

Ponies, paper and courage quilts: rural arts in therapy

Shannon Anima¹

¹Hunter New England Health

Laughter, tea and scrapbooking brought this group of indigenous Australian women together with one Canadian art therapist for a happy morning of creating art and community. In our mid-north coast community, we are implementing rural arts and culture based health programs that are successfully reaching out to our varied community from farms, mission, seacoast, towns, and villages.

My clinical counselling practise is based from community health centres in Forster, Taree and Gloucester in New South Wales where I work with a team of four sexual assault counsellors within a larger network of violence prevention services for the area. Less than two years ago, I arrived from Canada where I had been working as a sexual assault counsellor in the metropolitan city of Victoria, British Columbia on Canada's west coast. Suddenly, I was living with my daughters in a village of 3000 (plus three) in a rural agricultural area in Australia.


My training includes a Masters in Behavioural Sciences and a further post graduate art therapy degree. In North America, it is common practice to expect therapists specialising in work with children, adolescents and also indigenous people to have further training in arts or expressive therapies. In Australia, art therapy is still a young practise and is not yet widespread.

Art therapy is a psychological based practise that incorporates the use of art as a therapeutic tool for expression of feelings and ideas. Cathy Malchiodi, an internationally recognised authority in art therapy writes "It (art therapy) is a modality that can help individuals of all ages create meaning and achieve insight, find relief from overwhelming emotions or trauma, resolve conflicts and problems, enrich daily life, and achieve an increased sense of well-being."¹ Art therapy is particularly recommended when verbal expression is difficult or less developed and when feelings easily overwhelm the individual; this makes art therapy a preferred expressive medium for children and adolescents who have not entirely developed their verbal communication abilities or may find the expression of certain subjects very difficult. Art therapy is also recommended for individuals who have experienced trauma and suffer from post traumatic stress symptoms because art is a method of self expression which safely externalises trauma without re-traumatising. Art is also a preferred therapeutic medium for indigenous peoples who have a rich culture of pictorial language and artistic expression. There are many other beneficial uses for art therapy in rural practise including uses with mental health patients, with illness, with grieving, with people with cognitive delays, with people with language barriers, for the elderly, and in both group and individual settings.

When I arrived in rural Australia, I was dismayed to find there was no expressive therapy area in community health, and often no tables or sinks or other equipment which I would normally use for art therapy. However, the restrictions encouraged innovations in therapeutic practise, and I want to share the positive changes that have developed as I have learnt from my new community.

Scrapbooking is a wonderful, versatile therapy tool I have adapted from my new neighbours and colleagues. Taree alone has at least six scrapbooking outlets in a town of 20,000, and even my tiny village has scrapbooking supplies at the newsagent and grocery. An after work visit to the six pm to midnight Scrapawhile marathon on Friday evenings (\$5, champagne included) and I was hooked on scrapbooking and ready to share the love.

¹ Malchiodi CA. Handbook of art therapy. New York: The Guilford Press, 2003.



My first scrapbooking group was a morning spent with young mums of aboriginal origin. I had gathered a beautiful assortment of papers, including some aboriginal art from calendars and gift wrap, some lace, buttons and other lovely things. The young women came into a room enhanced with relaxing music, candles, and tea. Each received a plain cardboard box, a glue gun, some double sided tape, and we talked and created for the next three hours. Atkinson in *Trauma Trails; the transgenerational effects of trauma in indigenous Australia* says, "The healing of trauma requires the establishment of an environment of safety, without judgement or prejudice....Cultural safety is the identification a person makes with factors that are derived from the culture, belief systems or worldviews that allow them to feel safe while being with those to whom they have gone for help."² Parenting challenges, rental difficulties, relationship problems, celebrities and sex were central to our girl talk. I went from young woman to young woman and suggested possibilities, shared techniques and mostly admired their tremendous creativity, individual visions and self expression. Every young woman was very proud of her own work of art and also admired the range of individual expressions. While we worked I talked about some of the services community health could offer to young mums, and each young women received a package of relevant health pamphlets, pampering self care supplies, and condoms(!). I'm not sure how many bridged the gap from a morning of creativity to other community health services, but I know they enjoyed three stress-less hours of creating beauty and an enhancement of positive self esteem.

Since then, I have used scrapbooking in individual therapy with a girl whose father had been murdered, as a chance to grieve and let go, and to remember and honour. Scrapbooking has helped a child who had been abandoned by her family to create a more solid and secure attachment with her grandparent-carers. I have used scrapping with a teen fleeing domestic violence to help her remember the friends and community who care about her as she left to find safety. In a preteen girls' group, the girls used scrapbooking to express their interests and abilities, and develop identity and self worth. Scrapbooking can be as simple as providing colourful paper and a gluestick, or can incorporate photographs, journaling and family mementos to weave an individual story of strength and worth, into family stories, and a stronger community.

Another special rural art I have embraced from my community is quilting. I was astonished by the number of sewing stores in Australia. In North America, sewing is becoming a lost art. Our local sexual assault services are supported by a group of compassionate local quilters who make over a hundred quilts each year for distribution to victims of sexual assault. When a child or adult arrives at the hospital, distressed and fearful after a sexual assault, they receive a handmade quilt pieced with love by an unknown donor. Often there are tears of joy mingling with shock and grief as the woman or child hugs the quilt to her body and feels the caring that went into the beautiful creation.

Recently, I ran a ten week program for children who had been sexually assaulted and their parents or carers. Each week we talked about safety, about feelings, about the road of recovery, and we made art to take home. On the last day, each child and each attending parent received one of these lovely comfort quilts as a graduation gift. The children sewed a heart shaped fleece pocket on the back of each quilt, and we all put sparkles and good wishes into each child's quilt. For all but one of the children in that group, it was a first experience of sewing and a chance for mums and even one pop to pass on a life skill.

My clinical work with quilting has been inspired by a publication from the NSW Attorney General's Department titled *Sewing Our Stories*³ featuring quilts pieced and sewn by survivors of sexual violence.

² Atkinson J. *Trauma trails; recreating song lines; the transgenerational effects of trauma in indigenous Australia*. Melbourne: Spinifex Press, 2002.

³ NSW Violence Against Women Specialist Unit. *Sewing our stories; quilts that tell stories about violence against women and children*. Sydney: NSW Attorney General's Department, 2001.

My other inspirations are the fabulously creative women working in community health who bring quilt blocks to meetings, make quilts for baby showers, and astound me with their prolific practise of rural art.

Another expansion of my therapeutic practise has seen me leave the health centre and enter the riding ring. In alliance with The Disabled Riding Association of New South Wales, I have been working with children, adolescents and women with post traumatic stress syndrome in riding therapy programs that incorporate horse care, riding in the ring and on trails, counselling therapy, and art expression. Our early evaluations show astounding gains in self confidence, assertiveness, self control, and a dramatic reduction in trauma symptoms such as vigilance, nightmares, and irritability. We also saw an improvement in difficult to quantify areas such as school retention, family communication, and social skills. Anecdotal evidence from participants, parents and carers shows that they attributed changes in positive functioning in participants' lives to their participation in the therapeutic riding program.

The first days of the program were uncertain as some girls were too frightened to get on the horses, another fell off several times, and some rode with tears streaming down their faces and shaking hands. What we came to realise was how the horse riding opened up the old wounds; the large, unpredictable and potentially dangerous animals had brought back body memories of fear and harm. Rothschild in *The Body Remembers* states "Through its sensory storage and messaging system, the body holds many keys to a wealth of resources for identifying, accessing, and resolving traumatic experiences."⁴ The girls had to overcome the shaking, the terror, and the tears to persevere to learn to ride. The incentive of a relationship with the beautiful horses, the horses' gentleness, the patience and kindness of the coaches and volunteers helped change the context of earlier frightening experiences and helped the girls heal from the inside, with body, mind and courage of spirit. It has been a truly remarkable journey to be part of.

In *Trauma and Recovery*, Judith Herman states that "The abused child....perceives daily, not only that the most powerful adult in her intimate world is dangerous to her, but also that the other adults who are responsible for her care do not protect her."⁵ In the therapeutic riding program each participant is led on their horse by one to three volunteer helpers, a coach is present, and I am present in the ring to offer support. We progress at the pace of the individual and with a focus on safety and confidence building. By the end of three months, the preteen girls who had been afraid to be near a horse were bending poles, trotting without reins or stirrups, and grooming and saddling their horses each session. The girls shifted their beliefs about their own power in the world, about their potential and strength, and about the support and protection available to them.

In my small adopted part of New South Wales, rural arts and skills are part of unique programs of recovery for children, adolescents and adults who have been severely traumatised by sexual assault. The programs have been creative, at times challenging, and also comfortingly familiar to the rural communities that we live in. The concept of using traditional rural arts and skills to reach rural and indigenous populations for healing, expression and recovery has a broad context of applications within health systems. Innate in rural arts and skills is a respect for materials and living things; homemade, practical and useful. Taking what is simple, rough and available, and making out of it something that is healing, profoundly meaningful and beautiful is a very old tradition in all rural and indigenous society. I am not an expert in any of these skills and the process of learning along with my clients has been a gift. As rural clinicians, we can grow in our practices and honour the traditions of our communities by

⁴ Rothschild B. *The body remembers; the psychophysiology of trauma and trauma treatment*. New York: W.W. Norton & Company, 2000.

⁵ Herman J. *Trauma and recovery*. New York: Basic Books, 1992.

adopting rural arts and skills into our health and education programs for children, the elderly, adolescents, adults, aboriginal, and minority clients.

Policy recommendation

That rural health programs be modelled on incorporating traditional rural pastimes and arts to build acceptance, worth, recovery and resilience in rural communities and indigenous communities.

Presenter

Shannon Anima is a child and adolescent therapist with over twenty years' experience in Canada working with children, teens and adults in educational, corporate and health settings, and just a year and a bit of experience in Australian health services. Ms Anima has a teaching degree, a Masters degree in Applied Behavioural Sciences, an Art Therapy degree, and heaps of paper in drawers everywhere. Ms Anima has been a featured writer on ethics in practise and everyday life. She brings gratitude and wonder to her experiences in Australia. Thanks mates.