and externally, the individual who experiences trauma may be overwhelmed with terror and unable to describe the subjective experience in words. This breakdown of psychological defences may then threaten the integrity of self and leave us struggling to make sense of raw, sensory experience, and stuck with painful and disturbing feelings, unable to work through the losses and move on with life. For some stroke sufferers, the traumatic impact may unconsciously resonate with previous traumas, making the recovery process even more problematic.

The need is for a mediating space between body and mind, self and other, in which these meaningless feelings can be expressed, reflected on and thought about, thus creating a narrative of the subjective experience which may then be given symbolic form and meaning. Held within a therapeutic frame, image-making can potentially act as a mediating space offering a less threatening non-verbal arena for the making of links and formation of a narrative for the individual's experience.

- **the early emotional development of self**

An acute stroke can shatter one's sense of self, catapulting the individual back to an almost infant-like state of helplessness and dependence where body and mind connections are broken. There is a need for an environment in which the fragmented pieces of the self are gathered together through gentle holding, containment and a playful mirroring back of the whole person, linking mind and body and facilitating exploration of self and the world. Within the attunement and containment of the therapeutic frame the mark-making process potentially offers a non-verbal processing of the flow of activity between mind and body and a mirror of this process, forming the basis of communication about self and experience.

With both the above concepts, the frame of the therapy and the therapist's mind is needed, along with the image-making process to help mediate and find meaning for incomprehensible experience, linking mind with body, thought with feeling.

CASE MATERIAL

Ann was referred with a history of anxiety and depression and of a past relationship with a recently deceased husband that had twisted around from being charming to being violent and abusive. It was as if one cruel and punishing relationship had been replaced with another; the stroke leaving her trapped in an abusive relationship with her body and mind in which she felt unable to stand up for herself, move freely or reach the resources she needed without being subjected to physical or mental pain. Any attempts to assert herself physically or emotionally seemed to put her painfully in touch with the damaged and disabled parts of her self and so remaining quiet, passive and unassertive had become a preferable option.

Exploring my own counter-transference responses through reflective art-making (Figs.2 & 3) helped me to think about the more aggressive feelings in Ann that could were too frightening to think about, but which lurked threateningly in the shadows of her unconscious, paralysing her and holding back her process of mourning and moving on. It was as if Ann needed my mind to act as a containing space for these frightening emotions until she could manage to contain and think about them herself.



Fig.2
Mixed media on A2

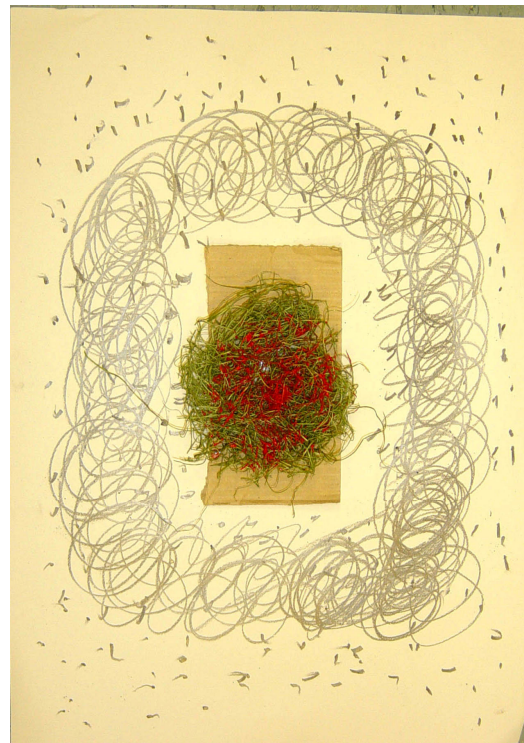


Fig.3
Mixed media on A2

By investing in the art therapy process and making use of the containing materials of both image-making process and therapists mind, Ann was able to bring together her own physical and emotional resources to regain some sense of control and mastery over the fears that threatened to paralyse her body and mind. By working together to understand some of the

twisted relational dynamics, we were able to give some form and meaning to her experience and facilitate her exploration of new and more creative possibilities. Although Ann was ambivalent at the end of her therapy, she had begun to express and assert herself more freely, both physically and emotionally and to reconnect with parts of herself and her experience that she had lost or inadvertently discarded. In her life outside the therapeutic space, these changes were reflected concretely in her locating things that she had been unable to find or believed she had lost, as well as in a developing capacity to assert what she wanted and needed for herself.

SUMMARY

The complexity of image-making takes into account physical, cognitive and emotional factors, being well suited to the stroke rehabilitation process as a medium which bridges physical and psychological experience. Within the holding environment of the therapeutic frame and image, art therapy can offer a containing and creative space for stroke sufferers, enabling...

- the **formation of a narrative** for the individuals experience of incomprehensible thoughts and feelings that may have no words, leading to greater understanding and awareness of what has and is happening, more meaningful communication, and the amelioration of anxiety and depression.
- the **working through of losses**, leading to acceptance of damaged parts of self, adjustment to limitations and a more positive outlook on life.
- the **channelling of emotional and physical energies** in a constructive and potentially coherent way, leading to a more courageous and flexible exploration of possibilities, and resulting in more adaptive responses to life's challenges.
- the **mastering of anxieties**, contributing to feelings of autonomy, control, dignity and empowerment and the move towards independence and community.

In the light of the Government's strategy to improve access to long-term emotional support for stroke sufferers, I am suggesting that art therapy is a particularly appropriate intervention for those with entrenched emotional and psychosocial difficulties, and/or problems with communication, cognition and insight, for whom standard treatments and solely verbal forms of psychological help are inaccessible.

References:

DOH (2007) *National Stroke Strategy*. Department of Health.