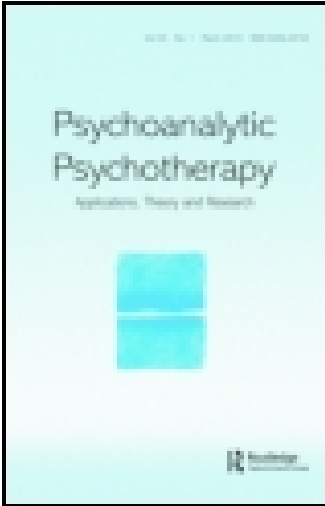


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### 3 Man unlock: out of sight, out of mind Art psychotherapy with a woman with severe and dangerous personality disorder in prison

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### 3 Man unlock: out of sight, out of mind

## Art psychotherapy with a woman with severe and dangerous personality disorder in prison

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'3 Man Unlock' refers to the status of prisoners who are considered so volatile that they cannot be let out from behind their doors without three officers present at all times. This paper uses clinical material to illustrate the use of art psychotherapy to contain the trauma and violent acting out of a woman in a prison setting, whose status was frequently '3 Man Unlock'. The powerful projections from behind this locked door pervaded the landing, and it began to resemble the woman's mind: fragmented, split and paranoid. Through the development of a relationship with the art psychotherapist and the making of images, these toxic projections became part of a narrative that enabled the woman to express her feelings and see them contained, perhaps allaying the fear that her anxiety would overwhelm those around her and instigate a further lock-up. This woman's work illustrates the fear and dangerousness prisoners may feel themselves, and the cycles such punitive environments may re-enact.

**Keywords:** art psychotherapy; projection; counter-transference; trauma; containment; image

### Introduction

Fear of attack is a constant part of the institutional dynamic in a forensic setting where the physical security of the actual building and the psychological security of a bounded therapy session might be undermined by punitive or humiliating strategies used to relieve staff anxiety (Hinshelwood, 1993). Institutional and staff responses may stimulate unconscious re-enactments of abuse or trauma from the patient's past or of the trauma of committing the violent act itself (Hinshelwood, 2012; Rusczyński, 2012; Scanlon, 2012).

In this paper, I aim to demonstrate that using image-making, within the containment of a therapeutic relationship, can help to make sense of conscious and unconscious communications, both in the work with the patient, in relationships with colleagues, within the institution itself, and ultimately in relation to society.

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Using image-making to recognise primitive defences including splitting, projective identification and self-harm as wordless responses to the existence of trauma, both the act of violence perpetrated and the re-enactments of earlier traumas, can be acknowledged, witnessed and thought about. Unresolved trauma remains live in many of the women engaged in art psychotherapy in this environment and where this is psychologically active and likely to influence behaviour, in particular acting out rather than thinking (Bateman 1998; De Zulueta, 1998) this may lead to increased risk, which must be safely contained. Bracha Ettinger proposes in her work the idea of wit(h)nessing (Pollock, 2010, 2012). This is an aesthetic concept that brings together the notion of witnessing an individual's experience and feelings, while simultaneously being with them emotionally, of being present in their current telling of events. Art psychotherapy brings these psychoanalytical, creative and aesthetic ideas together.

I will consider more about unconscious communication and the way art psychotherapy can illuminate an individual's experience more closely in a detailed case study, which I hope will crystallise ideas based in art psychotherapy and attachment theory, object relations theory and in particular the concepts of projection and identification. I will connect this with the wider issues of the institutional transference and institution-wide projections and acting out.

### **Art and psychotherapy**

There is often a misunderstanding in clinical settings of the distinction between teaching arts and crafts and art psychotherapy (Waller, 1984). Throughout the prison, I am generally addressed by staff and prisoners as the art therapy teacher, the art and craft woman, the art lady or any number of permutations with the notable exception of art psychotherapist. Where the crossover does exist is in the possibility of art making meaning. Grayson Perry, a maker whose work confronts social issues including dysfunctional family relationships and child neglect, suggests that the desire to make art is innately human when he states '... I think there is a thing where the human being, the human mind has this amazing capacity to transform traumatic events... art is expressing one's universal wound, the wound of living a finite life of incomplete meanings' (Perry, 2013).

Given Grayson Perry made his name making pots, this might also be an opportunity to recognise Winnicott's concept of holding (Davis & Wallbridge, 1981) and Bion's concept of the container and contained (Bion, 1967) and the creative resonance these metaphors have in the thinking and practise of art psychotherapy (Dalley, 2000; Killick, 2000). Images contain meaning implicitly which may make not knowing and holding uncertainty more tolerable.

### **The prison as container**

To conceive of prison as an environment where art psychotherapy can take place, it is necessary to recognise its importance as a physically secure place for women

who may live on the outside with the daily obstacles of addiction, mental health issues, violence, abuse and trauma. This primary acknowledgement of the importance of the physical container is paramount in offering the women the opportunity to use art psychotherapy where it may be unlikely their lifestyle outside would enable any consistent engagement (Adshead, 1997; Aulich, 1994).

In contrast to the chaos of living in the community, the prison regime and structure is centred on discipline, particularly ideas of reward and punishment known as incentives and earned privileges (IEPs). Women who behave well progress to enhanced landings where they are entitled to privileges including extra time unlocked. Women who are disruptive are put on 'basic' and lose privileges including their television or the right to associate with their peers. Violent or dangerous behaviour is met with transfer to the Care, Rehabilitation and Separation Unit (CRSU), colloquially referred to as the 'seg', where privileges are removed and the prisoner must sit an adjudication to decide how long she must spend segregated from less disruptive prisoners. Most women reside at ordinary location, and this accounts for the majority of the landings in the prison. There is a mixed group of women residing here who have committed a wide variety of offences and appear to cope reasonably well with the prison regime and the forced proximity to one another. There are separate landings for lifers and women who are detoxing from drugs or alcohol. In addition, there is a Healthcare Assessment Unit where women who are vulnerable or who are not coping can be monitored for transfer to hospital or supported to move back onto ordinary location.

This highly structured setting may be seen as physically containing and easily comprehensible. However, there exists the inevitable contradiction between prison's primary focus on security, punishment and discipline and art psychotherapy's primary focus on creative curiosity, reflection and understanding. This generates an inherently complex conflict. Furthermore, the staff and the prison setting itself, the brick mother, may reflect many of the problematic dynamics of the women's original families (Aiyegbusi & Tuck, 2008). Relationships between staff and the women can appear enmeshed or avoidant, and especially with those women who show personality disorder traits, which make up 50% of the female prison population (Jewkes, 2007) volatile and humiliating. There are regular splits where sides are taken or favourites preferred (Main, 1957) and important professional or peer relationships are frequently terminated abruptly, stimulating unresolved trauma around loss. The prison's security measures mean women are not told transfer dates and have no power to move around the prison to attend appointments. This provokes uncertainty that leads, paradoxically, to extremes of psychological insecurity, the foundation on which most of the violent offences by these women may be constructed. Thinking is commonly replaced by action, and women may respond to their distress through physical solutions. Distress in the female prison population, where the ability to regulate emotion is often limited, frequently manifests as violence, which in this context is primarily self-harm. This may momentarily act to sooth the woman's distress or give her some sense of control (Motz & Jones, 2009), but

it equally offers the staff an opportunity to respond easily and concretely themselves. To use dressings or medication to offer physical relief, or to exercise a seemingly valid excuse to become angry or punitive, may be a welcome relief from the anxiety such behaviour engenders. In the meantime, the women's silent or mute psychological call may be overlooked. This violent acting out plays a part in the re-enactment of difficult and abusive relationships by the women, staff and the institution, and can be potentially highly destructive and dangerous (Norton & Dolan, 1995; Ruszczyński 2012; Scanlon & Adlam, 2012). It is essential to be cautious and acknowledge the toxic projections and acting out by both parties within the therapeutic relationship. An awareness of the discharging of unconscious projections and acting out using primitive defences including splitting, collusion and denial, by the therapist as well as the patient, is vital in understanding what is happening within the therapeutic process.

### **Working in prison**

I believe it is fundamental to understand the motivation I have for working in such a disturbing environment with such vulnerable individuals. Intellectually and politically, I can justify my motivation as an extension of my feminism. I believe that women have been ill treated by the criminal justice system and that historically education and learning in prison has been poor. Baroness Corsten reported that she found the women's estate '... sadly lacking in the concept of emotional literacy, the base from which all learning starts' (Corston, 2007, p. 7).

Underlying this, however, working with such primitive and violent emotions has forced me into uncomfortable realisations about my own life experience and emotional needs. This personal curiosity is essential. I believe that to be effective as an art psychotherapist I must be able to suffer when projections hurt and not just defend myself or counter-attack. It is as crucial to avoid emotional detachment as emotional over-involvement, and to do this safely, I must appreciate my own vulnerabilities and be aware of the difficult feelings and personal responses my patients may bring up in me (Temple, 1998; Yakeley & Adshead, 2013). If I do not recognise these feelings, then I am likely to unconsciously project them back on to my patients and colleagues just as my patients do to me. I must continually use supervision to assess my own internal conflicts and contradictions to work safely in what can feel like an unsafe situation. In addition, understanding counter-transferential responses is essential in discerning risk (Hinshelwood, 2012). For the women, art psychotherapy can reveal conflict, uncertainty and contradiction. But it can also hold intolerable emotions safely together in the images and within the therapeutic relationship to be thought about and processed in due course.

### **Case study**

I'd like to focus on one case to give a better understanding of the complexity and intensity in the ideas I have outlined. I have chosen this case because it was

difficult emotionally and intellectually, both the relationship with the patient herself but also in relation to splits in the team, my own acting out and the institutional response to her emotional and physical violence. However, while seeking some understanding of the dynamics of this relationship, I also want to reiterate that not knowing and holding uncertainty for a patient is a real and important part of the work, particularly when the staff, the institution and the patient herself may be looking for concrete answers and explanations. Bion suggests that we must be able to tolerate mystery and our own ignorance (Bion, 1990) if we are to support our patients, and I see this as imperative.

I also want to emphasise how closely I attempt to monitor my counter-transference during art psychotherapy sessions. The feelings or identifications I perceive can inform risk assessment as well as offer what feels like an authentic involvement that may help me to recognise what is happening. Hyatt Williams suggests that the transference relationship between therapist and patient is ‘...crucial and in a very complex way it is THAT relationship that enables the contemporaneous situation to be understood and any danger signs recognised’ (Hyatt-Williams, 1998, p. 160).

In the following case, I found that I felt forgotten and marginalised, vulnerable and exposed, or useless and hopeless, all of which might be thought about as projections originating from the patient, the staff, including me, and the prison itself. An awareness of these counter-transferential feelings also helps me identify any resonance that the patient’s experiences or relationships may have with my own personal history, and thereby mitigate my feeling overwhelmed, confused or acting out in response or retaliation to what the patient brings up in me (Evans, 2007).

I want to thank this patient, whom I will call Tina, for allowing me to use this material.

### **Initial meeting**

At the time we met, Tina was in her mid-20s and had served 6 years of a life sentence with a tariff of over 20 years. She had been convicted along with two male co-defendants of the murder of another male who had died from stab wounds following an attack in the street.

Throughout her incarceration, Tina had been moved all over the prison estate, which mirrored her childhood experience of continually moving around children’s homes. As a child, before her removal into local authority care, Tina had suffered neglect and inter-familial child sexual abuse. This pattern of abuse by trusted adults and peers continued recurrently in the children’s homes and foster care placements she entered (Adshead, 2004).

Following her conviction, Tina had been categorised as having a ‘dangerous and severe personality disorder’ (DSPD). The DSPD programme (Department of Health, 1999) was introduced in the UK in specialised intensive units in selected prisons and forensic hospitals in 2001 for the treatment of patients assessed as

posing a significant risk of serious offending or harm to others and whose risk was linked to their personality disorder. Classification depended in part on a score of 30 + on the Psychopathy Checklist-Revised (Hare, 2003) and on the individual having a diagnosis of at least one further personality disorder in addition to antisocial personality disorder. DSPD was widely viewed as controversial primarily as it had no legal or medical basis and was interpreted as a political definition originating from the government consultation paper 'Managing dangerous people with severe personality disorder' (Department of Health, 1999). The programme has more recently been disbanded in favour of a reconfigured national strategy for managing high-risk personality-disordered offenders based on a 'whole systems pathway' across the criminal justice system and National Health Service (Joseph & Benefield, 2012).

The vast majority of individuals who fulfilled the criteria of DSPD were male. Perhaps in part as a consequence of this classification, Tina was seen as an unusually demanding and dangerous woman who in the past had taken hostages, made weapons and assaulted staff. She was a prolific self-harmer and was seen as difficult to contain. She approached me following a violent self-harming incident while staying on the healthcare assessment unit and asked me if she could have some art therapy as she felt this was her last chance and she 'had to do something'. I conferred with the team managing her care and agreed to see Tina for three assessment sessions.

### Assessment

Tina brought her diary to show me, and it was full of death, gore, abuse and violence. My immediate feelings were that she would reject art psychotherapy and it would not be enough to hold all the mess. Retrospectively, I thought this ambivalence on my part might be something of my own fear of working with her violence and rage. Tina made an image and spoke eloquently and metaphorically about her sketches. She said that she felt boxed in, could only smile on the outside and her heart was mangled up. While drawing, she disclosed sexual abuse, a violent rape and her mother's own imprisonment for murder caused by an arson attack when Tina was a young child. She protested her innocence of her own murder charge, but the cycle of trans-generational trauma seemed unambiguous.

Tina's images appeared sketchy, unconfident and diagrammatic, describing her feelings rather than embodying them (Schavarian, 1992). Tina draws a small empty box surrounded by blank paper (Figure 1), and on the other side, she draws a black square, a kind of void, which she then folds up. It feels defended and I wonder if this is mirroring my reluctance to think about what she has done or her closing off her thinking as a defence to protect her from the trauma of what happened. Either way, I'm aware that there's the possibility of my colluding with her denial of the murder and I seem to be cutting off my own feelings and capacity to think in order to survive my time with her. Motz suggests that the



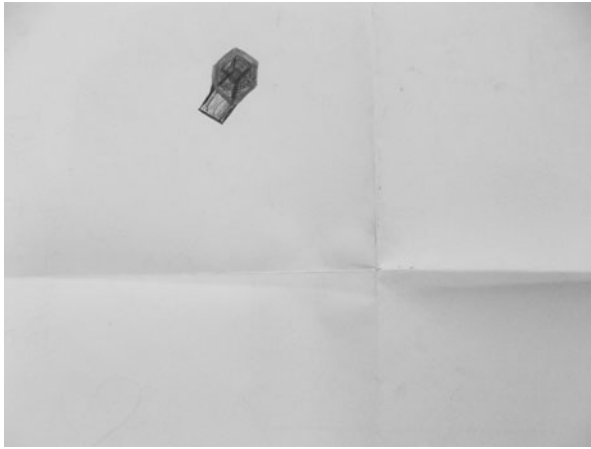


Figure 1.

most insidious attack on thinking within the therapeutic relationship is the invitation to collude with the denial of what has happened (Motz, 2010).

### The beginning

Following the assessment, we agree to continue the sessions. Tina is back on ordinary location so is expected to do her therapy in a room on the landing. She tells me that she feels judged doing it here and wants to continue to come to the healthcare assessment unit. She tells me that she feels as if I can read her. I'm acutely aware of somehow being groomed by her, and I find myself agreeing to all her requests, which feels dangerous. While I might use this feeling as a way to assess the risk, I also want to keep in mind the fear we all feel when seeking something new or unknown and that Bion suggests is an important part of the therapist's work. He writes that '... when approaching the unconscious – that is, what we do not know, not what we do know – we, patient and analyst alike, are certain to be disturbed... In every consulting room there ought to be two rather frightened people: the patient and the psychoanalyst. If they are not, one wonders why they are bothering to find out what everyone knows' (Bion, 1990 p. 4).

During these initial sessions, Tina is saddened that the psychiatrist she trusted has now left and she speaks about a friend who killed himself, and she tells me she knows that I will leave her too. Tina speaks about both hating and loving her mother while drawing a very faint frame around the edge of the paper. She tells me she is not going to hurt me, and as we talk about the two of us in the room together, Tina paints this image of two trees leaning towards each other (Figure 2). She says that it is a place where she was happy once and I wonder if it's about us in the room together. The trees are not close and there is water between them but the birds seem to bridge the two together. I suggest this idea,



Figure 2.

perhaps prematurely, and Tina hides the image. This session feels difficult, but I feel myself beginning to engage and I wonder if Tina feels the same tentative relating?

By the end of the following session, my ambivalence has been usurped by sadness and I feel overwhelmed. She paints another frame, much heavier, and inside it makes a print. It sticks together, and she literally has to tear it apart leaving torn scraps of paper on both sides. It is damaged. She has been speaking about my gaze and tells a story about therapy in one of the children's homes where they covered her eyes and mouth if she didn't look at them or speak. Tina speaks about her experiences of neglect and abuse and how she thought as a child it was normal to be locked in a cellar. I think about the shame this must elicit and how my gaze might feel to her (Motz, 2010). Now Tina says she feels angry and she looks satisfied as she rips the paper apart. I think about her mother and about the separation she endured when she was imprisoned and how brutal it seemed when she pulled these two parts of the image away from each other. At the end of this session, Tina says 'all I want is a hug. I just want my mum to love me. I waited at the gates of children's homes for 9 years and she never came. I'm dogshit'.

Tina says she has been warned by another patient not to see me as I can 'read her thoughts'. I reply that I cannot read her thoughts or her images but I'm listening to her, and I'm reminded how these women have suffered so much emotional deprivation that being listened to may actually feel abusive and intrusive, responding to care as if it were abuse (Taylor, 2012). Tina again draws a frame and inside it a fragile, shaky, dry-looking pot plant under a small portion of sun. As she draws she describes the events leading up to the murder. She describes being beaten and kicked by her boyfriend who was also her pimp, and going out specifically to hurt someone so she could come to prison. This is the

first time I think about Tina identifying with the aggressor at the point of the murder, re-enacting the abuse she had suffered for so long as a defence against her powerlessness and fragility. I think of Tina's despairing attempt to reduce her anxiety by changing from the passive victim to the active aggressor, assuming the attributes of her abusers to transform herself from the threatened to the threatening (Freud, 1936).

### Developing trust

Tina keeps coming to the sessions. We meet in the same room at exactly the same time each week. It is consistent. Tina is surprised she's still attending. She says 'you must be doing something right'. Outside of therapy she is being moved regularly around the prison from landing to landing.

Then, Tina is sent back to the 'seg' and has been told by staff that she is volatile and dangerous. She tells me she is not 'mad', so does not want to be on the healthcare assessment unit. I wonder if she is literally fighting for her sanity. She paints a thick black border while talking about how dangerous and violent her mother is and how her mother feels safe in prison because she knows if she's released she will kill again. I wonder if Tina is thinking about herself and feel momentarily frightened. I think of this fear as both a signal that I need to be aware of her potential violence but also a projection of Tina's own fear of the murderous part of herself. Tina has created a strong defensive box with several layers of walls (Figure 3), and I wonder if this is an internal prison, a place in which she can be safe. Tina finishes painting and tells me about a book she is reading. A teacher helps a child who has suffered abuse and gives her hope. I ask how and Tina replies, 'she is there for her and she listens'.

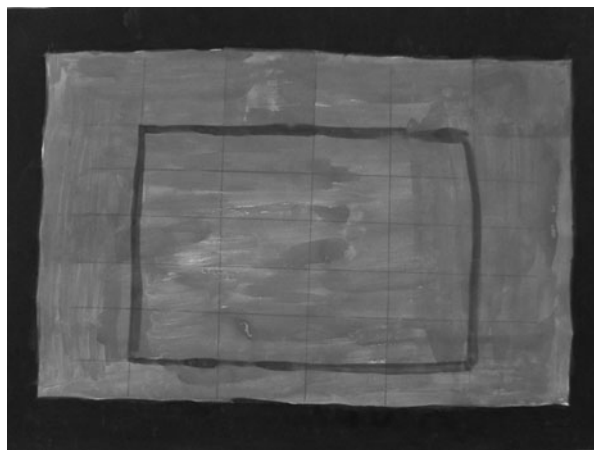


Figure 3.

### **Attachment, idealisation and identification**

Next time, Tina makes a lot more mess. She folds her image, but she does not tear it apart. It is stuck together and she leaves it stuck together. I think about how it has become *attached*. Tina asks how long I will see her for and asks if I will leave her too?

At this stage, it seems that Tina has begun to make an attachment to the therapist and the images. It's messy and I feel cautious. I'm also feeling anxious about the intensity of emotion and concerned that Tina is elevating me to a level where I can 'read' her in a way that no one else can. I'm worried about her splitting me off and idealising me, and how this might be acted out. Up to now the prison has been helpful in getting Tina to her sessions, and it has been agreed that a consistent therapy space will provide some continuity for her. But as the therapy progresses and Tina has been able to form an attachment, the prison itself appears less benign.

On arriving in the 'seg' to collect Tina for the next session, I am told by the landing governor that she will no longer be allowed to the health assessment unit and will have to have her sessions in the adjudication room. This is the room where sentences are passed down when a woman has broken prison rules. The governor is angry with Tina for her difficult behaviour. I protest vehemently and find myself in the security governor's office, head to head in what feels like my own adjudication. I seem to have taken on Tina's fighting stance and feel furious. I 'win' the argument but realise that my response is intense. I think of Tina's murderous rage and imagine how frightened she must have felt throughout her life and of how frightening she has become. I have to acknowledge my own primitive response to this dread. Perhaps this is my own defence mechanism, unconsciously identifying with Tina's aggression to protect myself from the fear and distress the work is instilling in me (Freud, 1936).

Tina arrives the following week and tells me she used to attack people who had a good life and once attacked a woman who looked like me. She tells me how physically strong she is while she draws a border and a square house. The house looks empty and barren (Figure 4). Tina doesn't want to look at it with me, and I think about her internal world and how empty and exposed she might feel.

When we meet again, Tina says 'I just have to tell you that if you never came back it wouldn't bother me, I wouldn't care' and she paints a single flower with a dry brush. She doesn't use water and paints straight from the tube. It is uncomfortable to watch and sounds and feels horrible, as if our being close is impossible to bear. I consider how overwhelming she might find our growing intimacy and how desolate she may find her own physical and emotional isolation (Glasser, 1979).

Throughout the next session, Tina asks me what I think the image she is painting is, as if she wants me to know (Figure 5). She tells me it has no meaning, it is just a mess and the flower should not be there. However, many weeks later, Tina tells me this is a depiction of the murder, which illustrates well how images can contain meaning when something is literally unsayable.



Figure 4.

### **Shame, denigration and attacks on the therapy**

In the week following this implicit but silent acknowledgement of her crime, Tina appears paranoid and dangerous. She shouts abuse at the officers and tells me she feels 'loose in her head'. I have to let her know that it doesn't feel safe to have a session. I wonder if Tina has broken an internal boundary in depicting this flower, her crime, and I feel conflicted and disloyal when I inform the team of my concerns about Tina's increased risk and mental well-being.

Tina has been taken back to the 'seg' and in this drawing she appears to have re-instated her own internal boundaries by locking herself up (Figure 6). She

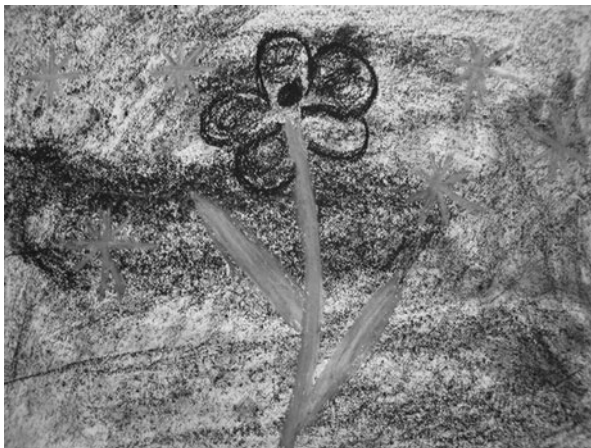


Figure 5.

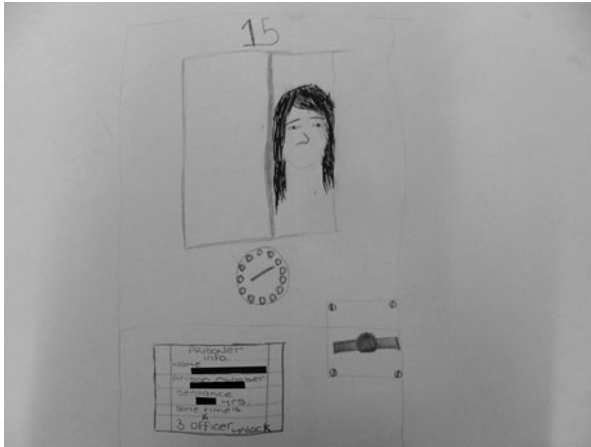


Figure 6.

seems to have re-enacted the entire narrative of her crime and punishment in this image and the previous flower image and her behaviour has mirrored this. She has mutely depicted the murder, broken down and been imprisoned. In addition, she has self-harmed and is refusing to eat. Tina says she feels weak and powerless and in the counter-transference this makes me feel very strong and safe. I wonder if I am enacting the institution's attitude to responding to violent crime. I feel paranoid, a parallel of society perhaps, impinged upon and invaded. I finish today's session by suggesting that next week we think about the precise number of sessions we should have. It seems as if I am even re-enacting the handing down of the sentence, perhaps as an unconscious paralleling of the offence and the institutional response (Scanlon, 2012).

Tina and I have agreed a framework to support her in applying for a prison-based therapeutic community for women with severe personality disorders. She is aware that they only accept women who admit their guilt in regard to their index offence. The work has felt intense, and I am aware of counter-transference feelings of fear, paranoia, disappointment, rejection and anxiety. However, I also feel there is some hope being held in the therapy and in the relationship, which though at times feels idealised has not yet been completely denigrated. Then, Tina's closest friend dies unexpectedly in another prison, and she says she has 'more pain than the whole universe'. We do not talk but sit together with her image, which she folds over, saying she is ashamed of people seeing it.

The following week, I am told that Tina is too volatile to attend. I go to her cell to explain that I haven't forgotten her and that her session remains open. Tina shouts abuse at me through the hatch. I am shit, a liar, disgusting and she hopes I die of cancer or in a road traffic accident. She shouts that I just want her to talk about the murder. The verbal abuse continues even while I'm in the office. I feel tearful, shocked and misunderstood. I feel denigrated. Tina has done a

remarkable job of letting me know how she feels and consequently I question my motivation to continue our work together. Hyatt Williams suggests that attacks on the process are inevitable. He wrote that the ‘... aim of the attacks, at least unconsciously, is to destroy the will to help, to abdicate from growing responsibility, and to drift back into a sense of aggrievement’ (Hyatt-Williams, 1998 p. 261).

### Splitting and fragmentation

I have survived Tina’s murderous projections but she is angry that I would think she would hurt me and she makes this image (Figure 7). As Tina draws the victim, she says ‘*yeauggh*’ and appears disgusted. The mess is getting into her skin, under her nails and everywhere. In the image, a murder has happened. Tina does not fold or cover it up but hands it to me. She doesn’t want to say anything about it. There is a planned break, and when we next meet, Tina has made a deep and dangerous cut in her leg and has smeared blood on her cell wall. It seems as if in the absence of a creative channel she has acted out the violence of the murder by assaulting her own body, or has perhaps attempted to annihilate her mental anguish by inflicting physical pain on herself. Ruszczynski proposes that individuals with no internal capacity to process anxieties, impulses or conflicts may use the external space they live in or their own bodies as a canvas to express their emotional states (Ruszczynski, 2012) and Tina seems to be doing exactly this.

She seems incapable of keeping herself safe and the staff team appear to be responding to Tina’s powerful projections and seem scared. They begin to panic and are struggling themselves to keep Tina safe. Within the team action seems to have replaced thought and the prison is failing to contain the overwhelming



Figure 7.



Figure 8.

anxiety Tina's embodiment of her trauma is creating. I find that a colleague has cancelled my session with Tina because he thinks it is dangerous. He has not consulted me and I feel furious, humiliated and anxious. I feel desperate for some hope in the next session but have to sit with the mess, the dust and the filth Tina's image generates. It is bleak and black and she folds it up and puts it aside.

During the next few weeks, I find I am unable to think and the sessions are constantly disrupted. It has been decided that Tina is to be transferred to a secure hospital. She is upset and is acting out violently. As a result, she is on and off '3 Man Unlock' and can only leave her cell for exercise if accompanied by three prison officers. Tina tells me her whole life she has been shut behind a locked door (Figure 8). She has said in a previous session, 'when they close my flap I am out of sight' and I think about the years of child sexual abuse she endured and the powerlessness the prison environment recreates by literally shutting her up.

Tina tells me she is scared of going to hospital as they will drug her so she cannot think. This fear seems to mirror my own and the team's inability to think as the levels of distress around her emotional disturbance becomes increasingly difficult to contain (Fonagy, 2004). Staff members are splitting now into those who feel supportive of Tina and have become over-involved and those who feel abused and worn down and have detached themselves. It feels as if her care is fragmenting and none of us can think (Aiyegbusi & Tuck, 2008).

There is uncertainty about Tina's transfer, and I remind her that we need to make definite plans for the final session. With this, Tina takes her work outside and rips it all up, screaming and crying out. I feel helpless and feel that nothing can be done. I take her empty folder to her and let her know she can put the work there, whatever condition it is in and I will continue to keep it safe. She cries that no one can help her, it is not possible, but when I return later in the day, her work is in her folder by my desk. It is in fragments (Figure 9).





Figure 9.

### The ending

Tina makes her next image quietly but also wants to look at the ‘murder’ image again. She still doesn’t want to talk about it. She labels today’s image (Figure 10) ‘before’ and the murder image (Figure 7) ‘after’.

Tina’s referral to the secure hospital has been suddenly accepted, and she is told she could be transferred at any time. We agree that it will give her one definite ending to work with if we make the next session our last but Tina immediately walks out. I follow her and emphasise how important the ending will be. I tell her that throughout our work together I have felt hopeful, and Tina



Figure 10.

begins to cry. We sit together quietly on a sofa in the healthcare assessment unit until the 50 mins is up and I encourage her once more to attend the final session.

The tree is alone in the water, and there is something on the horizon (Figure 11). Tina shows no emotion, but is able to stay almost to the end of the session. She gets up, but before she leaves she says to me, 'I appreciate you working with me. Most people are too scared to work with me, but you always stayed and weren't afraid'.

## Conclusion

My aim is that this case study emphasises the importance of what I believe art psychotherapy in prison can offer. Images can hold and contain difficult contradictory emotions, feelings and actions that cannot always be described verbally. The images themselves can be kept and looked after and the patient given time to begin to feel safe enough to think about them. This process can perhaps be thought about as a physical illustration of Bion's ideas around projective identification. Bion suggested the conceptual transformation of indigestible beta elements into metabolised alpha elements that occurs during alpha function resembled, and in many ways were identical to, the visual images with which we are familiar in dreams (Bion, 1967). There is something in the discharging of unprocessed feeling into images that allows them to be processed while in the therapist's care, before being brought out again for reflection as feelings that can be felt without becoming overwhelming. Tina was perhaps beginning this process of reflection in comparing her 'before' and 'after' images, but the suddenness of her transfer made further digestion impossible.

Tina had not only to contend with her own disintegrated inner world, but an institution that unconsciously repeated and compounded the rejection and loss she had been traumatised by, moving her around the estate from landing to landing and leaving her powerless. Tina's grief, following a sudden, unexpected and traumatic bereavement, created panic and was responded to by moving her suddenly to yet another institution. Her emotions became so overwhelming that it seemed none of us could think and the trans-generational failure to contain Tina's emotional disturbance, which led to her own violent offence, was re-enacted.

Tina wasn't able to speak much in the sessions, sometimes not at all. Often she would say nothing mattered or would get annoyed with me for sitting quietly. But her images gave her a voice and the consistency and boundaries of the therapy offered her a safe place where she could begin to look at her crime. She was able physically to describe what was happening for her, the mess, the fold of shame and the violence of her internal fragmentation.

This is what I would argue art psychotherapy is so good at. Images offer a different language, a language that can hold contradictions, nuances and physical acting out. These expressions of a patient's internal world can be put away, kept safe and brought out again when the patient is ready to start thinking.

I believe that art psychotherapy changes both the patient and the therapist. Working with Tina had a profound effect on me. It changed me and my hope and belief is that Tina was also able to internalise something important and permanent from our work together, something she could hold on to until she is ready to continue further. Tina moved to the hospital but she had, perhaps for the first time, experienced a relationship where she could be both creative and intimate with another person and with herself.

Peter Fonagy recognises the exceptional opportunity art making gives individuals to understand themselves when he states that ‘art therapy invariably places the individual in relation to another – the creation of his or her imagination. There is something between the experiencing self and the self as a product of experience which is replicated in art therapy and may have much to teach us about . . . who we are’ (Fonagy, 2012, p.90).

When I returned to prison after Tina’s transfer, I was told that she had taken her art therapy images with her.

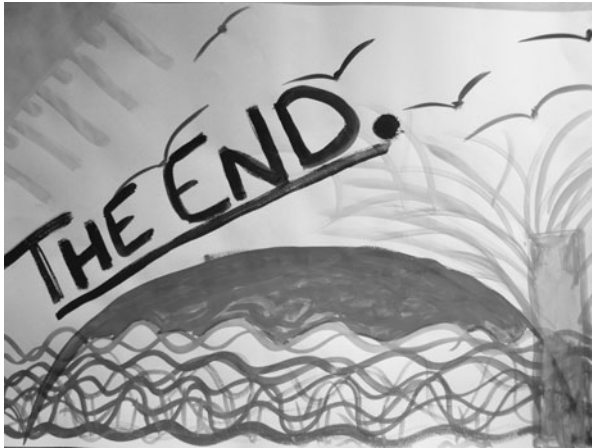


Figure 11.

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