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at the Whitehead Foyer, Goldsmiths in July 2018

**CORINNE
BURTON
MEMORIAL
TRUST**

25 YEARS

Welcome

1 Goldsmiths, University of London, is honoured to be able to support the work of the Corinne Burton Memorial Trust and we are pleased to be able to help mark this anniversary by supporting the publication of this inspirational book.

Its pages provide all the testimony one would need to demonstrate how art psychotherapy can serve as a truly healing force.

As we look back, we are indebted to the pioneering work of Professor Diane Waller, who not only helped establish Goldsmiths as a centre for this discipline but also forged the ongoing and mutually productive link between our organisations.

The CBMT scholarship has provided the means for many art therapists to train and hone their practice in a clinical setting. It is no exaggeration to say that, were it not for the Trust, some very talented and committed therapists may have been unable to complete their training and go on to support patients.

Instead, it is remarkable to reflect on the contribution that has been made, and continues to be made, by the 27 Goldsmiths alumni who have been supported by the scholarship as they have moved on into practice.

As Sir Michael notes over the page, the image of the tree is one to which patients – as all other artists – are often drawn. It strikes me that the CBMT has itself grown to become a majestic oak, fed and nurtured by the generosity of its donors and commitment of its trustees, with branches of impact growing far beyond its trunk, offering both sanctuary and support to the many patients embraced by its shade.

And of course, that tree grew from the inspiration of the talent and determination of Corinne Burton – to whom there can surely be no more fitting tribute than the incalculable legacy of the Trust that now bears her name.

I wish the Corinne Burton Memorial Trust all the very best for the next 25 years and beyond, as it continues to help support the provision of such a valuable form of therapy.

Patrick Loughrey
Warden, Goldsmiths



Corinne Burton



Foreword from Sir Michael Burton QC

3 My wife Corinne died 26 years ago, but her name lives on through the Corinne Burton Memorial Trust (CBMT) and the wonderful people whom it has helped. She was an artist and illustrator, and died aged only 42, leaving four young daughters, to whom she had bequeathed not only her talent and skill but her determination and the spirit with which she fought cancer. She was greatly helped by the china painting to which she turned in her last months, although she never had the benefit of art psychotherapy. Her family and many friends united to donate and raise funds in her name, to support art therapy in cancer care, an area previously, and so far as I know still, unsupported by any other charity, and which seemed to embody all that we wanted to commemorate in Corinne's life and death: art, psychotherapy and care, and the stimulation in those who most need it of Corinne's own determination and bravery.

The trustees derived our inspiration from three sources: from Camilla Connell, whose dedicated work at the Royal Marsden and whose seminal book, *Something Understood: Art Therapy in Cancer Care*, which we helped to sponsor, we greatly admired; from Professor Diane Waller, who spearheaded the development of Goldsmiths as the leading training college in Art Psychotherapy; and from Dr Chris Gallagher, who was determined to establish, alongside the Oncology Department he ran at St Bartholomew's Hospital and Royal London Hospitals, a vigorous art therapy base, to provide support and understanding to his inpatients and outpatients. We learnt both from

them and from our CBMT alumni/ae at Goldsmiths, and the successive Corinne Burton Art Therapists at St Bartholomew's Hospital, most recently Maureen Bocking and Megan Tjasink, that art therapy is not simply the encouragement of art as a therapy, or the provision of art materials to take people's minds off their troubles. It is in fact a science, which has existed for many years, to assist those who require psychological support. However, it is only since around the time the Trust was founded that art therapy has been recognised as valuable in the field of cancer care, where patients are seldom expected to survive very long, but can still benefit greatly from what the therapy offers; and the establishment of the Trust was more or less contemporaneous with that of *Creative Response*, a Special Interest Group for art therapists specialising in the provision of art therapy in that very field. Our continuing education and involvement has enabled us to see just what patients gain from the therapy which accompanies, and is drawn from, the art which they themselves, usually without any previous artistic talent, are encouraged to create. Sitting with Megan, as we regularly do in her art room at St Bartholomew's Hospital, we have learnt from the artwork, which she shows us and explains, how some patients become reconciled to what they face, while others are fighting their demons; some see themselves with a future, others as cut off from hope and their family; but in every case they have the chance to express their innermost hopes and fears. Two of Camilla Connell's most striking examples in her book (see pages 6 and 102) show the same tree in

each picture painted by the same patient, first with a black hole in the centre, dripping red drops, its branches knotted, then, four months later with the hole healed up, the branches reaching up to the sky and the roots almost out of the ground: she died shortly after completing the second picture, seemingly reconciled. Other dramatic examples can be seen in this wonderful book (Harewood p.27, Beard p.43, Stevens p.67 and Bocking p.91) which I am thrilled has been produced by Goldsmiths, with so many contributions from so many former CBMT students, who have, as we hoped they would, gone on from Goldsmiths to expand the field of those practising art therapy in the care of cancer patients.

The scholarship, which the Trust has funded now for 25 years, is intended to support a student at Goldsmiths who wishes to study art therapy with a view to cancer care in particular, with his or her fees for two years, and then provides a subsidy for another two years if the student stays in the field. It has given us much pleasure that so many have started up posts which did not previously exist, to offer art therapy to cancer patients in different hospices and hospitals. Many have worked for their second year at Goldsmiths on placements at St Bartholomew's Hospital, so that there is a real sense of connection between these two great institutions, which we have done a little to help. But we would like to think the CBMT tentacles have spread wide in the 25 years, such as to Dubai, Singapore, and even Borneo (Arndt p.37, Balloqui p.35, and Duesbury p.15).

The great talent of those who have been the Corinne Burton Memorial Trust students at Goldsmiths is apparent from their contributions to this book and to the posts they have held, and in many cases their publications. Two remarkable examples are David Hardy and Claire-Louise Leyland, since 2009 the Programme Director for the MA in Integrative Arts Psychotherapy at the Institute for Arts in Therapy and Education. But what we never cease to respect is the character of those who have given themselves to this field, and whom we have been able to help. They come from the backgrounds and experiences of nurse, carer, trained counsellor and artist, and all these skills are then combined so as to enable them to become art psychotherapists and provide a unique service to those in need. In the 25 years in which we have been able to help to increase the number of these wonderful people, we have also learned to admire them. We value very much the fact that we are not only able to provide some funding, but that we have the opportunity to meet and talk to our students at Goldsmiths and our therapists at St Bartholomew's Hospital, and, during the seven years when we also provided some funding to them when it

was particularly needed, at Mount Vernon Hospital's Cancer Centre. I personally feel that I have learned a great deal by such discussions, and indeed at meetings which I have attended at the British Association of Art Therapists.

As a Trust we have no endowment, and depend entirely on raising enough each year to be sure of complying with our commitments to fund a Goldsmiths student for four years, and to keep funding our Corinne Burton Memorial Trust. We thus have continually to find new ways of raising money, depending, as we do, on a very generous supply of donations from our friends and supporters, triggered by outings to theatres, to the Tower of London, to stately homes, by people who are willing to run in marathons for us, and by such events as the recent evening in the beautiful Great Hall at St Bartholomew's Hospital, by which we raised over £15,000. We incur no administrative expenses (except the necessary audit, and even then at a very generously reduced rate by our auditors Parker Cavendish), so all that we raise is expended on our charitable purposes; but we look, in addition to raising money, often in substantial sums from our individual donors, to the generosity of a number of small and large Trusts who have supported us, such as the Sobell Foundation, the Atkin Foundation, the Dyla and Fala Weinstock Trust, the Julius Silman Trust, the Chidwick Trust, the Hospital Saturday Fund, the Aram Trust, the Chesterhill Trust, the Mishcon Family Trust, the Drapers Company and the Erach and Roshan Sadri Foundation.

Successive Wardens and Heads of Department at Goldsmiths have always made the trustees very welcome, so that we really feel part of the family, and I personally was very thrilled to be made an Honorary Fellow in 1998. In 2010 Goldsmiths held a reception to celebrate our 17 years' connection, and now we are very grateful indeed to the Warden, Pat Loughrey, to the Department of Social Therapeutic and Community Studies and to the MA Art Psychotherapy programme convenor Dr Jill Westwood, and CBMT alumnus David Little for organising this splendid event and for working so hard with Prof Diane Waller to put together the exhibition and this splendid book. I would also wish to thank my fellow trustees, Laurence, Lorna, Judith, Jeremy and Tony, and previous trustees, Eric and Carolyn for all their dedication and hard work since 1993.

Sir Michael Burton

Remembering and Reflecting

It is hard to believe that we are celebrating 25 years of the Corinne Burton Memorial Trust. I've been thinking about the day in 1992 when I was in the office of the Art Psychotherapy Unit at Goldsmiths and a phone call came in from Lorna Cohen, asking if it would be possible to come and speak about a new Trust that might be interested in funding one of our students to work in the field of cancer care. Such phone calls were, in the true sense of the word, unique. Of course I readily agreed a date with Lorna and we quickly established a rapport. I was touched when she described the origins of the Trust and how Sir Michael Burton, the Chair, wanted to ensure that his late wife Corinne's wishes could be fulfilled by establishing a scholarship for art therapy students that would finance their training and provide two years' further grant to help establish art therapy services within cancer care.

Such a generous offer seemed incredible, especially for ourselves who, as art therapists, had struggled for years to develop a decent training, services within the NHS and to be acknowledged by the Department of Health as having something valuable to offer to patients. After Lorna's visit, I found it hard to believe that this would actually happen – but, as we know, it did. Thus began

the long, extraordinarily rich relationship between our art psychotherapy team at Goldsmiths, supported by several Wardens over the years, with the annual presentation of the Corinne Burton Award being made by Sir Michael, often accompanied by at least one other member of their Board of Trustees.

Looking back now, at the first awardee, comes with sadness as Corrie McClean did not live long enough to make more than a fleeting contribution to this cause. Corrie pioneered art therapy at the newly founded Beacon Trust in Brighton, providing art therapy for terminally ill patients with AIDS drug and alcohol related illness. I was delighted when she contributed a chapter: *Mixed Metaphors – Dependency or Defiance: Art Therapy as an intervention within a mother-daughter relationship* to a book co-edited by myself and Jacky Mahony. I re-read her chapter before writing this piece and thought about Corrie's determination to continue her work when, frankly, she was fading away. So, remembering and reflecting on these 25 years has obviously contained a fair mix of joy and sorrow.

I didn't want this piece to become a kind of 'linear history' of all the various stages of the Award as this is done elsewhere in the catalogue. However, it's really important to mention the fundraising events at 10 Downing Street and the Royal Courts of Justice, both organised by Sir Michael and the trustees. At the latter, Caryl Sibbett, co-editor, and I were honoured to have a book launch of *Art Therapy and Cancer Care* with its contributions from many of the Corinne Burton graduates. Caryl's sensitive contributions in the area of liminality and her commitment to teaching, practice and research showed through and were invaluable in giving the book a unique foundation. At the launch, we met many committed supporters of the Trust, reinforcing even more strongly our determination to ensure that Corinne's wishes were going to be carried out. Other receptions and fundraising events have taken place and in these days of austerity, it is remarkable that the Trust has been able to continue to fund our students in such an outstanding way. Since *Art Therapy in Cancer Care* was published, my colleague, Dr Ken Evans and I have embarked on another project (in which we hope some of the contributions from this catalogue will appear) entitled *Beyond Content*. We have also received several moving contributions from other former students of Goldsmiths who have themselves experienced cancer and have used poetry and the arts whilst undergoing treatment.

As I said, not all reminiscence can be positive. When I started to write this piece I had already read most of the contributions. They were so touching, showing how the art therapists had used the scholarship and describing the efforts they were making to develop services with severely ill patients, sometimes with a less than enthusiastic response from the institutions that were benefiting from their work. I was sitting by the window in my study in Brighton, thinking about how I could contribute to the catalogue, attempting to put words onto the computer, when a memory came to me of a Louis MacNeice poem 'Snow'. MacNeice was an Irish

poet who seemed to me to use poetry to put observations and emotions into visual images – a beautiful joining of words with images. I hadn't read this poem since I was an art student a long time ago but it had stuck in my mind. I also noticed, sitting in a pile of books on my desk, Proust's 'Remembrance of Time Past' – a lot of which yet unread but nevertheless having made a mark. I felt there was serendipity at work here. I searched for 'Snow' which was very timely because unusually for Brighton, snow was falling outside my window. Here are two verses:

*'The room was suddenly rich and the great bay-window was
Spawning snow and pink roses against it
Soundlessly collateral and incomprehensible:
World is suddenner than we fancy it.'*

*World is crazier and more of it than we think,
Incorrigibly plural. I peel and portion
A tangerine and spit the pips and feel
The drunkenness of things being various.'*

World is certainly crazier than we think and definitely incorrigibly plural... and the institutions that we work in can seem sometimes to provide less than ideal conditions for their patients, students and staff. The current context in which we practise seems dogged by uncertainty and threat and we witness horrors on our televisions and in our newspapers, yet feel helpless to intervene. Remaining optimistic and feeling that we are able to make a difference is hard.

A French psychiatrist colleague at a conference where I had, at the organisers' request, discussed the emergence of art therapy as a profession in the UK, remarked that: 'This is a typical example of British pragmatism.' I took that as a compliment, though I don't think it was meant to be. This remark so inspired me that I used it in a future paper and kept it in mind during the many occasions when our profession has taken on challenges and worked in places that might seem impossible to others. So, being pragmatic, as opposed to heroic, we'll continue to do our best, using a mixture of creativity and stubbornness and try to ensure that we keep Corinne's legacy firmly in mind at all times.

It is such a pleasure to be working alongside Dr Jill Westwood and David Little and our colleagues at Goldsmiths to prepare a celebration of the wonderful gift from the Corinne Burton Memorial Trust, not only to our students over the years but to the profession of Art Psychotherapy. Thank you, Sir Michael, and the dedicated trustees for giving us such support over the past 25 years and we hope for many years to come.

Diane Waller
Emeritus Professor of Art Psychotherapy



From *Something Understood: Art Therapy in Cancer Care* (patient artwork 1)

References

- 'Snow' from the *Collected Poems of Louis MacNeice* (Oxford University Press, 1967)
- Treatment of Addiction: Current Issues for Arts Therapists*, ed Waller, D and Mahony, J, Routledge 1998
- Art Therapy and Cancer Care*, ed Waller, D and Sibbett, C, Open University Press, 2005
- Remembrance of Things Past*, Marcel Proust *Vol One*, *Classics of World Literature*, Wordsworth Editions, 2006.

Corinne Burton Scholars

**CORRIE
MACLEAN**

1993

**DAVID
HARDY**

1994

**JOYCELIN
PATTERSON**

1995

**TIM
DUESBURY**

1996

**KATE
MALONE**

1996

**MIMI
OGBE**

1997

**BARRY
FALK**

1998

**SAM
HUNT**

1999

**ELWIN
HAREWOOD**

2000

**CLAIRE-LOUISE
LEYLAND**

2001

**JACQUI
BALLOQUI**

2002

**MICHAELA
ARNDT**

2003

**SAM
DOBBS-JONES**

2004

**FLISAN
BEARD**

2004

**CAROLINE
RICHES**

2005

**JOHNNY
LI**

2006

**ANDY
RIDLEY**

2007

**SARAH
DOSOMAH**

2008

**FAWZIA
AFIFI**

2009

**HANNAH
CRIDFORD**

2010

**SHARON
DALEY**

2011

**DAVID
LITTLE**

2012

**POPPY
STEVENS**

2013

**ROSE
WOODLOCK**

2014

**NATASHA
BOURGAIZE**

2015

**HANNAH
LITTLEJONES**

2016

**ANNA
MAGNOWSKA**

2017

Corinne Burton Art Therapists

**JEAN
CAMPBELL**

1994-95

**GILL
THOMAS**

1996-1997

**MAUREEN
BOCKING**

1998-2005

**MEGAN
TJASINK**

2005-(ongoing)

**SHONA
ELRICK**

2010-2016



DAVID HARDY

THE RED ARROWS

Beyond Content: Creativity in and for Life

I believe that everybody has a narrative, in whatever situation they find themselves. It is both a conscious and unconscious construction, upon which we hang purpose, value and hope. It frames and puts into context events that arise and enables us to recognise and understand what we do at a personal and professional level. In short, a narrative gives meaning to our lives. It is also a shared point of contact. Other people's narratives can resonate with our own, touch us deeply and affect how we think and feel. In the therapy setting especially this can lead to a sort of mutuality between the therapist and the client which is seldom discussed in the literature. I hope that the following prose poems will helpfully illustrate some of these points.

The Red Arrows came streaking from left to right, over the roof tops of the front, out over the bay. This time, unlike the first time when he had nearly jumped out of his skin, he had been expecting this caprice. Forewarned, he had waited in expectation, relishing the excitement of this surprise. Was he hoping for a repeat of the heart juddering moment when they crept up from behind, the exhilaration? Probably, but on this occasion he hoped in vain. They seemed somehow more distant, literally not so close, and also disappointingly on the re-acquaintance, familiar, even trite? He had hoped that his daughter or partner would have been startled, dropped their ice creams. Had it been a mistake to come back and retrace this period of time which separated him from earlier, fonder memories of holidays from the past? This one had not been auspicious. Wet and cold. The view from Fleet less arresting than before. Somehow washed out.

As the aeroplanes dived and swooped, looped and banked in their carefully synchronised dance, he stared out at the cliffs around the bay, their parameter framing his thoughts. And he looked again at the crowds around, who, gaping upwards, had forgotten about the beach. Suspending their disbelief they were caught up in the rigours of the sky. From his elevated position he thought they resembled a brood of birds waiting to be fed. His partner, daughter too, were sucked in by the thrust of the planes. Their necks craned, they weaved together as they followed these machines. The power of these could after a while penetrate the most impervious of souls, accelerating as they did from the pull of the land. They had the ability to defy the contingencies of life. They had the capacity to elevate the soul.

I believe everyone has a narrative

These thoughts and many more came flooding back several weeks later during a conversation he had had with a thoughtful and intelligent man. In his pre-Parkinsons prime he had designed, built and raced his own boats. He too had been struck by the force of the air, the ability of it and the sea to propel forth. With some glee he related his early experiments, the delight he had of seeing his designs fill out and billow in the wind. A spinnaker at full tilt was a cause for joy. Later, sadder, he conceded that he could no longer recapture the thrill of the chase, even in pictures to which he had turned to alleviate his pain and to reinstall a sense of control. More philosophically he asked how could one depict a vortex, the vacuum of power between propulsion and retrenchment? How could one hope to seize what had never been? This conundrum exercised both of their minds, two men joined together to wrestle down a truth. A momentary co-joinment, an attunement, a meeting of minds. Perhaps, ventured the former, these things are not meant to be, meant always to evade our grasp. Like the perfect picture or the truly equitable state of mind. An illusion, a thing never to be. Perhaps that is the only way that we can be.

As he made his way back to the humdrum, he thought on about this encounter, about what had been said, recalling again and maybe for the first time, the searing, soaring churning majesty of those planes.

The language in this piece is used to convey something of the synergy between myself and my client. It is also used to capture something of the moment, the fleeting and the salient, which is often difficult to convey by a more conventional use of words. Unrestrained by convention, syntax or other conjunctions, it is used in this manner to (re)capture something of the essence of that session.

Other people's narratives can resonate with our own, touch us deeply and effect how we think and feel

ORFORD NESS

There is a language I do not speak. Not verbs or adverbs or other conjunctions but the language of now, a social networking I do not feel part of. A computer speak, a series of assumptions and values which leave me cold and alone. A relic from the past.

How much more keenly then can I associate with Jamie, as for the second week running he talks of Orford Ness, of the pagodas, twin outposts on a sand bank which the tide is constantly chasing. It seems to bring out the best, the poetic in him too, as he compares the rolls of barbed wire to tumble weed, abandoned and discarded, no longer required.

Last week he described how the concrete posts, shed of their burden, reminded him of a Terra Cotta army, rooted to the ground, rigid in their position. We spoke of a past, a recent past, where, not so long ago, such places were more common and had their own culture and purpose. I recalled an uncle's 'hush hush' job in torpedoes. Jamie recounted how in a previous job as a welder his tutor had been shepherd in and out of Orford by military decree. We spoke of these times with fondness, an investment in a climate which made us both feel surprised.

Though much younger than me Jamie seemed estranged from the world. Facebook, Twitter and the like. He too seems to feel the need to step aside. For him I suspect this is a self-imposed exile, a wish to find more substance in an illness that had cast him aside. For me, for my part, I was left in the wake a long time ago, unable to keep up, an anachronism like Orford, on my own spit of land.

To paraphrase Harold Searles, I believe a different language is required to encapsulate the wholeness of the other person, to respond to the larger person in him than he is (currently) aware of being.

Placements

Michael Sobell Hospice
Now working at
St Elizabeth Hospice

Publications

'Creating through loss: An examination of how Art Therapists sustain their practice in palliative care', *Palliative Care International Journal of Art Therapy*, 2001 vol. 6, no.1
Working with loss: An examination of how language can be used to address the issue of loss in art therapy, *International Journal of Art Therapy*. 2013 vol. 18, no.1

Orford Ness

This painting was inspired by the now deserted former military base at Orford Ness which is on an island off the Suffolk Coast.





JOYCELIN PATTERSON

I am very grateful for the opportunity this award has given me to train as an Art Psychotherapist

In 1995 I was very honoured to receive from Goldsmiths the Corinne Burton Award for a two-year course in art psychotherapy, working with cancer patients.

The art psychotherapy course was obviously a vastly different experience from my painting simply for pleasure. During my previous work as a nurse in Trinity Hospice, I had been involved in providing medication-based palliative care and personal support for cancer patients, to offer them a spiritual and emotional outlet for their inner struggles and to help meet their need for solace.

Art psychotherapy training and practice allowed me to move from the simplicity of enjoying painting to taking a personal journey of artistic awareness. I began to view my art not just as a process of expressing my creative thoughts but also as an experience that was beyond that discipline and the mere use of colour, media, form and shape. Each creation taking on a distinct personality of its own. This experience helped me to enrich my

support for patients by engaging them in therapy and by encouraging them to draw. Art Psychotherapy sessions played an important part in helping the patients to express their deeper thoughts about their situation. They were also encouraged to come to terms with the prospect of their own demise.

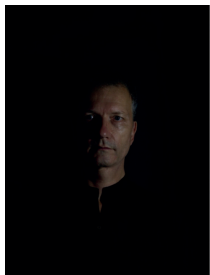
I am very grateful for the opportunity this award has given me to train as an Art Psychotherapist.

Placement
The Martlets Hospice, Hove

My images are abstract; their shapes, forms and colours are intended to create moods which communicate a variety of feelings for the viewer which are important to the subject matter in a positive way. I want the images to speak for themselves as individual pieces.



In All Directions



TIM DUESBURY

*They allowed me to be with them,
to offer support and seek a path to something
more stable and more endurable*

Being awarded the Corinne Burton Art Therapy Bursary was one, a huge honour and two, highly prestigious and influential in my career. It appeared to allow doors to open just that little bit wider for me and gave me an advantage over others that I competed against for work. Work as an Art Therapist is frequently only part time. This was the case for me. I had two posts in palliative care and one further in neurology. I also had some work in adult learning difficulties. I worked in palliative care for about six years. Then my mother died. I felt, at the time, that I was too caught up in my own feelings and processes to offer compassion and dispassion. I wanted to move away from death and dying. I also began to formulate the notion that therapy was principally about loss. The losses that my patients faced had begun with their lives coming to a premature end, but also loss of health, vitality, status, control, and so many other losses. I found that no matter where and with whom I worked profound loss was part of the problem and formed a large part of the therapy. I had begun, because of my work in palliative care, a way of being with people that was of relevance and was directly implicated in all of the other areas that I found myself working in. I ended my therapeutic career in adult mental health. I found that my philosophy of therapy was also relevant there too.

I was born and grew up in Norfolk. There, the hills (and there are some, just ask a cyclist) are fewer and, of course, there are no mountains. It is often said that the skies are 'big'. Moving to Kuching, Sarawak and living on the eighth floor of an apartment building I have wonderful views out over the scenery. Kuching sits in a flat plane with large hills and mountains all around it, with the jungle further off. So, I can look out and see a long way



No.29. Sunset - Mt Santubong

Being awarded the Corinne Burton Bursary set me on a path that was truly rewarding

17 and again I experience large skies. It is due to this that I have made many panoramic pictures. Also, my bedroom faces east and I am able to witness some astounding sunrises. I like to wake and to see and photograph from the pre-dawn period onwards. I suppose that I am finding a way to connect these disparate parts of my life.

Some time ago, I developed a theory that we enjoy the experience of being able to look off into the distance and see horizons as it relaxes our eyes and our minds. Recently, I was reading about the value of silence and its ability to help us focus in on ourselves: contemplative, meditative and introspective. This is a reflection of my process in making images. This experience I want to share with you and evoke in you, too. I hope that you enjoy them and find something to take away for yourself.

I should like to finish by returning to my work as a therapist. I am so proud of the work that I did. I feel it to have been a privilege and honour to have been with so many people at some of their most difficult junctures. They allowed me to be with them, to offer support and seek a path to something more stable and more endurable for them. I find this truly humbling. My work as an art therapist and my ability to study have certainly aided my creativity. I still do not regard myself as an artist, and perhaps this is why I am pursuing photography as my creative outlet. I connect my panoramas to my home country of Norfolk and the vastness and emptiness of the skies to my search within myself and to fill a void. Pursuing a career in therapy has certainly helped me understand my approach to creativity and myself more deeply.

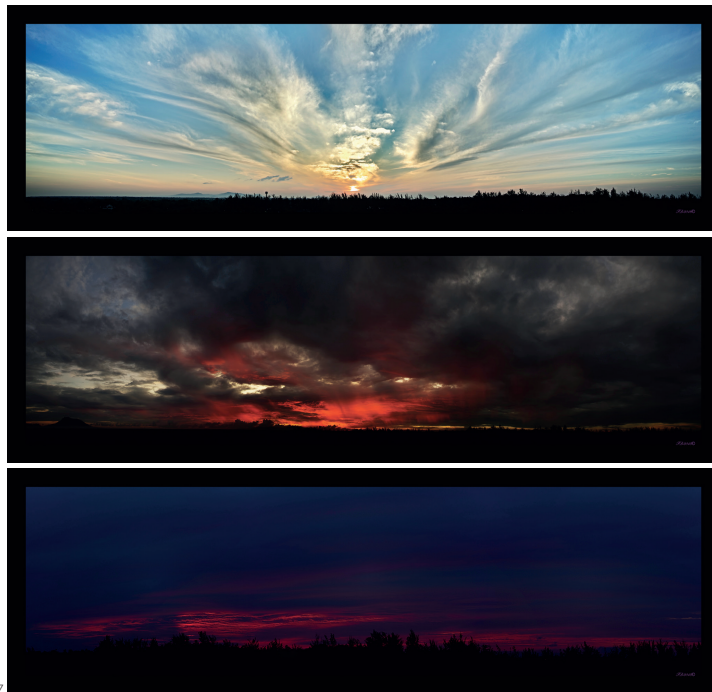
Placement

St Christopher's Hospice

Publication

Art Therapy in the Hospice: Rewards and Frustrations, in: *Art Therapy and Cancer Care*, Edited by Waller, D and Sibbett, C. (2005)

Sunrise – Kasuma. 2017





KATE MALONE

I wonder, what is the story that could be told?

After graduating as an Art Therapist I stayed on at St Catherine's Hospice in Crawley where I had worked during my second placement. At the end of the two years the hospice and I collaborated to create a permanent part time position where I continued to practise for seven years.

Following two immediate family bereavements and the birth of my daughter I took a break. I now specialise in working with children and adolescents who attend special schools for young people with social, emotional and mental health needs. The children present with many issues, in particular the loss, absence or change of father figures. Many of the children are looked after and in the care of foster parents. My work in palliative care has greatly enhanced my capacity to facilitate the exploration of the traumatic histories and losses that the children have experienced and are constantly adjusting to.

My art practice considers the representation of personality and experience we create in our environment. I'm interested in places we regard, inhabit and pass through and our

responses to these. I like to pause and observe the ordinary; how things are different but the same as time, light, perspective and observer are changed. I wonder, what is the story that could be told: Now? In the past? And the anticipated story?

Vacation is a piece of collected images where the intended or previous purpose of a place has been changed. The permanent structure of the wall has a large hole in it. It is no longer a barrier or container. It now lends us a view to the temporary accommodation caravans behind, which appear to resemble longer term or permanent residences. The translucent photo brings into consideration the purpose of a barrier, where admittance can be authorised or prevented. However, it is the only part remaining and thus the purpose again is changed. It has become more random and questionable. The light between draws a domestic element to the pair of images and interrupts the stillness of the viewer as neither image can be seen without the light. Nothing remains still or the same forever.

Placement

St Catherine's Hospice,
Crawley, 1997-2004



Vacation
2015

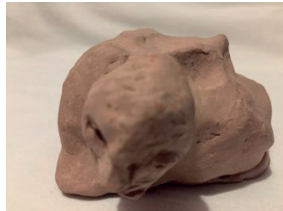


MIMI OGBE

A multiplicity of emotions and layers of communication explored, expressed and shared through art making in a way that words cannot do

Placement

Volunteer Group Worker in bereavement programmes for children, St Helena Hospice, Colchester, 1999-2001



This piece represents an expression of personal loss worked through in art making. Loss is one of the themes that can be explored and expressed in art therapy in cancer care. Working in a hospice setting under the Corinne Burton award, I was able to facilitate this important process for clients who were coming to terms with the loss of a loved one or with losses they were experiencing as part of the process of dying.

I witnessed a multiplicity of emotions and communication explored, expressed and shared through art making in a way that words cannot do.



BARRY FALK

*How trauma is processed
not just on an individual level
but as a collective mourning*

23

The Denuded Forest - In Search of Amnesia

The image is part of an on-going photographic research project looking into the Jewish narrative in Poland and Ukraine, the area formerly known as Jewish Galicia. This area was part of a thriving Jewish culture which spread across Poland and Germany, east into Russia and south into Hungary. This rich culture, always prey to anti-Semitism, was destroyed by Nazi German policies designed to deal with the 'Jewish problem' and clear the way for the German Volk. Today it is difficult to find traces of these once vibrant communities outside of the major cities or in the few maintained heritage & atrocity memorial sites.

My main concern is how memory is held within society and passed down through generations, how we both remember and forget the past, particularly when it relates to atrocity and immense loss. One of the key aspects of the research has been to talk to people and organisations in Poland and Ukraine involved in remembering, from tour guides to historians, heritage & conservation groups to forensic archaeological teams

and genealogists, as well as visiting Jewish people who are looking into their own genealogy. This is an on-going project built up through photographs taken on site, archival images, ideas and conversations.

Although not directly related to my work as an art psychotherapist, my past work within cancer care and palliative care (and current work with looked after children who have suffered very early loss and family separation) has been the driving force behind this project. I am very interested in how trauma is processed not just on an individual level but as a collective mourning. This project is also linked to my own personal history: my family traces its roots back to Bialystok, eastern Poland, a fluctuating borderland that was at one time part of Lithuania, then Poland, then the German Empire and then the Russian Empire. They were part of the movement of refugees who moved West to America and Britain at the turn of the nineteenth century, fleeing persecution and also seeking new economic opportunities. As an 'assimilated Jew' my art practice addresses the twin themes of memory and amnesia and how these are related to both my individual and family identity.

Placement

Sussex Oncology
Centre, Brighton
Hospital



This image was taken near to Sobibor, Poland, in January 2017.

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SAM HUNT

*There was this mediation,
or so I thought, between acceptance
and rejection of their terminal cancer diagnosis*

My work is often about extended metaphors creating allegories that attempt to transcend into pure symbolic visual signifier. Among other things, my work is preoccupied by the stuck, dark and painful aspects of human conditioned experience, but I do not attempt to tell its story with visual complexity – my drawings are often light, almost carefree, both in visual content and application.

This image and the others on show in the exhibition are my attempt at telling the part of my story that has seen me witness three patients as they live with dying on the acute psychiatric wards that I offer art psychotherapy to. There was this mediation, or so I thought, between acceptance and rejection of their terminal cancer diagnosis and disintegration and teleportation. Yes teleportation. This I witnessed in all three patients.

Placement

St Christopher's Hospice

She said 'no' to treatment

A drawing made in response to my contact with three patients on two separate mental health acute inpatient wards, each one dying of cancer/cancer related conditions.





ELWIN HAREWOOD

*Reflecting upon her husband and
their shared life together; seeking
insight and solace for the demise of his body*

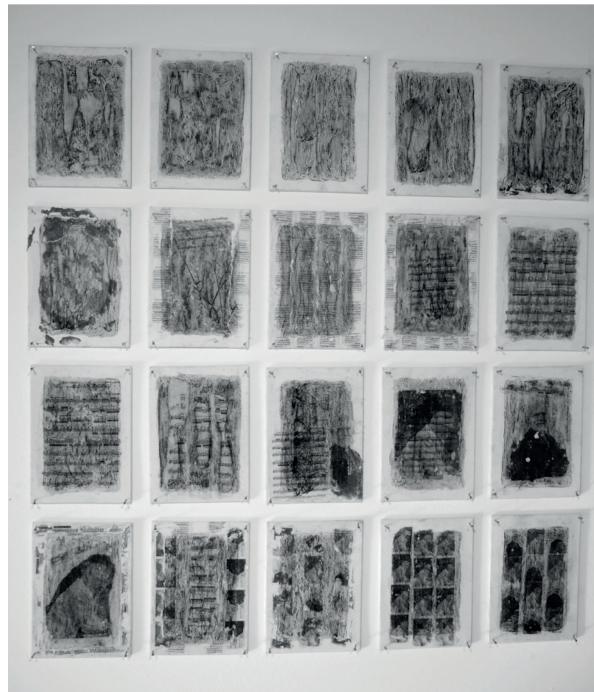
From my own perspective, being a fine artist, the criterion throughout the project was an exploratory investigation into the visual and performing arts, for an understanding of representational art as catharsis, a purging of the emotions for poetic clarification. My point of departure was critical theory, philosophy and psychoanalysis to grasp and address a concept of the Sublime and Aesthetic. The notion of a *sublime apprehension* is signified as an existence lost to the overwhelming power of awe – whereby dread and wonder is without actual physical danger at hand; but it pertains to a 'fugue state' of being a total consciousness. However, *aesthetic appreciation* signifies a free-play of love for the beautiful – a harmonious and purposeless disinterested 'pleasure'. The pleasure I speak of in the context of aesthetics is unlike the Freudian concept of the *pleasure principle*, which dwells in Eros – an instinctual drive for carnal self-gratification. Aesthetic pleasure moves beyond the sexual appetite, transcending to Agape – a spiritual and selfless incarnate love.

Collaborating with Anne was a meditation on bereavement; her husband was taken by cancer. Throughout the project her pictorial images traversed a spectrum of moods, fluctuating from apprehensive feelings towards a tranquil region of being. My role was to facilitate Anne through an imaginative and creative process, whereby her emotions became gestures

embodied within the work-of-art. I am not speaking of the psychological purposefulness of making an artifact, utilitarian craft, or a decorative "art object" of the applied arts. When I speak of art here, I am speaking of fine art – the Beautiful Arts. Art in this sense is a mimetic process grounded in the sociocultural nature of simulacrum. It is an aesthetic communication – a means of authentically attuning and dialoguing to (an)other in harmony. The artist and the recipients co-exist within a transformational region of an inter-subjective relatedness: empathy (mutual moods and feelings) being the fundamental discourse of the constantly changing and maturing relationship.

The idea that representational art is a simulation of the human condition and can be healing is not a new one. This notion of art and aesthetics has been written and talked about since ancient times and can be traced back to the Greek word 'mimesis' – a relational term signifying an imitation, which has connotations to simulacra, resembling, a reproduction or an act of expressing similarity of traits. Therefore the work represents a mirroring of the/a truth of presence, or the essence of being human (becoming). It does not merely signify the 'object of art' per se, it carries important implications for a corporeal mirroring, placing aesthetic appreciation in an inter-corporeal context, bound by earthly experiences.

The Materiality of Loss was created as part of the *Material Legacies* exhibition for the Stephen Lawrence Gallery. It was the partial outcome of Stacey Pittsillides' PhD project in Design. My collaboration on the bereavement project with Anne Marshall was to inspire her to create a work-of-art that would represent her loss, possibly through digital means, for the gallery space.



The art of this 'imitation' becomes an intimate dialogue uniting the spiritual within the corporeal

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The entire human being is an embodiment of perceptual consciousness, not merely a psychological construct. The art of this 'imitation' becomes an intimate dialogue uniting the spiritual within the corporeal. Mirroring in the context of my collaboration on the project is used in the sense of a post-modern reading of mimesis, whereby the mimetic process is essential in the matrix of human relatedness – simulacra.

Ancient philosophers placed great emphasis on mimesis; both Plato and Aristotle recognized the qualities and properties of poetic imitation. However, it was the mimetic process that proved contentious between these two scholars. Plato regarded poetic imitation as a negative influence on mankind – infecting its moral judgments. Aristotle on the other hand radically redefined that notion, seeing the relational aspects of poetic representation as being cathartic, with the abilities to abreact and clarify the emotions. Aristotle in his treatise on a poetic representation states that from an early age

and into adulthood, human beings delight in imitation; and most modern psychoanalytic thinkers such as D W Winnicott and Daniel Stern posit mirroring, in the maternal sense of relatedness, as being crucial to an infant's harmonious emotional maturation.

The Materiality of Loss is Anne's concluding pictorial text from a sequence of images exhibited in 2017. This piece conforms to the Aristotelian concept of the 'tragedian plot' – an organized unified narrative of self-discovery and clarification. It condenses the artist's lived experience and is perceived as a unified whole (a gestalt), rather than a sum of its parts. In Anne's circumstance her experiences are confined to the two-year period of the creative project in contemplation of her loss: reflecting upon her husband and their shared life together; seeking insight and solace for the demise of his body. His spirit is eternally with her as his earthly body is forever lost to an immateriality...

Placement

St Christopher's Hospice

Publications

From Gesture to Pictorial Image (2011)

The Pictorial Gesture: Fine Art Therapy – Health and Well Being (2011)

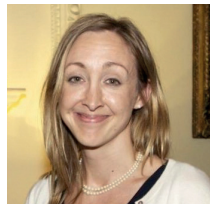
Material Legacies (2017)

Painting and Pictorial Montages (2017)



Therapy space
Anne Marshall

30



CLAIRE-LOUISE LEYLAND

Loss of a Father: an Art Therapist's Experience of Mourning

It has been twenty years since I started working in palliative care. When I first joined the Hospice, as a psychology student in South Africa, I'd no idea how deeply the experience would touch me. The work took hold of me, like clay being centred on a wheel, and from that firm base my practice as a therapist slowly started to take shape.

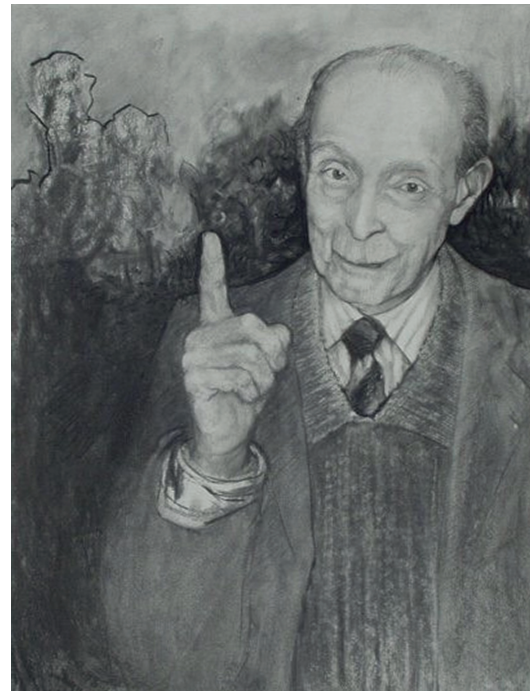
Supporting patients at the end of life felt so right, but I found that words alone often weren't sufficient to convey their experiences. The arts had helped me to explore my feelings, so I decided to study creativity. Hours in the studio really helped to unravel and express intertwining, sometimes painful, layers of emotion. I knew that I wanted to use arts and imagination in my work, so came to England to study art therapy at Goldsmiths.

My father had always spoken of England as 'home'. He was a proper Northerner, my dad, born in Lancashire and emigrating to SA when he was 24 years old. In fifty years abroad, he never lost his accent or his Northern sense of humour. When I told him my plan, he was delighted and said I was going 'home'. When I arrived here, London didn't feel like home. I spent time painting and reading about art therapy in palliative care. When

I heard I'd been awarded the Corinne Burton Studentship, I was so proud to join a growing family of art therapists, working to honour Corinne's memory.

Looking back, I owe such a debt to the many men and women who let me walk alongside them, as they faced the end of their life or grieved for a loved one. Although psychodynamically trained, I was often inspired by Zinker's (1977: 22) imaginative, humanistic approach: "Look at the person the way you would look at a sunset or at mountains. Take in what you see with pleasure. Take in the person for his own sake.... The person is". Being together and bearing witness to their journey, a very human experience of ending, was so important.

The hospice offered shared values to guide us and working within this framework, using the arts in my own practice, I found that I could contain and start to make sense of the more difficult feelings. Not that it was easy. I still remember a sense of deep recognition reading Edwards' (1992: 2) words – "far from feeling certain about my work I often felt, and continue to feel, perplexed, sometimes confused, and often uncertain about many issues arising from it". I followed Field's (1992: 140) advice: "by sharing our imperfections we will more readily come to understand them and, in time, learn to work more effectively". Supervision became a place to share my



In Memoriam, 2008

We may need to let ourselves give in to being lost in the experience of our grief

uncertainty and clumsy interventions. I took to heart Hardy's (2001) belief that art therapists should be more open to acknowledging their own needs and feelings of loss when clients die. Many of the people that I worked with touched my life so deeply. Seeing their courage and their pain made me understand my own humanity more fully, as did the quiet, aching absence that remained with me long after their journey had ended.

33 My father, although far away, was very proud of the work that I was doing, but he sometimes asked if I found it upsetting. So did many others. Hardy (2001: 30) has written very thoughtfully about work in palliative care and he noted that it "is potentially fraught with problems as we continually work with people who subsequently die". Speck (1994) explored in depth the unconscious processes at work in institutions that work with death and Huet (2017) looked into the impact of work-related stress on hospice staff, noting research found that while staff may report high levels of stress, there are low levels of burnout. This was certainly my experience; it was difficult sometimes, but the work was so meaningful that it made the challenges worthwhile.

I saw patients use the arts in so many different ways. The process of making was soothing and allowed them to find their own voice and share their experiences, at a time when treatment had left them passive and silent. Some used the symbolic component of art to share strong feelings that were difficult to put into words (Connell, 1998). For others, the artwork provided a buffer between them and painful, overwhelming feelings (Thomas & Kennedy, 1995). And for a few, who weren't able to make art, I drew for them as they talked – giving form and life to their words.

When a good friend lost her grandfather, she asked me to draw him for her. I found the process of listening to her stories, while looking

at pictures of him, really impactful. Once completed, framed and up on her wall, I could also see how having the drawing with her, allowing her to see him as she remembered him, seemed to help in her process of grieving.

When my own father died after suffering a heart attack in 2014, it was hard. Focused on my own work and life in another country, I'd watched his struggle with Alzheimer's from a distance. No one expected him to die suddenly. As a therapist I'd found Worden's (1982) work helpful, but I felt lost in my own grief. It was difficult to accept the loss, as my father lived in another country – there was no real sign in my life in London that he was really gone. When it finally came, in bursts, the pain of grief was sharp and real. I focused on this, carrying a small drawing book in my bag to help me to make time and space to grieve. I had to let go of all of the ideas I'd found helpful when travelling this path with others, as they got in the way of feeling. Hardy (2001: 30) encouraged therapists to "acknowledge that this work is difficult to sustain, for only by paying attention to our own needs can we more truly listen to those of our client". This is true of our own process of grieving too. We need to pay attention to our own experiences of loss and to do so, we may need to let go of theory and let ourselves give in to being lost in the experience of our grief.

Mourning my father has taken time. I've used the arts to support me, but also had times when part of the process of grieving made it really difficult to be creative at all. I've felt lost, formless, and had to learn how to yield and how to submit to being shaped by experience. Having spent much of my life wanting to learn best practice and understand what it really means to be a good art therapist, I had to just let go. As Field (1992: 145) notes: "It implies no disrespect for intellectual truth to ask if there might be a different way: less masterful, less heroic, a way that yields and submits, that does not seek to grasp the truth but allows itself to be grasped by it".

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Placements

St Christopher's Hospice; then worked at the Breast Cancer Haven, providing group art therapy sessions for women who had breast cancer.

Accomplishment

Claire-Louise is Programme Director for the MA in Integrative Arts Psychotherapy, The Institute for Arts in Therapy and Education, in collaboration with the University of East London.



JACQUI BALLOQUI-PROBERT

This work was seed funded by the CBMT

Whilst training as an Art Psychotherapist I was awarded the Corinne Burton Scholarship. This enabled me to focus part of my training on work with people with life threatening illnesses. My first placement was at Plymouth CAMHS where I worked within a multi-disciplinary team with my own caseload of young people with a variety of mental health problems, this involved individual and group work. I also co-facilitated an art therapy group for adolescents attending the day programme.

My second placement was at the Mustard Tree MacMillan Centre attached to the Department of Oncology at Derriford Hospital, Plymouth. I set up and delivered art psychotherapy as part of the palliative care programme within the department. I worked with individual patients on the wards, ran an open group for outpatients and carers, and provided individual ongoing support to bereaved children/young people who had participated in the Jeremiah Journey Programme and were considered to need further intervention. I also worked with the Jeremiah Journey team to develop bereavement support programmes specifically for adolescents and refugees. After qualifying as an Art Psychotherapist I worked in

St Margaret's Hospice. This work was seed funded by the Corinne Burton Memorial Trust and allowed me to develop my skills in working in palliative care. I then worked as an Art Psychotherapist with Cornwall Child and Adolescent Mental Health Service and Paediatric Liaison Service. This utilised my previous training working with people with life threatening illnesses and I provided art psychotherapy assessment, formulation and treatment for adults, children, young people and families with high levels of disturbance often resulting from long standing physical, psychiatric and emotional problems including mental health issues arising from abuse, neglect, self harm, challenging behaviours and physical illness or disability which often involved child protection issues. I planned, developed and delivered training on the bio-psycho-social model of addressing mental health problems to primary schools and Sure Start services. This ensured a greater understanding of the mental health difficulties underlying physical problems and a more cohesive approach to addressing them. I took a lead clinical role in co-facilitating art psychotherapy client groups with other members of the multi-disciplinary teams to encourage psychodynamic

and allowed me to develop my skills in palliative care

thinking in the context of the individual, their families and the wider environment. I also supervised other professionals including Play Therapists.

Later work in Plymouth with adults included working with elderly people suffering from depression who were often coming to terms with many levels of loss and their own deteriorating mental health.

In 2009 I moved to Singapore where I helped in the development of Art Therapy Services including cancer support groups. I provided training and psychodynamic supervision for Art Therapists and Play Therapists as well as continuing my clinical work as an Art Psychotherapist with families and young people.

I retired on my return to UK in 2015.

Placements

Mustard Tree MacMillan Centre, Derriford Hospital, Plymouth

St Margaret's Hospice, Somerset



MICHAELA ARNDT

Thank you to Sir Michael Burton for his continued belief and commitment to art therapy. It has been invaluable in my life

My art therapy training is one of the most memorable times of my life. It is a time when I made art, watched, listened, thought, empathised, reflected and learnt more than at any other time. It definitely wasn't easy but it gave me such insight and a sense of value and connection.

After qualifying, I worked at Trinity Hospice in Clapham for a couple of years before moving to Dubai in 2007.

I worked at The Dubai Autism Centre until 2011 before starting a family here. Although I haven't practised since then, art therapy will always be a passion of mine, and one I have every intention of practising again in the future.

Thank you to Sir Michael Burton for his continued belief and commitment to art therapy. It has been invaluable in my life.

I have always loved sculpture and working in 3D; making jewellery felt like a functional form of sculpture and one easily transported. This was important to me when relocating from Cape Town to London and then to Dubai. A photographer friend, Isabelle Viallaneix,

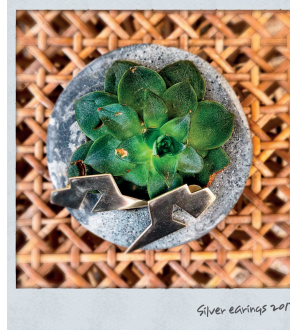
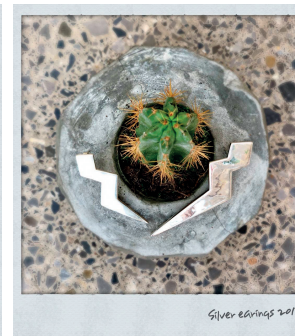
took the photos of my earrings. They were made in sequence after arriving in Dubai.

When I look at them now I see the birds as my journey leaving London for a new country and culture. Leaving my familiar and safe place for something unknown. Holding on to my safe 'cage' despite it being turned upside down. The organic leaves reflect making roots and growing in my new home; also, the need to be flexible and organic while adapting to my new environment.

Geometric shapes interested me later. I love asymmetry and felt a need for straight lines/organised boundaries that are different, but as pleasing to me.

These earrings reflect the change I experienced while working with children with autism. A lot of the work was about creating boundaries and a safe space for them to experiment within. A greater degree of structure and predictability felt necessary. Communication was largely through the artwork with minimal verbal interaction. The artwork felt powerful and strong, which I think is reflected in the geometric shapes of my earrings.

Placement
Royal Trinity
Hospice,
Clapham





SAM DOBBS-JONES

Art therapy provides the opportunity to have some control to take back some power

Providing art therapy in palliative care can be profoundly moving as the client struggles to come to terms with the initial diagnosis or the diagnosis of being in a terminal phase of their illness... The issue of control is often present and powerful. In palliative care or after a particularly lengthy period of medical treatment, clients can feel that they have no control over their illness, their treatment, their progress and life in general. They may also lack control of their bodily functions, which contributes to powerlessness (Waller and Sibbett 2005). They seem to have many things done to them.... Art therapy provides the opportunity to have some control. They control the materials they use; they can choose the depths to which they go with the image making and story-telling and the length of the sessions. This can provide the opportunity to take back some power and control through their active participation in sessions.

One client found some startling revelations about her personal space and relationship after contemplating her abstract painting. She made an image using bold acrylic paints. This elicited a response concerning her body; we were able to talk about how she felt about her body, and the internal bruising she felt, expressed by a thick purple line. During this session she discovered that she had been shying away from physical contact with her partner, because she felt so vulnerable and bruised. Through the image she was able to identify that she had been pushing him away, when in fact she needed intimacy. It was a "real eye-opener" she said (and after this she was able to get him on the bed for a cuddle)...

Image making is like a conduit, and it can also be a container for emotions, a symbolic pot where you can put your emotions, stories and thoughts...



Happy
(Patient artwork)

Being part of a team is important for support; when things get tough we as a staff group turn to each other and others in our field

41

I offer clients a safe time and space where they can explore thoughts, feelings and emotions that come up through the image making. It is client-led in content and reflective where possible... The therapeutic space can be a place to explore a variety of issues, personal boundaries, identity changes and relationships. It is an intense job but can be very satisfying. Being part of a team is important for support; when things get tough we as a staff group turn to each other and others in our field.

I would like to end with a poem I wrote after one of my clients died.

I use creativity to process feelings about my clients whether this is in the form of an image or a piece of creative writing. The creative outlet related to art therapy is important to the therapist as well as the client...

*I lit a candle for you today,
To say goodbye, Good Luck on your journey;
I hope you're smiling and at peace,
Wherever that may be.*

*I have pondered over your images,
I have thought about us together;
I can say how profoundly moved I am,
That you have left the world forever.*

*It was a great honour to witness
How you made such deep, unconscious art:
You were brave to experiment and make mess--
How you poured these from your heart.*

*I was witness to your emotions,
It was an amazing and special time;
I didn't realise how connected we were--
The impact was quite sublime.*

Placement

St Christopher's Hospice

Publication

Book chapter: 'Art Therapy'
in *The Creative Arts in Palliative Care* (Hartley and Payne 2008)



St Elizabeth Hospice

42



FLISAN BEARD

The unspeakable was spoken

As I was driving home from work one evening, I listened to a comedian on the radio talking about death and dying. "To be an introvert you would die of cancer", he said, "and as an extravert you are more likely to die of a heart attack!" he continued. Through making sarcastic jokes, he explained that smoking could possibly work as a saviour to an extravert, as it could prevent a heart attack. The comedian confronted many taboos with his black humour, and stirred up both laughter and discomfort.

The comedy act made me think about my open studio group, where black humour is often used by the patients for exploring deep issues beneath the surface. A patient today had finished a clay pot which looked like a coffin. He had never planned for it to look like a coffin, nor was he aware of its shape and form denoting death, but this was very clear to the viewer. The patient seemed pleased to have finished his pot and he looked around the group for praise. Without any ideas as to what his object had evoked in the group he said "I don't know what to use this pot for" whilst searching for answers from the group.

The unspeakable was spoken, when a patient responded that the patient's wife could use it to put his ashes into after he had been cremated. The patient who had suggested this chuckled with some difficulties due to being hooked up to oxygen. The

chuckles made him so short of breath that the group were concerned he would literally laugh himself to death. The maker of the pot responded firmly that he was not going to be cremated, and stopped the joke immediately. He instead began talking about the plans he had towards his own funeral. The joke had turned to deep conversation where the patients shared their fears and their plans around their own deaths through empathy and intimacy.

I feel touched by their closeness, I feel honoured to be part of bringing closure to their lives. I feel moved by the relationship emotionally, mentally and physically. It hurts when they suffer, it hurts when they die. I grieve the patients and the perpetual loss to the therapeutic alliances.

If the comedian's quote that an introvert would die of cancer is due to hiding traumatic events inwardly, i.e. suppression in the body, I can somehow relate to this through the intense somatic transference I experience from working with cancer patients.

On one occasion after running the group I ended up losing all movements in one of my legs. The pain was beyond any pain I have ever experienced physically, and the doctor was puzzled to not have found anything medically wrong with my leg. I thought of this patient in my group who was wheelchair bound,



Artwork by Trevor Lines



and questioned the use of my body as a medium for transference and counter-transference communication. It made sense to me when my pain receded within hours and I could walk again, that I had experienced a trauma transference phenomenon.

I learnt from this experience that something important was understood such as trust. The patient has now found her voice to express her pain. She has found that the group, space and art materials can hold her communications through its creative nature. The hidden pain in her body is now worked through in the art making in a more manageable form than when felt in my body.

I love my work but I am crying as I am writing this, because one by one the patients leave the group through dying and it hurts so very much. At times I avoid my own feelings and I feel very numb. I then question my therapeutic input and I feel very inadequate and disabled. I do not want to lose my ability to feel pain. Palliative care is very hard, yet so very rewarding and unique.

How do I love palliative care? Do I believe in life after death? Do I believe death frees patients from all their pain, and reunites them with family and friends? That would help, but I do not know. I have not committed to such comfort.

What I do know though, is that I feel hope when a patient connects with their own creative nature. They show life through dying, and they often begin to nest, planning and organising the day of their death. I recognise this ritual from my own child

bearing. The preparing, ticking the to do boxes, feeling the fear of the unknown, and the restlessness of waiting for birth, which bizarrely in this instance means death. When the time comes to prepare for death, sometimes closure has been experienced as a feeling of another door opening as one closes.

When actively dying patients sometimes talk about being visited by dead relatives and describe other-worldly realms; when the others are surrounding the patient's bedside, then I know death is near. Once I was sitting by the bedside of a patient and we were reminiscing the art journey together. She looks up and tells me a little boy is standing there by the bottom of the bed. The patient asks me if it is my son. I see nothing, but I don't question it. I share her joy of this experience, and she dies holding the boy's hand in comfort.

Working with the dying, bringing life to death – like the artist Hans Arp who writes about the deliverance of creation, and compares an artist to a midwife. Art is life in any shape and form and colour. The dying deserve to live creatively, until their very last breath and beyond in memories and celebration. If I can be part of that deliverance of creative deaths, I feel art therapy in palliative care has a purpose.

Placement

St Helena Hospice, Colchester

Before Trevor Lines died he gave consent to share all his artwork and stories for the purpose of educating the public. Trevor was always very interested in learning about how art therapy worked and we could speak about this on an academic level in the day room outside the Therapy Room. When engaged in art therapy, Trevor never used words to share his personal struggles, but his images were communicating more than any words could ever do and he knew the group understood and empathised.



Art Therapy Room at St Helena Hospice



CAROLINE RICHES

My own experience of being at St Christopher's was challenging and life changing

I had applied 'on the off-chance' for the Corinne Burton Memorial Trust Award and was thrilled to receive it. My placement was at St Christopher's Hospice and, again, I was amazed to be going there. In my early twenties I worked with someone who was part of the group supporting Cicely Saunders as she raised awareness and funding for St Christopher's and used to hear of its progress regularly.

My own experience of being at St Christopher's was challenging and life changing. I had been there two weeks and felt overwhelmed by what I experienced and I seriously thought of repaying the grant and asking for a different placement altogether. The reason? It didn't make any sense to be offering paints, paper, colours, pens etc to people who were so sick, ill and dying. Even though I had had experience with adults and children and knew art was so good at enabling communicating hard-to-express feelings.

I talked these feelings through at my supervision sessions and 'kept going'. I was so glad to have continued. I began to see how powerful a tool art

psychotherapy could be for some who took the opportunity – both in releasing emotions and expressing feelings that were indescribable by words. It was truly amazing and beautiful, and hard, to share in these experiences and such a privilege to have been part of people's end of life journeys. My life would have been so much the poorer if I had given up. It became inwardly so much richer! And what I learned has been/is being used still even though I've 'retired' long since.

My dissertation, *Across the Limina – Art Psychotherapy with a Dying Woman*, shows the sorts of images and explains some of the power in those images for her. And she was just ONE example.

Thank you Corinne Burton Memorial Trust – your support of Art Psychotherapists has been superb and wonderful and helped so many. (I just wish the NHS would recognise more widely the intrinsic value of this way of working so that even more people would benefit).

Placement
St Christopher's
Hospice



Above: An image from a sketchbook I used pretty regularly on the placement at St Christopher's – responding to the experiences I had with people there. This one was a November Saturday walk (2006) in the woods surrounding our home – trying to process what I had witnessed and heard that week.

left: Three of four pots I made during the time I was at St Christopher's. They too were in response to witnessing the deterioration of the physical body – the pots being made slightly 'off-balance' but just about able to stand unsupported.



JOHNNY CHUN WAI LI

"Johnny had a tremendously valuable way of taking life seriously by not doing so."

My late husband, Johnny Chun Wai Li (1977-2016), was a recipient of the Corinne Burton Award in 2006. The award enabled Johnny to work at St. Christopher's Hospice in Sydenham. Upon his graduation from the MA in Art Psychotherapy in 2008, Johnny worked as an Art Psychotherapist for the NHS Child and Adolescent Mental Health Services (CAMHS) in Canterbury. While Johnny and I loved our life in the city, we longed to be closer to our London-based families; hence our decision to relocate to Reading in 2011. For four years, Johnny worked as part of a busy CAMHS team at the Royal Berkshire Hospital. Forever seeking new challenges, in 2015 Johnny decided to pursue a doctorate in Psychoanalytic Child and Adolescent Psychotherapy, obtaining a place at Tavistock and Portman NHS Foundation Trust. When Johnny passed away in 2016 he was working on a placement in the Family Mental Health Team at the Brent Centre.

Johnny was a gifted therapist as well as being a wonderful husband, brother and son. While thoughtful and intellectually sharp, Johnny also emanated warmth, charm and good humour. I remain touched by the words of sympathy from one of Johnny's colleagues at Reading CAMHS who, upon learning of my husband's passing, recalled their impish connection at work, noting, "Johnny had a tremendously valuable way of taking life seriously by not doing so."

Dr. Nicola Mann

Placement

St Christopher's Hospice

Accomplishment

Johnny was part way through his doctoral training in Child & Adolescent Psychotherapy at The Tavistock and Portman NHS Foundation Trust before his death in 2016.



Untitled, Photograph by Johnny Li, circa 1999



ANDY RIDLEY

*The process may be over,
but the processing is not. Not yet*

I begin this text at a time when my future as an Art Therapist in end-of-life care has become uncertain. It might be the end. But I don't want it to end. Not now.

Until now I have often recorded the therapy using audio-visual digital equipment. I have done this to help me understand the physical and psychological processes that unfold in therapy and to use the recordings and the images and objects made in therapy for clinical supervision. But after the therapy has finished and the patient has died, the patient's artwork is no longer immediately relevant to the therapeutic process. If the artworks are referred to at all, it is for some other purpose.

Therapists like me working in end-of-life care soon produce an archive of patient artwork. There are protocols about patient confidentiality, which mean the artworks, process notes and recordings, if kept, stay out of sight and generally remain only accessible to the therapist who witnessed their making.

After the end of therapy, the significance of the patient artworks changes. Their immediacy has become diminished, abstract or aesthetic or of second-order value. Their primary purpose is no longer therapeutic. They are like a dead person's glasses or an out-of-date prescription.

From the start of my work as an Art Therapist in end-of-life care, my archive (is it mine?) has come to mean many things to me – Legacy Reminder Trace Loss Absence Evidence Index Memorial Compensation Promise. As I change, so does my relationship to the archive.

But a constant and troubling concern has been what to do with the archive. Partly, because I don't know who this work belongs to and my memory of its making is fading. Art Therapists tend to promise their patients that they will keep the work safe and that patient confidentiality will be maintained. Therefore, both to keep and potentially share the artwork with



The drawings were made by me and by a patient in art therapy. The films presented in the exhibition show stages of their making. I have consent to show the artwork.

others or to destroy or keep the artwork hidden feels like a kind of betrayal.

Art Therapists in end-of-life care can gain 'consent to share' images and objects made in therapy from the patients and their families and we have developed ways of protecting anonymity if the patient asks for this. With consent, we might be able to see patient artwork left to us as a potential resource from which to remember and record the processes in and through which artworks were made in therapy and develop our practice to meet the needs of future recipients of art therapy in end-of-life care. Gaining such consent as a regular feature of practice might also help satisfy the personal needs of Art Therapists like me to overcome a sense of betrayal and conflict enough to continue as therapists.

Placement

North East London Foundation Trust,
Becontree Day Hospital, Dagenham
and St Christopher's Hospice,
Sydenham, London

Accomplishments

MA in Art Psychotherapy at Goldsmiths
with Distinction.

Eight years of art psychotherapy in a
hospice setting, supervising Art
Psychotherapy MA students and
writing, teaching and lecturing on art
therapy in palliative care.

Conference presentations

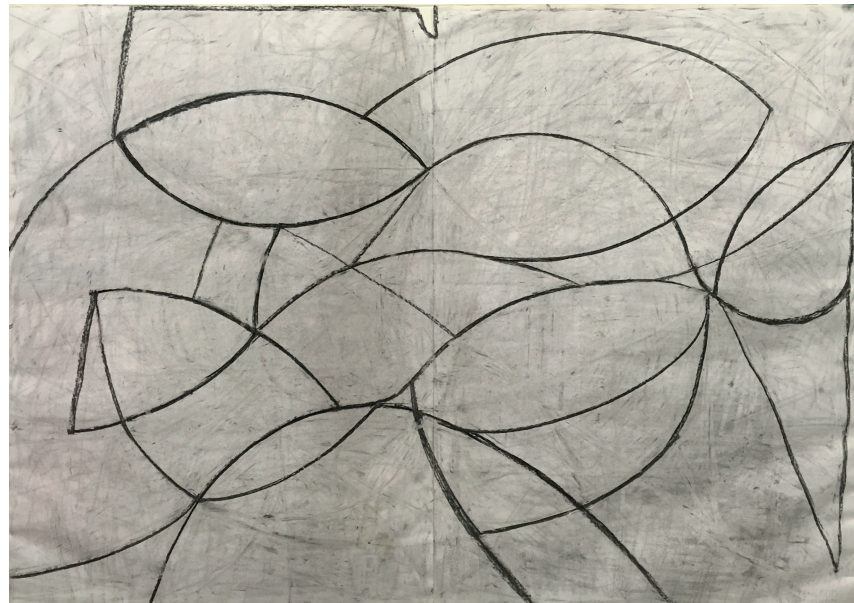
Indigestion: how do Art Therapists
in palliative care maintain resilience?
at the Facing Death Creatively
Conference, 2016, St Christopher's
Hospice, London; Art Therapy in a
palliative care setting at the Hospice
in the Community, 2nd International
Conference, 2017, Vitoria- Gasteiz, Spain.

Teaching

Art Therapy in Palliative Care on the
British Association Art Therapy
Foundation Course from 2016 to
present.

Publication

Working with Inpatients (2014),
Chapter in: *End of Life Care: A Guide
for Therapists, Artists and Arts
Therapists*, N. Hartley (Ed.) Jessica
Kingsley Publications.





SARAH DOSOMAH

It is impossible to look at death and dying without looking at life itself and how beautiful it is

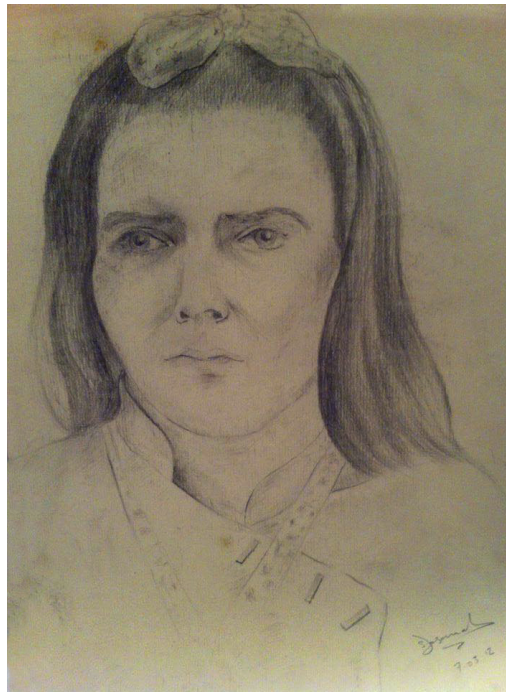
I would firstly like to congratulate the Corinne Burton Memorial Trust on this landmark anniversary and for the years of diligence the Trust has shown in serving the memory of Corinne. As an Art Therapist I am also grateful for the recognition the Trust has shown to my profession, and on a personal level, the investment it offered me in the early stages of my career.

Over the course of 25 years I'm confident that the Trust has accrued some precious knowledge about the patient's experience of living with cancer and the challenges for the art therapy profession in delivering services within this field. If I can contribute to this knowledge in any way I am happy to do so. It has taken me some time to write this and when I reflect upon the reason I know, in part, this is connected with some complexity of feeling that my placement experience brings up for me (even now) and the regret I feel in not having been able to achieve all I had wanted to for the Trust.

I began working at the Princess of Wales Hospital in Bridgend in 2010 and split my time between the palliative care unit in Bridgend and Neath Port Talbot Hospital. I joined this NHS trust at a particularly difficult time, as the twenty-two Welsh health boards were organising themselves into just four. The palliative care staff who already face significant stressors in their work

were further impacted by these organisational changes. There were staff shortages and high turnovers of staff, which made it very difficult for me to establish a reliable link person to partner with in building a project and to assert the needs of an art therapy service. It was my hope to build a lasting service and I feel sorry that I was not able to achieve this.

The field of study that I pursued through the Corinne Burton Memorial Trust has been of lasting value and I believe also supported my development as a person. Whilst a challenging, often feared subject, it is impossible to look at death and dying without looking at life itself and how beautiful it is. The training support offered by the Trust has been useful to me in so many ways as a clinician, also as a friend to the people around me who battle with cancer. I now work with school children, many of whom have migrated to the UK from conflict areas of the world and have experienced death and dying around them in the most tragic of circumstances. Those unaffected by tragedy also carry with them fear about death and the loss of loved ones. I find that, as a result of my training, I now have a space inside myself whereby I can think and talk about these most frightening of subjects.



This is a drawing from my time in the palliative care centre. I drew many of the patients who were terminally ill and I gave the portraits to their family members. The portrait here is of a volunteer who was very committed to the patients in cancer care. She loved being drawn and having the drawing viewed by others.



FAWZIA AFIFI

*Come in now and be
the architect of your reality*

To contextualize my film in relation to the process of 'dying'-'living', here is a quote from the *Tibetan Book of the Dead* which I read while working with the dying at my placement in St. Christopher's Hospice, and which set me up on a journey that is profoundly transformative:

"Remember the clear light, the pure clear white light from which everything in the universe comes, to which everything in the universe returns, the original nature of your own mind. The natural state of the universe unmanifest. Let go into the clear light, trust it, merge with it. It is your own true nature, it is home.

...And from attachment free themselves, Thus birth and death extinguishing. Secure and happy ones are they, Released from all this fleeting show; Exempted from all sin and fear, All misery have they overcome."

Placement

St Christopher's Hospice



Black Pyramid - We are not this body



HANNAH CRIDFORD

I have been immersed both in the beginnings and ends of lives

I was awarded the Corinne Burton Scholarship in 2010, undertaking my qualifying placement at the Marie Curie Hospice in Hampstead in 2012/13. Since then I have worked in a number of hospice settings, both as Corinne Burton Art Psychotherapist and in other creative therapies roles. In this time, I have also become a mother to two children, currently aged two and four. The emergence of new identities, as an Art Psychotherapist and as a mother, have coincided. This period in my life has been defined by a close connection with existential issues; I have been immersed both in the beginnings and ends of lives.

I now work part time as an Art Psychotherapist in two hospices, with people affected by cancer and other life-limiting conditions. Many of the people I work with are thought to be living the final months or days of their lives. I also work with partners, family members and friends, and with those who have been bereaved. In hospice environments, patient notes include a genogram (a diagram akin to a family tree), which lays out key relationships in the patient's life, both current and historic. The patient is considered within the system of the family; the importance of relationships, our attachments, are central to the planning and provision of care. "Attachment is a deep and enduring emotional bond that connects one person to another across time and

space" (Bowlby, 1969; Ainsworth, 1973). Secure attachments can help form a psychological framework – a web, a safety net – that enables a child to flourish and function independently. These internal bonds cannot be physically seen and yet their strength is felt; through our behaviours and actions they make themselves known.

In the time I spend every day with my children, each moment linking to the next in a haphazard routine, I am aware that they are unlikely to remember these times, but I will. Now that I am a parent, I recognise that my parents remember times from my childhood, which I do not. These obscured experiences bind me to my family and mean that I am known, deeply and fully. I feel the ripples of my own forgotten history resonating as I spend time with my children, and I understand that these early experiences, which cannot consciously be brought to mind, are woven into our beings, creating the foundations of the self.

The clinical work with my adult clients often involves an exploration of identity, personal meaning and purpose: where have I come from, where am I going? Frequently, painful feelings explored through art making and conversation relate to relationships: whom am I leaving behind when I die and how will they be; who am I now that my loved one has died?

Work in Progress
Cotton, polyester, fishing
line, wire.



Art therapy enables the unseen to become seen

61 In this way, attachments and attachment styles, so often connected to therapy with infants and children, continue to be central to the therapeutic work.

Since becoming a mum, my opportunity to make artwork has diminished. Time and space, both physical and mental, have seemed limited. I have, however, found myself making things for my children. The gifts I have made – toys, hats, slippers – have a limited life span as interests change and bodies grow. But they endure as artefacts from a time that will be disremembered; physical evidence of love and cherishment. They symbolise time spent together as a family, nurturing attachments and accumulating experiences.

Art making within art therapy enables the unseen to become seen, illuminating unspoken understanding and beliefs, the inner world, and veiled memories. In the setting of a hospice, which necessitates a contemplation of endings, I witness with my clients the nature and strength of their attachments, art making revealing earlier experiences. It is a privilege to travel alongside my clients in this exploration, and to see “the invisible making itself known.”

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McLeod, S. (2018). *Attachment Theory* [Simply Psychology. [online] Simplypsychology.org. Available at: <https://www.simplypsychology.org/attachment.html> [Accessed 8 Feb. 2018].

O’Farrell, M. (2016). *This must be the place*. Great Britain: Tinder Press, p.227.

Placements

Marie Curie Hospice, Hampstead (6 months from 2013-14)

The Peace Hospice, Watford (6 months, 2015-2016)

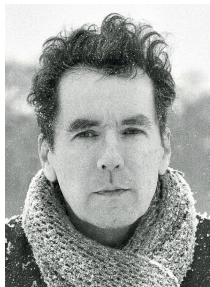
Compton Hospice, Wolverhampton (1 year, 2017-2018)

Publication

Art Therapy, Community Engagement and Living and Dying (with Annalie Ashwell), in Wood, M., Jacobson, R. and Cridford, H., 2019. *The International Handbook of Art Therapy in Palliative and Bereavement Care*. Routledge



The Art Therapy room at Sobell House Hospice, Oxford.



DAVID LITTLE

To become and remain empathic is a privilege

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"I couldn't do it" – is what people usually say when I say I'm a therapist for people with cancer. I always think that's a very understandable response. Most people would rather avoid distressing subjects and the 'messy' feelings evoked by illness, dying and death. Maybe it's because I've felt unheard, in the past, that I want now to hear the stories of those who might not otherwise have a voice; and perhaps it's because I've felt invisible, that I'm enabling others to make their inner world visible, and that I can be present to bear witness.

At St Bartholomew's Hospital we art therapists sometimes feel on the periphery, sometimes even under siege. Like so many things now that are hard to quantify – where outcomes aren't easy to measure or prove – and are therefore seen as dispensable, art therapy is liable to getting squeezed out. The word 'art' is problematic; it can be seen as anathema in a medicalised environment. In British popular culture the idea of art is more often associated with 'artyness', technical skill and commodity-value, rather than its potential as a creative, symbolic process, part of what makes us human. An integral part of the art therapy service at the hospital is to constantly inform and remind our colleagues about what we are offering. This is to ensure referrals to our service are appropriate, but also to convey to staff that we are here to soak up some of their own as well as patients' unmanageable, unsayable feelings (such as anger, guilt or shame) and provide a sense of containment. My relationship with my Barts colleagues is under

constant negotiation: how do art therapists fit in, how do we stand apart? When I was trying to offer art therapy on our hectic chemotherapy ward I often felt like an impostor, a burden on staff who barely have time to do their own jobs, let alone think about mine. Nurses, particularly, are outrageously busy, and this has taken its toll. Over 33,000 nurses, more than 10% of the nursing workforce, have left NHS employment in each of the past three years, 2014-2017'. In this embattled atmosphere, it can feel difficult for a staff member (like me) to be seen to have the time to listen to patients. Other Goldsmiths alumni (Tim², Barry³, Andy⁴) have written about institutional resistance to reflective practice, especially around end-of-life issues. The only way to keep going, I've found, is to let that resistance into my therapeutic thinking. My role is to 'hold' the patient, but to do that I have to keep the needs of the whole hospital community in mind.

As well as maintain the profile of art therapy, I try to learn about, be aware of, and stay compassionate to all its members, from the cleaners to the doctors to the managers – what are the challenges for them? To become and remain empathic is a privilege because it takes time and effort: like exercising a muscle it must be practised regularly on others as well as on oneself (for me, through meditation). This expanded therapeutic frame must also, I believe, include the politicians and policy-makers who for complex reasons do not always act in the best interests of those they are directed to serve.

After a challenging year offering single sessions of art therapy to chemotherapy and radiotherapy day patients at Barts, I tried to find employment as an art therapist in another health setting. Frustratingly, I couldn't, even with my CBMT funding. They say you have to grow skin 'like a rhino'... but part of me is vulnerable, and needs to stay that way in order to tune into the vulnerability of the people I work with. I'm back at Barts now and committed to my new roles, in particular our current aim to optimize art therapy's integration into the neuro-rehabilitation multi-disciplinary team. What's vital is to cherish – and never undervalue – all the flashes of recognition, realization, and understanding that speckle my meetings with patients, family members and staff; to treat every moment and experience at face value, and as an opportunity to learn something about myself as well as the other.

I like to bring people together. As a social artist my practice is to invite disparate, often disadvantaged, individuals and groups to come together through creative projects; increased connectedness and mutual acknowledgment fosters community growth and improved well-being. My first jobs were to facilitate the making of mosaics in schools, not just with students but also with their teachers and parents. One large scale mosaic, made to raise awareness of urban bio-diversity, was opened by then-Labour MP Glenda Jackson, who observed in her speech that the art of mosaic is a metaphor for socialism: diverse fragments are organized into a coherent whole through collective

vision and effort. From such unification can come resilience; standing back from the small details we can take in the Bigger Picture.

It's been an honor to be one of the organizers of the CBMT anniversary celebration, to assemble far-flung individuals connected by our common interest, and begin to find some threads of narrative. In this age of increasing loneliness, anxiety and exclusion – of the elderly, the sick, the disabled; the list goes on and on – our kind of work needs the strength that comes through mutual awareness of our shared experiences, skills and aspirations. The stories and artwork in this book speak of compassion and loss and the mystery of life and death; they can also point to new ways of researching and evidencing our practice. I hope this book will serve as an advocacy tool, to make what we do accessible to a wider audience, and, for the CBMT, to throw fresh light on the Trust's cause. It feels natural now for me to think of the CBMT as a family; I often think of how devotedly Sir Michael has worked to provide for us, and his reasons for doing so. It's been so important in this demanding profession to have the assurance of his and the Trust's emotional and, above all, moral support. Now, in order for art therapy in cancer care to develop and flourish, the Trust that supports it must also evolve – this is starting to happen, for example with the appointment of new trustees and ideas to develop the Trust's online presence. Together we must continue to make spaces to think and work collaboratively and creatively.

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2. Duesbury, T. (2005). Art therapy in the Hospice: Rewards and Frustrations. In Waller, D. and Sibbett, C. (eds.) *Art Therapy and Cancer Care*. Maidenhead: Open University Press. p. 242-84.
3. Falk, B. (2005). Fear of Annihilation: Defensive Strategies used within Art Therapy Groups and Organizations for Cancer Patients. In Waller, D. and Sibbett, C. (eds.) *Art Therapy and Cancer Care*. Maidenhead: Open University Press. p. 172-184.
4. Ridley, A., and Hartley, N. (2013). Working with Inpatients. In Hartley, N. *End of Life Care: A Guide for Therapists Artists and Arts Therapists*, London: Jessica Kingsley. p. 95-116.
5. Edinger, E. F. (1972). *Ego and archetype: Individuation and the religious function of the psyche*. Boston, MA, US: Shambhala Publications. P. 224

Placement

St Bartholomew's Hospital

Accomplishments

MA in Art Psychotherapy at Goldsmiths with Distinction

Exhibiting artist: *Finding a voice, making your mark: Defining Art Therapy for the 21st Century*. Conference exhibition, International Art Therapy Conference, Goldsmiths 2013

Curator: *Body, Mind and Spirit: Art Therapy with Neurological and Physical Conditions*, London Art Therapy Centre 2015

Visiting lecturer: MA Art Therapy, University of Hertfordshire

Publication

Clark-McGhee, K., Fitch, P., Hennessey, S., Cassidy, E., Little, D. and Conniff, H., 2017. Reflections on hosting a series of Death Cafes in an NHS context. *European Journal of Palliative Care*, 24 (4), pp.153-155.



Image made by a patient during an art therapy single session, St Bartholomew's Hospital 2016.

What began as an apparently random collection of scribbled marks quickly acquired a symbolic dimension for this woman receiving chemotherapy

treatment. She saw herself in the centre, fragmented but surrounded by the love of her family (the white pastel area). She described the small blue mark on the edge of the paper as her cancer, pushed to the edge of what was important to her. Though this was only a single

session, I felt our joint attention to the image held a powerful sense of her accelerated individuation, an 'urgency on the part of the unconscious to convey awareness of a metaphysical reality, as if such an awareness were important to have before one's physical death'.³



POPPY STEVENS

"I would not have come so far in my recovery if I hadn't had this time or been able to think about it in this way" – Tim

I met Tim in a side room on a seclusion ward in a large hospital in London. Tim had T-cell lymphoma and through subsequent treatment, procedures and misfortune had suffered complications that ultimately led to him being unable to walk, move his right side or communicate using verbal language.

Tim was in his 20s – a journalist and writer, the same age as I was at the time. Tim had lost six weeks of time, which included Christmas. The huge losses Tim had suffered were hard to witness. Tim's clinical nurse specialist felt art therapy might be a way for Tim to express himself and start to communicate with others.

Tim was not so sure. He wasn't "any good".

Tim and I communicated through a meta-language of bodily gesture and words. Although the words were random and made no 'sense', they contained thought and feeling. Through time, and open minded questioning Tim and I were able to build a bridge of understanding between us. I was acutely

aware of Tim's loss of agency, his confinement to hospital and his inevitable submersion into the medical 'power' and 'expert' dynamics. I tried not to give him words, or guess what he was trying to say.

Tim drew.

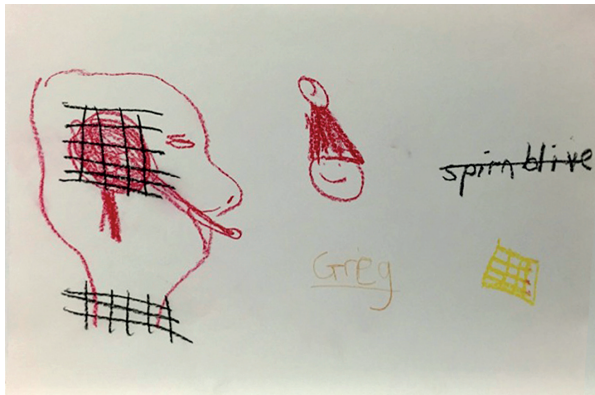
Through his drawing and gesture I gained a sense of his feelings that I tentatively and questioningly formed into words, the feeling of a stuckness and a disrupted connection. Over a few sessions drawing became trying to write. Tim still could not do this. We explored the torment of his loss of language, which for Tim, a journalist, felt incredibly cruel and disabling as it was a skill so merged with his identity.

Tim used clay.

A physio interrupted our session. Tim was terrified. Tim talked of the agony of physiotherapy and his inability to stand unaided, his right side not working.

Artwork by Tim





Tim made a clay figure.
Tim raged.

He raged against his loss of identity, he raged against 'why me', he raged against being praised for putting on his socks. He tore, and crushed the figure.

Tim rebuilt the figure. He added arms and legs back on. The following week Tim told me he had stood fully for the first time. Tim expressed an unblocking and that, for him, his expression had helped him feel as though he could regain control of his body.

Tim continued after this to make during and outside of our session. He created a character that he subjected to the same medical

interventions that he had gone through.

Tim said he thought it wouldn't work. He wasn't an "arty person".

"I would not have done so well or come so far in my recovery if I hadn't had this time or been able to think about it in this way." – Tim

Placement

St Bartholomew's Hospital

Conference

North Central and East London Cancer Care Conference, November 2016

Exhibitor

Body, Mind and Spirit: Art Therapy with Neurological and Physical Conditions, London Art Therapy Centre 2015

Visiting lecturer

MA Art Therapy, University of Hertfordshire



Untitled

"The thing is – fear can't hurt you any more
than a dream"
Lord of the Flies, William Golding



ROSE WOODLOCK

The depth, weight and complexity of emotion experienced in caring for an ill child

There are some emotional worlds that need to be seen. This is how I felt in working with parents and carers at the Evelina Children's Hospital. The depth, weight and complexity of emotion experienced in caring for an ill child is indescribable. The role and tasks involved in care can be so demanding, however, and the negotiation of need so delicate, that the space and support required to open those worlds often just can't be found.

At the Evelina during 2015, parents and carers came for a weekly drop-in art-making group lasting two hours. The group was able to validate the emotional experience of parents and carers in a safe and contained process and I saw the beneficial effect of this for the children and hospital staff as well as the parents. Separation of the child from parent was less anxiety provoking for both parties, disputes between hospital staff and parents were more easily resolved after art making, and communication and emotional support between parents increased.

Shortly after presenting what I had seen at a psycho-social conference I found myself caring for my own daughter who became very unwell. The lived reality of everything I had previously observed was just as extraordinary and complex as I had witnessed from the outside. To stay fully engaged as a committed parent yet manage the intensity of feeling to provide stable care was a mammoth challenge. The struggle to maintain emotional integrity and intellectual clarity whilst carrying out a multitude of hands-on, emotional and advocacy tasks was gut-wrenchingly difficult.

Art making has a unique capacity to integrate and communicate. It allowed me to 'listen' to other carers and in turn to 'speak' my own emotional world.

Placement

Evelina Children's Hospital

Conference

Parents as Artists, EWOPA Conference (European Working Group on Psycho-Social Aspects of Children with Chronic Renal Failure), Lille, France, 2015.

Apron (sketch)

"The lived experience of a parent nurturing an ill child can be full of contradictions. Complex and powerful feelings collide in strange ways with roles to be fulfilled and battles to be fought."





NATASHA BOURGAIZE

*I underestimated the importance of
being the person who is able to
witness Ellie and explore these feelings*

I would like to share my experience of being a trainee in a busy NHS oncology setting. I will reflect on the sensitivity and fragility of developing as a trainee Art Psychotherapist and the displacement and self-doubt I faced in this challenging environment.

I have found trying to find my place on the wards at the bedside of the inpatients the most challenging. My first inpatient Ellie (pseudonym) was a palliative care referral. My first visit to Ellie I remember feeling incredibly overwhelmed and conscious that I was leaving the safety and comfort of the art therapy room. Entering the ward, I was not prepared for the very busy atmosphere or pace of the ward staff.

Once I had located Ellie's bed I was asked to wait outside her room while the doctors were checking in with her. I could see inside Ellie's room from the corridor that I was standing in; looking in I could see Ellie for the first time and could see the alien medical equipment she was attached to. I became nervous about this equipment, as having a tendency to be clumsy I imagined myself trying to manoeuvre my way around this machinery and accidentally knocking or kicking something. Waiting outside Ellie's room, I felt guilt for being able to stand still

and reflect on my surroundings and felt a sense of being in the way and being swept up in the rush and urgency of the ward. I looked back into Ellie's room and felt shock and sadness by the vast amount of medical professionals surrounding Ellie's bed whilst she passively lay there. Once the doctors had left I entered the room with caution and awareness that this was her space I was invading and felt it incredibly important to honour this by asking for her permission to enter.

Throughout my training I have been taught a model that states the importance of boundaries such as time, space, and privacy. These are the core values of art therapy that I have held onto and grounded me when my trainee self doubt and anxiety struck, but working on a ward at the bedside of an inpatient these values are constantly under threat from the patient and the hospital staff.

I found the negotiation of these boundaries challenging to establish. Ellie shared a room with another inpatient who was able to hear every word that was being shared between us; being overheard filled me with dread that someone could be passing judgement on my responses and that the space was uncontrollable. My feelings of an uncontained space lingered as staff would often



This piece was made in response to being on the wards delivering art therapy. Within this very clinical and sterile environment inpatients were able to create mess and add colour to the ward.

and the displacement and self-doubt I faced in this challenging environment.

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interrupt the session by regular observations and monitoring of health which would break the flow of the session and attack my thinking.

In one of our first sessions together the cleaner pulled back the curtain, came in and began sweeping around us, eventually hitting my foot with the broom as if to sweep me off the ward. Finding the inner strength and confidence to assert the importance of protecting the space was extremely difficult and I felt an overwhelming guilt for not doing so in this case.

Such intrusions caused great frustration for myself and to Ellie and I felt as if I had let her down by not protecting the space and not being the good enough therapist. In my supervision I reflected on these

feelings and the challenges of working on the ward and what it provokes. I felt isolated on the wards, being a lone trainee Art Therapist in this medical context where medical professionals are unaware or unsure of what art therapy is; I was devaluing myself and the skill-set I brought to Ellie and this setting, and got lost in the hierarchy of the medical model that is seen as more comprehensible and valuable.

Ellie sadly passed away, but what I provided for her was consistency of my arrival with the same materials which gave her the tools to explore her emotions and reflect on her life. Within this medical model I underestimated the importance of being the person who is able to witness Ellie and explore these feelings and hear her reflections.

Placement

St Bartholomew's Hospital
September 2017-May 2018



Art therapy room at St Bartholomew's Hospital

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HANNAH LITTLEJONES

My sense of salvaged autonomy and creativity in the face of loss and change

I have chosen to reflect on an image, *Friendship*, of my recent artwork and its significance to me as I embark on the second year of my 3-year, part-time, art psychotherapy training as a Corinne Burton Scholar. My clinical experience is as a patient – I have received treatment for breast cancer myself and sadly lost 3 close friends, in their 40's, to cancer. Whilst going through the crisis of diagnosis, surgery, treatment, recovery, and finally establishing a 'new normal', I feel art making can contain and help process feelings and thoughts that might be too challenging to digest or express. Since my diagnosis I am also more aware of stories of crisis and loss; missed family members, and the ways people leave their legacy, how they are remembered and celebrated beyond their deaths. Making art can be both an exploration and processing for the individual in crisis and a communication and memorial for others.

The image holds important elements symbolically and conceptually for me. Embarking on this MA, with the sheer volume of theory to potentially digest, can, at times, feel overwhelming. Committing thoughts to paper seems a final and definitive act, when learning is embryonic, in flux, expanding, collapsing like chewed pink bubble gum. I have painted and drawn this bubble gum in my therapy – 5 elements (the same number as I have family members) –

4 tall bookshelves with deep shelves and me, the 5th element, pink, bubble gum – stretched, formless and without orientation.

It is fitting then, to remember that for me, the human connection (like the handshake in the image) remains at the centre of the therapeutic relationship. Two clasped hands represent this bond, commitment and connection; an exploration of our emotional selves but also our physical selves, our spirit and unconscious minds. The pink 'bubbles', transient and malleable, are a good metaphor for both the need for space and the quality of space suitable for change, and adaptation. The rhythm of mosaic rings, containing and organised, are like the growth rings of a tree, or ripples in water, organic and expanding around the 'action' of the therapeutic relationship.

This image, representing *Friendship*, is the central part of one of nine mosaics made in collaboration with the whole community of Peter Hills Primary School. The starting point for this mural was an exploration of the school values: Peace, Trust, Courage, Respect, Thankfulness and Friendship. The Reception class pressed wood blocks and found objects into clay to create the pink 'bubbles'. Year 6 Pupils explored hand gestures and selected poses to cast into plaster using dental alginate and plaster bandage, engaged by the physicality and novelty of

Friendship,
Collaborative mosaic



process. The material's ability to capture the pupils' intent and resulting realism appealed very much to this age group. Their enjoyment of materials and mixing, dipping and smoothing, along with the intimacy and care shown for each other in executing the process, were striking to me. It brought to mind, in contrast, medical procedures where the interpersonal dynamics were less well negotiated.

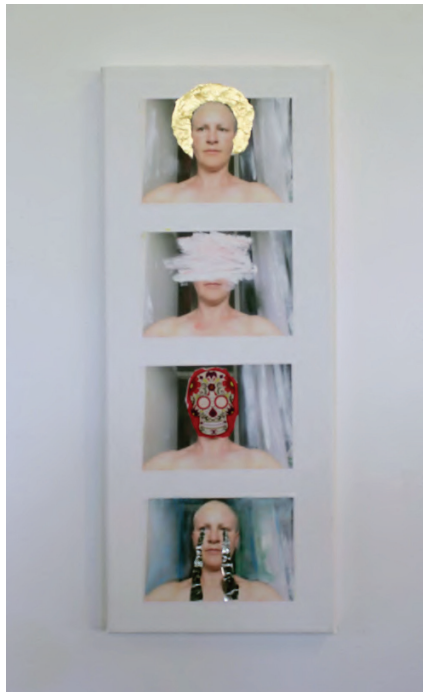
When I was anticipating the physical loss of a mastectomy, I sought the help of a friend to create a body cast of my breast, *Held*. What is most valuable to me now in this work is my sense of salvaged autonomy and creativity in the face of loss and change. I felt and continue to feel empowered through the making of this cast, in photo-documenting physical changes through treatment – *Fluxes* – and working with this material. The ambition to complete the Art Psychotherapy MA training, work with cancer patients and the opportunity to do so with the support of the Corinne Burton Memorial Trust is also part of my on-going recovery.

Experiential learning within the MA has led me to engage with art making in a very immediate way. Representations of containment and 'mess' (chaos, unstructured, the unknown) reoccur frequently. In contrast my own practice is less spontaneous and more negotiated, collaborative and process based; a facilitator, less in the centre of the creative action. At the same time, I am architect and orchestrator; I introduce themes, provide materials, structure and prepare workshops. Increasingly I am aware of the symbiotic connection between my art, art therapy, lived experience and relating to and communicating with others. Through a deepening involvement in art making, experiential learning within the Goldsmiths community and research, I hope to support people experiencing cancer and contribute to the work of the Corinne Burton Memorial Trust.



Left: *Held*
Body cast in wax
This cast was made the day before I had a mastectomy in October 2014. By including my hand in the pose for the cast, I affirmed my identity as a woman, mother and artist, when so much else seemed uncertain.

Right: *Fluxes*
Photo collage
I took photographs to record and reflect some of the physical and emotional changes throughout my treatment. Some of the images are 'selfies' taken by my daughter, some by me.





ANNA MAGNOWSKA

Receiving the award signifies the coming together of my experience and interest in both art and nursing

I am incredibly honoured to be the recipient of the Corinne Burton Memorial Trust Studentship for 2017, and feel very proud to be a part of the unique collaboration between Goldsmiths and the CBMT as they celebrate their 25 year anniversary this year. Receiving the award signifies the coming together of my experience and interest in both art and nursing, and affords me the incredible gift of being able to combine these interests and develop them towards a career in art therapy within cancer care.

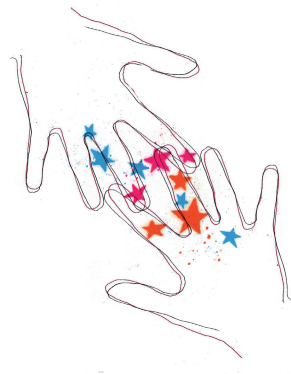
Through personal experience and through my experience as an oncology nurse and palliative care clinical nurse specialist I gained an understanding of the physical, psychosocial and spiritual challenges that a diagnosis such as cancer can manifest, and the multiple benefits that art therapy can offer. I have a background in editorial illustration, but was inspired to train as a nurse following my father's diagnosis of cancer. Throughout my career I have specialised in working with people undergoing treatment for cancer, those living with life limiting illnesses and those nearing the end of life. Through this work I came to recognise the importance of using a holistic approach, including creative interventions, when caring for those living with cancer. I endeavoured to use my experience as both nurse and illustrator to embark on several projects which aimed to address some of the challenges of living with cancer from a creative perspective, and ultimately to study for a masters in art psychotherapy at Goldsmiths.

In April 2016 whilst working as a community palliative care clinical nurse specialist I was awarded a Winston Churchill Travelling Fellowship Award in order to research legacy and life review initiatives in North America with a view to adapting and developing similar programmes for people near end of life in the UK. My report detailing the findings and recommendations from the Fellowship was published in August 2016, and emphasises the multiple benefits I observed of using creative approaches to legacy projects. I specifically focussed on the therapeutic aspects of legacy-making through shadowing art therapists and music therapists, which further strengthened my interest in pursuing my own career in art therapy. Through my Fellowship I saw at first hand how art therapy enables patients with life limiting illnesses to explore and document their thoughts, feelings and experiences via a creative therapeutic process.

The CBMT understands the potential for art therapy to allow for greater understanding and exploration of the experiences of those living with cancer, and the need for education and training of Art Therapists within this field. Through their generous gift they are enabling people like myself and the other CBMT recipients from the last 25 years to pursue a career in art therapy within cancer care, and subsequently giving people affected by cancer access to art therapy where this may not have been otherwise possible. I am incredibly grateful for this opportunity and aim to continue the excellent work of the CBMT through my training at Goldsmiths and beyond.



Nursing and Spirituality, from a series of illustrations for The Nursing Standard Magazine exploring aspects of nursing and spirituality.



Human Connection, part of a series of illustrations to accompany a 2016 Winston Churchill Travelling Fellowship Report: Creating Legacy Projects for Hospital, Hospice and Community.



Far left: Laurence Brass

Left: CBMT trustees et al at Downing Street

Left to right:

Seated – Cherie Blair, Professor Diane Waller, Lorna Cohen and Carolyn Sumberg (trustees)
Standing – Josephine, Sir Michael Burton, Warden Professor Ben Pimlott, Tony Leifer, Laurence Brass, Henry Charles (trustees), Dr Chris Gallagher, Genevieve, Henrietta.

From the trustees

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Midsummer Day 1992 was an exceptionally sad day. It was the day that we lost Corinne Burton to the awful cancer that had plagued the last period of her life. Her many friends were devastated but to Michael and his four young daughters she was – and still is – irreplaceable.

I still have a very vivid memory of standing in the early evening two days later in the beautiful garden she had designed at their Wimbledon home alongside hundreds of mourners who had gathered to say prayers on behalf of a very special woman. It was a balmy June evening and several of us were anxious to lift the sombre mood. Michael asked me to say a few words of tribute to his dear wife and in doing so I first mooted the idea of forming some sort of charity to perpetuate Corinne's name. We wanted to translate the goodwill that was so apparent that evening into something positive and constructive.

Thus was born a Trust which has blossomed over the years to provide so much support for patients suffering from the disease which struck dear Corinne. Whilst her friends and my fellow trustees have worked hard to enable the charity to flourish it has been Michael's energy and determination above all that has driven us all forward.

Michael has an enthusiasm which is truly infectious; those of a less than generous disposition might call it browbeating but it's so hard to refuse him because we know how important the work of the Trust has become in his life. His ideas and energy are inexhaustible and

through his vast network of friends and acquaintances the Trust has benefited from events as diverse as an historic visit to 10 Downing Street hosted by the Blairs to the performance of plays at The Tricycle Theatre, with Michael, inevitably, in one of the lead roles! Whatever event has been prescribed Michael has always led from the front.

Michael has always derived a particular pleasure from witnessing at first hand the benefits the Trust has brought to so many people. I always look forward to joining him for our viewing of the art works created by the patients and, each time we see a picture, I suspect it reminds him of how much satisfaction Corinne herself derived from her own very significant artistic talent. His encyclopaedic knowledge of virtually every Goldsmiths scholar over a quarter of a century shows no signs of diminishing. Once they enter the Trust's embrace they are never forgotten.

As we move towards the next chapter and Michael proudly tells his grandchildren all about the talents of the grandmother they never met, one thing is certain. Michael and all who knew and loved Corinne will spare no effort in continuing the critical work which she inspired.

Laurence Brass

Corinne Burton Memorial Trust trustee

Art therapy at the Royal London and St Bartholomew's Hospitals

The patients, and more recently staff, have benefitted from art therapy for 25 years from when I first met Sir Michael Burton and Laurence Brass in 1993. The financial support of the Corinne Burton Memorial Trust enabled us to persuade the NHS to match the CBMT funding and establish the new part-time post of Art Therapist for cancer patients. My original inspiration came from a lecture by a wonderful woman called Jean Campbell who was an Art Therapist in the fertility clinic at The Royal London Hospital. Jean provided psychotherapeutic support for couples undergoing fertility treatment through her art therapy and demonstrated its power to enable them to cope with their distress. She readily agreed to be our first Corinne Burton Art Therapist despite there being very little precedent for its use. Much of the art therapy practice at the time involved ongoing continued contact between therapist and client; however cancer patients usually only attended the hospital for brief periods of time for treatment. We therefore had to adapt our approach to include the "Travelling Art Therapist" at the bedside or in the clinic. This has proved to be a successful model, and has continued to inspire our practice, and educate our students and staff to new possibilities for the holistic care of cancer patients.

Dr Chris Gallagher

Consultant Medical Oncologist, Cancer Services Directorate at St Bartholomew's Hospital, London

Lead Oncologist for Gynaecological Cancers at the Directorate and Deputy Director of the Cancer Centre

Art therapy at St Elizabeth Hospice

When patients are given the news that their health condition is not curable; when they face terrible symptoms and fear and when families feel helpless watching the person they love become less and less well and then reach the end of their lives, they need the support of skilled and experienced people who will bring some relief to the situation.

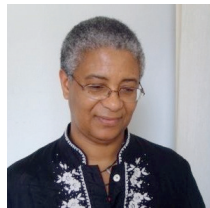
Palliative care is holistic care. This means patients and their families need care and support of the whole person: physically, emotionally, spiritually and socially. Art therapy is for people with emotional and psychological distress, and especially for those who benefit from non-talking therapies. But it also helps alleviate pain and other physical symptoms for those who have 'total pain'.

David Hardy has worked at St Elizabeth Hospice providing art therapy since 2008, and in that time has provided his expert care to hundreds of very ill people, and their families. People will often be at the very lowest point in their lives, and David has lifted their mood and ability to carry on living the life they choose during very sad times. David has worked with many individual patients, and although no skills in art are needed to benefit from art therapy, some patients went on from art therapy to find a new interest, producing their own art which they have shared with others in exhibitions. On several occasions he has also used art therapy to set up and run a Larch Group. Larch Groups bring patients together with young children from our local area, by working on activities together as teams, and the children learn that death and illness are part of living. The feedback from both the schools and patients has been very positive. Patients feel they can contribute again, feel happier and enjoy the experience.

Verity Jolly

Director of Patient Services

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JEAN CAMPBELL

CORINNE BURTON ART THERAPIST 1994-95

A very emotionally demanding time; working with the big themes of birth and death in the same week

I worked at St Bartholomew's Hospital from 1994 to 1995. I continued working in the fertility clinic at the Royal London at the same time. That was a very emotionally demanding time; working with the big themes of birth and death in the same week. What made it even more demanding was that I was a single mum with a 7 year old and a 5 month old.

I do remember giving a lunchtime talk to the doctors where I presented images from work with my first patient from the Oncology Ward. Something must have touched the personal, for Wendy Savage (I don't know if you remember her) was moved to tears by the presentation. I also wrote a detailed report for the Trust about the work, which helped to secure further funding.

Placement

St Bartholomew's Hospital

Accomplishments

Educator, author and supervisor

Publication

Campbell, J., Liebmann, M., Brooks, F., Jones, J., and Ward, C., 1999. *Art Therapy, Race and Culture*. Jessica Kingsley Publishers

Phoenix Piece no. 1: 1000 Scrolls for EL.

Writing on unrequited love, converted into 1000 scrolls. Attached to a heart shape to form a life-affirming quote: "What else is possible?" Topped in copper paint. Burned in a field bonfire. The copper topped words turned green. A meditation on love, loss, transformation and what remains.
I create pieces from emotional imperative. Works are few and far between.





GILL THOMAS

CORINNE BURTON ART THERAPIST 1996-1997

"I felt like a boat losing its moorings"

I began working as an Art Therapist at Marie Curie Hospice, Hampstead from 1992 to 2002.

My career to date had been working with adults with learning disabilities in a long stay residential unit in west London. This unit was closing as clients were moving into their own homes in the local community, which had taken a lot of planning from all of us working there. My father had died unexpectedly and my plans to take some time to go travelling went on hold when my mother's health declined dramatically too. I decided to take some time out to focus on being more creative and did a drama course; this led to me joining a local drama group. I was still not working and beginning to think about what direction to take when the stage manager from our current production asked me, what is it you do Gill? I told him and he said, I think this is what we are looking for. He was the deputy matron at the Marie Curie Hospice. My only direct experience of death at this point had been sitting with an aunt when she died and seeing my father's body. I was really not sure what the experience of visiting a hospice and possibly working there would be like.

The team welcomed art therapy as an addition to the service, which delivered both individual and group sessions. During this time I made contact with other Art Therapists working in

palliative care and together we formed Creative Response, a Special Interest Group of the British Association of Art Therapists, and published the first book on art therapy in palliative care*, supported by the Corinne Burton Memorial Trust.

I began working for four hours a week and when I left the post was established for three days a week. For the first two years the post was funded by the CBMT. This post and the patients I worked alongside informed my practice and my ethos during my career as a therapist and educator in palliative care.

Facing death I discovered came in many guises, each encounter formed a body of experience enabling me to be alongside each person the way they needed; the art making acting as a language and process, for each person who was living with dying, to discover and explore what they might need. In a place where the whole ethos was to make things as pain-free as possible, here was a space where the painfulness and grief of dying could be faced and explored. For those on the edge of this human predicament of living with dying, I discovered how art therapy became a vehicle for patients to express their fears and strong emotions, which were often left unspoken in clinical conversations.

I can think of many patients whom I had sessions with who informed my practice; however one stood out during this time. This was a lady with ovarian cancer in her early fifties, Lara. She had been to her GP to request art therapy after seeing a book about art therapy at the Royal Marsden (Camilla Connell: *Something Understood*). I saw her initially for 12 sessions during which she was just about well enough to go on a trip to Australia. At the end of the sessions I had asked her permission to be able to use some of her images in a teaching session, which she had agreed to. I also asked if she would like to write a few words so her voice and experience of art therapy were included. She returned the following week with a printed journal of her thoughts which she had written during her experience of art therapy, and some of her images were included. I would like to include her words here too:

There is a strange power around the sixth and last chemotherapy -

"So it's the end of six months' chemo.

The end of being centre stage.

The end of hospital appointments and filling in quality of life questionnaires.

It's now the beginning of leading a non-cancer life.

The beginning of the waiting game," so my diary said.

I felt like a boat losing its moorings, a separation, them and me, me on my own.

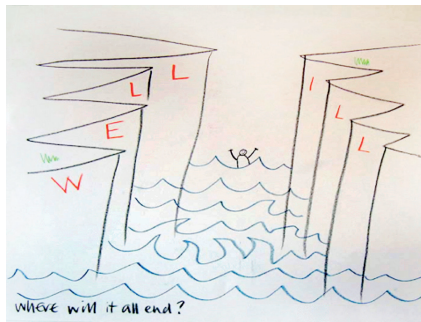
A raft set adrift, my family standing on the side to watch me set sail - not even sail, no control, rather float where the tide wants to take me. Like a letter in a bottle, where will I end up? Where will I be washed up? Will the currents and weather contain me or will I be another statistic, lost at sea, a hopeless case.

What happens now? Does everything return to normal? Can anything return to normal?"

In May I asked my GP if I might have some art therapy. He said he thought that was more for people with mental health problems.

"Exactly!" I replied "This cancer thing really does your head in."

I worked at Marie Curie for ten years and whilst there did a training in cognitive psychotherapy, Ericksonian hypnotherapy and NLP. I also began working a day a week at Royal Trinity Hospice, eventually moving there to work four days a week as an Art and Hypnotherapist, and ultimately heading up the psychosocial team. I was managing

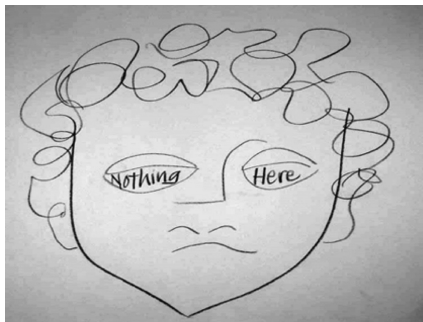


the social work team, bereavement service and chaplaincy as well as a developing creative team. We had permanent links with Rosetta Life, a digital arts company, a further Art Therapist and a creative artist.

I had a growing interest in education and its impact. I could also see how the clinical teams were not getting regular support for themselves and began to explore how clinical supervision could be offered.

A constant theme from the therapy sessions had been the impact of poor communication. How patients were informed of significant news about their health and prognosis ranged from the brutal to being given with great sensitivity. I witnessed the profound impact that this was having on so many of the people I was supporting.

Supported by the National Cancer Action Team I did the advanced communication skills training (ACST) which was incredibly valuable, and witnessed how powerful its impact was on the participants. I went on to train and became an accredited facilitator for the programme and when I left Royal Trinity Hospice spent two years delivering this programme nationally. Sadly the national funding for this programme ended in 2011. I was also now working as an external clinical supervisor



Above and previous page:
Drawings by Lara

a separation, them and me, me on my own" – Lara

for a range of palliative care teams and services. I began working at Princess Alice Hospice later in 2011. I initially had a split post as an Art Therapist and a practice educator. I completed my PG certificate in teaching and learning in higher education in 2013 and last year took the decision to stop working clinically and reduce my hours.

I am now a Lecturer in the education team, focussing on delivering a range of communication skills training, ACST, Sage and Thyme and bespoke training for teams. I deliver and co-ordinate the clinical supervision across the organisation and in the last couple of years have been working on staff well-being, mental health awareness and resilience training for all the teams. I am a facilitator for the Schwartz Rounds which we hold monthly, which has had a huge impact on the organization.

My formative time at Marie Curie has had such a huge influence on all aspects of my career; the core of me is an Art Therapist and this informs my approach in all the sessions that I deliver and all contact with staff, either through direct teaching or in reflective support sessions. I will finish with a poem by Lara.

New Year's Day

*I sit and make no time to think
I watch as pictures move before my eyes
My room contains me, a willing prisoner,
The fairy light of Christmas
Blur with my tears
Another year completed.*

*One full year, part fantasy, part real
Of illness, recovery, journeys and completions.
Full circle, life cycle, random chaos
I'm daunted by the future
New life, new times, regeneration or recurrence.*

*Thoughts of my failures make me cry
Will this dear abused body of mine,
Whose fingers and thumbs feel like strangers
Whose sensitive, stretched skin over my body, hurts
Whose limbs ache
Will this dear body carry me forward
Into the New Year?*

* Pratt, M. and Wood, M., 2015. *Art Therapy in Palliative Care: The Creative Response*. Routledge.

Placements

St Bartholomew's Hospital
Marie Curie Hospice
Royal Trinity Hospice
Princess Alice Hospice

Accomplishments

Founder member of
Creative Response
Practice educator,
lecturer and supervisor

Publication

Thomas, G., 1998. What lies within us. In Pratt and Wood (eds.) *Art Therapy in Palliative Care: The Creative Response*. London, Routledge. p64.



MAUREEN BOCKING

CORINNE BURTON ART THERAPIST 1998-2005

Retirement

Why retire? Therapists can go on till they drop? You could say, 'once a therapist, always a therapist' except that the HCPC wouldn't agree. I retired because, in my mid-sixties, it became tiring climbing the stairs and trotting around hospital wards much of the day and I felt that it was time for me to pass the rare and wonderful art therapy post to a younger person to develop and extend. I am glad to say, thanks to the CBMT at St Bartholomew's Hospital, this has happened.

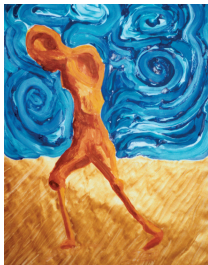
Meanwhile I continued to facilitate an open group at the North London Hospice with patients, most of whom were receiving palliative care for various forms of cancer. Although not supported by a CBMT award and no longer using the title of Art Therapist, I was able to use the previous experience I had gained from nearly 8 years as the Corinne Burton Art Therapist at Barts. I believe it has generally been recognised that unlike hospitals where the emphasis is on a 'battle' with cancer or other life-threatening illnesses, within palliative care there exists,

to some extent, a sense of acceptance. I found this to be true in the North London Hospice Day Care and its provision of art and craft activities with which I was involved for 20 years.

In order to be flexible with the very wide range of materials on offer for patients to use and explore, I also needed to learn practical skills. I had an excuse to try silk-painting which became a favourite activity within the group, as did painting on glass, pebbles or blown eggshells. Of course, painting with watercolour, acrylic and oils required assistance to overcome anxiety for patients unfamiliar with their use and that, I could give. Some patients attending day-care preferred to bring their own activity such as needlework or knitting while also taking part in group conversations, sharing many areas of concern. One lady decided to teach me to crochet and to pass on her own skills. For me this has proved to be a very useful lesson I've used to great advantage. It can be a form of recycling odd scraps of wool or various other yarn and making blankets from granny squares. I found it an absorbing form of art,



Above and overleaf:
Drawing and paintings by Josh



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putting colours together in endless configurations, particularly on long car journeys. All one needs is a bag of wool and a crochet hook. What's more, the blankets are useful and keep people warm!

Due to reorganisation and change within the North London Hospice, regrettably, my employment eventually came to an end. As a grandmother with drawers full of art materials, my room was soon a centre for small children's creative chaos. My own area of exploration has been watercolour, helpfully supported by the Highgate Watercolour Group who paint together and exhibit annually in Lauderdale House, Highgate. Being lucky enough to have a tumble-down old house and barn in France, I also have space and opportunity to paint on a larger scale in my preferred medium of oils, inspired by landscape and flowers.

The images reproduced here were made by a young man who had lost the use of one side of his body as a result of a brain tumour.

At the time I met him he was very quiet and withdrawn and reluctant to engage with anyone, preferring to sit on his own in the day room from where he could watch whatever was going on. An area of the room contained a large table and was set up to provide an arts and crafts studio where open groups took place each day. Josh (not his real name) was invited to join the group of seven or eight participants, but declined.

After two or three weeks he agreed to try using art materials although it was difficult and awkward for him using his left hand. The group consisted of younger patients of various ages and all, like Josh, with advanced stages of cancer. Although very shy, Josh eventually felt able to talk about himself and revealed that he had been a musician and was now unable to play the piano which he loved. His images were made without comment but showed, with powerful intensity, his painfully distorted body-image.

Josh never talked about his feelings but his sadness was evident in the poignant figures he managed to portray and in the symbolism of a black-and-white skull-like face holding up a hand against what was to come. He was pleased with the paintings and drawings he made and through them was able to allow the group members and staff to respond. He became more relaxed and open and in his case, the art was a way of expressing what words could never do.

Placements

St Bartholomew's Hospital
North London Hospice



Art therapy at St Christopher's Hospice

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MEGAN TJASINK

CORINNE BURTON ART THERAPIST 2005-(ONGOING)

Starting out

During my secondary school years I became very familiar with the hospice movement in South Africa. My mother was a full time nursing sister at St Luke's Hospice in Cape Town and worked with a broad range of patients and their families – both in the community and on the hospice wards. I moved on from doing my school homework in the comfy chairs near the cool water feature in the hospice lobby in a leafy suburb of Cape Town to volunteering at one of the hospice satellites in a deprived area of historically forced segregation. Here I worked with new mothers with advanced AIDS. Most had very young babies as their HIV statuses were picked up through routine antenatal checks. I volunteered here as an arts in health practitioner whilst doing my Fine Art Degree. I was both inspired and shocked by the overwhelmingly positive responses these young women (at the end of their short adult lives, while mine was just starting) had to the opportunity to make art, while I sat at their bedsides. Issues around difference, privilege, opportunity and education were painfully present and it was here that I became determined to learn more about how and why art was able to facilitate connection even in the most difficult, inequitable and sad of contexts. I decided to train as an Art Therapist and moved to the UK in order to earn in a stronger currency to fund my international studies. I was

fortunate to have Michele Wood as one of my tutors at the University of Hertfordshire. She supported me to secure a clinical placement at an HIV/ AIDS Hospice in London during my final year of training. This provided an extremely helpful transition and made use of my experiences that seemed quite foreign to my peers at the time.

I started work as the CBMT Art Therapist at St Bartholomew's Hospital in 2005, fresh from my MA Art Therapy training. However, despite my background familiarity with end of life care, moving into oncology in an NHS hospital was a far bigger leap than I had anticipated. I continue to learn and grow in this role more than a decade later.

Being a therapist

One of the most remarkable things about the work is that, despite having met with hundreds of cancer patients for art therapy over the years, every encounter remains unique. Each meeting requires flexibility and creativity, whilst offering new and often unexpected opportunities for emotional and intellectual growth.

For many patients, the experience of hospital treatment is at least as distressing as their cancer diagnosis and illness. One significant determinant of their experience on their journey



Human-Centred
Chalk drawing by Dr Gehan
Soosaipillai

With the ever-growing demand on time, rarely do clinicians get the chance to sit at the patient's bedside and talk, to establish their priorities of care and what it is that's

truly important to them. This piece represents the ideal interaction between the clinician and patient in a hospital.

through cancer treatment (regardless of the outcome) is the quality of the relationship they have with their doctor and other significant healthcare professionals.

Thus, having witnessed the profound and positive difference it makes for patients when they feel listened to and respected as individuals within this medical context, I have begun increasingly to apply my skills and knowledge to work with doctors, nurses and other medical staff. This move to support compassionate and meaningful relationships between patients and their carers helps both parties to survive and even thrive within a system that can feel objectifying and impersonal.

I have found art therapy-based workshops and groups to be well placed to support and replenish healthcare professionals. They facilitate connection, reflection, meaning-making; they sustain empathy and foster resilience. As in the work with patients, medical staff have found the pro-active, self-determining nature of art making an invaluable relief in the face of systemic issues that feel beyond their control to change. Here at Barts, staff and patients alike have used art therapy to adapt to change, re-find and renegotiate meaning in the face of loss.

Being a supervisor

I have had the privilege of being clinical supervisor for a number of CBMT scholars during their clinical training placements with me at Barts. Having a hand in developing the next generation of Art Therapists and helping to equip them with the particular skills required for effective practice within a cancer setting is extremely meaningful and rewarding for me.

"You're going to ask me how I felt again, aren't you?" is one of the rather exasperated questions I sometimes hear from my supervisees. Other comments that crop up annually include: "It is harder than I thought it would be", "I have learned more here than I ever thought possible".

Most students embarking on a placement with me at Barts don't know what to expect apart from that it will be upsetting to work with people who are dying. This

usually results in students arriving in a defended state. Sometimes they bring a belief that their own sadness is to be guarded against and will get in the way of the work. This is something that generally shifts as the placement progresses, until students get to a point where they are able to grasp that it is in fact feelings that are at the very core of our work. They need support and sometimes challenging too, to take the risk to allow and reflect on feelings. To support them with this I sometimes frame empathy as a "clinical tool".

It is reported that oncologists respond to only 22% of empathic opportunities, choosing instead to discuss some other aspect of medical care, such as change in treatment.¹ Within this context, our role as Art Therapists is to listen, look for and respond to empathic opportunities as these emerge in conversation, in art making and through other non-verbal cues. I consider our job to facilitate the reflection on feelings that are likely being avoided by medical staff and loved ones alike. In order to do this, holding onto feelings as central to the work is key. This is something that I believe a clinical placement within cancer teaches as in no other setting.

Being resilient

There is no doubt that we work in an extremely emotionally demanding setting and we often get asked: "How do you cope?". I feel we cope through connection. Our feelings and the creative process help us to connect with our patients and to remain connected to ourselves. Studies in the past 10 years have shown that empathy and compassion towards others actually promote resilience and self care². Valuing our humanity and our feelings as Art Therapists working in cancer is not only important to the quality of patient care but is also essential to our own survival and continued growth.

Reference

1. Buckman R, Tulsy J, Rodin G. Empathic responses in clinical practice: Intuition or tuition? *Canadian Medical Association Journal*. 2011 Mar 1:569-71.

Placement

St Bartholomew's Hospital

Conferences

New Frontiers in Anaesthesia and Critical Care Conference, National Gallery, London 2018

Art and Wellbeing: Conference and Art Exhibition: Art Therapy and Physical Conditions, London 2009

Publication

Art psychotherapy in medical oncology: A search for meaning. *International Journal of Art Therapy*, 2010

Media

BBC London News, "Art Therapy for St Bartholomew's Hospital doctors" July 2017
City Matters, "Art Therapy Works Wonders for St Bartholomew's Hospital stressed out doctors", October 2017



Saying Goodbye
2015
Photograph: M Tjasink



SHONA ELRICK

CORINNE BURTON ART THERAPIST 2010-2016

Art therapy provides a space to be

Placements

Lynda Jackson Macmillan Centre,
Mount Vernon Cancer Centre,
Mount Vernon Hospital

Accomplishments

Secured 2 days per week permanent
employment as an Art Psychotherapist
within the NHS

Exhibitor and speaker

'Finding a voice, making your mark:
Defining art therapy for the 21st century',
International Art Therapy Conference at
Goldsmiths, April 2013.

Milky Way, Aberdeenshire, 2014

This painting was part of a series of three on the subject of the winter night sky in Aberdeenshire. It relates to a very familiar path, well trodden from childhood to adulthood – however between 2011-2013 my father became ill with cancer and I would often walk his dog up this route leading to a 360 degrees viewpoint at the top of the path. This part of Aberdeenshire is blessed with low light pollution allowing one to gaze and wonder at the cosmos above. The eternity of the night sky was in contrast to the fragility of life below the stars.



Gathering together...

As a Corinne Burton alumnus and the MA Art Psychotherapy Programme Convenor, we have collaborated over the past year to bring this project to fruition. It has been compelling genealogical work to seek out all the members belonging to this special family of Corinne Burton Art Psychotherapists. The trail has led us to people near to the home of Goldsmiths as well as far across the world. Our task has been to bring together and reflect upon the accomplishments of this special family through these images and experiences.

Since the founding of the Trust in 1993 twenty-seven Goldsmiths-trained art psychotherapists have received the CBMT studentship, and five more, who trained elsewhere, have been supported in their art therapy roles by the Trust. When we first discussed the idea of a celebration exhibition and publication, we thought we might track down three-quarters of this total, and slightly fewer than that would eventually participate. Well, it turned out none of the thirty-two was untraceable (Facebook still has its merits); and, as the size of this book makes clear, the response from the beneficiaries has been impressive. This is of course a testament to the thanks we owe Sir Michael and the Trust, which in the last 25 years has contributed directly or indirectly to numerous achievements including the establishment of many Art Therapist positions, the publication of journal articles and significantly seven books (see bibliography below) focussing on or referring to art psychotherapy and cancer care in the UK context.

Undoubtedly the most precious accomplishment represented in these pages is the countless life changing therapeutic relationships that have been made possible.

This collection also represents something else, something that has been needed. In gathering together we acknowledge so much of our work as therapists is bound up in cultural taboos around dying and the barely sayable: that we feel guilt for staying alive, and also afraid that we too may become ill and will one day die. There is a much needed place in art psychotherapy research and literature for personal, qualitative reflection, for descriptions of some of our more playful or painful experiences. In this 25th anniversary book, Art Psychotherapists in cancer care have had a chance (that they've embraced wholeheartedly) to share images, writing, poetry, and the multiple meanings implicit in the art and art making. What comes across is that all these elements constitute a witnessing and processing of emotion that are a vital part of our work and growth as artists and practitioners.

Twenty-five years marks a generation of time in the life stories of our contributors. Their work speaks of courage and hope in the face of fear and despair. The images and testimonies embody the irreducible depth and emotion of human experience through births and deaths, endings and beginnings. They reflect spaces of intimacy, emptiness and infinity in poignant traces of tenderness, alongside the power of the life force. As Art Psychotherapists we use art to relate to the essence of being human; to express ourselves and to connect to others. We have foregrounded the visual in this catalogue of images and texts to celebrate the work that has been made possible by the Corinne Burton Memorial Trust. We hope it pays tribute to all the collaborations created between people that continue to flow as an unending, living legacy.

David Little and Dr Jill Westwood

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From *Something Understood: Art Therapy in Cancer Care* (patient artwork 2)



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Dr Jill Westwood and David Little, June 2018

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For further information about the Corinne Burton Memorial Trust search Facebook and Instagram and visit www.corinneburtonmemorialtrust.com

For enquiries about the MA Art Psychotherapy at Goldsmiths visit www.gold.ac.uk/pg/ma-art-psychotherapy