

# Art and Wellbeing Conference

Thursday 5 February 2009

## Keynote speech by Sir Michael Burton

I am very honoured to have been asked to precede this star-studded list of speakers at such an important conference. There have been for me two particular striking images in the field of art therapy. The first was a pair of trees in Camilla Connell's book: **Something Understood: Art Therapy Cancer Care**. Two trees painted by the same cancer sufferer in her 50s, one a grey and leafless tree, with branches twisted and contorted, and a large black hole in the middle of it: obviously the cancer. The second tree, painted 4 months later and sadly just before she died. The great black wound in the middle of the tree is completely healed up. The branches are still bare and leafless, but no longer contorted. They are reaching up into the sky and, with its roots almost coming out of the ground, the tree looks as though it is about to fly away. The other image is one described by Dr Caryl Sibbett working with a patient in an art therapy session who, for the first time, chose to work with clay. She described how the patient became absorbed in making what emerged as a crocodile, and then the patient suddenly looked at the clay crocodile, and said that she realised that the crocodile was her cancer.

I and my fellow Trustees of the Corinne Burton Memorial Trust, three of whom are here today, are proud to be helping in this field of art therapy in cancer care. When my wife Corinne, artist, book illustrator, wife and mother of four young daughters, died, aged only 42, of cancer, in June 1992, and a large number of her friends and family wished to commemorate her name, we knew that we wanted to find a cause which would do good and fill, if possible, a previously unmet need, but also one which was both connected to her beloved art and reflected the courage and determination with which she had fought against her cancer. She had, in those last hard months, been totally focussed and implacably determined not to give in. Her way was not only to live her life, and, particularly, her role as a mother, to the full, until the very last gasp, but also to step up the hours of calm and concentration spent on art, especially, towards the end, in the pernickety skills of china painting. Her art not only

took her full attention at a time when she might otherwise have given in to depression, but also encouraged those same virtues of calm, composure and pertinacity with which she fought against her disease. She would indeed have agreed with a patient of Caryl Sibbett whom she reports as saying that “*during art-making time disappears*”.

So what have we learnt in setting up what I believe is the only charity specifically in this field and keeping it going for some 15 years? I would like to make seven points:

1. Art therapy is not the provision of art to cancer patients as a therapy. As that prolific author in this field Mandy Pratt has said, “*Art therapy must not be confused with diversionary creative activities*”.
2. In 1992 when we started, art therapy was a newcomer in the field of cancer care. As Professor Diane Waller of Goldsmith’s College has written, the psychotherapeutic profession has “*traditionally worked on a longer term basis*”. It sadly cannot be guaranteed that cancer patients **have** a “longer term”. This has required a very different approach from that of art therapists working with long term conditions.
3. Art therapy is all about the drawing out and better understanding of emotions. Camilla Connell has stressed that “*the symbolic component of art can facilitate the expression of strong and sometimes conflicting feelings, which may be considered too difficult to put into words:*” – what Samantha Dobbs, a former Corinne Burton student at Goldsmith’s, contributing to the recent book by Messrs Hartley and Payne and their team at the St Christopher’s Hospice, described as “*the release and witnessing of difficult emotions*”. Camilla Connell has described what she calls “*the facility of art therapy to mobilise previously untapped resources by accessing the unconscious*”.
4. The essence of the art therapist’s skill is to facilitate communication by the patient, to become the patient’s mouthpiece. Maureen Bocking, the former Corinne Burton art therapist at Bart’s, predecessor of Megan Tjasink, who will be speaking later, gave a vivid explanation of the role of the art therapist. She said: “*I walk into people’s personal spaces with my box of paper and art materials and our eyes meet ... visualisation through art can set [the patient’s] mind free from the feeling of being trapped by illness, at least for a while*”.
5. Art therapy is a two-way exercise; there must be reciprocity and togetherness. Dr Paola Luzzatto has described it as what she calls a “*creative journey*”.

6. There is no boundary to the art therapist's work. As Timothy Dewsbury, another former Corinne Burton student at Goldsmith's wrote in Professor Waller's and Caryl Sibbett's book **Art Therapy and Cancer Care**, the patients "*do not just bring with them cancer and death, but all aspects of their lives*".
7. Finally and most importantly, art therapists in this field must recognise their own limitations. They are dealing with a disease which they – indeed in most cases the doctors, even Dr Gallagher – cannot cure. Yet their role is a vital one in giving a patient insight, but above all if possible an additional will to fight, to resist. Dr Luzzatto has described how a patient will often draw in the same picture a symbol of vulnerability and mortality and a symbol of strength and life. She says "*Here the power of art therapy is particularly effective: what is not possible in the verbal process is possible with symbolic imagery*". Caryl Sibbett has described having cancer as "*living and dying with the tiger*", and, whether it be a tiger or a crocodile, art therapists can give the patient additional will to resist it. I have often thought that those stirring words of Dylan Thomas should be the inspiration, the watchword for all art therapists in cancer care.

*"Rage, rage against the dying of the light.*

*Do not go gentle into that good night."*