

# Restoring ownership: How a multi-modal arts approach can facilitate agency

Jessie Brooks-Dowsett

## Abstract

In this paper, I consider ways that a multi-modal arts approach can be used to help mental-health professionals and clients work together more effectively towards mental-health recovery. While on student placement in a residential facility managed by Mind Australia for individuals with a dual diagnosis, I used multi-modal arts practices in small group workshops to co-create understanding about what safety and wellness mean for residents. My aim was to be informed by the lived experience of the residents and the context of the organisation in a collaborative multi-modal process that considered the many ways in which knowledge is generated and shared. What emerged was recognition of the powerful way in which the arts help move us beyond the limits of verbal language and act as a vehicle to explore, engage and reflect on individuals' lived experience of mental illness. Finally, this paper considers how this co-constructed experience has shaped my emerging therapeutic identity, and emphasises client agency as a vital contribution to organisational process.

Human feeling is not a succession of discrete sensations; rather memory and anticipation are able to wield sensory impacts into a shifting stream of experience so that we may speak of a life of feeling as we do a life of thought. It is a common tendency to regard feeling and thought as opposed, the one registering subjective states, the other reporting on objective reality. In fact, they lie near the two ends of an experiential continuum, and both are ways of knowing. (Tuan, 2008, p.10)

## Keywords

Mental health, arts therapy, recovery-orientated practice, multi-modal engagement, collaborative therapy, social justice

In 2018 I undertook a twelve-month placement at Mind Australia, working as a therapeutic arts practitioner with people with dual diagnosis, as part of the criteria for completing my Master in Therapeutic Arts Practice through The MIECAT Institute. My task was to identify, plan and develop an arts-based project that could contribute to the work that Mind does as an organisation, while representing the values and ways that multi-modal arts could be applied therapeutically in this setting.

Mind Australia's Brunswick facility is a Supported Independent Living (SIL) service for individuals whose capacity to live independently is diminished by long-term mental illness (Mind Australia, 2017). The property has 17 single-occupancy rooms for people who wish to live independently. Residents have 24/7 access to onsite staff who are there to assist them if

necessary. Individuals must be aged between 18 and 64 and have a personal interest in establishing and pursuing ways to develop the confidence to live independently and achieve self-initiated goals. Mind Australia adopts a recovery-orientated practice, which emphasises a person-centred, trauma-informed approach. The organisation values the residents' knowledge of their own stories and incorporates a collaborative approach to recovery.

My impetus for engaging therapeutically through the arts springs from my belief in the arts' capacity to move us beyond the limits of verbal language and cognition as a way to communicate or make sense of things. Engagement with the arts allows for the expression of many interpretations of the world simultaneously, and their processes offer a robust method of exploration for cumulative and emergent ways of knowing and understanding.

As a practising artist, I value my artistic identity as I work, cultivating its sensibilities in a therapeutic process, for both others and myself. I'm guided by curiosity and a deep investment in the arts as a way to bring forth many ways of knowing and being in the world. Through my creative practice, I have come to understand that our ways of knowing the world are embedded in the way we experience the world and can emerge in our embodied experiences. Therefore it is imperative to reach beyond the restrictions of verbal dialogue when we are searching for essential truths about ourselves, our patterns of behaviour, and ways of being in the world. "The cultivation of an artist identity involves the intentional, disciplined development of artists' eyes, ears, hands, and hearts so that this identity permeates and informs everything we do as art therapists" (Moon, 2001, p.48).

This paper documents the process of facilitating therapeutic multi-modal arts practices, in which residents were invited to explore their unique narratives and knowing about their recovery, with a goal of embedding their nuanced perspectives into organisational procedures. 'Multi-modal' in the context of this paper refers to the use of a variety of different materials, modes of expression such as sound and movement, and creative arts practices (clay, sand tray, music, somatic expression, sound, crayons, print work) as distinct from a single material practice (such as painting or sound work). I also document the parallel learnings about my identity as an art therapist, as they emerged alongside these co-created processes.

## Process of engagement

We all begin the process before we are ready, before we are strong enough, before we know enough; we begin a dialogue with thoughts and feelings that both tickle and thunder within us. We respond before we know how to speak the language, before we know all the answers, and before we know exactly to whom we are speaking. (Estés, 2008, p.254)

Every Tuesday I head out to my studio – whether I feel the creative urge or have a creative seed to plant doesn't matter. I head out there, pick up a paintbrush or a pencil, and make a mark; everything just flows from there. The beginning of this project felt much like that process, except it was one (re)mark from my onsite supervisor that

formed the impetus for this project. She told me how difficult it was for staff to elicit information from the residents, how they struggled to fill out the intake forms, and how sparse the information was. I became curious about the organisational processes used to collect useful information from clients, and whether it would be possible to integrate the arts into the established procedures. I was made aware of the 'Client wellness and safety plan' form. Staff spoke of their difficulties in trying to get answers from residents that felt useful and relevant to them as individuals, so I began to consider what might become possible with an arts-based approach.

The 'Client wellness and safety plan' is part of the intake procedure for all residents. Each resident that enters a Mind SIL is required to complete this two-page form, assisted by a key worker. The plan is then updated every six months or after any significant incident or change in circumstances during the resident's stay. Currently, this procedure is undertaken in a verbal interview style, between the resident and a key worker. Staff spoke of it being a confronting, stressful and demoralising process, as the client's strengths are not emphasised. Key workers and residents have often only just met and, more often than not, the resident is in a heightened, agitated or vulnerable state as they are transitioning into the centre (Mind staff member, personal communication, 5 March 2018).

My aim was to be informed by the experience of individuals, to respond and collaborate with the staff and residents of Mind to integrate multi-modal ways of engaging in this process and to consider the different ways in which knowledge and information can be shared, bringing focus to the effectiveness of non-verbal (dialogical) modes of communication.

To further clarify my understanding and to engage transparently, I spoke with a group of residents and collected keywords about how they experienced the process (Figure 1). We then worked collaboratively to identify possible ways to address their needs.

By allowing the arts to be woven into the process, I hoped that staff could offer a way for residents to engage their whole being and ground themselves in their present experience. I sought

Figure 1: Keywords

Necessary evil  
They do help – not having to explain to a lot of people over and over, just talking to one  
Don't remember what's on them  
Don't relate to them  
Not reviewed enough  
Goals change every day  
It would be good to have a copy, to know what I'm here for  
So if I reach a goal I can see  
Can remind me on a shit day, what I'm fighting for  
More of a tool for staff  
Would be good to have:  

- More transparency
- Have something in my hands – frees mind
- To be reviewed a bit more
- Have more access to it and more access with staff.

Collected from four Mind residents – identities withheld, personal communication, 14 April 2018.

to develop an approach that questioned how knowledge about residents was generated, and allowed for the exploration of inchoate responses, facilitating a robust and tangible relational exploration that could give the residents ownership of their narrative.

I saw that multi-modality could serve in two distinct ways:

1. In its simplest form, providing something tangible to engage with in the present moment could help to reduce any discomfort arising from the challenge of having to directly engage with triggering material.
2. More comprehensively, multi-modality offers a way of opening up different modes of communicating. It allows the individual a way to engage in a polymorphic dialogue, which explores the resident's multi-layered experience. At the same time, it offers an alternative to verbal dialogue and thus a way to challenge the practised rhetoric they may have ascribed to themselves about themselves.

My initial thoughts moved to designing multi-modal ways of engaging in the conversation. I began to think about ways the residents could explore their state of wellness: could specific activities or invitations be designed for staff to

bring in to these meetings? Could I develop a set of tools or activities that directly interpreted the current questions on the form?

What helps me stay well?

What are my triggers and early warning signs (EWS) that suggest I might need support from others? What helps me when I notice these signs?

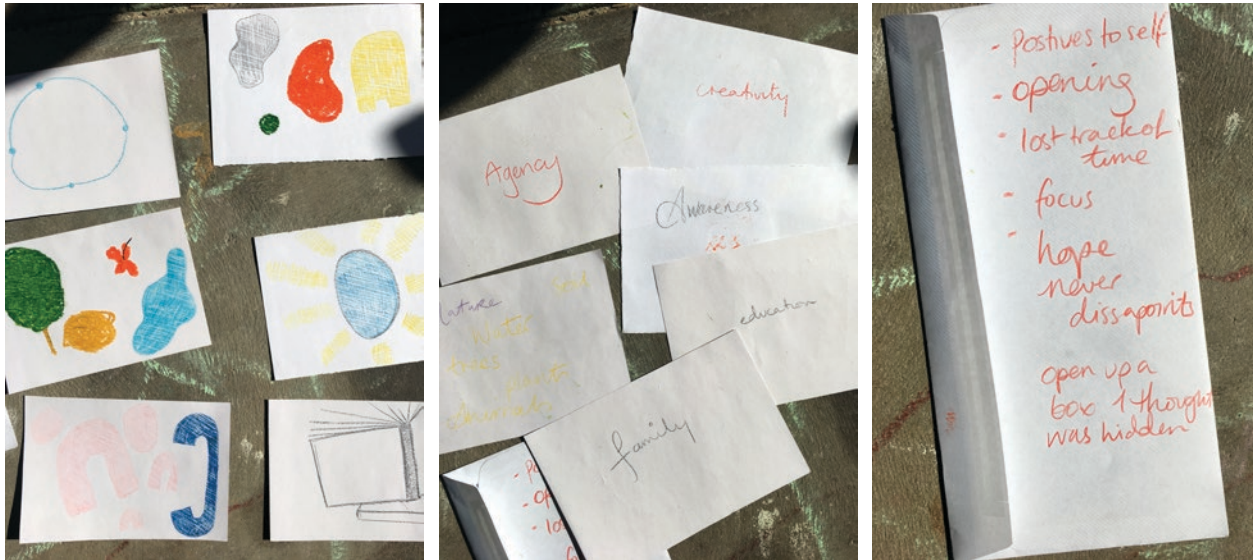
Workshops – collaborative exploration

My intention was to offer a flexible and adaptive multi-modal method that allowed residents and staff to respond authentically to the 'Client wellness and safety plan'. Underpinning this intention was the value I hold for the way the arts (and their processes) move us beyond the limits of verbal language and cognition, create alternative ways to explore and communicate our experience, and allow for the simultaneous expression of various interpretations of the world.

I had already begun meeting with a small group of residents on Monday afternoons, facilitating workshops that used a multi-modal arts method of engagement. I felt this would be an appropriate setting to explore possible approaches. This process spanned the length of the year, meeting once a week with six to eight residents and applying an arts-based approach to therapeutic ways of working. Here follows a brief description of some of those experiences and how they informed my findings.

I began with an invitation for the residents to explore their connection to values and the needs attached to servicing them. I designed a session that invited residents to engage with what they valued, and to consider which values they felt they were using in their time in the SIL and which values helped them in their recovery. I felt that the shared exploration of values could initiate a purposeful discussion around ways to stay well and ways others could offer support when needed. "Group mind is more intelligent, creative, and resourceful than any one of us" (McNiff, 2004, p.22).

We began the session with a group warm-up. Standing in a circle, we took turns to step forward and speak of something we enjoyed. If anyone else in the group enjoyed this, they stepped forward in agreement. This activity allowed the group to land; it strengthened connections between residents and created a community experience as residents recognised their similarities. This particular exercise also opened up the pathways



Left to right:

Figures 2 & 3. My representations of values, 30 April 2018.

Figure 4. My intersubjective response (ISR) to the group, 30 April 2018.

for further dialogue. By beginning the session with an innocuous verbal interaction, a tone was set: an open and easy interaction with each other, a group culture that welcomed all thoughts without judgement. The use of a little bit of humour helped override moments of insecurity and awkwardness. I stretched the tendrils of conversation and reached towards the object of my offering for the day.

We continued the session by discussing how we might define the concept of values. Collaboratively, we ended up with “Strong beliefs that we each hold. Things that are important to us. Things that help us to make satisfying decisions” (personal communication, 4 June 2018). We also discussed that at times our values could be in conflict and could change, depending on our circumstances. I invited the group to draw representations of their values on small pieces of paper and suggested they add a few words to the back about what that value was for them. I then gave everyone an envelope to place their cards in. It was decided that the content felt private, so I did not photograph anyone’s representations. I did invite a discussion in the final ten minutes about the residents’ process: what they noticed about the way they worked or what they felt they had come to know. From this reflection I collected keywords, offering them back to the group as an intersubjective response (ISR) as we finished.<sup>1</sup>

As part of my research, I had begun to sift through the residents’ online files. I wanted to look at the current content of the forms. I noticed that

the responses to the questions on the form were very sparse and generalised; they seemed to echo one another, and I wondered how individual they were. I spoke with the staff about how they found the process and where they went to complete the forms. I came to understand that the forms were completed during key-worker sessions at a local café, in the staff room, or in one of the other communal areas of the SIL. I began to consider ways to initiate a deeper connection to self for the resident, in the hope that this would enable responses that reflected more individualised expression. “Perceptual experience has its own coherent structure, it seems to embody an open-ended logos that we enact from within rather than the abstract logic we deploy from without” (Abram, 2017, p.74).

For another series, I decided to explore the different ways we have of generating and processing knowledge – what the body can inform us of when we are willing to reconnect with ourselves as sentient creatures. I began to consider ways of supporting residents to connect with their whole selves; ways to begin to dialogue with the collective force of our nature. An article titled ‘Contemporary approaches to the body in psychotherapy’ informed me: “By increasing body awareness through the process of therapy, they get more immediate access to unconscious and unprocessed feeling” (Orbach & Carroll, 2006, p.64).

I worked for a couple of weeks on connecting to our sensing bodies. We began each session with



Figures 5–7. Residents’ representations, 4 June 2018.

a mindfulness exercise, tuning in to our breath and bringing focus to the present moment. In one session I used music as the stimulus and invited multi-modal exploration of the residents’ responses to sound. I offered sand trays, clay, paint, wire and pencils. We moved through the different materials with each song that was played. We did five rounds of representations, capturing a few keywords in response to our representations. The page was then turned over and another person wrote a few words in response to the work. Then we moved onto another song, choosing another material. I gathered all the pieces of paper with words/responses and shared them with the group at the end. We noticed a lot of congruence with the words on both sides of the paper. There were a few that held very different types of words on each side. One resident remarked that this was helpful to them; it brought a different perspective to what she had seen in her representation. “When awareness is felt to come from inside the client, it registers as experience. This enhances agency because it creates a sense of ownership” (Orbach & Carroll, 2006, p.66).

In another session, I extended the invitation for residents to respond to a visual stimulus using three art materials they felt drawn to. The activity was an effort in engaging their perceptive bodies. They moved their selected materials across a page without looking at the page – a response of the senses, rather than an interpretation of the eyes.

In both sessions, residents noticed how easily the responses flowed from them and how engaged they felt in the process. I felt this was an illustration of what is possible when we

respectfully engage with the responses our whole being is ready to give, loosening the grip our critical mind can sometimes have on us.

By suggesting that art making is soul making, I mean that art processes offer a new perspective. Painting, dancing, and writing makes meaning possible by turning arbitrary occurrences into deep experiences. There is an artistic foundation to human existence and a perspective that cannot be pinpointed as the property of behavior or language or society or brain physiology. The special gift of the creative arts therapies to client and to the clinical setting is this soul/art making process. (Moon, 2003, p.80)

### What became relevant

Each workshop seemed to present fruitful options for ways to engage with the ‘Client wellness and safety plan’ through the multi-modal lens of



Figure 8. Residents’ representations, 4 June 2018.

the arts. The possibilities began to feel endless, yet in the same breath subjective, as residents connected or responded differently to different ways of working. While some residents felt calmed and focused by the mindfulness exercises and connection with the senses, one resident responded with an aggressive intensity, struggling to stay in the present moment, engaging in violent rhetoric and images before leaving the group.

Over the twelve months of facilitating workshops in this setting, it became clear that to simply interpret the current questions on the 'Client wellness and safety plan' into multi-modal activities would be to base them on a set of generalised assumptions about the needs, values, and capacities of the residents. The outcome would be in response to my own interpretations, not an adaptive response that incorporated the changing needs of individuals involved in the process: the staff and the residents, their values and capacities. "The assessment report is by nature static: people are seldom so" (Moon, 2003, p.162).

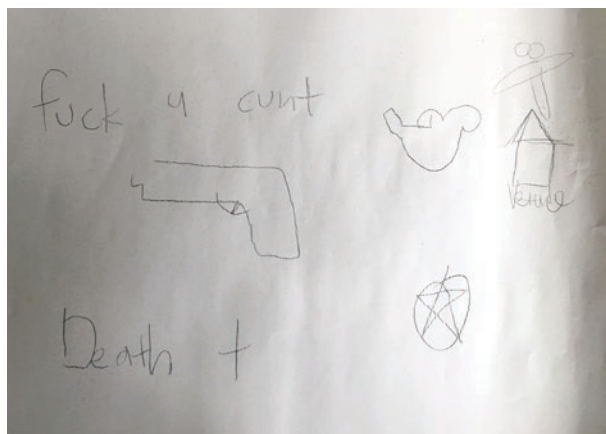


Figure 9. Resident's representation, 28 May 2018.

In the end, I recognised that I could not create an arts-based interpretation of a form; I now understood "assessment as an on-going process, rather than as a one-time event" (Moon, 2003, p.149). What became important was working in a way that cultivated curiosity around how knowledge about the residents was generated and how the relations of power operated in this process, privileging the knower, and what this did for the residents' sense of capacity and in turn their agency. I began to question the implicit assumptions about residents that were born through these prescribed assessment procedures, and worked instead to invite a perspective that embraced the subjective notion of recovery.

What eventuated was a space where multi-modal arts were used to restore ownership of information about the residents to the residents. The workshops created the possibility for residents to explore and engage in their experiences in their own way, giving them agency over their story, over what felt relevant. In some cases, residents were able to inherently identify what wellness was for them, which built their capacity to recognise ways that would support them in staying well. One example of this was a resident who created a concertina of small coloured illustrations that represented the scale of their mental health on a continuum and gave them a tangible artefact for self check-ins and discussions with their key worker.

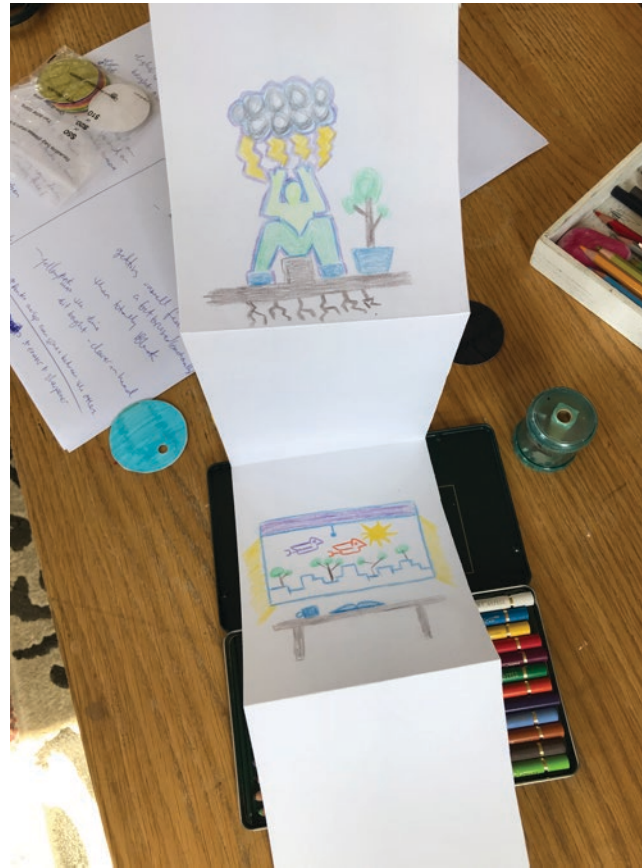
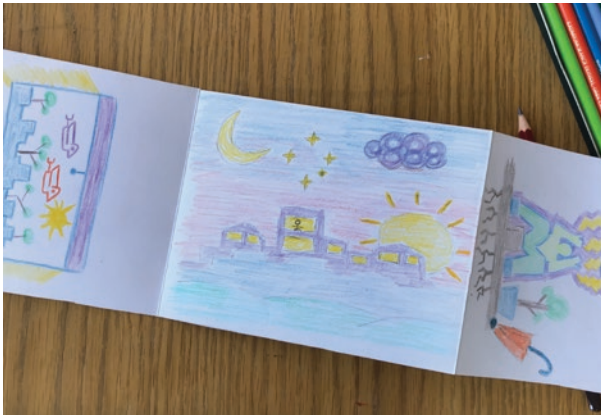
### Coming to know

Moon (2003, p.83) writes:

Intellectual capacity is not enough, nor artistic sensibility, nor concern for humankind. None of these attributes are sufficient in isolation. The would-be art therapist must bring a passionate discipline that will patiently blend charisma, warmth, artistic perspective, skill, love for humanity and intellect with a willingness to work.

My experience to date has shown me that 'the would-be art therapist' requires one more attribute: the ability to compassionately allow tension to exist in ourselves and within the intersubjective space, to recognise the dichotomy of holding the parts of yourself that want to help at arm's length, while bringing the rest of yourself in close as a witness. The challenge is to recognise the independence that needs to be given space and time to grow as an inherent component of someone's sense of themselves, for any therapeutic change to occur and be sustained in a meaningful way. We must have a very tangible understanding that we all live in the paradox of being broken and whole at the same time. This is the moving edge that we live on, the worlds we stretch ourselves across and exist between as arts therapists. "In many ways, the felt sense is like a stream moving through an ever-changing landscape. It alters its character in resonance with its surroundings" (Levine, 1997, p.69).

What I am coming to understand is that this takes a perceptual attunement to the idiosyncrasies of each relational moment, a connection to the



Figures 10–12. Residents' representation, 17 September 2018.

felt sense and the ability to allow this to inform us, even as it sits in abject disagreement with the socio-normative constructs that we usually rely on. Although the project started as a tangible interpretation of a procedural form, it became an intangible artefact that embodied an essential attitude – an idea that people are capable of their own well-being and a hope that I can operate in such a way that holds the tension between these possibilities and the knowledge that the hard work is the residents' to do. In this I subscribe to the “notion that the client is the expert on him/herself and that therapists are consultants who co-construct, with the client, the path to wellness” (Burt, 2012, p.19). If we seek to engender agency and build capacity in the people we work alongside, there must be a willingness and commitment to tolerate the potential for many truths and allow for layered narratives and meanings that cannot be captured on a form.

By casting ourselves into an uncertain future, we can go beyond the expectations with which we have begun. Its limitation is that we have no pre-established guidelines to give us the assurances that we are on the right path. Rather we must be constantly

inventing the path even as we travel upon it... Only afterwards can we look back and see where we have gone and, if necessary, begin again. (Levine, 2013, p.27)

As my identity as an art therapist emerges, I take with me an attitude that challenges the notion of the grand narratives that are prescribed to us: the modernist certainty of diagnosis and its biomedical response to treatment/recovery. I aim to adopt “a continual and critical process of questioning how knowledge to guide practice is created” and a commitment to being critically aware of “the integral relationship between knowledge and power” (D’Cruz, Gillingham & Melendez, 2007, p.27). I have come to know the importance of questioning how we come to know what we know, and how we can consciously work to value and develop the inherent knowledge of those we work with.

## Endnote

1. An intersubjective response is a device used in multi-modal therapeutic arts practices. It is an arts-based offering from the witness to the participant about what has seemed important in the enquiry: what the witness felt, saw, heard or thought. It can be offered in any modality that seems appropriate. It can be used to validate or clarify understanding and offer points for reflection and further exploration.

## References

- Abram, D. (2017). *The spell of the sensuous: Perception and language in a more-than-human world*. New York: Vintage Books.
- Burt, H. (Ed.). (2012). *Art therapy and postmodernism: Creative healing through a prism*. London and Philadelphia: Jessica Kingsley.
- D’Cruz, H., Gillingham, P., & Melendez, S. (2007). Reflexivity: A concept and its meanings for practitioners working with children and families. *Critical Social Work*, 8(1). <https://ojs.uwindsor.ca/index.php/csw/article/view/5744/4687>
- Estés, C.P. (2008). *Women who run with the wolves: Contacting the power of the wild woman*. New York: Random House.
- Levine, P.A. (1997). *Waking the tiger: Healing trauma*. Berkeley, CA: North Atlantic Books.
- Levine, S.K. (2013). Expecting the unexpected: Improvisation in art-based research. *Journal of Applied Arts and Health*, 4(1), 21–28
- McNiff, S. (2004). *Art heals: How creativity cures the soul*. Boston and London: Shambhala.
- Mind Australia. (2017). *Supported Independent Living – BRUNSWICK*. <https://www.mindaustralia.org.au/services/mind-victoria/supported-independent-living-brunswick>
- Moon, B.L. (2003). *Essentials of art therapy education and practice*. Springfield, IL: Charles C. Thomas.
- Moon, C.H. (2001). *Studio art therapy: Cultivating the artist identity in the art therapist*. London and Philadelphia: Jessica Kingsley.
- Orbach, S., & Carroll, R. (2006). Contemporary approaches to the body in psychotherapy. In J. Corrigan, H. Payne, & H. Wilkinson (Eds.), *About a body* (pp.36–82). London and New York: Routledge.
- Tuan, Y-F. (2008). *Space and place: The perspective of experience*. Minneapolis and London: University of Minnesota Press.



# anzjat

AUSTRALIAN AND NEW ZEALAND JOURNAL OF ARTS THERAPY

Editorial team

**Chief Editor** Sheridan Linnell

**Co-Editors** Stacey Bush, Catherine Camden Pratt, Deborah Green

**Arts Editor and Journal Coordinator** Vic Šegedin

**Copy Editors / Proofreaders** Belinda Nemeč and Marie Shannon

Peer review

The editorial team wishes to thank all peer reviewers who have generously contributed their time and expertise to the peer review of this edition of *ANZJAT*.

*ANZJAT* is a peer-reviewed journal and as such all accepted submissions are reviewed by peer reviewers well-versed and respected in the subject of the submission.

Full-length articles 4, 7, 8, 9, 10, 11, 13, and 14 were double anonymously peer-reviewed.



Published by the Australian, New Zealand and Asian Creative Arts Therapies Association

ACN 63 072 954 388

PO Box 2391, North Brighton, VIC 3186, Australia

[www.anzacata.org](http://www.anzacata.org)

© Australian, New Zealand and Asian Creative Arts Therapies Association, 2020

All rights reserved. No part of this publication may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopy, recording or any other information storage and retrieval system, without prior permission in writing from the publisher.

Opinions of contributors are not necessarily those of the publisher. The publisher makes no representation or warranty that the information contained in articles is accurate, nor accepts liability or responsibility for any action arising out of information contained in this journal.

ISSN: 1833-9948

**Design and production** Vic Šegedin