## **Book Review**

Art as research: Opportunities and challenges

Editor: Professor Shaun McNiff Intellect, Bristol & Chicago, 2013

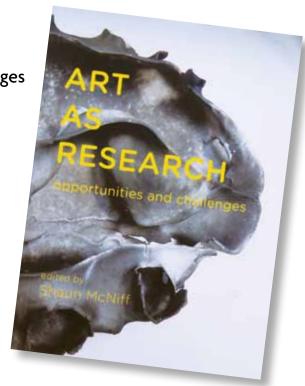
## Reviewed by Claire Edwards

Despite the fact that our era is dominated by a demand for healthcare research which is evidence-based, there are still relatively few art therapy publications which specifically address the topic of research methods in art therapy for the few examples, see Gilroy, 2006, 2011; Kapitan, 2010. In this book, editor Shaun McNiff has brought together over twenty articles on the topic of art-based research that were originally published in two special issues of the *Journal of Applied Arts and Health*, one in 2012 and one in 2013.

McNiff (art therapy educator, author and professor at Lesley University in Cambridge, USA) has published a previous volume, *Art-based research*, which addresses the relationship between art and research. Like Gilroy (2006, 2011) in the UK, and Kapitan (2010) in the USA, McNiff is to be congratulated for continuing to tackle this difficult and somewhat controversial subject, albeit as editor this time.

Since I am familiar with McNiff as an art therapy educator and author, I initially assumed this new volume was specifically about art therapy research. However, closer reading indicates that it is not solely concerned with art therapy, but with the broader topic of arts based research. While the authors include musicians, philosophers, creative writers, poets, and actors, many are indeed art therapists and art therapy educators, such as Pat Allen, Bruce Moon, Michael Franklin and Laury Rappaport.

Franklin, for example, in 'Know thyself: awakening self-referential awareness through art-based research', writes sensitively about a creative exploration, through the medium of clay, into his experience of prostate cancer, an exploration which eventually became his PhD thesis. He addresses some of the many 'problems' of art-based research, such as the dualistic relationship between art and science,



and the fact that these modalities are differently valued in academia.

Franklin's art-based self-study draws heavily on his experiential art and meditation practices carried out over a long period of time. These practices can be further understood through the knowledge-base of neuroscience, which is starting to provide valuable evidence of how the brain is changed by trauma, and how it can be healed by a variety of practices, including expressive therapies and mindfulness (Kass & Trantham, 2014). When we move beyond a dualist view of art and science, advances in knowledge can occur. In reality, as Franklin argues, and as Rosal (1989) suggested 25 years ago, art therapists should be moving beyond this dualism, and seeking instead to integrate them, from a position of 'both/and'.

In 'The feeling of what happens: A reciprocal investigation of inductive and deductive processes in an art experiment', British art psychotherapists Learmonth and Huckvale write about their participant observation research into the process of markmaking, which tries 'unsuccessfully' to isolate formal elements of art-making, thus validating the embodied, connected and systemic nature of the creative process. This brings to mind a similar experiment by Springham, Thorne and Brooker, (2014) which attempted to integrate

and understand neurobiology, attachment and mentalisation within an art therapy group process, using video recording and participant observation.

A contribution from three Australian researchers, Rumbold, Fenner and Brophy-Dixon (art therapists and educators in public health at La Trobe University, Melbourne), entitled 'The risks of representation: Dilemma and opportunities in art-based research' explores the authors' intersubjective processes of artistic exchange involved in co-creating a triptych. As these processes unfolded, many issues were raised which were pertinent to clinical art therapy practice and research, such as the risks of reactivating shame, and the potential for identification of research participants because of their distinctive artwork or their relationship to the researcher.

Sally Atkins in 'Where are the five chapters?' writes about her involvement in art-based research with doctoral students at Appalachian State University. She makes important links between the practice of expressive therapy and research, stating that "art-based research in all its forms is one aspect of recognising and reclaiming the power of the arts in the service of life" (p.65).

Wherever we as individuals sit, the debate about art-based research, science and EBP continues to be an important one for the art therapy profession, and I am therefore grateful to McNiff for his sometimes provocative contributions. In Art heals (2004), McNiff is very clear about where he stands on the demand for EBP in healthcare. He states: "I regard this quest for statistical proof of efficacy as redundant: I already know that art heals - and everyone else does too" (McNiff, 2004, p.290). My initial response to this statement, which I have used as a discussion point in teaching art therapy research to students, is that it is uncompromising and perhaps even somewhat arrogant. Does everyone know this? How can McNiff claim to know what 'everybody' knows? How does he even know what he 'knows'?

McNiff's is a strong statement which, for me, underlines the ambivalence many art therapists have about the requirement for scientific, positivist, outcomes-based research that would categorically 'prove' the efficacy of art therapy and perhaps grant us the right to sit at the same table as other professions whose practice is more solidly based in EBP.

In the face of this demand, as McNiff suggests in his 2004 publication, we have a binary choice: we can either pursue scientific evidence or we can claim that it is redundant. I worry that too many art therapists, intimidated by the rigours of the scientific method, tend to do the latter. I notice this is the default position of many art therapy students I work with, although I always try to persuade them otherwise.

This collection of articles provides a rich and rewarding representation of many of the aspects of McNiff's position, and will be of great value, for example, to art therapy students who undertake heuristic art-based enquiries as part of their Masters studies. Making art about the process of research could also assist students in their own process, whilst possibly promoting confidence in their own art-making, as a side-benefit.

By knowing themselves a little better, through their art-making process, they will undoubtedly become better art therapists as a result.

## References

Gilroy, A. (2006). Art therapy, research and evidence based practice. London, UK: Sage.

Gilroy, A. (Ed.). (2011). *Art therapy research in practice*. New York & Oxford: Peter Lang.

Kapitan, F. (2010). *Introduction to art therapy research*. London & New York: Routledge.

Kass, J., & Trantham, S. (2014). Perspectives from clinical neuroscience: mindfulness and the therapeutic use of the arts. In Rappaport, L. (Ed.). (2014). *Mindfulness and the arts therapies: Theory and practice*. London, UK: Jessica Kingsley.

McNiff, S. (1998). *Art-based research*. London, UK: Jessica Kingsley.

McNiff, S. (2004). *Art heals*. Boston, MA: Shambhala.

Rosal, M. (1989). Master's papers in art therapy: Narrative or research case studies? *The Arts in Psychotherapy*, *16*, 71-75.

Springham, N., Thorne, D., & Brooker, J. (2014). Softer: Looking for oxtocin in art therapy. *International Journal of Art Therapy*, 19, 31-42.