

THE CELLAR HELD: KNILL'S MAGIC UNDERWORLD AND THE PRACTICE OF WHOLE PERSON CARE

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A *hospital room with too much light.*
A chair placed too far from the bed.

A child watching adults speak above them.

A gathered family that tries to not let life-supporting machines define the scale of these final encounters.

A therapist that reaches too quickly for interpretation because silence has become hard to bear.

Paolo J. Knill gives this problem a cellar.

Knill was a Swiss artist and therapist, one of the founding figures of Expressive Arts Therapy. Alongside Ellen G. Levine and Stephen K. Levine, he helped articulate an intermodal approach in which the arts move across image, sound, movement, and story (Knill et al., 2005). His work stays close to practice. Materials are not treated as illustrations of an idea. They are part of the event. A floor, a puppet, a drumbeat: such things alter the conditions of experience.

In "Communal Art-Making and Conflict Transformation," Knill (2011) recalls his childhood during World War II on Swiss territory near the German side of the Rhine. The geography is already divided. Adults around him live with military preparation and the fear of bombardment, near a border where war is never abstract. Children absorb this atmosphere without being given much language for it. Then the alarms come and bodies move below ground filling the shelter. Children huddle and wonder whether the impact has already happened.

The cellar is first organized by danger.

Then the children begin to alter it.



Figure 1: *Magic Underworld above the town.* Richard Wainwright, 2026.

Knill remembers children painting the walls and carpeting the floors, carrying toys and puppets underground, inventing roles and stories, and guarding the entrance with a shared password, sustaining the play from one alarm to the next (Knill, 2011). The Magic Underworld becomes so compelling that, by 1944, the children spent more time there than outside. A shelter made for survival becomes a *made* world. It is still beneath war, just as it is inside fear. The children have worked on the world around them.

Painted walls.

Carpeted floor.

Puppets.

Vehicles.

Pastels.

Password.

Story.

The sequence is small, almost domestic, and that is where its force sits. The children cannot repair the adult political world, yet they can bring things down by hand. They can alter a surface, create and repeat a story, and become characters together beneath the sound of war.

The cellar does not end fear. It gives fear somewhere else to go.

Here the widened mandate of Whole Person Care and Knill's intermodal Expressive Arts Therapy begin to touch. Whole Person Care names the need to attend to suffering as lived experience, not only as disease that is treated. Expressive Arts Therapy names a way of entering experience through form, rhythm, and relation. Both resist the illusion that help always begins with explanation. Both know that suffering may need a room before it can bear a sentence.

Expressive Arts Therapy names one movement inside this order as decentering. In Knill's intermodal tradition, a person or group may step away from the tightened grip of the problem and enter another field of action through artistic practice (Knill et al., 2005). Though the difficulty is still present, its terms shift through material, tempo, and relation. Knill later calls this an "alternative experience of worlding" (2011, p. 55). The phrase reinforces that art is not being used as an escape hatch, but rather to compose another experience inside the world that remains.

The children in the Magic Underworld do this before any theory explains it. By making conditions under which they can keep living inside its interruptions they create an underworld, opening a second order below the first one. The alarm still breaks ordinary time, and the adult world still fails to protect them from fear. And yet, stories and friendships continue. They regain power.

I use *underworlding* as nomenclature for this temporary making of aesthetic shelter beneath conditions that exceed repair. For me, the term must stay tied to Knill. The Magic Underworld is his memory, his childhood account of a communal aesthetic practice formed under wartime conditions. Underworlding, as I use it here, extends from that image into Whole Person Care. It names the careful making of a smaller world inside a larger situation that cannot yet be changed.

The process of underworlding is all around us, and it requires our attention and awareness to notice. Consider a seven-year-old on a surgical ward the evening before an operation. She lines three animal figures along the edge of her blanket, names the largest one the surgeon, and gives it a gruff voice while the smaller two hide under a fold of fabric. The child's counselor sits nearby and does not ask what the game means. Over twenty minutes the fold becomes a mountain, then a hospital, then a cave with a password at its entrance. Nothing about the morning's surgery changes. The child's relation to it does. She has rehearsed entry and exit at her own tempo, with materials she can command, beside an adult who lets the world stay hers.

Underworlding is fantasy with flooring.

Concepts like Whole Person Care can become abstract and require such grounding. A care plan can record that spiritual needs were addressed while no one has yet sat beside the bed. A ward round can list the family as a support system without asking who is afraid to enter the room. Knill's cellar provides necessary resistance. Here, context is not a vague surround. It is a place with surfaces, shared rules, and carried objects. A room first shaped by war is reshaped by children. The change is modest, but care often depends on modest acts: a chair moved closer, a light softened, a practitioner choosing silence before explanation.



Figure 2: *Magic Underworld below the town.* Richard Wainwright, 2026.

Suffering is carried in bodies before it becomes narrative. It shows in a held breath when footsteps stop outside the door, in a startle after the alarm, in the fatigue of waiting for news. Knill's account stays close to this bodily field. The children crouch and listen; then they paint, carry, and return. Their bodies are frightened and busy at once, the materials allow them to enter the space differently.

Knill remembers the shelter as collective. Each child likely carried a private world into the cellar, a favoured toy, a preferred role, an image no one else could see, yet those private worlds took shape inside a shared one. Passwords, roles, and repeated returns produce a small social order under a damaged one. Whole Person Care has to hold that scale too. A person suffers, and communities suffer with, and sometimes because of, that person. Care is never only individual, even when the patient lies alone in the bed. Someone has arranged the room. Someone is waiting outside. Someone has already been changed by what illness has done to the group.

My own work in arts-based inquiry has circled this claim from another side: making is more than the expression of an inner state. It is a distributed encounter among bodies, materials, and institutions (Wainwright, 2022). Knill's shelter can be read through that lens. The children are expressing fear, yes, but they are also assembling a world with walls, alarms, absent fathers, and one another. The puppet participates. The alarm participates. The cellar participates through what it allows and what it restricts.

This distributed view changes how care can be imagined. When suffering is located only inside the individual, care moves too quickly toward interpretation, adjustment, or correction. When suffering is also carried by rooms, routines, and institutional timings, care can begin by altering the field. Move the chair. Lower the noise. Keep the song. Let the patient hold the photograph without demanding a story from it. Let the child play before asking for feelings. Let the family repeat the ritual even when the chart has no place for it.

Stephen K. Levine's writing on trauma, tragedy, and therapy helps hold the same line. The arts do not promise to erase human suffering. They may give form where experience has become too large, too chaotic, or too saturated with fear (Levine, 2009). A line, a movement, or an image gives the person and the group a way to stay near what cannot yet be solved without being consumed by it.

Aesthetic restraint belongs here. A child's puppet play should not be hurried toward diagnostic meaning. A drawing should not be seized as evidence. A bedside song should not need to become an outcome measure before it counts as care. In Expressive Arts Therapy, aesthetic response attends to what is happening in the work: where an image gathers density, what material resists, what becomes possible after making. The practitioner does not need to translate everything into clinical language at once. Sometimes the most careful act is to hold the made space long enough for another relation to the difficulty to appear.

The Magic Underworld also demands ethical caution. The scene can become too charming if handled badly. The story almost invites sentimental reading, and that invitation has to be refused without stripping the memory of its tenderness. The cellar exists because the world above has failed the children. Their play is

extraordinary because the danger is real. The aesthetic force of the underworld cannot be used to soften the violence that made it necessary.

I have made a related argument with Shannon Stevens in writing about aesthetic seduction and scenes of harm (Stevens & Wainwright, 2020). Images, stories, and artistic forms can draw viewers into admiration at the wrong scale. They can make damage feel resolved because it has become formally compelling. Knill's memory needs a similar care. The painted cellar is not redemption. The children were still under bombardment. The underworld is a fragile practice of relation under conditions no child should have to aestheticize in order to endure.

That ethical tension keeps underworlding from becoming resilience talk. Resilience is too often used to praise people for surviving arrangements that should have been changed. Knill's children made a world, and the need for that world remains an indictment of the world above. Whole Person Care needs room for both claims. A healing space can be made under frightening conditions. The making of that space does not absolve the larger structure that made the space necessary.

Consider a palliative room where a man in his last weeks can no longer follow conversation. His daughter brings the small radio from his workshop and tunes it low to the station he kept on while repairing clocks. A nurse shifts the intravenous pole so the bedside table can hold the radio, two photographs, and his reading glasses. Visitors begin to stay longer. The room now has his sound in it. No symptom score records the change, and the dying continues, yet the man appears as a person with a workshop, a station, and a habit of tinkering. The disease no longer takes up the whole room. This can be seen in grief work that conjures images before speech has the capacity to express it, or in communal cooking or in the noticing and honoring of exhaustion and how a helper might choose to enter a room quietly.

Recent writing on creativity, play, and the future of Expressive Arts Therapy carries this same concern. Tatjana Jansen and I have argued that arts-based healing practices are often pushed aside when care narrows into technique, intervention, and measurable output (Jansen & Wainwright, 2025). Knill's wartime memory moves in the opposite direction. Play becomes a condition of survivable relation, the cellar a place where the children can continue as children, together, under conditions arranged by adults, armies, borders, and bombs.

Whole Person Care cannot replace medicine with art. Medicine, clinical judgment, and skilled treatment remain necessary. The arts allow suffering to be approached through form, tempo, and shared attention, and they protect the person from being overtranslated. They make space for what cannot arrive as direct statement.

The practitioner is part of that space. Physicians, nurses, Expressive Arts therapists, and community workers all enter with bodies that shape the room. They notice or fail to notice. They rush or wait. They can turn care into procedure, or they can protect a small practice from being crushed by it. A child's game, a family's song, or a drawing that does not yet want interpretation can each need that protection.

An existential and spiritual dimension runs through the scene, though no formal religious language is required. The children are living questions that Whole Person Care knows well. What kind of world can be made when the given world has become unsafe? Who can be trusted below when the adults above are divided? What can fear become once it is handled, repeated, and shared? The cellar answers through practice.

A wall takes colour.

A floor takes carpet.

A puppet takes motion.

A group takes a password.

Care often begins this way, before the sentence forms. Someone makes room and allows time. Someone places materials within reach and protects a repeated gesture. Someone lets a child invent, a family sing, a practitioner pause. The whole person appears through these arrangements: bodily, relational, spiritual, and still situated inside conditions that may not change.

Underworlding names the small construction of care where the larger world cannot yet be altered. The memory is too specific to become a universal model; it offers a pattern of attention. When the world above has become too dangerous, too clinical, too saturated with explanation, a smaller world may still be made with care.

At the end of Knill's account, nothing resembles triumph. What remains is the memory of the play, the friendships across adult divisions, the password that continued, and the sadness when the Magic Underworld was over (Knill, 2011). That sadness belongs inside the theory. Healing spaces are often temporary. They are made because something has already been threatened or lost. Their force lies partly in that fragility.

Whole Person Care begins again there, in the making of a space where a person and communities may still appear: bodily, relational, mortal, and alive to others.

Beneath the war, the children made a world.

The cellar held.

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AI statement

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Biographical Note

Richard Wainwright is Research Director at the Vancouver Art Therapy Institute and an adjunct professor at the European Graduate School where he teaches and supervises graduate research in Expressive Arts Therapy, arts-based inquiry, and creative arts therapies. Across teaching, supervision, and research, he

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explores how artistic practice can help people stay with illness, uncertainty, grief, and meaning-making in ways that honour the whole person.