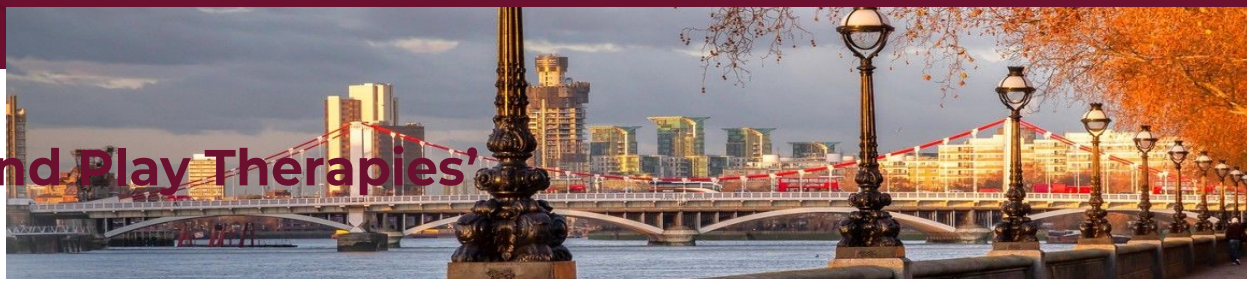
Spring/Summer Edition 2024

The Psychiatric Eye

The London Division eNewsletter

RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

‘Creative and Play Therapies’



In this issue:

Editorial

Welcome to the Summer 2024 edition of The Psychiatric Eye. It’s been such a long time since we saw you last! Have you been enjoying the London heat?

We come to this issue with a sense of curiosity appropriate for the subject matter, and it has been truly enlightening to discover your perspectives on creative therapies. It was especially pleasing to receive articles from a diverse range of professional backgrounds, which has broadened our horizons.

Medical student (and College Psych Star!) An Nakamura provided our prize-winning entry, “Bringing live music into the psychiatric intensive care unit”. She shares her journey of playing violin for inpatients in the PICU, offering an engaging story, as well as a motivator to provide more of these experiences where we can. Nakamura rightly acknowledges the risk inherent to PICUs, but emphasises that the patients within, despite being restricted of their freedom, have their own lives, wants, and needs. She recognises the importance of respect, connection, and the appreciation of art for these patients.

Additionally, this issue features initiatives from the East London NHS Foundation Trust using art to bring cultural connection; the importance of play in psychotherapy; insights from ‘clinical musical improvisation’ in psychodynamic music therapy; the benefits of pet therapy, and much more.

We also have an interview with Lizzie Burns from Origami Pulse. Her enthusiasm for the art of folding paper objects and her experiences supporting service users in healthcare settings may inspire you to decorate your clinical area with origami flowers!

If you’re inspired to contribute to our next issue, you might want to start thinking about people within the world of psychiatry who we’d all find interesting to read about. The theme will be “Inspirational figures past and present”. Who inspires you, and why? Perhaps a teacher, colleague, an advocate, or a public figure… Please write an article for us and share who has influenced your professional endeavours and who motivates you in your working life.

For more guidance on your submission, see our website London division newsletters (rcpsych.ac.uk)

Now, read on, and then go get creative!

Sachin and Afia

Chair's Message

By Dr Suhana Ahmed

Welcome to the Summer Edition of the Psychiatric Eye – The London Division eNewsletter. A big thank you to those of you who have contributed to this edition, as well as the London Division Editorial Team.

This month the focus is on creative and play therapies, which spreads across a range of subjects, including my all time favourite: PET THERAPY! As an inpatient consultant a few years ago, I saw first-hand the benefits of the pet therapy dog on our ward. You'll often hear me talking about how my three rescue cats make a massive difference to my mental heath and have helped me through difficult times.

It's been a busy few months for the London Division Executive members. On 5th June, we celebrated the 3rd RCPsych London Division Awards. It was the most well attended ceremony to date, and it was wonderful to see staff all over London celebrating the achievements of colleagues. The ceremony was opened by last year's Psychiatrist of the Year winner, Dr Amrit Sachar. I was joined by Sonia Walters, CEO of RCPsych, to present the awards. A drinks reception with photos followed. It was absolutely wonderful to see colleagues, families (including grandparents and children) celebrating nominees and winners. The Awards were initiated soon after the pandemic in a bid to recognise front-line clinicians and all their hard work. Year-on-year, we have realised how much being nominated, shortlisted and winning has meant to so many working within the current challenges of our healthcare system. It has made me realise that the power of being valued and feeling pride should never be underestimated. A heartfelt thank you to those of you that took the time to nominate colleagues. They may not all say it out loud, but they will remember your nomination and words in years to come. The Awards are a team effort and we couldn't do them if it wasn't for the time and effort put in by so many: the Awards committee, judges, and College Staff.

For those of you who attended, I hope, like me, you witnessed the magic of being recognised and valued as clinicians/teams/patients/carers working in London every single day, and celebrated with them. Congratulations to all those nominated and shortlisted, and to those who won. The Awards are not just to celebrate those nominated, but for each and every one of you who provide such an excellent mental health service in London. And a special thank you for the surprise Award I was absolutely not expecting! I still wonder how on earth that was pulled off without me knowing until the moment it was given!

Many of us attended the RCPsych International Congress in Edinburgh this year. As always, it was great four days, kicking off with Mindmasters 2024 on the Sunday evening. Congratulations to the North of England, the 2024 champions. A special thank you to the incredible London team, who did us very proud. It takes real courage to put yourself up there and I was delighted that you did. It was a great Congress with some really good CPD. The few sessions I attended, including a fantastic one on Menopause, I learnt so much from. Thank you to those that attended 'Shattering glass ceilings; women in leadership' - something very close to my heart. It was heart-warming to see men in the audience, which reminds how important ally-ship is when faced with significant challenges.

It continues to be a challenging time for those of us working in mental healthcare. More than ever, it is important we look after each other and ourselves. It's amazing how basics, such as sleeping, eating properly, and spending time with loves ones, can refuel our energy tanks. I went to my 11-year-old's school leavers performance on Monday night after a difficult few weeks (professionally and personally), and I came away having smiled and laughed for a couple of hours, realising there was more to life than my job/profession, and feeling a little more ready to take on the week. Whatever it is that does that for you, make time to do it—it is more important than ever, right now.

I hope you all have a lovely summer.

Dr Suhana Ahmed, Chair

Bringing live music into the psychiatric intensive care unit

By An Nakamura

Through various arts-based medical humanities modules and psychiatry placement during my medical training, I came to understand that different art forms can convey experiences and their associated emotions, providing a unique window into an individual's life. As part of the Royal College of Psychiatry Psych Star scheme in 2022-2023, I was mentored to further explore the value of the arts and music within psychiatry. Through the scheme, I wanted to learn more about how the arts help us gain insight into the experiences and worldviews of others. I focused on music and visual art, as I am the most familiar with these mediums.

During my initial meeting with my mentor, we discussed how I could achieve this. I shared that I played violin since I was five, viola since I was fifteen, and have played in orchestras for nine years. She suggested I play violin for the patients in Eileen Skellern 1 (ES1), a psychiatric intensive care unit (PICU) at the Maudsley Hospital, as this was where she was working. This would be the first time live violin music was brought onto the ward. This felt exciting and similar to my previous experiences in school. During Sixth Form, I regularly sang and played for residents in a care home. I recall how the expressions on the residents' faces lit up as they tapped to the beat, sang, and played the percussion instruments we'd brought. I remember smiling so hard that my cheeks hurt. I was unsure what PICU would be like; playing in this environment would be a new experience for me. I would like to share my reflections on performing violin in PICU.

Initially, I felt nervous. Whilst I had experience within the inpatient psychiatric setting through my psychiatry placements, my experience with PICU was limited. My understanding of PICU was that they were secure wards which provided intense psychiatric support for individuals who, due to their illness pose high risks to themselves or others. However, I felt safer because my mentor and the ward occupational therapist (OT) were with me. Walking out of the doctors' office and onto the ward, I felt a little scared. I did not know how the patients were going to respond to me holding a violin and music stand. I noticed that some patients were looking at me with curiosity. While I set up my stand and violin in the activities room, the OT invited patients who were settled and might enjoy listening to live music.

In the beginning, the sound I made was hesitant, but the acoustics of the activities room helped me play more freely. It allowed for the sound to spread and resonate, which made me want to play more expressively, as I knew it would come across well in the room. My mind felt freer, too; the mistakes I made would have bothered me during practice but did not bother me in the moment. In my past concert performances, there would always be noise within the audience, whether this be the creak of a seat, a cough, a sneeze, or the rustle of programs or clothing. But this time, the only sounds I could hear were that of my violin, and the occasional crinkle from the pages of a newspaper being turned. There was a magical atmosphere, where I felt everyone in the room was being transported by the music. I chose folk songs my violin teachers used to teach me because they were memorable to me and easy to listen to. I was reassured when everyone in the room enjoyed the first piece. I had been worried about how my performance would come across. What surprised me was the mismatch between how I felt and how the patients perceived me. I felt nervous performing in an unfamiliar setting, for people I did not know. But to my audience, I appeared confident and was enjoying myself as I played.

We had a large range of personalities in the room. Some were listening quietly at the back. Others were responsive, made frequent comments and were complimentary after I finished each piece. Several individuals felt comfortable sharing how they felt and what they imagined during each of the pieces. One individual envisioned two men arguing in front of a medieval old-fashioned pub whilst I played a piece called Mountain Lake. Another imagined an Irish jig as I played Scottish Dance. In traditional concerts I have performed in, there is a clear separation between the performers and the audience. The musicians play and the audience are passive recipients. But here,

through this musical dialogue, I felt I was able to build a connection with members of the audience. Music-making felt like a collaborative process. I would play, the audience would respond and react, and, in turn, this would feed into how I played. When the audience is fewer, it feels like I am playing with others, in addition to playing for others.

One of the patients asked if I could play Eidelweiss. I did not expect to receive requests, but I said I would be more than happy to do so. After some quick thinking and Googling the sheet music with my mentor, I started playing. Gradually, everyone started to join in, humming and singing along. We were all performing and making music together as equals. Despite being in an environment typically associated with risk and aggression, I was surrounded by smiles, laughter, and joy. This was a special moment that we shared together. I'd completely forgotten where I was.

This recital inspired thoughts about other ways to bring music onto the ward. One patient spoke about how my performance unlocked positive memories of playing with the different musical instruments in the video game Wii Music. Another patient thought it would be fun to have an outdoor music festival. Getting a games console for the ward and putting together an ES1 music festival were ideas that the OT was interested in taking forward. When speaking with members of the ward team, they were surprised at how well some patients responded to live music. The staff had never seen some of the patients remain settled for such a long period of time, and one even felt that "music is more effective than some of the medications we use". I was amazed by this statement; I had never considered the impact of live music in comparison to pharmacological treatments. What this performance further reinforced for me was that there is a place for live music within the psychiatric setting.

For me, making music with others brings me the greatest happiness. This is what encourages me to continue performing, despite being a busy medical student. Even though we had met each other only for the first time, we were still able to bring our individual talents and personalities into the collective sound we made together. Collectively, we were able to create a sense of community. This was a special feeling I will never forget.

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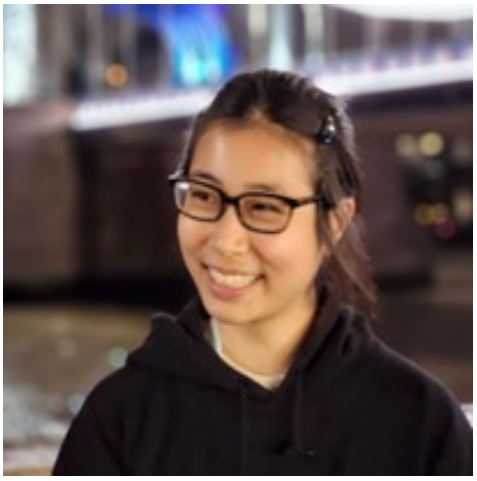


An Nakamura
4th Year Medical Student, King's College London

The Magic of Canine-Assisted Therapy and Activities in Long-Stay Autistic and Learning Disability Patients

By Dr Azmath Khan, Dr Somya Pandey

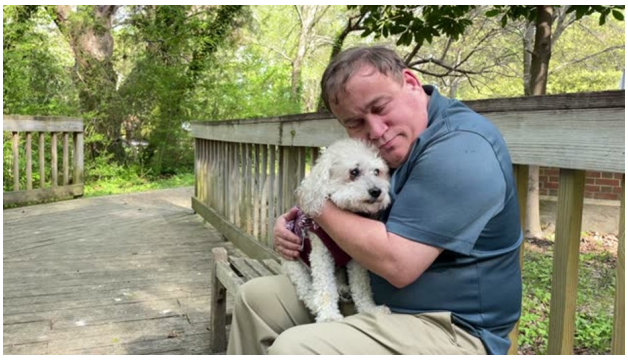
As we move forward into the era of holistic psychiatry, nonpharmacological methods of disease management are gaining gravitas, and for good reason. A disease tends to take control over a person's life, seizing the reins of their day-to-day activities and choices. The desire to do simple activities hence becomes a daily struggle. The burden of a disease lies not with its symptomatology alone, but with the disruption it brings to our patients' lives and minds.

Cygnet Hospital Harrow houses rehabilitation centres for adult males with autism spectrum disorders (ASD) and learning disabilities (LD), both being complex neurodevelopmental disorders presenting with challenges in social interaction, communication, and behaviour. Being rehabilitation specialists, it then becomes of utmost importance to ask ourselves how recovery can be supported, and resilience fostered in our patients' lives. The question is not just how pillars of strength can be built within and around our patients, but how those pillars can be made sustainable so that they weather any future challenges.

With at least one of our service users, we are full of pride to say we played a part in helping him find the answer. Mr. H, an autistic man, has found himself in working with dogs. Dog therapy (also known as canine therapy or animal -assisted therapy) activities were started at Cygnet Hospital Harrow in early 2023, to aid service users site-wide in making connections with the nature around them, offering them a well-built therapeutic outlet and some desperately needed joy. Meta-analyses done in the subject have reported significant positive effects, with progress noted specifically with the symptom cluster of autism, including better social awareness and communication[1] and reduction of stress[2].

When asked what part of dog therapy he likes, Mr. H flat out says: "Everything." His smile widens, and stays put throughout the interview. This, on the face of a man who is otherwise troubled by worrisome thoughts. "There was this one dog, a Bichon Frisé, I would play with a lot. I would tickle her tummy, pick her up and plonk her on my lap, and sit on the bench outside. She would fall asleep in my lap! And I would sit there motionless until she would wake up, or until the session was over. I loved every minute of it."

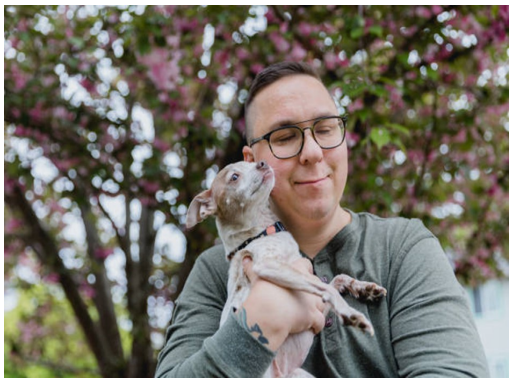
Moving forward in the conversation, Mr. H talks about how he has always liked dogs, even as a child. "There's just something about them. I love dogs." His grin widens as he says, "You know, everyone calls me the dog whisperer. Most of the dogs love me." In his excitement, he talked about all the subtle nuances he has noticed over time in being able to tell if a dog likes you; notable as people with autism can face challenges in social communication.



I then asked him if this 'hour of pure joy' helped his daily activities or engagement in other therapies. The answer was a resounding "Yes". "I wouldn't have the motivation to do anything during the day," he said, "but I would never miss dog therapy. And it would lift me up so much that I could then find it in me to do other things; engage better in other therapies, like psychology." Chuckling at this point, Mr. H mentioned, "The only thing I didn't like was handling their waste!"

Dog therapy has certainly played a pivotal role in several of our service users' lives, and their journeys towards recovery and rehabilitation. Mr. H exemplifies this and says that he has found his purpose in life. Once discharged to the community after rehabilitation, he wants to work at a dog shelter, looking after rescue dogs. "It could be voluntary or paid. I don't mind either," he said. The sign of a person having found their true purpose is them wanting to do it for free, as reverberated in the coaching and spiritual communities.

All of the above makes a strong case for thinking of animal-assisted interventions as one of the main forms of therapies to help people with mental health challenges. I would go even as far as saying that rehabilitation would be incomplete without therapies like these. Canine-assisted therapies (among other animal-assisted therapies) instil a sense of empathy, responsibility and community within patients. Animals can serve as powerful intermediaries, fostering social engagement and enhancing communication skills. It is time, then, that we start thinking about how the positive outcomes from dog therapy can be translated into real life outcomes, especially for people like Mr. H, but also how these therapies can become an impactful adjunct to our treatments in psychiatry.



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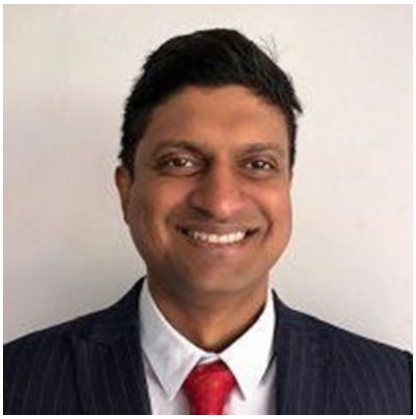

Dr Azmath Khan
Consultant Psychiatrist

Dr Somya Pandey
Specialty Doctor in Psychiatry

Psychotherapy is Playful

By Dr Samuel Atkinson

The brief for this article was to write about creative and play therapies as separate from and alternative to talking therapies, medications and social interventions. For me, dividing creativity and play from talking therapy is a false distinction; they are central to what can be accomplished through psychoanalytically informed approaches to psychotherapy such as psychodynamic and mentalisation-based therapy (MBT). Donald Winnicott wrote that:

"Psychotherapy takes place in the overlap of two areas of playing: that of the patient and that of the therapist. Psychotherapy has to do with two people playing together. The corollary of this is that where playing is not possible, then the work done by the therapist is directed towards bringing the patient from a state of not being able to play into a state of being able to play."[1]

One challenge that psychotherapy poses is in allowing the powerful affects and unconscious drives that patients bring to be symbolised in thought. For Winnicott, play was central to developing the capacity for this. He described play as occurring in the potential space between mother and child, neither completely occupying internal fantasy nor external reality, but somewhere in-between. The existence of this play-space allows the child to confront the dangerous task of bringing their fantasised emotional life into contact with the world. The parent's role of holding, containment and mirroring assuages the anxiety implicit to this, facilitating the transformation of fantasy into realistic symbolic thought. Over time the 'good enough' parent is internalised, and the individual develops a symbolised and comprehensible internal experience.

The success of this process was posited as critical for future successful adult creative life. For Winnicott it was "...only in playing that the individual child or adult is able to be creative and to use the whole personality, and it is only in being creative that the individual discovers the self."[2]

For patients who struggle to symbolise emotions; who struggle to play, the use of art and drama therapies can help develop this capacity. For example, in France it is common for psychodrama to be employed for patients for whom it is felt that impaired symbolisation would render more traditional psychoanalytic approaches ineffective[3]. Internal emotional experience can be played within the drama, bringing understanding and representation.

Peter Fonagy and Mary Target expanded on play's developmental role in their paper on the origins of borderline states[4]. The authors highlight the importance of play in the development of the capacity to mentalise: to understand our own mental states and those of others. Here, the role of the parent is to mirror back the affects expressed by the child at play, but to do so in a way that is tolerable. The threatening affect is modulated, allowing the development of second order understanding of its contents. For example, a parent watching a child at play with a family of dolls may comment "It's like silly mummy going off to work each morning", when one doll is separated from the others. The combined expression of humour with the fear of abandonment seeded in the play allows this to be expressed and symbolised in a way which does not overwhelm the child. This allows them to move from a state of 'psychic equivalence', in which there is no separation between inner experience and external reality, to a more realistic understanding with the two distinguished.

For Fonagy and Target, it is this process being interrupted by childhood neglect or trauma which leads to the development of borderline states containing deficiencies in the capacities to mentalise and to distinguish between internal and external realities. The loss of the ability to mentalise affects stops the development of a stable self-image built around internalised representations of self-states. This is described as leading to an 'alien self' of incomprehensible internal experiences, resolvable only through projection or externalised action. MBT was developed to address this deficit; in this way it replaces the lost experience of play in childhood by allowing experiences to be 'played with' in a group setting to develop a mentalised understanding

of the dynamics at play. By 'playing with reality', affects are understood and the capacity for mentalisation arises.

The ability to play is key to psychodynamic psychotherapy as well as MBT; most clearly present in work with children, where direct interpretation of play is at the core of sessions, but also underlying adult work. Psychotherapy requires provision of a potential space for play to develop, the frame we create as therapists providing the equivalent of the parental containment, allowing patients to bring unconscious conflicts and desires to be thought about. Just as the parent does for the child at play, mirroring these in a way that is tolerable allows the patient to gain understanding and insight, facilitating the process of working through. I have experienced this in my own practice. Patients in psychodynamic psychotherapy who have initially struggled to exercise reflective function regarding their experiences will over months begin to bring content which is more fantastical, creative and playful. The experience of the holding provided in the initial period of therapy engenders the patient's trust in our capacity to contain what they bring. In this way we demonstrate that we are 'good enough' to tolerate the dangers of their fantasy life, allowing them to play, symbolise and eventually to live a successful creative life.

In summary, it is a mistake to draw a firm line between the 'creative and play therapies' and 'talking therapy'. Psychotherapy is playful. It is only through the provision of holding, and thus a potential space for play to occur, that patients are able to bring and think about unconscious processes tolerably. When patients lack the capacity for play, the use of art- and drama-based therapies can help them to develop this. The fostering of symbolic thought, through which creative life becomes possible, is key to successful psychotherapy. Playing is central in this process – play is serious business.

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[2] Winnicott, D.W. (1971) Playing: Creative Activity and the Search for the Self, in Playing and Reality. London: Routledge.

[3] Boutinaud, J., Blanc, A., & Louët, E. (2022). Psychoanalytic psychodrama practices in France: historical, methodological and clinical approach. The Scandinavian Psychoanalytic Review, 45(1), 3–13.

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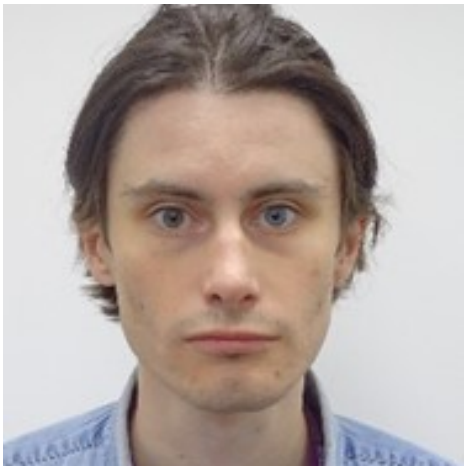

Dr Samuel Atkinson
CT3, Maudsley Medical Psychotherapy Service

Reflections as a Psychodynamic Music Therapist: 'I am the Music'

By Elaine Ng

Growing up, I had always felt a different dynamic with my music teachers compared to the dynamic I had with teachers of other subjects. Unlike those other teachers, my music teachers (piano tutors, band conductors, or GCSE Music teachers) were always concerned about me as a human first and foremost, rather than structuring lessons around the sole aim of me acing an exam. Perhaps it was the nature of the subject itself; as I matured in my music-making, I realised I could not work my way through the music scene the same way I studied for the many other subjects I equally loved. This is because my musical act communicates to others my relationship with myself, and I guess my teachers knew that innate musicality did not lie in instrumental technique, but in how effectively I was able to communicate affect with my body before channelling it through a musical instrument.

Needless to say, I continued to pursue a music degree, which set the foundation for my postgraduate studies in Music Therapy, and I have recently completed Foundation Year training in a whole-body musical education approach called Dalcroze Eurhythmics. I actively integrate these interdisciplinary skills and insights into my work as a Child and Adolescent Mental Health Practitioner in the NHS, and as a freelance Piano Teacher/Music Therapist for Special Education Needs children with a music charity. Throughout this long journey, I noticed myself pulling away from the audience-pleasing, composer-focused music-making of my traditional classical training, and into a more person-centred way of music-making (free improvisation). With this came a deeply personal epiphany; my music does not exist in my instrument, or the music scores of my favourite composers. I am my music.

Within the clinical mental health setting, the realisation that **'I am my music'** has led me, a Psychodynamic Music Therapist, to wonder: **what is my client's music?** For those who are less familiar, 'clinical musical improvisation' in Psychodynamic Music Therapy is a 'live' interaction between the therapist and client, with agreed clinical aims in mind. The transference and countertransference processes that emerge can provide, for both the therapist and client, deeper insight into what might be contributing to the client's mental health difficulties. What makes this therapeutic modality particularly effective is that it engages social communication skills, self-esteem issues and complex physiological states, all of which are common to both the fields of mental health and professional music-making.

In interacting musically with any complex mental health presentation, I consider the literal and figurative qualities of my client's 'voice' in their improvisation. Does my silent client need me to be the musical voice of their emotions? Do they prefer to use a musical instrument to 'speak' for them? When bringing a musical track to sessions, do they prefer their favourite artists to express their emotions for them? Most importantly, how comfortable are they with their own voice, and do they feel that they have a voice in the relationship? From here, I wonder about the shifting underlying physiological states that affect the quality of their metaphorical musical voice, just like how nervousness or sadness naturally changes one's vocal quality in the throat.

Two particular clinical interactions come to mind from my work with patients struggling with extreme perfectionism and perpetual anxiety. A patient and I were once left with a deep physiological ache in our upper chest up to three hours after our 15-minute clinical improvisation, and another patient and I would frequently experience a sudden waves of sleepiness in the middle of our 10-minute active musical improvisation. From these clinical experiences, it was clear that my clients were their music and we were the music of our co-improvisation. In this spontaneous, intersubjective musical process, they shared their internal states with me.

My experiences in Music Therapy and Music Education have influenced how I carry myself in the verbal and spatial realm, too, because my music was still in me, even without my piano. After all, the very first musical instrument,

before any instrument was constructed in all of history, was the human voice. The quality of my voice and the manner of my speech communicated who I was, and I have noticed its significant influence on the engagement levels of the clients I work with outside of the music therapy clinical space. I naturally change my body language, vocal pitch, tone, rate, volume and structure, according to the client's level of energy and what could sustain their attention. For example, if a client was unable to sustain their focus for various reasons and moved energetically, I would create a faster-paced back-and-forth verbal exchange with the client to encourage engagement and rapport. These interactions, to me, are innately musical.

To conclude, I would like to share a quote from Jacque-Dalcroze, the founder of the Dalcroze Eurhythmics whole-body music education approach, which neatly summarises my personal and professional journey in a single statement: 'He who is able to express himself succeeds all the sooner in expressing the feelings of others.'[1]. My clients and students benefit more, the more I discover my musical being.

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[1] Mead, V. (1994). The Dalcroze Approach to Music Learning. In Dalcroze Eurhythmics in today's music classroom. New York: Schott. [Chapter 2, pp. 4-16]

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Elaine Ng
CAMHS Practitioner (Music Therapist)
Music Therapist/Teacher at Otakar Kraus Music Trust

‘Enabling Celebration – Arts Therapies Supporting Social and Cultural Life in a Psychiatric Service’

Donald Wetherick

As a busy arts therapies team in Newham, we were delighted when a psychiatry colleague alerted us to the call from Psychiatric Eye for articles on ‘therapies that are not so widely offered’. We offer something of our experience of creative arts in care from our perspective as therapists, with feedback from service users too.

East London NHS Foundation Trust (ELFT) provides mental health care across three London boroughs, and in Luton and Bedford. There are over 50 arts therapists in the Trust. The Newham Adult team includes 10 part-time therapists and up to 5 trainees. We offer art, music and dance-movement therapies, providing weekly group sessions on wards, and group and individual therapies as part of community psychological therapies. We cover a wide diagnostic spectrum, including specialist groups for young adults, women with experience of trauma, and Body Distress Disorder.

While not every patient may experience (or want) an arts therapies approach, arts therapies have been consistently appreciated by patients and teams we work with. We are proud and grateful for this. Our team is also involved in research on arts therapies led by the Unit for Social Psychiatry (Queen Mary University)[1].

For this newsletter we wanted to share something of the wider contribution arts therapies make beyond therapy sessions. While the arts play a powerful role within boundaried therapeutic relationships, they are also part of shared social and cultural life[2]. Making helpful connections between the two is an important part of arts therapies practice.

We illustrate this theme with two examples: an art exhibition curated and produced by service users in the community with the support of arts therapists, and an inpatient cross-ward celebration of Chinese New Year involving movement and music, led by trainee arts therapists.

“Creatively Healing, Creatively Me” Art Exhibition

Jenna Finch (Art Therapist) writes about an exhibition which opened at ELFT Headquarters in December 2023:

The exhibition celebrates a range of artworks created by staff and service users living in the boroughs of Newham, City and Hackney, Tower Hamlets and Bedfordshire and Luton within ELFT. The exhibition title is taken from a poem written by a service user and speaks to the part that creativity can play in healing and recovery.

The idea for the exhibition came from a donation of two artworks by a service user to the Arts Therapies department at Newham Centre for Mental Health. Impressed by the expression in the artwork, we made a promise to exhibit one of them in an exhibition.

Simon Richardson[3] states that “[exhibition] explores the social relations that can happen within and around art and their therapeutic potential. Focusing on the quality of how work (and by extension its maker) is seen, it shows that exhibition can give people a new perspective on their individual and shared experiences, and through this, a renewed sense of self.”

The time and effort spent in setting up the space for an exhibition was worth it, as the opening night was a huge success. The artists, along with friends and family, came together to view the artworks, and to listen to the artists speak as part of a panel, which provoked meaningful and varied discussions with the audience.

Each artist spoke movingly about coping with the effects of mental illness, the process of painting and its therapeutic benefits, and finding spaces of solace and recording memories through art. There were also poetry readings and spoken word, which had the audience so engaged you could hear a pin drop.

The exhibition itself draws deeply on the histories, memories and experiences of each artist. Through their powerful imaginations, topics such as identity, relationships, and the role of fantasy are vividly displayed. The artworks speak to profound stories of past, present and future existence, which the audience found themselves relating to and sharing with the group. The exhibition functions like a kaleidoscope, taking diverse, isolated, colourful fragments, and creating a unified, connected, brilliant pattern, the whole being more than the sum of its parts.

The show was curated by the artists, who met in the space to decide on the locations of the artworks, the title, and to unpack the themes. It will hopefully be the first of many more to come.

We were extremely grateful that both the Chief Executive, Lorraine Sunduza, and Deputy Chief Executive, Edwin Ndlovu were present at the event.

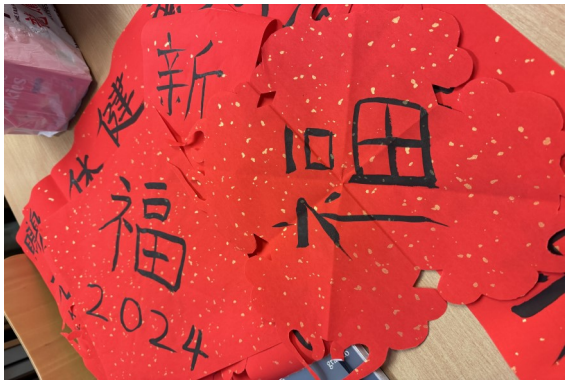
Comments from the participants showed the positive impact of their creativity being valued and shared: "The long-awaited exhibition was a glorious success"; "It was a memorable day, and thanks for having me to share my poetry"; "Thank you for giving me the opportunity to express myself"; "Thanks for all your wonderful support".

A Chinese New Year Celebration at Newham Centre for Mental Health (NCfMH)

Katie Fotis-Heeney (Dance Movement Psychotherapy trainee) and Karen Daley (Music Therapy trainee) write about an event initiated as part of their training placement:

Around 20 service users and 10 staff members from across six wards attended the event in the conference room at NCfMH in February. The space showcased the service users' handmade lanterns, bunting, Chinese calligraphy; not to forget the painted dragon's head!

Chinese snacks were provided, and the event began by discussing the traditional significance of animals representing peoples' year of birth. People were then invited to join in a group warm up and dragon dance. There



was also a story of Chinese New Year, followed by an exploration of musical instruments and group music-making.

Some patients showcased a song they had been working on, and attendees were encouraged to use art materials to respond to the word UNITY. This included Chinese calligraphy using ink on red paper with gold flecks.

The session closed with a space for reflection where attendees were invited to offer a word and movement to represent their experience of the event.

Comments from participants showed the impact of a shared social and creative event: 'Really enjoyed the session. Highlight of my day.'; 'It was good fun. Nice to meet people.'; 'Very happy for Chinese New Year. I love the movement.'; 'Being together, making music, having a laugh."

Conclusion

Such events are an important part of holistic psychiatric care, for staff as well as service users. They connect experiences of vulnerability

and isolation with shared social cultural life. The role of the arts in bringing these experiences together is both obvious and subtle. Arts therapists bring skills as arts professionals together with training and experience in using the arts as symbolic communication with vulnerable people. Therapists support service users as they begin to make these connections in their own lives, enriching the care that psychiatric services offer to our patients.

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If laughter is the best medicine, why don't we do comedy for therapy?

By Dr S. Anil Ustun

On a regular Monday morning, where the dullness begins for many, I was already thinking about the showcase night. I was getting impatient at work, waiting for the day to finish, rehearsing jokes in my head, and preparing myself for the different scenarios that could happen while I am on stage. Later, a group of want-to-be comedians line up at the back of the comedy club. Nervousness peaks as the crowd comes in. Our names start to be called one by one. The moment comes. My name is called, with accompanying applause, and as I step onto the stage and greet everyone, it feels like time has stopped. I make my intro line off-the-cuff and with a touch of honesty: "I am actually feeling really nervous to be here. The irony is that I am a psychiatrist and technically I should know how to deal with it". The room fills with laughter which immediately changes the atmosphere by release of tension, and I connect with the audience over cathartic relief.

Both stand-up comedy and psychiatric interviews share a common foundational element: the significance of connection. This intrinsic connection is the linchpin of stand-up comedy, mirroring its pivotal role in therapeutic engagements, spanning clinical interviews to therapy sessions. In the context of therapy, the therapist harnesses this connection as a conduit for imparting their expertise, facilitating the patient's progress. Similarly, comedians leverage this connection as a means to elicit laughter from their audience, achieved through the delivery of meticulously crafted material. The transfer of material from performer to audience hinges upon the establishment of this initial connection.

Comedy entails more than mere audience connection; it demands the underlying effort of crafting and refining the set. Developing a set involves more than just being funny as a talent and displaying it with extroverted courage, as might be the preconception. Over weeks, there are various writing exercises ranging from free association without even trying to be funny, to exercises that invite you to find your own authentic topics by dwelling on features unique to your life, characteristics, heritage and even problematic areas. Some exercises involve working with everyday material and looking at it from different perspectives in order to bring something humorous out. I immediately drew a parallel to the writing exercises and the techniques used in therapy settings.

Art, in its various forms, necessitates the expression of observations with a nuanced touch of interpretation. Whether conveyed through words, painting, or the human body, it involves transforming perceptions into a unique medium. Comedy, as a specific form of art, shares this fundamental characteristic. It revolves around the observation of something distinctive and presenting it in a humorous manner by forging unexpected connections and associations. Moreover, similar to everything in life, it requires consistency, discipline and commitment, if one wishes to thrive. As Albert Camus pointed out: "Works of art are not born in flashes of inspiration but in a daily fidelity". The process of comedic creation bears striking similarities to the therapeutic endeavour. In therapy, an internal experience is brought to the fore by the client, and both client and therapist collectively examine it from multiple perspectives with the objective of transmuting it into a less distressing encounter or into a source of personal growth. In this context, humour emerges as a potent defence mechanism, serving as a valuable tool in the process of transformation and healing.

People kept doing their sets on a range of topics which involved difficult parts of their job, growing up with Asian parents, or what it's like to be single. Being on stage where one becomes the centre of attention can mean that even the most self-assured individual experiences vulnerability. It requires a profound inner capacity to endure this vulnerability and confront it head-on. Furthermore, this capacity must encompass the ability to withstand the fear of potential rejection when the jokes are delivered.

Stand-up comedy may initially appear a solitary endeavour, with one person delivering jokes to an audience. However, it is far from a solitary

pursuit. Throughout the creative process, comedians engage in collaborative jam sessions, where they share and critique each other's material. This collaborative effort fosters a sense of camaraderie as comedians bond over shared aspirations and navigate the inevitable highs and lows of the comedy journey. This shared experience creates a genuine sense of community, one that only those who have embarked on a similar path can truly understand. Often, people mistakenly view the ability to be funny as an innate, God-given talent, rather than recognizing it as a skill honed through practice and hard work. This aspect of stand-up comedy aligns with the principles of the Kleinian school of thought, emphasizing the importance of developing secure relationships, cultivating a healthy curiosity, and nurturing a robust imaginative capacity for emotional growth and personal development. Stand-up comedy serves as a unique vehicle for acquiring and honing these essential attributes.

The world of stand-up comedy bears striking resemblances to the therapeutic process. As Erma Bombeck said: "There is a thin line that separates laughter and pain, comedy and tragedy, humour and hurt", and on that thin line, psychiatry will always be present.

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Origami for wellbeing—interview with Lizzie Burns from Origami Pulse

By Dr S Shah

While volunteering at Comic Con (a busy convention), I chanced upon an activity station where attendees could relax while trying their hand at origami. The station was run by the British Origami Society, who notably promoted origami as beneficial for mental health. This led me to meet Lizzie Burns. Following a doctorate in cancer research, Lizzie has worked as a science-based artist since 2002. She is a Creative Specialist in an oncology service, and is a Director of Origami Pulse, a Community Interest Company that passionately advocates the mental health benefits of origami. She spoke to me about origami and wellbeing.

Getting into origami

I work on an oncology ward, and I encourage patients to get creative. If people give it a chance, wonderful things happen with painting and drawing, but most people lack confidence. So almost everyone declines, except for those who are already artistic. So it was actually a patient who I approached, who said "I'm not that keen on drawing. Next time you visit, I'm going to teach you something. I want you to learn and pass it on." And this is what she taught me. [Lizzie shows me a gorgeous bouquet of origami flowers]. These flowers, I kid you not, are about 12 years old. And the patient who taught me had herself learned as a child in hospital in Hong Kong. When she became unwell as an adult, she'd make bunches of flowers to thank healthcare workers and family, and found it to be a very positive, focused, activity. It wasn't something I naturally did; it was only by being asked by a patient to pass it on, because she felt it would help others, that I forced myself!

Using origami as creative therapy

We feel stressed when a situation is out of our control. Being a patient is out of your control. It's disorderly; it's disruptive. But when you're doing something very orderly, it gives the structure that your brain is seeking. I've constantly found if ever you're feeling a bit down; a bit lost, it really will help to reach for origami.

It's not about how good you are. It's about having fun and connection. Often it comes with lovely memories of time with friends. It's also something to do with other people. And actually, that's what the activity represents. Patience and kindness between people, rather than simply being given a diagram to follow. It is actually about joyful conversation together.

I've worked with patients who, say, have had a stroke, and can barely move. But you know what? They want to do it. It brings that sense of achievement. The fact it can be difficult is exactly why it gives real satisfaction. It's showing you can do more than you thought you could.

I almost see the paper as symbolic of the person, or how you're feeling. That piece of paper: you don't know where you're going, your mind's a bit blank, or maybe you're bored. In folding, you find yourself changing. Folds can really suggest something. It's in that transformation: incredible things can come out of that flat difficult situation. It lifts you, and you can make something beautiful. Paper is like a person: you have to treat it respectfully and kindly. If you're rough with it, it can tear. Yet, it can be stronger and more incredible than you ever thought possible!

Working to improve wellbeing

Through Origami Pulse, we've done projects funded by the National Lottery, which have been wonderful. I have done workshops, for example, within a young person's psychiatric ward at the hospital here in Oxford. But broadly, I see that everybody needs help with their mental health, particularly if you're a patient waiting for an operation or you're under treatment. Things can be scary, so finding some tool to give you joy during the most difficult times is absolutely wonderful.

Before a session, often people report being a bit down, a bit bored, a bit frustrated. A gentle offering of paper and some time together really does bring joy. It sounds trivial saying 'joy', but

joy is really precious, particularly when you're in a difficult place.

I've offered origami to a patient in A&E who had been on a trolley overnight and I've seen just how delighted was. And to someone before an operation, who smiled and laughed, forgetting their anxiety for a bit. That's powerful.

Origami on wards

It's interesting how people comment on the origami flowers in our hospital. I found they really lift mood. Whereas people generally don't comment so much on fresh flowers. We may even feel sadness that real flowers will die, and in turn we feel the sadness of our dying. Origami flowers don't die. They're surprisingly timeless. They're handed from one person to another. It's an enjoyment that you learn from others, so you feel that connection. You often want to make origami gifts for others and pass on that smile.

How to start with origami

You can start simple or you can get really complicated, but actually it's all full of meaning. I tend to like quite abstract beautiful shapes, but I've increasingly enjoyed the traditional, because to some extent, you feel part of a wider culture.

I've made a whole library of online video instructions during the pandemic. The origami heart is a good one to start with, because it is full of meaning, quite effective, and quite simple. There's also a cup, which is lovely to make as well, and as simple as it gets. It's all about encouraging yourself to have patience. It's not about the final piece. It's about taking your time. Enjoy taking your time.

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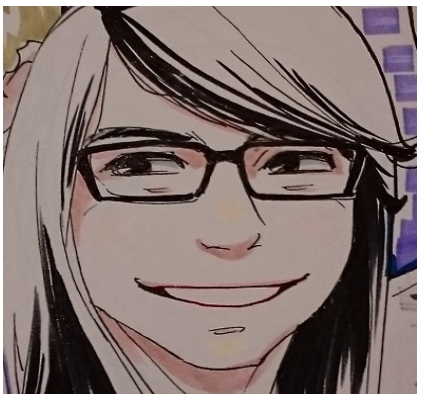

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Winning Article

Congratulations to An Nakamura winner of Best Article for their submission:
'Bringing live music into the psychiatric intensive care unit'

Read all about it on page 3