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A PUBLICATION OF ART THERAPY ALLIANCE, INTERNATIONAL ART THERAPY ORGANIZATION
& ART THERAPY WITHOUT BORDERS, INC.

## Welcome to FUSION Volume 2, Number 3!

In celebration of Art Therapy Without Borders, Inc. joining the FUSION family, this issue highlights international art therapy initiatives and spotlights some of the exciting news, activities, and global work from art therapists worldwide to bring change and transformation to people's lives and communities everyday.

We hope you enjoy this new issue and as always, feel free to share this issue of FUSION with your colleagues, students, classmates, and others who are interested in the world of art therapy and can benefit from receiving this free resource!

Be well,

Gretchen Miller, MA, ATR-BC Cathy Malchiodi, PhD, LPCC, LPAT

FUSION Executive Editors
Art Therapy Without Borders, Inc.



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## FUSION, V. 2, #3 OCTOBER 2010



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FUSION is dedicated to a new energy, excitement, and blend of ideas, cultures, and people for a sustainable future in art therapy.

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## Update from ATWB Executive Board



### ATWB President- Cathy Malchiodi, PhD, LPCC, LPAT

cathy@atwb.org

Greetings from ATWB! I think I speak for the Executive Board in saying that we are all energized by our recent strategic planning session in September 2010-- and by the incredible response to ATWB from everyone around the world. In a short amount of time, ATWB has become the a global art therapy network of like-minded, creative and visionary individuals who share a passion for how art helps to changes lives.

In the next few months, we will be rolling out many exciting projects and initiativesand we welcome your ideas and visions for the global development of art therapy!

#### ATWB Secretary- Gretchen Miller, MA, ATR-BC

gretchen@atwb.org

It's exciting to already witness the growth, development, and support of ATWB since our launch earlier this year! I look forward to helping ATWB promote its vision, purpose, and projects through social media, the ATWB website, and our official blog. I am committed to assisting ATWB develop on-line resources and web based initiatives that the international art therapy community finds practical, inspiring, and fosters connection. Remember to keep up to date on news and announcements from ATWB and the communities of The Art Therapy Alliance & International Art Therapy Organization through the many resources available on page 24. Stay connected to our global network!





#### ATWB Treasurer- Donald J. Cutcher, MA, ATR-BC, LCAT

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As Treasurer, I have been handling the "nuts and bolts" of ATWB to get our incorporation in order, including: ATWB bylaws are complete and have been reviewed by legal counsel; financial accounts have been established; and most importantly, our non-profit application is complete and filed. It's exciting to see the rapid development of ATWB!

Art Therapy Without Borders, Inc., is a 501 (c) 3 non-profit incorporation organized exclusively for charitable, educational, and networking purposes to promote, develop, and support international art therapy initiatives and the work of art therapists worldwide. ATWB was founded in April 2010 to meet the need for an organization dedicated to a global art therapy community; the exchange of information, news, media, and resources; the development of online educational opportunities; and the advancement of collaboration and research. Our core mission is to encourage the use of art in service to others in need through art therapy, art in healthcare, and art as form of social transformation.



## Introducing: Art Therapy Without Borders, Inc. Advisory Council

The Executive Board of Art Therapy Without Borders, Inc., is excited to announce stakeholders appointed to our Advisory Council to help contribute to ATWB's vision and purpose:

Elizabeth Beck, ATR, is responsible for managing and editing article content focusing on different issues and topics related to art therapy as Features Editor for FUSION.



Originally from Montreal, Canada, Liz currently lives in the San Francisco Bay Area and is a leading blogger on the subject of art therapy.



Fiona Chang, REAT, RSW, M. Soc. Sc An expressive arts therapist, social worker and trainer, Fiona Chang has more than 17 years of experience integrating multimodal

expressive arts processes in counseling and group therapy throughout a variety of settings in Hong Kong.

Rebekah Chilcote, MA, ATR, PC Passionate about international art therapy, Registered Art Therapist and Fulbright Scholar Rebekah Chilcote has

worked with child

survivors of the Sri



Lanka tsunami, children in Africa orphaned by AIDS and Palestine youth impacted by violence and war in the West Bank.



Caroline Maby
Artist and art therapist,
Caroline Maby is the
founding Director of
Couleurs du Coeur, a
French non-profit
organization that
promotes humanistic
philosophy and global

collaboration through the use of art therapy.



Drew Matott, MFA is Co-Founder of the Green Studio Studio, People's Republic of Paper, the Combat Paper Project, BluSeed Paper Mill and Free Your Mind Press. Drew divides his time between coordinating The Combat Paper Project, teaching, doing art

residencies across the US and internationally.

Laury Rappaport, Ph.D., ATR-BC, REAT, LMFT, LMHC is an Associate Professor at Notre Dame de Naumr University. Laury is the Founder of the Focusing and Expressive Arts Institute whose mission is to cultivate mindfulness, compassion towards self and others, and expand healing through the arts.



(Paul) Lee Thiam Seng, MA is a Singapore artist, art therapist, and consultant. Paul is the Founder of UniqArts and Technologies, currently in private practice and running workshops for institutions, group and individuals. Paul has experience with providing art therapy to individuals and groups with special needs, in the medical setting, and schools throughout Singapore.

Gloria Simoneaux, MA, REAT, EXA, is founding director of Harambee a program in sub-Saharan Africa. Gloria taught Expressive Arts to counselors in Nairobi as a Fulbright scholar, affiliated with the Kenya Association of Professional Counselors.





Elizabeth Warson, PhD, ATR-BC, LPC, NCC, is an Assistant Professor in the Graduate Art Therapy Program at George Washington University, on the Board of Directors for the Society for the Arts in Healthcare and serves as the co-chair for the Society's research committee. Her research interests focus on American Indian cancer survivors and their family members.

For more on ATWB's Advisory Council please visit www.atwb.org

### Resources You Can Use



### New Group! Mindfulness & Art Therapy

Explore the interface and application of Mindfulness and Art Therapy with this new Art Therapy Alliance subgroup on LinkedIn. It's a wonderful place to exchange ideas and questions around the spiritual dimension of Mindfulness, the application of mindfulness to contemporary psychotherapy, art therapy, creative arts, MBSR, DBT, ACT, Hakomi, Focusing-Oriented Art Therapy (FOAT) and more with various populations. Moderator: <a href="Laury Rappaport">Laury Rappaport</a>, Ph.D., ATR-BC, REAT.

### **New Group! Art Therapy & Autism**

Explore the latest trends in therapeutic methods that are being used successfully with clients who are on autism spectrum in this new Art Therapy Alliance subgroup. Learn more about how art therapists can integrate creative modalities into proven techniques and strategies for this special population. Moderator: Pamela Ullmann, ATR-BC, LCAT.



### Leveraging the International Art Therapy Community through Social Media

Art Therapy Without Borders, Inc. presented "Leveraging the International Art Therapy Community through Social Media" as part of the 1st Annual International Creative Arts Therapies Teleconference organized by Laura Dessauer and Business Success for Therapists.

This presentation highlighted the dynamic digital landscape of the Internet and its global network. Attendees learned how to leverage the international art therapy community through social media through the many on-line resources and web tools available for art therapists to use for promoting, developing, and supporting international art therapy work. A SlideShare of this presentation can be downloaded here.

## art therapy alliance

### **Discussion Groups on LinkedIn**

Interested in exchanging ideas, dialogue, resources, and news with art therapists, art therapy students, and interested professionals? Join the Art Therapy Alliance community on LinkedIn, which includes 11 subgroups on a variety of art therapy topics from trauma and loss to older adults with neurodegenerative disorders. Learn more here.



## **International Art Therapy Organization Online Resources**

IATO has one of the largest collections of art therapy links to current websites and resources on art therapy, therapeutic art making, and art for health, well-being, and social transformation from around the world. Learn more about art therapy and mental health, trauma, autism, education, addictions, disaster relief, medical illness, Alzheimer's disease, and other topics.

<u>Medical Settings</u>. Read more about how art therapy and art is used in medical settings at this page; see a film on art therapy with hospitalized children, too.

<u>Disaster Relief</u>. Links to information on national and international sites and articles on disaster relief.

<u>Trauma Intervention with Children</u>. Brief articles and links to methods and research in the field of trauma, with a focus on art therapy as an important form of intervention for children.

Addictions. Find links to information on addictions and recovery as well as information on the use of art therapy in addictions work.

Psychoeducational Settings. Interested in the psychoeducational applications of art therapy in schools and educational settings? Learn more about it on this page.

Neuroscience. Developments in brain research continue to support why "art helps" and why art therapy is an effective method of intervention. Learn more about the latest research here and find links to information and sites to help you understand "how the brain works."

Neurogenerative Disorders. Learn more about art therapy and older adults and research on neurogenerative disorders such as Alzheimer's disease and dementia on this page.

Mental Health. Visit this page for information about art therapy and mental health, art and recovery, relevant links and websites, and the latest research in the field.

Trauma Intervention with Military and Veterans. Learn more about how art therapy is being used to help military and their families, and veterans with posttraumatic stress, traumatic brain injury, and other challenges.

<u>Autism and Autism Spectrum Disorders.</u> Learn more about this growing area of art therapy and how art is being used in the treatment of autism, Asperger's Syndrome, and spectrum disorders.

Media and Materials. Visit this page for information on media and materials used in art therapy, therapeutic art making, and art for health and social transformation. Learn more about art materials and digital media's impact on practice and methods.

<u>Creativity and Wellness</u>. Just how does creative expression help? Find out more here, read about creativity and health, and other related topics. Visit some interesting [and fun] websites on creativity, too.

<u>Domestic and Societal Violence.</u> Art therapy has been used with children and adults who have experienced domestic violence, school violence, and neighborhood violence; find out more about it here.

Art and Social Transformation. Art changes lives and communities in many ways around the world, each and every day. Read more about it here and about programs that are making a difference in people's lives.

Have a topic you would like to suggest? Have some information that you think should be posted? Send it to <a href="mailto:info@theiato.org">info@theiato.org</a> and we'll see what we can do!

What is Art Therapy? Monograph
Looking for an attractive and informational PDF
describing what art therapy is? Click here to
download a PDF of What is Art Therapy? a monograph
published by the International Art Therapy Organization
with definitions and resources you can use!



### **Art Therapy Without Borders, Inc. Films**

Cathy Malchiodi, PhD, LPCC, LPAT

Art Therapy Without Borders is proud to announce the release of films for the international art therapy community's viewing pleasure! ATWB's films showcase the use of art and for social transformation and change. Look for new and old releases to be available for purchase soon through the <a href="Art Therapy Without Borders Film Page">Art Therapy Without Borders Film Page</a>! Until then for a limited time, preview these selected film releases:

### ART THERAPY AND THE COMBAT PAPER PROJECT

Papermaking as Self Reclamation and Transformation: Deconstruction to Reconstruction, an Art Therapy Without Borders production by The Reel Redwing Studio & Cathy Malchiodi premiered in September 2010. This 10 minute film showcases inspiration from the work of ATWB partner <a href="The Combat Paper Project">The Combat Paper Project</a> and the story behind ATWB's papermaking experience to create reclamation and meaning.

Watch it here at the ATWB website.









### ART THERAPY: BE THE CHANGE YOU WANT TO SEE

By popular demand, this film is being reissued on DVD for sale through Art Therapy Without Borders at <a href="https://www.atwb.org">www.atwb.org</a> in the near future. <a href="https://www.atwb.org">View it here now</a>.

Filmography: I was inspired to make this short film in Fall 2007 after seeing a collection of drawings by children in Darfur. The visual testimonies of these children came about due to the initiative of Annie Sparrow, a pediatrician who while on a trip to the region asked the children to draw. Many of the drawings depict, with remarkable detail, Sudanese military, tanks, planes and helicopters attacking Darfuris who defended themselves with bows and arrows. The children's drawings revealed what they had witnessed, confirming atrocities to the Dafur is by Sudanese militia. In a ground-breaking move, the collection of images was submitted to the International Criminal Court (ICC), which has started proceedings against a Sudanese government minister and a militia commander accused of committing war crimes in Darfur.

I continue to be deeply moved by these children's drawings and the compelling story that continues to unfold. When words are not enough, image and symbol emerge to tell our stories. Equally, the drawings underscore the driving force behind art therapy-- the creative process of art making changes lives. Art therapists are using the power of art making to transform lives around the world, each and every day. To me, this is an ongoing example of Gandhi's message, that "you must be the change you want to see in the world." ~~ Cathy Malchiodi

## On the Grid



Theresa Quinn- Create, Communicate, and Heal....

Theresa Quinn, MA, ATR, LMFT is an Art Therapist and Licensed Marriage Family Therapist practicing in Michigan working with all-ages in her individual and family art therapy practice. Learn about her work through her website **Quinn Art Therapy**.

Art Therapy Without Borders Blog- www.arttherapywithoutborders.org

## Art Therapy Without Borders, Inc.

Promoting international art therapy initiatives in mental health, healthcare, & education worldwide

Art Therapy Without Borders, Inc. endorses Art Therapy OnLine (ATOL), a new and free publication for the art therapy community published by Goldsmiths University of London. ATOL is an international, peer-reviewed, open access and index linked journal that addresses theory, practice and research in relation to art therapy as it is known and understood around the world. ATWB is excited to start spreading the word about this free publication to members of our community! View and download current articles <a href="here">here</a>.



Do you have a website or blog you would like to see listed in an upcoming FUSION? If you can provide us with a reciprocal link on your site, we'd like to talk with you about exchanging and promoting links!

E-mail info@arttherapyalliance.org or info@internationalarttherapy.org

## **American Indian Art Therapy**

Ian Scott Wolfbane Barbour

I have always been able to express myself through art even when I could not express myself verbally or in written form. This is one of the reasons why I am dedicated to the subject of American Indian art therapy: it allows for the expression of feelings through art. This form of therapy has been around for thousands of years--well before it was considered therapy--among Native Peoples. Even so, it has not been on the radar screen as a type of therapy to the "outside" people until more recent times. Native people themselves have always used art as a way of healing; however, the Western world is now starting to understand Native people's ways of self-expression.

As a member of the Coharie tribe from central North Carolina, I can attest that there is little written about southeastern American Indian tribes, let alone art therapy. American Indian Art therapy was introduced to me and my tribe as a way to express feelings about health issues back in the early part of 2006 through Elizabeth Warson. At the time she was an assistant professor at the Eastern Virginia Medical School in Norfolk, Virginia and is currently an assistant professor in the Graduate Art Therapy Program at George Washington University in Alexandria, VA. I have had an interest in art therapy ever since; my family, my tribe, and I have taken part in some of the research programs such as:

Exploring American Indian Adolescents Needs through a Community-Driven Study; Healing Pathways: Art therapy for American Indian Cancer Survivors and their Family Members (pilot); Art-based Narrative Inquiry for American Indian Breast Cancer Survivors; and Healing Pathways: Art Therapy for American Indian Cancer Survivors and their Family Members.

American Indian art therapy has the potential to reach Native people on many different levels; it does not matter their gender or age. There are traditional Native protocols that must be followed when a research study or an art therapy session is held in a tribal community. Native Americans are a unique group of people and trust must be built with anyone coming into our tribal communities. We are the First People and are still often overlooked by society as a whole. For instance, many Americans do not know that North Carolina has the largest population of American Indians east of the Mississippi River, and according to the 2000 US census there are 99,541 American Indians living in the state of North Carolina alone. The eight federal and state recognized tribes in North Carolina comprise:

- 1) Eastern band of Cherokee (Cherokee County) They are also federally recognized by the United States Government.
- 2) The Lumbee Nation (Robeson County) They also have partial federal recognition from the United States Government as a result of The Lumbee Act of 1956.
- 3) Coharie Indian Tribe (Sampson and Harnett Counties)
- 4) Haliwa Saponi Indian Tribe (Halifax and Warren Counties)
- 5) Meherrin Indian Tribe (Hertford County)
- 6) Occaneechi Band of Saponi Nation (Alamance County)
- 7) Saponi Indian Tribe (Person County)
- 8) Waccamaw-Siouan Indian Tribe (Bladen and Columbus Counties)

There are also four urban tribal organizations consisting of:

- 1) Cumberland County Association of Indian people (Cumberland County)
- 2) Guilford Native American Association (Guilford County)
- 3) Metrolina Native American Association (A ten county area of the Southern Piedmont)
- 4) Triangle Native American Society (Raleigh/Wake County)

Each of the state and federally recognized tribes as well as the urban tribal organizations have their own specialized or preferred art forms expressing individual and group beliefs. For example, the Coharie senior citizens engage in their own form of therapeutic art every weekday at the Coharie Tribal Center through quilting. Not only is the quilting stimulating for the aging joints in the hands and fingers of our elders, it keeps their mind focused on the teaching aspect of an important cultural art form. During these sessions, the young adults and children to sit down with our elders and learn how to quilt, telling stories of the past as well as aspirations for the future. Each and every quilt our elders assemble is truly an extension of who they are.

Continued on page 10....

Integrating cultural art forms such as quilting into art therapy practice is an important consideration. In fact, the therapeutic application of quilting became apparent when the graduate art therapy students and faculty from EVMS partnered with the North Carolina American Indian Senior Citizens Coalition in November of 2007. Ninety-six elders and their family members attended the art therapy workshop in a large hotel ballroom. The resulting healing circle drawings from this workshop evolved into the creation of three fabric transfer quilts, incorporating the imagery from all the participants. The inclusion all tribes and Native associations in the making of these three quilts was unprecedented and over the course of one year, brought together Native people of all ages and both genders to bring awareness to their elder community. Through a partnership with the North Carolina Commission of Indian Affairs, the quilts have been on tour throughout North Carolina as well as venues such as the Mayo Cancer Clinic in Rochester, MN. The quilts are now on permanent display at the Coharie Museum located at the Coharie Tribal Center in the Herring Community.

Art therapy incorporates, as the name suggests, therapy through art. Native American Indian culture is rich with many art forms. There is basket weaving, beading, and singing of native songs while drumming, just to name a few. A lot of the young Native American Indian children receive therapy from their elders as they are taught how to bead, dance, sing, drum, or make beautiful and meaningful regalia. The children and young adults are encouraged to participate in these activities, not only to keep the crafts from dying out but also to calm someone who is restless or as an escape from a stressful situation. The best part of it is that the children and young adults do not look at it as therapy, nor do the adults. It is a continuation of a rich and noble heritage.

Knowing that there are so many American Indian people living in our state that are very creative and expressive with their art forms, my goal is to learn more about art therapy and how it relates to my people. In my opinion, Native People are often sent to mental health and medical doctors to get medications that may or may not cause other problems, when in reality they should be allowed to choose their type of therapy, alone or with medication so that treatment choices may not be so limited.

Our people would most likely be willing to take part in their own healing through art therapy verses any other therapy. In North Carolina most American Indians do not live on reservations. We live in tribal communities but we still face a world that does not embrace us as an important part of society. We have to continue to be united and remind others and ourselves that we are indigenous people who here everyday and not just during American Indian Heritage Month. When dealing with American Indians, any non-Indian must consider that we still adhere to most of our traditional values and behaviors. When it comes to personal differences, the traditional way allows for respect, that is, automatically staying out of other people's business and only offering our opinion if asked. Traditionally, you would show respect by returning the favor. In today's world--and quite possibly by there being only a handful of American Indian students in the schools here--the youth have adopted "split" behaviors. Although I feel our behaviors have been "split," I believe the traditional values remain—just more subdued. Unfortunately, there seems to be no regard for or awareness of our traditional values and beliefs outside our Native communities.

Traditionally, Native People become quiet when angered instead of doing what is socially expected in today's world. This behavior may be perceived as indifference to non-Natives. We like to make what we say or do count for something and it ultimately gets us in trouble in school because the educators, unknowingly, pressure American Indian students to make quick decisions or responses. We are just not wired that way. The push for quick response or decision may, and quite often does, drive a wedge between the educator and student is purposefully ignoring them or disrespecting them, when the blame should fall on the educator for not being educated in the cultural differences of their student. Most educators have in their arsenal lots of practice work, or sometimes called 'busy work' to supposedly enhance the lesson. Indian People traditionally view work as being purposeful: If the job has no purpose, why expend energy performing it?

American Indians traditionally believe in groups over individualism and prefer not to compete scholastically, but tend to, again, dual wield their traditional beliefs / values. Story telling is a big thing in our lives as it serves many purposes. Mainly it is a verbal history past on to all who will listen. Story telling is also a craft or an art form as not everyone can effectively tell the story in a way that is memorable. Last but not least, it is a form of entertainment allowing an opportunity for the listener to use their imagination as a way to bring the story tellers words to life.

Continued on page 11....

Time is relative to the non-Native world. My mom and dad always joke about 'Indian time'. If someone is late for an appointment they are considered to be on Indian time. Although time has its importance when dealing with almost everything, we view time traditionally by the rising and setting of the sun. It is only out of necessity we watch the clocks for specific times of the day to be wherever. Although my mom tries to be on time, and succeeds at times, she still runs on Indian time. My dad, on the other hand, is prior military and he likes to be punctual. It happens to be a good mix. The tendency towards caution and unfamiliar personal encounters and situations has given rise to the stereotypical portrayal of the stoic Indian. This characteristic is closely related to the placidity and quiet behavior of many Indian people. In many cases, such caution results from a basic fear regarding how their thoughts and behaviors will be perceived by others with whom they are unfamiliar. Although present at home and in my surrounding community, traditional ways are watered down to better fit in the non-Native scheme of things.

Art therapy is an exigent means of communicating feelings and concerns in the American Indian community because not only does the end result reveal something about us, it is something that is eventually done continuously in one form or another. The technique of art therapy used in my tribal community is more experiential vs. process-based. We are introduced to breathing techniques and ways to channel thoughts and feelings such as stress, pain, "pressure," and even good thoughts and feelings. letting go of bad thoughts through our art. Then we verbalize should we wish to share. Choice remains a key component. By the end of a session everyone feels refreshed and relaxed. I have been through sessions expressing my feelings about my father having cancer and created my own healing art piece "Healing Tracks" that has been selected to be published in an international children's magazine.

This piece was created during a very difficult time in my life. I have now overcome the fear of my father's cancer. Hopefully, I will learn more to help me understand how to become more verbal, and perhaps as more research studies are done, others will learn how to better relate to American Indian people through their art.



\*lan-Scott Wolfbane Barbour is a 17-year-old Junior at Midway High School in Sampson County, NC. He is a member of the Coharie Indian Tribe and likes to draw and take photographs of nature. Someday he would like to be a Herpatologist.

Editor's note: FUSION extends a special thanks to lan for sharing his writing and story with the FUSION community. Another special thanks to Elizabeth Warson who helped coordinate the publishing of this article.

lan provided permission for his first-person account to be published and all necessary permissions were obtained.

## **Create Corner**

Art Therapy Alliance Organizes Artist Trading Card Swaps Gretchen Miller, MA, ATR-BC

Art Therapy Alliance members of the Materials and Media in Art Therapy Community on LinkedIn recently participated in two Artist Trading Card (ATC) swaps during the months of July, August, and September 2010. These swaps were inspired by this news story and the community's interest to learn more about ATCs, as well as an opportunity to network further through art-making and our sharing art.

The first swap focused on the theme Art Therapy: Helping Others, Our Community, and World and the second swap, organized by community member Melanie Glassey was dedicated to the media collage. Collectively, both swaps included over 120 participants from across the US, Canada, and Australia who exchanged and received in return up to four ATCs.





This opportunity to create connection could also be applied to using ATCs with the many populations art therapists also work with. Creating ATCs and/or an ATC exchange among clients, groups, co-workers, family members, caregivers, etc. could be helpful in the mental health setting to foster compassion, understanding, empathy, raise awareness about various mental health issues, decrease isolation, promote expression and empowerment, as well as validate people's experiences.

The ATC exchanges were a lot of fun to creatively build on the connections created through the Art Therapy Alliance on LinkedIn!

To view all the ATCs created for both swaps, visit these locations to check out the web albums:

Swap #1: July/August 2010- Art Therapy Helping Others

Swap #2: September 2010- Collage Unleashed!

Many participants also blogged about their experience, which was an additional way to create connection! View these blogs here and here from both swaps.

A short film was also created with the ATCs exchanged in the first swap and can be watched <u>here</u>.

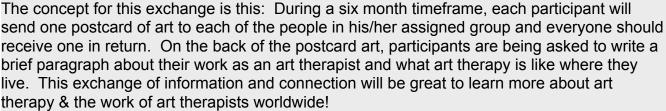
## ATWB International Postcard Art Exchange

This fall Art Therapy Without Borders launched an international postcard art exchange for the international art therapy community. The goal of this global collaborative art event is to allow community members from the Art Therapy Alliance, International Art Therapy Organization, and Art Therapy Without Borders to receive postcard art from art therapists and art therapy students living all over the world.

Over 350 art therapists and art therapy students are participating from Singapore, India, France, Scotland, Slovac Republic, Canada, Ireland,

Australia, the UK, Greece, Italy, the Netherlands, South Korea,





The deadline for participating in this project has passed, but you can follow and check out the postcard art being exchanged over the next six months through <u>ATWB on Facebook</u>. You can also stay connected to announcements about future art collaborations through this page!



Look for an update about this exciting project in the next issue of FUSION!

For those community members participating, enjoy and have fun!



## FUSION FEATURES SECTION

In this issue's Features Section, FUSION highlights international art therapy with the following articles and contributors:

- My Art Therapy Private Practice in Singapore Paul Thiam Seng, Lee, MA
- Focusing-Oriented Art Therapy: Bridging the Heart Across Cultures Laury Rappaport, Ph.D., ATR-BC, REAT
- Using Photographs in Art Therapy Practices Around the World: PhotoTherapy, Photo-Art Therapy, and Therapeutic Photography Judy Weiser, R.Psych, A.T.R.
- Art Therapy for Gypsy Children in France: A collaboration of Couleurs du Coeur, Pativ and École Plénitude Caroline Maby
- Endometriosis: From Operating Theatre to Amphitheater Tricia Ong, M.C.A.T.





Interested in submitting an article for FUSION's Features Section?

Please contact Features Editor, Liz Beck, MA, ATR at liz@lizbeck.net

Review our Guidelines for Submission on page 23...

### My Art Therapy Private Practice in Singapore

Paul Thiam Seng, Lee, MA

Art therapy has only recently emerged in Singapore. This is likely due to cultural taboos. In Asia, discussing family issues outside the home is not encouraged, and there is a common belief that going through therapy suggests embarassing problems with an individual or a family. As a result, most people do not consult with a mental health practitioner unless they are unable to cope with the psychological challenges in their lives.

Singapore was the first Asian country to offer a Master's degree in art therapy. This may be because of its cosmopolitan nature. However, low demand has resulted in there being only one art therapy institution in the country, LaSalle College of the Arts. I was in the second of three graduating classes from LaSalle's art therapy Master's degree program in May of 2009. My training was primarily based on American art therapy theory since our program director was trained at New York University. While I was training, it was a challenge to find supervisors and internships due to the limited number of full time working art therapists. During my education. I was fortunate to find a British trained art psychotherapist to supervise me as I interned at a local government-run hospital, where I examined the healing potential of art therapy.

The three graduating classes from LaSalle include a mixture of local and foreign art therapists.

The first cohort formed the <u>Art Therapists' Association of Singapore</u>, which promotes art therapy to institutions and the public. This has been challenging because art therapy is not a widely accepted form of psychotherapy, and jobs are limited in number. In order to make a living, some art therapists need to take jobs in related fields such as social work, psychology, counseling, or teaching. I estimate that there are less than fifty or art therapists practicing in Singapore today.

Nevertheless, demand for trained art therapists is growing, alongside growing interest in the general field of positive psychology. In Singapore, art therapy's challenge is to find a niche to focus upon that differentiates art therapy from other therapy fields that utilize art.

In my private practice, my specialty has been art education and creativity services. I recently began providing art therapy as additional added-value option to the primary services. My philosophy is to use art as expression, wellness promotion, and mental illness prevention. For example, I assist the individual to acquire healthy coping skills, so that he or she can ultimately use these kinds of inner resources without the help of the therapist. This practice overlaps with positive psychology concepts and techniques I also work with. Indeed, the ability to keep oneself in a positive and active lifestyle is like regular exercise.

helping the psyche to become stronger and prevent malady.

I am currently working with children, teaching them selfexpression through art making. My work to promote art therapy is important because in Singapore art therapy has been mistaken as "arts and crafts" activities or art classes. Furthermore, our cultural and educational systems are driven by performance and academic achievement, not self expression. I believe children must understand that art making is not only acceptable, it is an important and healthy activity. When I began offering art therapy sessions during school assemblies, I was impressed to find one school that dedicated an area specifically for art making so that students could participate while on break and between classes. Besides offering these experiential workshops at schools, I also integrate elements of art therapy into my private art courses. I have adopted multiple artistic media, and work with various groups of clientele including teenagers and families. I have also found group art therapy to be effective for team building, working well on corporate retreats. Developing creativity enhances the way a team works.

In conclusion, art therapy is new to Singapore and exciting initiatives are taking place for those who are willing to creatively navigate the cultural climate. Please feel free to contact me, as I enjoy corresponding with individuals and like-minded art therapists in other countries.

(Paul) Lee Thiam Seng, MA is an artist, art therapist and consultant. He is the Founder of UniqArts and Technologies, and is currently in private practice, running workshops for institutions, corporations, groups and individuals. Paul has experience working with individuals with special needs, in medical settings, and in schools throughout Singapore. He is passionate about art therapy, believing that it enhances wellness, health, positivity and happiness.

Paul initiated the <u>Positivity+Happiness Art Therapy</u> professional group on LinkedIn. In addition, Paul is a member of Advisory Council of Art Therapy Without Borders, Inc.

## Focusing-Oriented Art Therapy: Bridging the Heart Across Cultures Laury Rappaport, Ph.D., ATR-BC, REAT

I developed Focusing-Oriented Art Therapy (Rappaport, 2009) as a mindfulness-based approach that synthesizes Eugene Gendlin's Focusing (1981; 1996) with art therapy. I first learned about Focusing in 1977 and immediately saw the interconnection between it and art therapy, and how they enhance one another. As an art therapist and expressive arts therapist, it was clear to me that when people create artwork, they are engaged in what Gendin named "felt sense," an important place to be reached for psychotherapy to be successful (Gendlin, 1981; 1996). Gendlin suggested a connection between creativity and Focusing, stating, "Creative people have probably always used this [Focusing] method. What is really new in it is the specificity which we can describe the steps and teach them" (p. 16).

As I learned Focusing, I noticed that it added a mindfulness aspect to art therapy, helping people to become gently aware of their felt sense and welcoming of the Focusing Attitude. Focusing helped me to deeply understand how to be present with a client's experience, and to help clients keep company with the scary places—places of terror, as well as joy. It gave me the skills to help clients navigate their internal experiential process, alternating between art making and the unfolding process. I feel this was key to developing into a highly skilled clinician. Focusing also taught me how to help clients create from their inner felt sense, which often led to new forms of expression and openness to the use of unfamiliar media. Having developed experience with combining Focusing with the arts therapies for over 30 years with a variety of clients in different settings (including psychiatric, trauma, anxiety, depression, illness, wellness, private practice, schools, and prisons), I developed a theoretical and practical framework: Focusing-Oriented Art Therapy (FOAT) (Rappaport, 2009).

### **International Growth of FOAT**

The following vignette illustrates the power of art therapy to provide a universal cross-cultural language, which led to the development of international trainings in Asia. It was also the basis of my book, Focusing-Oriented Art Therapy: Accessing the Body's Wisdom and Creative Intelligence, which is published in both English and Japanese.

In 2005 I attended The Focusing International Conference in Toronto, Canada, and offered a workshop on Focusing and Art Therapy. As I started speaking, a gentle voice unexpectedly began translating my words into Japanese. I then looked around the room and realized that more than half of the participants were Asian. I abandoned my lengthier verbal introduction and moved into art. Since this was a group of Focusers (not art therapists) they were not too comfortable with art. First, I led a series of warm-ups in

which participants were encouraged to explore various lines, shapes, and colors, without judging them.

Next, I introduced a *Conversation Drawing*, in which two people share a sheet of paper and have a conversation using the art materials, without talking. As I explained the exercise (which was still being translated), a participant asked, "You mean we don't have to speak?" I said, "That's right." They were all elated. One Japanese participant chose a North American, and the others followed suit. During the exercise, there was a profound sense of quiet, deep connection—but also, lots of fun.

Typically, after a Conversation Drawing, partners verbally share their experience of the process. However, in this group the language barrier prevented verbal sharing. To help process the experience, I used FOAT to help them find a new image that would be developed into art: "Follow your breath down inside to your body...being friendly and accepting to how you are now.... See if there is an image that matches the inner felt sense." In the art, participants could easily see how their partner felt. One pair shared their drawings with each other and saw that they both experience light and bright, positive energy (Figures 1 and 2).



Figure 1: Pair A, Partner 1



Figure 2: Pair A, Partner 2

Another participant, Takara, demonstrated how FOAT can be used to hear the multiple layers of experience. Here is how she described her image of a red tulip with stars (Figure 3).

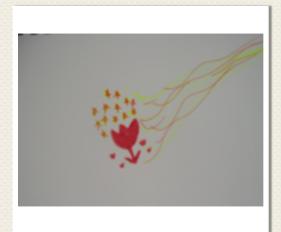


Figure 3: Takara's Felt Sense #1

"The tulip and stars symbolize the fun and playfulness of the experience. The tails of falling stars express the coming of the fun and playful felt sense."

After the partners shared, I invited them to Focus again and to see how the experience had changed, and whether they felt something else that wanted to be expressed in the art. Takara then took a grey oil pastel and covered over the bright tulip (Figure 4).



Figure 4: Takara's Felt Sense #2

Takara shared that she enjoyed the connection and was now aware of a lonely place inside, due to the separation she felt as the exercise was ending. I invited her to *ask* (a FOAT step) the lonely place what it needed. She heard the felt sense: "to give the drawing to her partner. Then the connection will continue around the world."

The unexpected bond between myself and the Japanese participants (in conjunction with the mindful, empathic art exchange) watered the seeds for what bloomed into a rich collaboration. This new direction led to my teaching FOAT in both Japan and Hong Kong, as well as various workshops. Since there is a great affinity between FOAT and the work of Natalie Rogers (Carl Rogers' daughter), I have been re-invited to teach at two international learning centers by trainers of Natalie Rogers—Kyoko Ono of the Japan Person-Centered Expressive Arts Institute and Fiona Chang, affiliated with the Hong Kong University.

The Focusing community is truly an international organization that offers applications to psychotherapy, arts therapies, peace, philosophy, community, writing, and more. While I have been teaching Focusing in the art therapy world, I also feel it is important to bring the arts therapies to the Focusing world. Together, they are a powerful combination. Within the Focusing Institute, there are trainers who developed a psycho-social model of wellness where they teach Focusing and listening in Afghanistan, Pakistan, Israel, Gaza and the West Bank, and other countries to help promote compassion and peace. In addition, I continue to teach FOAT internationally through the Japan Focusing Association.

I would like to conclude with a quote from one of the Japanese workshop participants: "People from different cultures and who speak different languages could have mutual understanding beautifully. I wish peace will be achieved through the power of Focusing and art." May art continue to be a vehicle, bridging hearts, inviting compassion, and promoting peace.

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Laury Rappaport, Ph.D., ATR-BC, REAT developed Focusing-Oriented Arts Therapy (FOAT) after combining Gendlin's work with art therapy/expressive arts for over 30 years. She is an Associate Professor at Notre Dame de Namur University, Focusing Coordinator/Trainer with The Focusing Institute and taught in the Expressive Therapies program at Lesley University for over 25 years. Laury is the author of Focusing-Oriented Art Therapy, founder of The Focusing and Expressive Arts Institute and teaches nationally and internationally.

# Using Photographs in Art Therapy Practices Around the World: PhotoTherapy, Photo-Art Therapy, and Therapeutic Photography

Judy Weiser, R.Psych, A.T.R.

Photographs contain meanings beyond their visual contents, in ways that words alone cannot express. They hold stories and reasons for being taken, posed for, kept, remembered, or mourned if lost. The memories and emotions that photographs unconsciously trigger can be useful in helping individuals explore various aspects of themselves and their lives.

Based on this, PhotoTherapy, Therapeutic Photography and Photo-Art-Therapy techniques have long been used all over the world. With the growth of the internet, practitioners and educators in these fields are increasingly becoming aware of each other's existence. This article is a brief review of some of the work taking place in various countries.

#### The PhotoTherapy Centre

Founded in 1982 by Judy Weiser, the PhotoTherapy Centre in Vancouver, Canada serves as the worldwide resource base for PhotoTherapy and related fields, such as Photo-Art-Therapy, Therapeutic Photography, VideoTherapy, and Therapeutic Videography (Film-making).

The Centre's library holds hundreds of articles, books, theses, dissertations, photo or video based creations made by clients or trainees (with consent to show for educational purposes), as well as videos used in training or educational workshops. Also available are original photographs taken by or of the early pioneers of PhotoTherapy, many of whom were also professional photographers. The Library also holds all past issues of the *PhotoTherapy Journal*, which is no longer published, but is still available for reading or purchase.

The Centre also maintains a comprehensive website: PhotoTherapy Techniques in Counseling and Therapy containing several informative pages, including "Who is Doing What, Where", allowing anyone working in these fields to share with others a short paragraph about themselves, along with their contact information. Currently, this page includes numerous listings describing the work and interests of individual practitioners all over the world.

Definitions and practices in various countries
Hundreds of practitioners internationally are using
PhotoTherapy, Photo-Art-Therapy and Therapeutic
Photography techniques with a wide range of
populations. During the past decade, several
organizations and individuals have been
practicing, educating about and networking in
these fields. Examples include England's
PhotoTherapy and Psychological Aesthetics of
Photographs, Russia's PSYphoto, Finland's
Finnish PhotoTherapy Association, Mexico's
ILPFOT (Latin American Institute for Psychology
and Photography) and Israel's Photo Therapy
Institute. Interestingly, only two of the above are
run by art therapists.

The above definitions of PhotoTherapy, Therapeutic Photography and Photo-Art-Therapy provided through the links above, were established nearly forty years ago jointly in the U.S. and Canada (Weiser, 1999).

Notwithstanding, when examining practices worldwide, it becomes evident that these terms are not always defined the same way in other countries. For example, in Korea, most of what is considered art therapy (which includes photographic work) is actually activity-based therapeutic art. In Japan, the PhotoTherapy Association discusses photos and their effects, but no therapists were on their organizing committee. In Latvia, art therapy is a formal field following the British art psychotherapy model, while in Russia, art therapy is not a licensed profession. There, various models are taught to a range of mental health and other professionals who then incorporate these skills into their practices. Only recently were PhotoTherapy, Photo-Art-Therapy and Therapeutic Photography techniques begun to be taught there.

In England, while many psychologists and similar professionals are using PhotoTherapy techniques and numerous licensed art psychotherapists are using Photo-Art-Therapy techniques, there is nevertheless a branch of Therapeutic Photography practitioners who insist on calling their work "PhotoTherapy," even though none are trained therapists and their practices are solely photographic.

Similar patterns appear in Israel, where some PhotoTherapy is done by licensed psychologists and other professionals, but most formal PhotoTherapy teaching is subsumed under Expressive Arts Therapies Programs. Thus the techniques are sometimes also used by, and taught to, non-therapists. For example the Photo Therapy Institute in Jerusalem takes students with backgrounds in fields other than therapy, such as photographers.

In Finland, Italy, and several other EU countries, it is common for the designation "PhotoTherapy" to describe a wide range of both therapeutic and photographic techniques, which are practiced by therapists but also non-therapists as well. Some licensed therapists and psychotherapists are using PhotoTherapy techniques, however, these professionals often teach non-therapists and make no mention of Therapeutic Photography to distinguish the difference between the two practices. In most other EU countries, various photo-based healing activities/practices are gathered under the generalized term PhotoTherapy, even when no therapists are involved in activating the processes.

As most art therapists know, the definition of art therapy differs widely across different countries and sometimes even within them. Similarly, such differences in how PhotoTherapy is defined are not inherently wrong or bad just because they are different. There are simply a variety of educational standards and licensing requirements throughout the world, and these produce a range of different ways to view the same thing.

In my opinion, PhotoTherapy (with Photo-Art-Therapy as a sub-category) and Therapeutic Photography are best viewed as two ends of a single continuum, along which any kind of photobased exploratory practice can be located: PhotoTherapy (i.e., photography-during-therapy) at one end, and Therapeutic Photography (i.e., photography-as-therapy) at the other.

In considering the above practices of using personal photographs to assist healing, it is important to recognize that most of this also applies to moving pictures because all films and videos are based on photographic imagery. Therefore most of the theory underpinning these practices is similar—and thus a wide variety of VideoTherapy and Therapeutic Videography practices can be found all over the world; most notably in Italy, along with some interesting individual practices in the USA and Canada.

#### Conclusion

Lastly, I want to acknowledge that I have only begun to learn about photo-based therapy and healing practices in countries outside North America during the past decade, and therefore I would be delighted to learn new information (or receive corrections) about how photo-based therapy and healing practices are performed throughout the world—so please contact me if you have updates to share.

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Judy Weiser, R.Psych, A.T.R. is a psychologist, art therapist, and an early pioneer of PhotoTherapy techniques. Founder and Director of the PhotoTherapy Centre in Vancouver, Canada, and former Editor of the PhotoTherapy Journal, she has given numerous trainings, workshops, lectures, and Keynote/Plenary addresses internationally. In addition to her book, PhotoTherapy Techniques: Exploring the Secrets of Personal Snapshots and Family Albums, she is the author of professional articles, book chapters, and produced an educational video. For more information about training and upcoming workshops, click here.

### **Art Therapy for Gypsy Children in France:** A collaboration of Couleurs du Coeur, Pativ and École Plénitude Caroline Maby

Couleurs du Coeur is a French non-profit organization cities would rather refuse the Roma and choose to that promotes humanistic philosophy and global collaboration through the use of art therapy. We are comprised of a team of art therapists, educators and supervisors, psychologists and a logistical engineer. We are volunteers who are deeply involved in various social and humanitarian actions and research. Our primary mission is to bring psychological care to victims of post-traumatic stress disorder (PTSD).

Rich in various skills and approaches, Couleurs du Coeur is rooted in humanistic and transpersonal psychology, inspired by such thinkers as Jung. Maslow, Rodgers, May, and Assagioli. Most of our therapists follow the philosophy of Art thérapie évolutive (evolutionary art therapy), a French movement developed by Alain and Marie-Odile Brêthes, and Catherine Vallée. Art thérapie évolutive asserts that drawing is not only a means of selfexpression, but also a technique for accessing the psyche. For this reason, art thérapie évolutive uses a symbolic method of analysis. This intuitive and rigorous method takes into account the symbolism of images, while at the same time analyzing conflicts presented in the artwork. Thus the artwork is a document revealing what obstructs self-fulfillment or what brakes the ability to be flexible and dynamic in the face of life challenges. Once analyzed, the artwork becomes an irreplaceable tool towards progress and liberation for both the client and therapist.

In partnership with <u>École Plénitude</u> and the non-profit organization Pativ, who works towards protecting the rights of the Roma (or "Gypsy") population of France, Couleurs du Coeur offers art therapy sessions to Roma children living in camps in the west of France. In Europe, the Roma people are a common target of ethnic discrimination. Education is often withheld, while French politics enhance stigmatization and rejection. Shockingly, in the Czech Republic, obligatory sterilization is still practiced today.

The Romani diaspora originated in India. They were nomadic for a thousand years before settling in various countries throughout the world. Despite this scattering, a subgroup known as the Roma, primarily concentrated in Europe, keep a strong cultural identity and feel they belonging to one unique community.

Unauthorized migration continues today, and most Roma entering France come from Romania or Hungary. Despite their illegal immigration status, some laws exist which mandate that certain cities and towns keep areas available for Roma camps. Most

pay a penalty instead. Even if a town provides for a Roma settlement, the residence of the camps are often evicted after six months or so. Conditions in the camps are squalid; the Roma live in corrugated iron cabins with no water or sanitation. Families have no privacy and everyone sleeps in the same room. Many are victims of chronic physical and mental illnesses.

A child who was or still is migrating, experiencing exclusion, poverty and hunger, needs to express himself. Art therapy and creativity allow emotional expression. If left unexpressed, these emotions could be transformed into verbal or physical aggressiveness, leading the child down a path of violence and rejection.

When Couleurs du Coeur. Pativ and École Plénitude organized our first session with the Roma community, we anticipated a group of only 15 children. When we arrived, more than 35 children were impatiently waiting for us, sitting on the benches we brought and looking for the pastels.

Couleurs du Coeur led a long-term project in Haiti, offering art therapy to traumatized children in hospitals, orphanages, and feeding centers. Many commonalities have been noticed between the drawings of these Roma children and those made by Haitian children after the recent earthquake. The recurrent signs concern faith in the earth, the notion of uprootedness, the house as a subject, selfconfidence, and fear of the future.

In the featured drawing, the individual to whom we will refer as "R." drew his solar masculine with no physical body, and no feet. None of the drawings included the ground. Without roots, how well can a child learn and grow? Can he or she integrate into society?

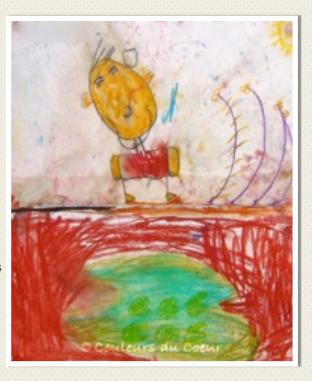




We can see both pride and inquisitiveness in the eyes of the Roma children. In the drawing, the black-and-white person seems to jump out of the box, and frankly reminds me of the devil. Behind the box, there seems to be a house with an orange and a wall drawn in four colors. Whose house is it? Does it belong to the black-and-white character? The house appeared in many drawings without directive from us.

The individual to whom we will refer as "M." is making a selfportrait: a very big head, truncated arms, feet in the shape of a duck's.

The body is small in comparison to the large head. We encouraged M. to color the drawing, especially his beautiful dark skin. My partner then asked him to place another sheet of paper at the bottom of his drawing. He was then able to make a ground for his character. He extended his drawing with a puddle of water with six leaves, which could be interpreted as something alive in the emotional world (as represented by the water). This child seems to have inner resources and resilience. Future sessions would likely include encouragement to continue developing the figure, with the hope that it represents cognitive and emotional growth.



**Caroline Maby,** artist and art therapist, founded <u>Couleurs du Coeur</u> in 2005. She works in France with various populations, including adults suffering from psychosis and bipolar disorders, violent adolescents and ostracized individuals. Caroline developed <u>Mind Art</u>, an interactive project, which aims to enhance creativity and is integrating digital art therapy into medical facilities. She also is active in the international art therapy movement, providing psychological services in Haiti. She can be contacted at <u>caroline@couleursducoeur.org</u>.

### FROM THE EDITORS

Do you have some news, a story, or a possible feature for a future FUSION issue? Or do you have a technique or program to share?

Contact us at the following addresses:

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## **Endometriosis: From Operating Theatre to Amphitheater** Tricia Ong, M.C.A.T.

In 2002, I began my Masters of Creative Arts Therapy Degree at R.M.I.T. University, Melbourne, Australia. At the end of that year, after a long journey with ill health, I was diagnosed, via surgery, with endometriosis, a disease where the tissue of the lining of the uterus grows outside the uterus itself.

Over the next five years, I would be challenged by surgeries and medical treatments that often left me feeling worse than before my diagnosis. In between treatments, I studied – often with difficulty – and tried to balance family life.

Paradoxically, I was inspired by my studies, and I often used writing to help me cope with my medical experiences. Although I was not aware of it at the time, I was beginning to set the foundation for my future work as a creative arts therapist. Endometriosis shifted my conception of chronic illness, which, incidentally, was my inspiration for undertaking a Master's degree.

In 2006, midway through writing my thesis, I was challenged by a new medical diagnosis: adenomyosis, a disease where tissue of the lining of the uterus grows within the muscular wall of the uterus. At the time, my medical experiences caused feelings of isolation and I began to seek the support of other women. However, I met a stumbling block. The Endometriosis Association of Victoria, our regional association, had just folded due to funding issues.

On a personal level, I was disappointed. Professionally, however, I saw an opportunity for developing a creative arts therapy program for this group of women. My research had made me aware that little had been written about creative arts therapy and the endometriosis experience, so I knew there was potential to do some groundbreaking work.

Although I was excited about the idea of working with women with endometriosis, I was aware that the timing was not right for me. I was still struggling to cope with endometriosis-related health issues.

In early 2007, with my degree completed, I took a self-imposed 'time out' to contemplate major surgery. I was exhausted. In addition, I was living in constant pain: chronic pelvic pain, thigh pain, cyclical migraine headaches, and more. During this time, however, I also made a vow to myself. If I had surgery, and managed to achieve wellness, I would devote some of my professional life to working with women with endometriosis.

In June 2007, I had a hysterectomy and left ovary removal. Delightedly, much of the pain that I had experienced for many years simply disappeared. As a result, I began an unexpectedly fast road to recovery.

I spent the rest of the year recuperating with the support of my husband and children. It was important to me that my health stabilized before I embarked on my new career path. (I knew that my surgery was not a cure for endometriosis.) During this period, I used my 'downtime' productively: I consolidated my research and began to chart a course for my future.

As a part of this effort, in 2008 I attended the World Congress on Endometriosis in Melbourne, which allowed me to make important connections in the endometriosis field – locally, nationally and internationally. Later that year, I wrote my first work proposal, and applied for my first grant for an arts project for women with endometriosis. Unfortunately, this initial effort was unsuccessful. However, I was invited to observe gynecological surgery with a gynecologist specializing in endometriosis. It was an opportunity to learn more about my disease from a medical perspective.

In 2009, with my health stabilized, I began my first arts-based workshops for women with endometriosis. The start was slow. I had to gain the trust of medical professionals as well as women because creative arts therapy was new to both parties. Through dedication and persistence, doors then began to open in the fields of obstetrics and gynecology via numerous pathways.

By the end of the year, I had worked with women with endometriosis, ovarian cancer, polycystic ovarian syndrome (PCOS), and women undergoing in vitro fertilization (IVF) treatment. I had also seeded my first grant for an arts project for women with endometriosis. In addition, I had taken on a small voluntary role for Endometriosis.org, a global website that disseminates news and information about the disease. Furthermore, I had published articles on my personal endometriosis experiences.

I am currently continuing my private work while at the same time challenging the conventional boundaries of creative arts therapy by undertaking an innovative eight-week online arts project for interstate and international women with endometriosis. (More information available <a href="https://example.com/here/">here</a>.)

Through this project, two women have been able to tell their personal stories in narrative form and through art, and in a very public forum. I then assisted them in relating their artwork to other women with

endometriosis, medical professionals, artists, arts therapists, and others. From the positive feedback I have received, via both email and blog comments, I know the art has touched many people.

Both women felt empowered by the experience. They are looking forward to the next phase of the project: a photographic exhibition at the Royal Women's Hospital in Melbourne.

In partnership with a major women's health organization in Melbourne, I am currently also working towards a new grant-funded project for women with endometriosis. If successful, it will further strengthen the relationship between the endometriosis community and the creative arts therapy fields.

As a creative arts therapist, I feel privileged to be working in this field. Even though I know I still have a long way to go to achieve my goals, it has been personally gratifying to take endometriosis out of the operating theatre and into the amphitheater of the arts therapies. I plan to continue, and when the opportunity arises, embark on further research.

**Tricia Ong, M.C.A.T.** holds a Master in Creative Arts Therapy Degree from R.M.I.T. University, Melbourne, Australia. In the past she has studied and worked with children and their families in early child care and hospital play therapy. Embracing her interest in voicework, Tricia's Master's research explored the therapeutic value of unaccompanied singing.



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We accept submissions of articles and personal essays, including case studies. Topics of interest include all aspects of clinical work, supervision, research, and practice relevant to the field of Art Therapy. Currently, we are looking for shorter articles that range from 500-1000 words. We do not pay for submissions.

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### Requirements of the writing process:

- Consider the relevance of the topic for the field of art therapy.
- Use a clear, concise, engaging, and accessible writing style.
- When referring to research findings, explain it's relevance for clinical practice or the human experience.
- When writing, use a conversational voice.
- Please include references (APA style) when applicable.

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