

## Hannah's story

### As told by Art Therapist, Beth Robertson

When 26-year-old Hannah was referred to Art Psychotherapy she had been diagnosed with rapid bipolar disorder and post-traumatic stress disorder (PTSD). Hannah's first partner had died suddenly and she began drinking alcohol. Following this, she began a relationship with a physically and mentally abusive man that lasted six years.

During one session, Hannah described feeling empty. I asked her if she would like to use some paint. She chose to take three large containers of paint and to slowly squeeze them directly into the bin. Hannah described how she felt like the empty containers.

After the session, I took the bag out of the bin and carefully placed it in a jar. I also kept the empty paint containers. When I told Hannah about this the following week, she was surprised that I had kept the contents of the bin and the used containers.

The emptying and keeping of the paint had a significant impact on Hannah, who now began to work through the emotional context of her experiences. She often revisited and referred to her jar during the time that we worked together.

The power invested in the jar's negative content gradually became positive as Hannah explored her trauma. Over the next year and a half, Hannah worked through what had happened to her. She reached a point where she could describe her experiences to her family.

During our final session, Hannah took the jar out of the art box, where it had been in the room with us every week. She explained that she wanted to put it on the mantel piece in her living room. She had reached a point where she could value the contents of herself.



## **Joshua's story**

At the age of seven, Joshua was getting very anxious at school. Every little problem had become overwhelming in his eyes. He dreaded going to school and was repeatedly vomiting every morning before leaving the house. He was unable to eat during the day for fear of being sick, and so gorged himself in the evenings, becoming overweight as a result.

During his first session with a Dramatherapist, Joshua mentioned his huge anxiety of being told off in class. He also confided his great interest in the Second World War, which triggered an opportunity to introduce dramatic themes of anxiety and bravery, relevant to Joshua's predicament.

Joshua enthusiastically agreed to create a story from the Second World War with his Dramatherapist. During the enactment of the story - which involved the D-Day invasion - Joshua's character was an unhesitatingly brave lieutenant in the US army. The Dramatherapist decided to become his fearful comrade.

Joshua had to give reassuring talks about bravery and fear to his comrade, explaining how he himself also felt afraid, but knew that he had to carry on. They parachuted out of a plane, marched across country, and attacked a gun emplacement. During a quiet moment in a village church, Joshua - as the brave soldier - explained to his incredulous comrade about his difficulties at school when he was a boy.

During the enactment, Joshua seemed able to become a different, more confident sort of person. Afterwards, the Dramatherapist complimented him on his creativity and his intelligence. Joshua showed surprise at this, saying that he had thought of himself as unintelligent. They also discussed how being told off by a teacher maybe is not a disaster.

After six weeks of sessions, Joshua revealed that the vomiting has stopped. His anxiety episodes before school also petered out, and he was now eating throughout the day. He had also made some new friends, and according to his school, this positive change continued.

## **Jyoti's story**

Admitted as an inpatient at least once a year for over three months at a time, 74-year-old Jyoti had a history of Schizophrenia. She had previously lived alone, however it was felt that she was no longer coping, and the plan was for her to be moved to a residential home. Jyoti was very ambivalent about moving and at the thought of losing her independence. She was referred to dramatherapy to support the transition.

The dramatherapy space was a place where Jyoti was able to begin to express her fears and losses. She would often use the sand tray as a space to communicate these fears, and at other times to create a space to play and laugh.

Jyoti was finding it increasingly difficult to feel heard in her new home, so we began to use the space to think about her relationship with the staff and environment. She would often use people in the sand tray to try out new discussions and ways in which she could communicate her needs without coming across as 'complaining', which was another of her fears.

She would often portray herself as a superhero figure - the opposite of how she actually felt, but her way of attempting to find a stronger voice. We would role play conversations, and explore what Jyoti wanted in this new chapter of her life.

She became more confident over time, and began to meet more regularly with her key worker. She also joined groups outside of the residential home, and often became the spokesperson for community meetings - supporting others in the home to find their voices as well.

Jyoti finished the dramatherapy sessions confident and settled in her new home, participating in new activities and creating new relationships. Jyoti has not had another inpatient admission in over two and a half years, and the Dramatherapist always receives a Christmas card from Jyoti, telling her about her latest activities.

## **Louis's story**

### **As told by Art Therapist, Jessie Fuller**

Seven-year-old Louis is a young carer for his mother. He had been suffering from nightmares following a serious accident where he had an active role in saving his father. Whilst he was smart, energetic, witty and considerate, Louis exhibited high levels of anxiety, demonstrated by obsessive behaviour, sleeplessness and increased worry about everyday activities.

During his first art psychotherapy session he created an intensely colourful, layered painting, which was quickly and dramatically covered up with sweeping brushstrokes of black paint, leaving only glimmers of red and yellow shining through. He stuck a tiny fish sticker at the centre of the image, announcing its title: 'Mucky Fish'. I was struck by the daunting black dominating the painting - amongst it all a surviving fish, struggling in the midst of darkness and coping as best he could.

As time went on, Louis shared snippets of his nightmares, which seemed to reflect gripping feelings of responsibility, guilt and helplessness. His creations became increasingly powerful. They included a clay model of a man with a detachable head called 'Mr Think Forgetful', who spat out thoughts and from time to time his head literally fell off because he had so many things to think about.

After ten weeks, Louis said his nightmares had stopped. He could sleep more easily and felt less worried about the trials and tribulations of everyday life. He showed less need to step into my personal space, and was content making his creations on his own; thus reinforcing a kind of peace with himself which had previously been hard to reach.

## **Rachel's story**

### **As told by Music Therapist, Anita Vaz**

16-year-old Rachel has profound and multiple learning disabilities and complex healthcare needs. She is blind, suffers frequent seizures, and needs a high level of care. Rachel was referred for music therapy in May 2013, in the hope that sessions could provide her with an outlet for self-expression, an opportunity to interact and communicate non-verbally, and a space for her to explore her feelings when listening to music - to which she's highly responsive.

From the beginning of my work with Rachel, I used her breathing to set the tempo of my music. She realised this very quickly, and soon showed how much she enjoyed the control and empowerment she experienced in her sessions. I generally played the flute or sang whilst we were playing 'the breathing game', as it became known as. After a while, Rachel began to use her breathing as an instrument, and a tool for communication. She would hold her breath while I held the note of my flute or singing, and resumed playing when she began to breathe again. She smiled at these moments, and looked delighted that she was influencing the music I was playing.

Rachel often vocalised with me, and the more she used her voice, the more confident she appeared to become. It was wonderful to hear her giving me more of herself, and I felt that I became more deeply attuned to her as we sang together.

Rachel has now moved up to the Sixth Form. Her support worker has said that seeing Rachel in her sessions has allowed him to see a new side of her that he did not know existed.

Music therapy allows Rachel to experience the freedom to communicate, interact and express herself. It also impacts her interaction with staff outside of the session, as they realise how cognitively aware she is, and how much she is able to interact when given the appropriate medium to do so.