

# **ART, ANGST, AND TRAUMA**

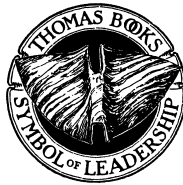


# ART, ANGST, AND TRAUMA

Right Brain Interventions  
with Developmental Issues

*Edited by*

DORIS BANOWSKY ARRINGTON



CHARLES C THOMAS • PUBLISHER, LTD.  
*Springfield • Illinois • U.S.A.*

*Published and Distributed Throughout the World by*

CHARLES C THOMAS • PUBLISHER, LTD.

2600 South First Street  
Springfield, Illinois 62704

This book is protected by copyright. No part of  
it may be reproduced in any manner without  
written permission from the publisher. All rights reserved.

©2007 by CHARLES C THOMAS • PUBLISHER, LTD.

ISBN 978-0-398-07732-7 (hard)  
ISBN 978-0-398-07733-4 (paper)

Library of Congress Catalog Card Number: 2006048897

*With THOMAS BOOKS careful attention is given to all details of manufacturing  
and design. It is the Publisher's desire to present books that are satisfactory as to their  
physical qualities and artistic possibilities and appropriate for their particular use.  
THOMAS BOOKS will be true to those laws of quality that assure a good name  
and good will.*

*Printed in the United States of America  
SR-R-3*

**Library of Congress Cataloging-in-Publication Data**

Art, angst, and trauma : right brain intervention with developmental issues / edited by Doris  
Banowsky Arrington.

p. cm.

Includes bibliographical references

ISBN-13: 978-0-398-07732-7

ISBN-10: 0-398-07732-0

ISBN-13: 978-0-398-07733-4 (pbk.)

ISBN-10: 0-398-07733-9 (pbk.)

1. Brain damage--Treatment. 2. Art therapy. 3. Trauma--Treatment. 4 Brain--Localization  
of functions. I. Arrington, Doris Banowsky.

RC387.5.A7834 2007

616.89'1656--dc22

2006048897

**Dedicated to Christopher William Arrington  
1980–2006**

My son, Chris, included this commentary in a bulletin he writes each month for staff and faculty in his school district where he is employed as a school psychologist. It is his reflection on the death of my grandson and his nephew.

***Chris***

*I have to believe that events happen in our lives for a reason. And, I have to believe that we are supposed to learn life lessons from those events. Along with my Christian faith, these life lessons give me hope. However, as these events unfold, I am not in the best frame of mind to want to learn a lesson. And sadly, the lessons we're supposed to learn in life often come after the tragic events.*

*On Monday evening, I watched my oldest brother say goodbye to his 25-year-old son who died two days earlier from a freak motorcycle accident. I am not sure any motorcycle accident is a freak accident. However, it was at that moment that I realized my life lesson in an event so tragic in my family. It was in the Ventura County Morgue, standing with my parents and my two brothers and looking at my nephew that I realized how much my family had taught me about character. The five of us spent 15 short minutes looking at my nephew. We prayed, we cried, we held each other's hands, told stories about my nephew, commented on how beautiful he was, and even made jokes about him. And, then we walked out the doors and watched my brother, his dad, kiss the window goodbye. It was in those short 15 minutes that we shared an entire life. Those same short 15 minutes reaffirmed how important my family is to me and how lucky I am to have a family that taught me the meaning of family. I know I don't thank my parents enough but they did a great job raising three boys and developing character in our lives. I will always have great memories of my nephew but the greatest memory I will have of him is what he taught me about family. I share this part of my life to encourage you to think about what character means to you, to take whatever life gives you and make a better place.*

*If you died tomorrow, what would people say about you? Would it make you proud of the way you lived and the choices you made? There is an old saying, "If you want to know how to live your life, think about what you would like people to say about you after you die . . . and then live backwards."*

*It is hard to think now about what will really matter later. But doing so dramatically improves our chances of living a full and meaningful life with few regrets.*

*Knowing how we want to be remembered allows us to make a sort of strategic plan for our lives. And how much wiser would our choices be if we had the will and discipline to regularly ask ourselves whether all the things we do and say are taking us where we want to be at the end? In a sense, we write our own eulogies by the choices we make every day.*

*Thanks for letting me share a piece of my life and my thoughts.*

His cousin and my granddaughter, Courtney Arrington, age 14, was equally affected by his death. She was one of four 2006 graduation speakers selected by her peers and teachers at Hillview Junior High School. The following is her speech given before graduates and their families at her graduation from the eighth grade.

### **Courtney**

*Just because I don't see you doesn't mean I don't love you. These words will forever continue to run through my mind when I think of my Cousin Chris. When he said this to me, I didn't realize it would be one of the last moments in my life I would ever spend with him.*

*The day was February 4th and the sun was out and shining. I had slept in late because it was the weekend, and around lunch I took a bag of chocolate chips into my parents' bedroom to watch television. The telephone at my house rang and was quickly answered, but I didn't think anything of it.*

*A few moments later my dad walked into the room where I was watching TV, and pain was spread across his face. He laid down on the bed and put his head on a pillow and closed his eyes. Then after a few seconds, he sat up and looked at me in a way that I will never forget. He looked broken. He said in a crushed voice, "Your cousin Chris has died." Silent tears ran down my father's face as I stared at him in a state of shock. Eventually, hot tears were running down my face as well.*

*My cousin Chris was a free spirit. He grew up in our family being the fun one that was laid back. Chris, my cousins, and I would stay up until 3 in the morning playing poker and charades and making fun of each other. He was young, 25 years old, and I couldn't understand how his life could be gone. It felt like a piece of my heart was missing, and it still continues to feel like that. After a few*

*moments my dad finally told me that Chris had been in a motorcycle accident. He had hit a fence, and when this happened it broke some of his ribs that then went into and popped his lungs. My heart crumbled into a billion pieces. I had never lost someone that I was so close to or loved so much. Chris was the type of person who could walk into a room and make everyone smile. His life made a huge impact on my life and he will always be remembered.*

*Through the struggle of trying to understand the loss of Chris in my life, I have found so much comfort in those that I love and those who love me. Before my cousin's death I took love for granted. He made me realize that you have to live every day like it is your last. You have to live your life with a purpose and with love for those you care about.*

*"Love is patient, love is kind. It does not envy, it does not boast, it is not proud. It is not rude, it is not self-seeking, it is not easily angered, and it keeps no record of wrongs. Love does not delight in evil but rejoices with the truth. It always protects, always trusts, always hopes, and always perseveres. Love never fails." As we leave Hillview Junior High, we need to remember that there are many hellos and goodbyes in life, but the way we live our lives between the hellos and goodbyes is what really counts. We need to remember to love what we have while we have it and not after it's gone. We need to love who we are and what we want to be. Live every day like it is your last, with strong purpose and with love.*





## CONTRIBUTORS

### *Editor*

**Doris Banowsky Arrington, Ed.D., A.T.R.-B.C.,** licensed clinical psychologist, founding chair of the Graduate Art Therapy Psychology Department at Notre Dame de Namur University, is author of *Home Is Where the Art Is: An Art Therapy Approach to Family Therapy*. Dr. Arrington is active in the American Art Therapy Association (AATA) as a member of the editorial board, committee chair, and former director. The recipient of many awards, she is a Fulbright Senior Specialist and a frequent presenter in the Ukraine, Poland, and China on trauma and art therapy. Her passions include her family, sharing the power of art as healing, and traveling with her husband.

### *Authors*

**DeAnn Acton, M.A., A.T.R., M.F.T.,** art therapist and counselor with School Based Mental Health in San Mateo County, is an adjunct professor at Notre Dame de Namur University. Ms. Acton's passions include her family, painting, performing, and Mexican culture.

**Richard Carolan, Ed.D., A.T.R.-B.C.,** is chair of the Graduate Art Therapy Psychology Department at Notre Dame de Namur University, formerly president of the Art Therapy Credentials Board and associate editor of the *Art Therapy Journal of the AATA*. Dr. Carolan currently mentors 20 research students a year and consults as staff psychologist for a drug and alcohol affiliate of Sutter Health Care System. Dr. Carolan's passions include his family, writing, editing, supervision, and sports.

**Araea Rachel Cherry, M.A., A.T.R., M.F.T.,** certified traumatologist, was the former program director of Children of Domestic Violence in San Mateo County. Cherry trained with the Trauma Response Insti-

tute in Morgantown, West Virginia, and with Pia Melody in Arizona. Ahead of her time, Ms. Cherry wrote multiple grants to fund services for children of domestic violence. She was the recipient of the Notre Dame de Namur University Community Service Award. Her passions included her grandsons, drawing, deep conversations, and motorcycling with her life partner. Ms. Cherry died suddenly in August of 2005, leaving a large cadre of saddened family, friends, students, and children at risk.

**Angel C. Duncan, M.F.T., A.T.R.,** is director of *Memories in the Making* and the support group coordinator for the Alzheimer's Association of Santa Clara, San Mateo, and San Francisco counties. Ms. Duncan is also the clinical art therapist at the University of California San Francisco (UCSF) Medical Center, Langlely Porter Psychiatric Institute, in both the inpatient and outpatient programs. Her passions include dancing and painting.

**Arnell Etherington, Ph.D., M.F.T., A.T.R.-B.C.,** professor and director of the Marriage Family Therapy Program in the Graduate Art Therapy Psychology Department at Notre Dame de Namur University, was the recipient of the American Art Therapy Association Outstanding Adolescent Clinician Award in 2004 and the Sister Catharine Julie Cunningham Teaching Award in 2006. Dr. Etherington serves on the editorial board for *The Arts in Psychotherapy* and has a private practice in the San Francisco Bay Area. Her passions include painting, travel, and her dog, Teddie.

**Linda Gantt, Ph.D., A.T.R.-B.C., H.L.M.,** is former president of the American Art Therapy Association. She is currently director of the Instinctual Trauma Institute in Morgantown, West Virginia, where she works with traumatized patients. Dr. Gantt has authored and coauthored multiple *AATA Proceedings*, journal articles, and the FEATS: Formal Elements Art Therapy Scale. She and her husband, Dr. Lou Tinnin, present internationally on art therapy and trauma. Dr. Gantt is a Distinguished Scholar at Notre Dame de Namur University. Her passions include her family, writing, working with trauma patients, and fashion design.

**David Gussak, Ph.D., A.T.R.-B.C.,** associate professor and clinical coordinator for the Florida State University Art Therapy Program in the Department of Art Education, is co-editor of the book *Drawing*

*Time: Art Therapy in Prisons and Other Correctional Settings.* A national and international presenter on art therapy in correctional settings with aggressive and violent clients, Dr. Gussak conducts extensive research about the effectiveness of art therapy in correctional settings. When he is not in his campus office or meeting with clients, he can be found on his bike or kayaking on the river near Tallahassee, where he and his wife, Laurie, have a home.

**Roberta Hauser, M.A., A.T.R.-B.C.,** has over 20 years experience supervising, instructing, and leading creative arts therapy activities for emotionally disturbed children and adolescents. Her passions include her family, crisis intervention, and search and rescue experience in community settings.

**Anna Riley Hiscox, M.A., A.T.R.-B.C., M.F.T.,** co-editor of *Tapestry of Cultural Issues in Art Therapy*, has been active in the AATA as an editor and committee chair. She is an adjunct professor at John F. Kennedy University in Pleasant Hill, California, and a doctoral student at the Institute of Imaginal Studies. Ms. Hiscox has extensive experience in forensic art therapy, domestic violence, and working with severely emotionally disturbed children and adolescents. Her passions include her family, gourd paintings, and printmaking.

**Carol Johnson, M.A., A.T.R., M.F.T.,** is clinical director of the Hospice of the Valley in San Jose, California. Ms. Johnson has been involved with Hospice of the Valley since her practicum days in the late 1980s. In her leisure time, she enjoys caring for her grandson, spending time with her four grown sons, and entertaining family and friends. Her second home is a shared condominium at Lake Tahoe, California, where she hikes in the summer, skis in the winter, and is inspired to paint all year round.

**Toni Morley, A.T.R., M.F.T.,** recently retired from the Alzheimer's Association in Mountain View, California, where she was director of the Memories in the Making Program and facilitated the Early Stage Support groups for Alzheimer's disease. In Spring, 2006, a local media partner awarded Ms. Morley one of the Jefferson Awards for her pioneering work establishing the Memories in the Making program in the Bay Area. Ms. Morley's passions include painting, printmaking, making Polaroid transfers, playing golf, and playing with her three granddaughters.

**Sarah Nagle, L.C.S.W.,** has worked in various aspects of social work for the past 30 years. She gained her M.S.W. from California State University in San Jose and became a licensed clinical social worker in 1999. For the past 12 years, Nagle has dedicated her work to children in foster care. She created and ran the Early Start Program for Aspira Foster Family Agency, which is a program for drug-exposed infants placed in foster care. For the past 6 years she has been director of Daybreak Foster Family Agency in San Jose, California. In addition, she serves as a subject matter expert for the licensing examinations for the Board of Behavioral Sciences. Her passions include her family, friends, and work.

**Carolee Stabno, Psy.D., M.F.T.,** has been a Senior Lecturer for the Art Therapy Psychology Department at Notre Dame de Namur University since receiving her doctorate from Western Graduate School in 1988. Her clinical experiences include private practice, working with children and adolescents (particularly adoptees and children in the foster care system), and chronically mentally ill adults. For over six years she ran a special program for incarcerated males that dealt with substance and physical abuse. Dr. Stabno serves as a subject matter expert for the licensing examinations for the Board of Behavioral Sciences. Her passions include her family, friends, and work.

**Lou Tinnin, M.D.,** former clinical director of the Trauma Recovery Institute in Morgantown, West Virginia, and psychiatrist at Chestnut Ridge Hospital in Morgantown, has been active in the field of art therapy and trauma for over 25 years. A Distinguished Scholar at Notre Dame de Namur University, his passions include fishing, family, and poetry, not necessarily in that order.

**JoAnna Wallace, M.A., A.T.R.-B.C., M.F.T.,** employed by Children's Health Council in Palo Alto, California, is a researcher and author. A doctoral student at Pacific Graduate School, Wallace is interested in neurobiology and art therapy. She has been an adjunct faculty member at Notre Dame de Namur University since 2001. Her passions include surfing, skiing, and hiking.

## FOREWORD

In 1976 there was a special art exhibit (In Touch Through Art) organized by Doris Arrington and two other art therapists that focused on the functions of the left and right sides of the brain and the implications for creative activity. The exhibit also featured art with clients with disabilities. The exhibit could best be termed “groundbreaking.”

It is synchronistic that in *Art, Angst, and Trauma: Right Hemisphere Interventions with Developmental Issues* we come full circle in terms of understanding how the brain functions and how it is affected by trauma. Of special interest are the two chapters by Arrington on brain development and function. Now of course, there is a lot of neurological and psychological research on the brain, how it develops and how it can be changed by traumatic events. Arrington adds how art therapy can make a major contribution to the healing of trauma because creative activity literally changes the traumatized typography of the brain. She also includes information about the importance of bilateral integration as seen in both Eye Movement Desensitization Reprocessing (EMDR, Parnell, 2006) and art therapy and how this contributes to healing trauma. These chapters are followed by a sequence of chapters devoted to the ways that art therapy facilitates healing of issues throughout the life span.

The volume demonstrates how art therapy can make a major contribution to the treatment of children who are seriously ill, in foster care, physically and emotionally traumatized, as well as deviant and addicted adolescents, young adults, and with the aftermath of a spouse’s suicide. The book concludes with a discussion of how art therapy has helped the elderly and their caretakers deal with issues of Alzheimer’s and death.

In addition to the broad developmental sweep of the documentation of the success of treatment using art therapy with traumatized clients from early childhood to the elderly, there is a special three-chapter seg-

ment on art therapy and a new approach to the treatment of trauma, a reoccurring issue in current society. Gantt and Tinnin have developed a unique way of resolving trauma in which art therapy plays a major role. These professionals termed their approach the Instinctual Trauma Response (ITR). For over a decade, using ITR, they have successfully treated a variety of clients. Images are a crucial component of the ITR. What is especially fascinating is that the client's trauma is resolved without abreaction or re-experiencing the event and without the use of medication (Gantt, 2005; Tinnin, Bills & Gantt, 2002).

Gantt and Tinnin's chapter on the ITR is followed by two chapters by Arrington that illustrate (literally and figuratively) how the ITR works. Among other activities, the client's own graphic narrative of each of the seven steps of the ITR enable verbal narrative and resolution for the client. These cases are from clients Arrington has treated here, and in Eastern Europe. The cases include, the trauma of multiple surgeries, family violence, and witness to death. Of special note is the very detailed and beautifully illustrated case of a wife's trauma in discovering the suicide of her husband.

In addition to the developmental issues threaded through the book there is another "theme" that emerges. This is the multiple rationales for the use of art therapy. In addition to more typical case reports, these rationales are based on neuroscience studies of the brain, the philosophical explanation of how the lack of the ability to visualize can lead the adolescent to addictions. In addition, there is clinical documentation of the successful resolution of different kinds of trauma with a variety of clients, at various stages of development.

Of special note is the chapter on *Adolescents, Identity, Addiction and Image* by Carolan. In the beautiful "flow" of his words, he makes a stunning rationale for the ways art can facilitate identity development. He argues convincingly that art can produce a mind-altering expression without the use of addictive substances.

The chapter, *The Magic Hour: Working with Difficult Children* by Acton and Houser is also noteworthy. I especially liked the charting of their interventions that include: Preparation, Directions, Process Questions, and Goals. This information will be especially helpful to the novice art therapist.

I also congratulate Wallace on her chapter, *Childhood Cancer and Survivorship*. It is well-written and provides excellent and timely information on this subject.

Doris Arrington and her contributors are to be congratulated. This is a book that contains significant *new* material that is a major contribution to the art therapy field.

Frances E. Anderson, Ed.D., A.T.R.-BC, HLM, CPAT

## References

- Gantt, L. (2005). *Art Therapy and Trauma*. Course materials Florida State University, Tallahassee, Florida.
- Parnell, L. (2006, in press). *A therapist's guide to EMDR: Tools and techniques for successful treatment*. New York: W. W. Norton.
- Tinnin, L., Bills, L., & Gantt, L. (2002). Short-term treatment of simple and complex PTSD. In: M. Williams & J. Sommer (Eds.), *Simple and complex post-traumatic stress disorder: Strategies for comprehensive treatment in clinical practice* (Chapter 6, pp. 99–118). New York: Haworth Press.
- Virshup, E., Eslinger, S. E., & Arrington, D. (1976). *In Touch Through Art*, exhibition catalogue. Fresno Art Center, Fresno, California.





## **PREFACE**

### **LENA'S FAVORITE KIND OF DAY**

The first time I met Lena was at Father's House, a small Christian orphanage outside of Kiev, Ukraine (Arrington & Yorgin, 2001). It was my first short-term medical team trip out of the country and the small voice inside of me wondered why I was there.

After the collapse of communism, unemployment in the former Soviet countries was rampant and continues to be a problem even today. At that time, however, with the welfare system dismantled, parents raised on atheism had no hope and turned to alcohol. Thousands and thousands of children fled abusive parents, unlivable home conditions, and hunger to fend for themselves on the streets of Kiev. To this day, thousands continue to move to the streets. With no papers and no education, the children and the country face an uncertain future. The children find shelter wherever they can, often in steam or sewer systems under the old Soviet-style apartment buildings. They support themselves by begging, stealing, and working as porters or prostitutes.

As Dr. Roman, a gynecologist and obstetrician, was going home late one evening, he met cold and hungry children in the Kiev train station who took him to their shelters. He started that evening taking children from three to fifteen found on the streets and in the train station into his apartment. After his apartment filled with 15, and then 25 children, he found a more amicable setting just outside of Kiev. More and more people heard of this doctor who rescued children living on the streets. We had also heard of Dr. Roman and had been invited to come work with the staff and the children in the orphanage.

The team of American Medical Professionals showed up at the orphanage just as the facility, in a new community, was in the final stage of construction. Dr. Roman, speaking only Russian, met us, led the group in prayer, and then introduced our team to the children. I was

surprised when he explained to the team through his interpreter that the children, because of their pain, had been praying for us to come, particularly for a dentist and a psychologist. Yes, their teeth hurt, but due to their traumatic lives of abuse, rejection, isolation, shame, anger, and grief, their hearts hurt as well. Many of the children had never developed trust in or attachment to anyone before moving into Father's House. Indeed, they were having a difficult time, many of them suffering from posttraumatic stress disorder or alexithymia.

While the doctors and nurses worked medically with these children and later with additional children in a state-run orphanage, I spent the week with an interpreter doing art therapy with the same children seen by the doctors. On our first trip we saw over 100 children.

The first thing the team noticed about all of the rosy-cheeked, clean, well-dressed children (in clothes donated from Europe and America) at Father's House was that they rarely smiled. These former street children were without official papers and therefore were unable to attend public schools or receive medical treatment. Many had lived on the streets so long that they had little memory of being a member of a family or an authoritative community that provided them with food, shelter, safety, and moral values.

Hoping to provide a structure of safety, I moved slowly as I assessed the needs of the children. I asked the interpreter to explain to the children how to use the art materials I had brought with me and then I asked them to draw their *favorite kind of day* (Manning, 1987). Lena, a beautiful 12-year-old, curly-headed brunette, was one of those children. While many of the other children talked in Russian among themselves and drew flowers, trees, suns, and people, Lena was one of the sad-faced girls who rarely spoke. She began by drawing a dynamic and violent-looking red gash. Completing the picture, she drew a flower-covered hill around the deep cut. Four sharp, cold, gray mountains grew to meet an encapsulating rainbow and a sky full of dark blue clouds (front cover picture) (Arrington & Yorgin, 2001, pp. 82–83).

Living in California's earthquake country, I saw the red gash as a catastrophe of great magnitude. Cirlot (1962) says an earthquake is "a sudden change in a given process that may be either for the better or for the worse" (p. 93). Rhyne's research (1979) indicates that angular figures in a drawing represent hostility, aggression, and threat.

It was obvious from the art that Lena was expressing thoughts and feelings about her early childhood abandonment. At the time, not even

Dr. Roman knew Lena's past. She had been at the orphanage for fewer than 6 months and as yet did not feel safe. Questioning her in her native language did not help because due to her development, which had been affected by her environment, her language and comprehension skills were limited.

Wanting to know more about the children, I let them lead me, which facilitated my understanding how little the children knew about emotions or how to express them. Dr. Roman invited me to work with the orphanage staff in planning educational games and drama projects around feelings, words, and emotions. Six months later, when I returned to Kiev and to Father's House, I again asked Lena to draw her favorite kind of day. This time, the drawing was more somber and dull, but she repeated her picture of a gash in the earth with many fierce mountains (Arrington & Yorgin, 2001, p. 87).

A year later, Sara, a young Canadian volunteer who spoke Russian, went to live in Father's House with the children. She was able; through her friendship with Lena and through the art directives she had learned as a staff member, to put together the pieces of Lena's life history. Lena, abandoned at about 4 years of age (birthday and age unknown), lived cold and hungry on the streets or in the steam pipes of Kiev with a group of young girls and a large pack of dogs until she was literally picked up around the waist at the age of 11 by one of the orphanage staff and brought to Father's House. While living on the street, the older girls took care of the younger girls, but they often slept together with the dogs for warmth and safety. When Lena, sleeping next to her friend Sara, began to chew on Sara's shoulder, Sara told her she was hurting her and asked her to stop. Lena apologized, explaining that she just wanted Sara to know how much she, Lena, loved her, remarking that snuggling and chewing on them was the way the dogs used to show their affection to the girls who lived with them.

Dr. Roman, never having heard of art therapy, was more than appreciative of it after seeing the first pictures drawn by the children at Father's House. He marveled that a psychologist working with children used art instead of words. He was fascinated to learn how art helped not only the children, but also him and his staff to understand the children's histories and feelings. He was intrigued to find how graphic narratives facilitated the children's use of their verbal skills to talk about their families and life stories.

I have been back to the Ukraine many times, often working with Dr. Roman's sad, unsmiling girls as they come in from the street. Lena taught me the importance of training shelter and orphanage staff in how to use right-hemisphere interventions like art, music, drama, and play to help disadvantaged children make sense of their history and to give them hope for the future.

Doris Banowsky Arrington

### References

- Arrington, D., & Yorgin, P. (2001). Art therapy as a cross-cultural means to assess psychosocial health in homeless and orphaned children in Kiev. *Art Therapy: Journal of the American Art Therapy Association*, 18(2), 80–89.
- Cirlot, J. (1962). *A dictionary of symbols*. New York: Philosophical Library.
- Manning, T. (1987). Aggression depicted in abused children's drawings. *The Arts in Psychotherapy*, 14(1), 15–24.
- Rhyne, J. (1979). Drawing as personal constructs: A study in visual dynamics. *Dissertation Abstracts International*, 79, 10569.

## ACKNOWLEDGMENTS

This book is the evolution of my 35-year-old love affair with art therapy as the treatment modality for mistrust, shame, doubt, guilt, inferiority, identity confusion, isolation and despair and all other life span interruptions. I am truly awed to see neuroscientists begin to document what so many art therapists have known and experienced for a long time, the power of art in healing. This book is about just that, the power of art in healing. The colleagues that have contributed to this book are devoted clinicians who have inspired me with their contributions to bettering the world using art a right hemisphere treatment modality. I am honored by the time and talent they shared with this project and thank them sincerely. I would also like to thank each of my grandchildren, Rett, Ryan, Courtney, Amanda, Connor, Wesley and Haley and their parents for their patience and love during what seemed like an inordinate amount of time. I would like to thank my professional family at Notre Dame de Namur University, Richard Carolan, Arnell Etherington, and Carolee Stabno, for their support and help—to my creative student and illustrator Cynthia Gruspy; to my small group members, particularly Carole Courshan for her almost nightly encouragement; to my friends Jan and Jim Rochette who are open to listen; to Frances Anderson, my long-time art therapy buddy who opened my world to writing; to Peter Yorgin, who opened my passion for sharing art therapy with the world; to the clients who have trusted, and risked; to Linda Gantt and Lou Tinnin for their brilliant and generous spirits; to Marsha Calhoun, who likes words; to my editor, Michael Thomas, with his quick answers; and a very special thanks to Bob Arrington, my techie, friend and constant companion who is there with talent and humor at the beginning and at the end. I thank him for a lifetime of help and support of my passion to share art as healing with people around the world.



# CONTENTS

	<i>Page</i>
<i>Foreword</i> .....	xiii
<i>Preface</i> .....	xvii
<i>Chapter</i>	
1. Life is Best Lived Moving Forward .....	3
<i>Doris Banowsky Arrington</i>	
2. The Many Ways of Knowing .....	10
<i>Doris Banowsky Arrington</i>	
3. Patterns of Attachment .....	28
<i>Doris Banowsky Arrington and Araea Rachel Cherry</i>	
4. Childhood Cancer & Survivorship .....	50
<i>JoAnna Wallace</i>	
5. Foster Care: A Developmental Problem .....	63
<i>Carolee Stabno and Sarah Nagle</i>	
6. The Magic Hour: Success with Difficult Children .....	78
<i>Roberta Hauser and DeAnn Acton</i>	
7. Adolescents, Identity, Addiction, and Imagery .....	99
<i>Richard Carolan</i>	
8. The Sparks of Adolescence .....	116
<i>Arnell Etherington</i>	
9. The Deviant Adolescent: Creating Healthy Interactions and Relabeling through Art Therapy .....	132
<i>David Gussak</i>	
10. Family Art Therapy: Reflection, Process and Evolution .....	150
<i>Anna Riley Hiscox</i>	
11. The Instinctual Trauma Response .....	168
<i>Linda Gantt and Lou Tinnin</i>	
12. Healing Trauma using the Instinctual Trauma Response Model .....	175
<i>Doris Banowsky Arrington and Araea Rachel Cherry</i>	

13. The Power of Art in Healing: Nancy's Story . . . . .	190
<i>Doris Banowsky Arrington and Araea Rachel Cherry</i>	
14. Art Therapy in the Hospice Setting . . . . .	208
<i>Carol Johnson</i>	
15. Recovered Memories: An Arts Program Designed for Patients with Dementia . . . . .	230
<i>Toni Morley and Angel C. Duncan</i>	
<i>Author Index</i> . . . . .	245
<i>Subject Index</i> . . . . .	249



# **ART, ANGST, AND TRAUMA**



## Chapter 1

### LIFE IS BEST LIVED MOVING FORWARD

Doris Banowsky Arrington

Dedicated to Dr. Valerie Appleton, A.T.R.-B.C., M.F.T. (1953–2005),  
Dean, Eastern Washington University. Dear friend, the world will  
miss your kindness and magic. It was Val who asked, what  
could we do today to make life better tomorrow?

#### *Developmental Issues*

Developmental theory concerns itself with the phases of human experience and how these phases relate one to another. This book will explore development from the sharp turns, or the traumatic roadblocks that appear along the developmental highway. While interruptions in life are normal, those surfaced in violence can be so devastating and traumatic that they can forever challenge one's movement or direction. This book will document how the graphic and verbal narratives of art interventions effect change in individuals and families, helping them repair and make sense of these powerful and disturbing disruptions. It is my wish that you will find it, as suggested by Fosha (2003), an unfolding conversation from clinical family art therapists informing and transforming neuroscience advances about right-hemisphere interventions. It is my desire that you will be enlightened about the many ways that the right-hemisphere intervention of art therapy touches life, restoring hope and vitality as individuals move forward on life's journey.

As my granddaughter Courtney at age four explained the art piece (Figure 1.1) to her three-year-old cousin, Amanda, "If you are tweated like a princess when you are woodle you gwow up to be a queen"; this is my sincere wish for all young women wherever they are.



Figure 1.1. *The Eight Steps of Women Sculpture: Multimedia* by Doris Banowsky Arrington.

### ***Erikson's Eight Ages of Humankind<sup>1</sup>***

Throughout history, human development has depended on supportive and interactive physical, cognitive, affective, social, and spiritual domains within humanity's only container, the body/mind, to move a human through what Erikson (1963) describes as the Eight Ages of

---

1. In this book, the genders of he and she will be interchangeable.

Mankind. These ages in normal development, with some variations in culture, are consistent across the developmental clock. They begin with the infant and the primary caregiver in the developmental models of Freud's id, Erikson's trust or mistrust, Mahler's object relations, Jung's childhood, and Piaget's sensory motor stage. Erikson (1963) notes that the "strength acquired at any stage is tested by the necessity to transcend it in such a way that the individual can take chances in the next stage with what was most vulnerably precious in the previous one" (p. 263).

Experience dependent, an infant's (0–1 year of age) first goal is to develop trust in his world through a secure attachment with his primary caregiver. A thoughtful and organized beginning of life allows this precious and unique human to develop ease in living, eating, sleeping, and eliminating so that he grows in hope of reaching his maximum complexity physically, cognitively, and affectively (Erikson, 1963; Siegel, 1999).

The inquisitive toddler (2–3 years of age), in Erikson's autonomy stage, begins his journey of independence with the will to make it on his own. He wills to learn, to know, and to hold on or to let go of mother, chairs, toys, and bowel movements. In order to avoid doubt or shame, the toddler learns the social skills of self-control through observation and sensing, motivated by emotions, senses, and acceptance of law and order as perceived by the child's primary caregivers, his parents. Equally important is the climate of the child's living environment. Lewis, Osofsky, and Moore tell us that "clinical studies of children living in areas with high rates of violence report that simply witnessing violence or having knowledge of a violent event can have negative implications" for a child's psychosocial development" (1997, p. 278).

Our child, now 4 years old, is a preschooler. With hope, she moves into Erikson's initiative stage. She learns how to comply in her home, and she knows she has choices. She feels like a big kid but still needs those primary caregivers to recognize her newly-acquired abilities. "Look at me," she yells on the playground. "Look at me." When she is recognized and accepted, she establishes her personhood. Her right-hemisphere experiences of feelings and senses (implicit memory) expand bilaterally through the corpus callosum to the left hemisphere, where they provide structure for explicit memory. Influenced by a sense of time and autobiographical information, they set the stage for the child's motivation of initiative or guilt.