The cover of this book recommends it to ‘anyone involved with people with learning disabilities including art therapists, psychotherapists, counsellors, students and carers’. This reviewer endorses that view.

Each chapter is firmly based in the philosophy and policy of inclusion of people with disabilities, in all aspects of community life. Stephanie Bull quotes various Acts and Policy papers (in the UK), which are directed at the rights of disabled adults, and at moving from service led approaches towards personalised care. Inherent is these is the idea that being equal is not the same as being identical, that quality of life includes relationships, emotional, physical and material wellbeing, self-determination, and personal development, as well as social inclusion and rights in law. Similar legislation and similar philosophical and political approaches exist in Australia and New Zealand, so the discussion of these ideas, and their implementation (or lack of implementation), make the book very relevant to work in this field in both of these countries as well as in the United Kingdom.

The case studies provide examples of ways in which inclusion can occur, as well as some of the obstacles to inclusion. The chapters, by various writers, cover the emotional issues brought to therapy by clients with learning disabilities. These are anxiety and fear, abuse, grief and loss, what it means to have a disability in terms of self and identity, infantilisation, attachment and separation, and powerlessness. Underlying all of these are difficulties in communicating needs and wishes, as well as difficulties in being understood.

‘Don’t guess my happiness’ (Adam), makes a direct reference to these communication difficulties.

Each issue, raised by these clients, is brought to life through case studies written by art therapists, as well as recorded comments by Matthew, Henry, Jo and William, who all have a learning disability, and by Janet who is a carer. It is significant that in nearly every instance these adults with learning difficulties are referred to therapists by another person, and in most cases because their behaviour has become challenging, disruptive, dangerous, or in some other way disturbing to those around them. This raises the question of how recognition of severe emotional distress might be recognised earlier, and how this distress could be addressed. Some of the emotionally painful matters raised in the case studies are related directly to having a disability, such as, no hope of ever being like other people, feeling unwanted, or experiencing hate crimes with real instances of physical harm. Other issues are those any of us might share, which give rise to rage, anger, frustration, and fear, which for those with a learning disability might have to be stifled because of the absence of safe relationships, and clear ways in which they could be expressed. Recognising and releasing tension and anxiety, arising from any of these issues, were important for each of the people reflected in the case studies.

People with a learning disability pose particular challenges for therapists. Some may not speak, not be able to speak, or speak with a limited vocabulary. There may also be some difficulties with receptive language. Although art therapy can provide alternative modes of expression, therapy always requires an element of shared understanding and shared meaning, and the therapist and client need a willingness to grapple with this and find common ground. While this book has particular relevance to therapists working with people with a learning disability, I believe it is also relevant to therapists working with other populations. The recognition of a struggle to communicate and to really hear and respond to a client’s communications applies equally to therapists working with other populations. The case studies here make clear the limitations of therapists’ speculations and the need to check these out carefully with all clients. The case studies are well written and raise many issues of concern to all therapists, and can be recommended for all therapists to read.

The last words go to Henry, who was asked ‘what was the most difficult thing about art therapy?’

Henry – ‘Ending art therapy – I didn’t want it to stop.’