

**THE DYNAMICS OF ART AS THERAPY
WITH ADOLESCENTS**



ABOUT THE AUTHOR

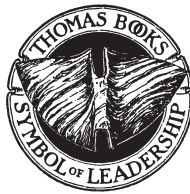
Bruce L. Moon, Ph.D., ATR-BC, HLM, is a professor of art therapy, Chair of the Art Therapy department, director of the graduate art therapy program, and co-founder of the Doctor of Art Therapy program at Mount Mary College in Milwaukee, Wisconsin. He received the 2009 Honorary Life Member Award from the Buckeye Art Therapy Association and the 2007 Honorary Life Member Award from the American Art Therapy Association. Formerly the director of the graduate art therapy program at Marywood University in Scranton, Pennsylvania, and the Harding Graduate Clinical Art Therapy Program in Worthington, Ohio, he has extensive clinical, administrative, and teaching experience. He holds a doctorate in creative arts with specialization in art therapy from Union Institute and University in Cincinnati, Ohio. Moon's current clinical practice is focused on the treatment of emotionally disturbed adolescents. He has lectured and led workshops at many colleges, universities, conferences, and symposia in the United States, Canada, and China. Moon is author of *Existential Art Therapy*; *Essentials of Art Therapy Training and Practice*; *Introduction to Art Therapy*; *Art and Soul*; *Ethical Issues in Art Therapy*; *The Role of Metaphor in Art Therapy*, and *Art-Based Group Therapy*. He is editor of *Working with Images: The Art of Art Therapists* and coeditor of *Word Pictures: The Poetry and Art of Art Therapists*. Moon's many years of experience in clinical and educational settings, coupled with his interdisciplinary training in art education, art therapy, theology, and creative arts, inspire his provocative theoretical and practical approach to art as therapy with adolescents.

Second Edition

THE DYNAMICS OF ART AS THERAPY WITH ADOLESCENTS

By

BRUCE L. MOON, PH.D., ATR-BC, HLM



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FOREWORD TO THE FIRST EDITION

It is an honor to introduce Dr. Bruce Moon's latest writings on the therapeutic uses of art with one of the most taxing, yet rewarding populations—that of adolescents. This is an eminently readable and accessible guide to eliciting art from disturbed teens. Moon's method lies in the great oral and visual tradition of American storytellers—from Mark Twain to Thomas Hart Benton. Speaking in reverent and almost poetic tones, Moon's clinical stories capture the exasperation that is adolescence.

Many therapists avoid working with adolescents, given their propensity to be defiant, hurtful, ungrateful, and impossible to reason with. Clinicians often consider adolescence to be a state of “naturally-occurring madness,” in which hormone-driven and impulsive behavior mimics many a psychopathology. Adolescence is the last great developmental milestone, as negotiating its many pitfalls may take a person a full third of their lifetime. Defenses are rigid, fragile, and often impenetrable. Emotions are often volatile. The potential for insight is limited. Relationships center upon seeking immediate gratification, and often remain impoverished and exploitive.

Yet Moon is somehow able to form alliances with these difficult children. Practicing in the “artist-as-therapist” tradition, Moon comes to his sessions bearing tantalizing gifts. As the teens enter his studio, they are immediately surrounded by an array of intriguing images created during the art therapy sessions. Displayed also are the evocative pictures painted by Moon himself. An inviting buffet of paint, gesso, canvas, and other media are laid out, stimulating even the most recalcitrant teen to imbibe through their senses. The atmosphere is one of infectious passion and creativity.

Moon sets the stage for such creative license, in part, by making art alongside his clients in the art therapy studio. Here, the children can safely view Moon's own struggles, uncertainties, as well as the wonders of artistic exploration. By modeling ways in which the teens can metaphorically dialogue with their own “daemons,” Moon bypasses the two most daunting and ubiquitous issues of adolescence: power and authority. Instead of simply confronting defiance and meting out consequences for antisocial behavior, Moon

provides a corrective experience that is firmly within the object relations tradition. With his quiet presence, he creates a sanctuary where these troubled children can exorcise their rage, despair, and emptiness within a space that is gently facilitating—a version of the benignly supportive “holding environment” conceived by Winnicott. As the steward of this sanctuary, Moon provides “safe anchorage” in the Mahlerian sense, whereby even the most alienated and resistant teens relax their defenses and begin to develop what Moon considers the most important objective in therapy—the capacity to form quality relationships.

Moon’s techniques are deceptively straightforward. Rather than presenting as the highbrow clinician, Moon’s demeanor lies within the fold of Midwestern hospitality. For instance, he greets each child in the same ritualized manner, uses corny buzzwords, sings folk songs, and maintains an unfailingly upbeat demeanor, which, all told, might seem quaintly old-fashioned to a nose-pierced, hardened adolescent. Yet for such emotionally raw and damaged children, the disillusionment over their parents’ own broken relationships, substance abuse, and self-indulgence, has resulted in almost appropriate disrespect for their elders. As an antidote to nihilism, Moon’s gentle homespun sensibility must be unfailingly predictable, reassuring, and comforting.

It is always interesting to me how Moon’s down-home pastoral sensibility masks the sophisticated existentialist. He remains unprovoked by adolescent rage, manipulation, and defiance. He doesn’t take it personally when his teens attempt to enrage or wound him—a therapeutic stance that few therapists (including this one) can maintain. Viewing their provocations as a kind of dramatic reenactment of past adult conflict, Moon remains at once dispassionate yet emotionally available. Although he is fully present with the children and their pain, he is in no way preoccupied with making the children “feel better.” Suffering, in Moon’s existential/Protestant ethic, is not something to escape and replace with “feel good” gambits that are so prevalent in our quick-fix culture. Instead, the elements of hardship and struggle are approached as a Zen-inspired way of “being.” Suffering gives life its rich contrasts, its substance, and a freshness of perspective.

This is a timely, relevant work that is sorely needed by the field and, indeed, by our culture. For never before has the passage from childhood to adulthood been fraught with such uncertainty and conflict. As I muse over this essay, I am seated in Edith Kramer’s NYC loft, watching her go about her business of a lifetime, lovingly painting “the horrors and beauty of the world.” As art therapy history quietly and unassumingly unfolds before me, I say something about Moon’s ideas on the curative powers of art with regard to adolescents. Looking up from her easel, she sighs, that, for eons, culture

has assisted children in making the transition between childhood and adulthood by providing challenging yet satisfying rituals. She cites those pre-modern cultures, such as the American Indian tribes, who sent their boys naked into the wilderness to embark upon a vision quest, or in the case of girls, the magical rites of dance or body-adornment that helped shepherd them from pubescence to womanhood. Each provided the necessary support, structure, and aesthetic sensibility during a time of critical vulnerability and volatility.

I remarked that, in contemporary Western culture, such rites of passage have all but atrophied. Consequently, children have been left to invent their own harrowing rites of passage. They flock to popular media as a means of vicariously experiencing the thrill of gratuitous violence or sexual conquest, while learning nothing about the forming of loving relationships. Gang initiations, hazing, or other peer-pressured substance abuse are all misguided attempts on the part of the adolescent to create his or her own feats of courage and accomplishment. The most dreadful of instances, drive-by shootings and random shooting sprees aimed at schoolmates and parents, all bespeak a culture gone mad. Sadly, we continue to fail our children in their bid to meet their developmental needs.

Kramer has written that to channel children's energies without destroying their spirit remains an endless task of the therapist. For this is the same delicate balance explored by Hesse in his novel *Damian*—the story of a child's awakening to self-hood.

In this volume, Moon has struck a balance between accepting the self-sabotaging and destructive tendencies of his lost children, while harnessing their resilient energies toward self-discovery and growth. In remaining true to the art process, Bruce Moon remains a standard-bearer for those who believe in the intrinsic therapeutic power of art. This book represents a means by which we can begin to restore "soul" to both our children and the culture in which they continue to struggle.

DAVID HENLEY, ATR
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PREFACE

For much of my professional life as an artist-therapist, I have worked intensely with adolescents who are suffering severe emotional and mental disturbances. For 22 years, I worked at Harding Psychiatric Hospital in Worthington, Ohio, where I came into relationship with untold numbers of surly, sad, and angry teenagers who desperately needed to express feelings that they could not or would not verbalize. For the last ten years, I have provided group and individual art therapy services to adolescents in residential treatment programs. I confess, I love the work. This book is my effort to share essential philosophic, theoretical, methodological, and pragmatic aspects of practicing art therapy with adolescent people. This book is an act of love.

Hurting adolescents present art therapists (therapists of any kind, for that matter) with a host of specific struggles and difficulties that make art therapy very complicated. The anguish of adolescents often manifests itself in intense and conflicted feelings about their parents, other family members, teachers, and authority figures of any kind. These conflicts often revolve around issues of identity, dependency, autonomy, self-control, self-expression, and existential concerns. They are, by necessity, lived out in the behaviors of adolescents, and so, of course, they are acted out in therapy contexts. What follows in this book reflects my point of view on art as therapy in the treatment process with adolescents who are suffering. It provides an in-depth exploration of the central role art can play in successful treatment of adolescent clients, and of the natural progression of art as therapy with adolescents. The book reflects the progressive development of my artistic and therapeutic thinking, as my clinical experience and understanding of the application of therapeutic principles with adolescent clients has evolved. This book will provide readers with a glimpse into this author's professional growth and development related to the complexities of the subject.

My colleague, Shaun McNiff, has encouraged me to write about how my personal art making, therapeutic practices, and research interests are integrated without artificial separations, and this is seen in no clearer form than in my work with adolescents. Prior to the publication of the first edition of

this text, many art therapists urged me to do a book about my approach to art therapy with adolescent clients.

In this second edition, I have made a conscious effort to artfully and poetically describe the central role art making can play in the successful treatment of adolescent clients who are struggling with emotional and behavioral disturbances. I am thankful to Michael Thomas of Charles C Thomas, Publisher, for giving me the opportunity to do so. I am also grateful to my former colleague, Marcel Hundziak, M.D., who organized and opened the first Adolescent Unit at Harding Hospital, where I worked for many years. I am also appreciative of Carol Lebeiko, M.D., Donald Brown, M.D., Robert Huestis, M.D., Larry Simpson, M.D., and Russell Newman, Ph.D. who taught me much of what I know about adolescent psychotherapy. To Don Jones, ATR, HLM, goes acknowledgment for serving as a role model and inspiring me to pursue a career in art therapy. A debt of gratitude is owed to Edith Kramer, Cathy Moon, Debra DeBrular, Pat Allen, Shaun McNiff, Donald Rinsley, Viktor Frankl, and Viktor Lowenfeld, whose disparate influences have coalesced to form the philosophic foundation of my clinical work with adolescents. To the many art therapy, music therapy, recreation therapy, social work, nursing, psychiatry and psychology colleagues who worked in the Child and Adolescent Division of Harding Hospital, I extend my deep appreciation. Deep thanks also go to Lisa D'Innocenzo, MFA, MAAT, who edited this text.

Others, too numerous to name, have in various ways contributed to the ideas presented in this book. Most significant have been those many profoundly suffering young people with whom I have been privileged to work, and through involvement with art, guide toward a less painful and more meaningful existence. It is to them that this book is gratefully dedicated.

Author's Note

The clinical vignettes in this book are, in spirit, true. In all instances, details have been changed to ensure the confidentiality of persons with whom I have worked. The case illustrations and artworks presented are amalgamations of many specific situations. My intention is to provide realistic accounts of an art therapist's work with adolescent clients while also protecting the privacy of individuals.

INTRODUCTION

It is an honor and privilege to introduce the second edition of Dr. Bruce L. Moon's seminal adolescent art therapy text, *The Dynamics of Art as Therapy with Adolescents*. Since the publication of the first edition in 1998, Moon's work has offered art therapists an inspired studio-based approach to working with this indisputably challenging, often maligned, and arguably "soul" invigorating population. This current edition, updated with an expanded discussion of arts-based processes and additional instructive and heartfelt client narratives, continues in the trajectory of the first, promising to shape and provide guidance to both the current and next generation of art therapists.

Looking back on my own entrance into the art therapy profession, Moon's influence on me in the area of adolescent art therapy is immediately evident. I recall well my discovery of the first edition of *The Dynamics of Art as Therapy with Adolescents*. At the time I felt that I was trudging along in my work with adolescent trauma survivors in my second-year graduate practicum, and sought resources in the university library's stacks of art therapy holdings to bolster my confidence. Moon's book immediately jumped out at me. The image of a sword traversing a broken heart on its glossy white cover spoke loudly, almost as a kind of adolescent archetype, unique in execution, but familiar in its depiction of the suffering commonly associated with adolescence. I discovered in reading the text that this suffering, as much a part of the adolescent (and ultimately *human*) condition as the air one breathes, was, according to Moon in his existential viewpoint, an inextricable part of the adolescent "art as therapy" journey. Therein was one of the most important messages to me as a future adolescent art therapist: "The therapy is not found in helping adolescents get rid of their suffering; it is found in helping them immerse themselves in the creative flow."

Now as an art therapist and art therapy supervisor, I have spent the last five years working with adolescents in a residential treatment setting much like the one described by Moon in this book. Like the adolescent clients we meet through Moon's case examples, the teens whom I work with in this setting have also suffered extensive early life trauma, including physical, sexu-

al, and emotional abuse; neglect; and pervasive disruption to their living environments as a result of community violence, poverty, and racism. Located on 100 wooded acres, entrance to the treatment environment is often felt as even further punishment, as it involves removal from their community and, for most, the familiarity of urban surroundings.

Chronically traumatized teens inevitably bring a worldview of hopelessness and brokenness with them to the residential treatment setting. Multiply this by the number of adolescents together in the setting and it is no small wonder that it often seems as though there is a persistent gravitational pull towards senselessness and chaos for everyone. Without a shared framework and philosophy, staff can be quickly and easily pulled into the power struggles and reenactments, and a kind of parallel process is created whereby the traumatic and dysfunctional worldview of the clients becomes the dynamics by which the treatment team operates. As an art therapist in this setting, I have experienced moments of extreme disillusionment and have learned that it is not enough to combat them simply as they occur. Instead, I have to be at all times creatively proactive in preventing the threat of hopelessness from impeding the work of relationships, the foundational context through which, I believe, interpersonally-traumatized adolescents most profoundly experience healing.

It is quite fortunate then for adolescent art therapists like myself to have Moon's studio-based art as therapy approach as presented in this updated edition, offering much in the way of guidance, motivation, and practical advice around the use of art making as the central curative component when developing therapeutic relationships with hurt and troubled teens. Poignantly highlighting the necessity of hope as a critical underlying component to his treatment philosophy, Moon writes:

Art therapists who work with adolescents often encounter young people who are so angry, so defiant, so withdrawn, or so disillusioned with the world that it is difficult to see reasons to hope. But the simple act of making a mark is a dramatic indicator that all hope is not lost. Making art in the company of others is a symbolic expression of hope.

In my current practice setting, which follows a trauma-focused approach to treatment known as the Sanctuary Model (Bloom, 1997), one of the shared assumptions of the framework is that clients are not "sick or bad," but rather "hurt and injured." An implication of this assumption is that there is a shared responsibility between the injured party and the helper to work collaboratively towards healing. In a similar and complementary fashion, Moon's approach implies a shared responsibility between the adolescent artist and the

art therapist, who work as co-creators on the journey of “meaning-making” and healing. Moon writes that the art as therapy model “places equal value on both art processes and the relationships that grow from the shared experiences of making art in the company of one another.” In my own practice, I have found that, indeed, hope is imperative in order to bring about change and healing, and while there is a shared responsibility within the art therapy relationship to bring about this hope, my actions and energy as a therapist can be the catalyst through which an “osmosis of hope” might occur.

Especially instructive in *The Dynamics of Art as Therapy with Adolescents* is the steady flow of prosaic case narratives through which the central theme of art-making relationships and processes are illustrated. I particularly relished the stories of Rollie, Connie, Frannie, and others, not only because I can relate them to aspects of my own clients’ struggles, but because there is much to be learned from Moon’s unique style of relating, which somehow manages to be upbeat, incisively honest and tender all at once. Standing alongside his adolescent clients and their creations, Moon always reminds them that it is the art—and not words—that matters most in the studio. In those instances when they do choose to brave words, engaging in “*imaginal dialogue*,” Moon never pretends to know what he can’t (because the answers are many and multifaceted); neither does he make false interpretations, respecting the integrity and autonomy of both image and artist. Moon intrinsically understands the beneficial effect this openness has on his clients, writing “. . . adolescent art therapy embraces the mystery of ambiguity where nothing is absolute, and this openness is tremendously valuable to adolescent clients.”

Moon also recognizes adolescents’ preference for *action* over verbalization as a key part of developing the relationship, and to that end, a practical suggestion he gives is to consider the resistance behaviors of adolescents as “performance art events.” “When one thinks of the client’s behaviors as being scenes from a drama, one is freed to observe and reflect upon the meaning of the performance, without becoming countertherapeutically caught up in the drama itself.”

An example of this from my own work that comes to mind is with Mark, a teenage boy with whom I worked in individual art therapy over the course of nearly two years. At our third session, Mark was found engaging in what initially looked like an intriguing gesture *de resistance*. Instead of finding him in the unit when I went to pick him up for our usual weekly session, I found him behind the facility in the woods, attempting to unearth a rock roughly the size of a giant inflatable yoga ball. After Mark informed me in no uncertain terms that he wasn’t interested in coming to art therapy, I sat down on a nearby rock to watch while he prodded the ground with a small stick, trying to get one end of it underneath the rock in order to lift and flip the rock

out of its hole. As the rock likely weighed several hundred pounds, the stick was clearly inadequate for the task, which Mark eventually realized and found a larger stick. Even still, the task remained formidable. Though feeling caught up in the energy of Mark's determination and persistence, I held back from offering help. It seemed like something Mark needed to do on his own. But soon, Mark invited me into his process, and I agreed, becoming his ally in "The Unearthing of the Giant Rock." Eventually our teamwork proved successful, after which Mark looked over in my general direction, and without making eye contact, calmly said, "I guess I'll go to art therapy now."

I firmly believe that this event with Mark had to be viewed not as an obstacle to treatment, but as a critical part of the treatment itself, or in Moon's perspective, as a unique piece of "performance art." I saw this performance piece as a pivotal moment in the development of my relationship to Mark. Just as it wasn't easy to dig out that rock, working with Mark indeed proved to be a slow and steady task. And yet, as I was eventually invited in from the sidelines, Mark increasingly came to accept me in the role of collaborator, or "co-laborer" in the art therapy space—someone to help him explore and dig out greater underlying meanings.

The Dynamics of Art as Therapy with Adolescents furthermore stands out for its unflinching and passionate championing of the art therapist's engagement in 'responsive art making,' another of its central themes. Save one or two assigned articles, this topic was largely absent from the curriculum in my own graduate art therapy training, but is becoming increasingly recognized and validated for its therapeutic benefits thanks in large part to Moon's advocacy. The three primary reasons Moon gives for the art therapist to engage in responsive art making include: "(1) as an aid in establishing empathic relationship with adolescents; (2) as an expressive outlet for the art therapist's powerful feelings that are often stirred up in the clinical context; and (3) as the starting place for imaginative interpretive dialogue with adolescent clients." Additionally, "responsive art making" is also presented as an important means by which therapists can proactively guard vigilant against vicarious traumatization. I wholeheartedly agree that there is an inherent importance to the centrality *and*, in Moon's words, "goodness" of art making for both client and art therapist. I find that working alongside my clients is an important means of allowing my love for the "creative flow" to be witnessed by my adolescent clients, thereby encouraging the "osmosis of hope," as well as a means of keeping in touch with my own artist identity and as a preventative aid against burn-out.

Finally, as an art therapy educator, it is my belief that this latest edition of *The Dynamics of Art as Therapy with Adolescents* will serve as a tremendous resource for professors of adolescent art therapy courses such as myself. As

with the earlier edition, chapters such as “The Four Phases of Adolescent Art Therapy” (Chapter 8), “The Structure of the Therapeutic Arts Studio” (Chapter 9), and “Art as Therapy in Adolescent Groups” (Chapter 11) will lend themselves especially well to enriching and meaningful classroom discussion and learning activities, as will the many clinical case vignettes located throughout the text. Feedback from students regarding the first edition was that it was extremely readable and the case examples compelling and applicable, allowing them to identify and conceptualize more clearly similar challenges facing them in their fieldwork and practicum placements. It should be no different with this updated version. For these reasons, I strongly believe that *The Dynamics of Art as Therapy with Adolescents* should be a cornerstone text for any Adolescent Art Therapy course.

The field of art therapy is extremely fortunate to have this updated version of *The Dynamics of Art as Therapy with Adolescents* added to its canon of literature. Its interest to art therapists already working with the adolescent population is unquestionable. As I have hoped to demonstrate based on my own example, I would further venture to guess that it is bound to attract newcomers as well to the hard, but also very exciting, work of art therapy with adolescents.

REBECCA BEERS-MILLER, ATR-BC, LCAT, CCLS
New York, New York

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INTRODUCTION TO THE FIRST EDITION

People often ask me why I like working with adolescents, particularly difficult adolescents. My usual reply is something like, “They keep me honest.” I am seldom able to adequately explain the complexities of the relationships that form in the learning environment with students, despite the fact that I’m constantly re-examining my work and daily interactions as a special education teacher. It was a surprise and a pleasure, then, to read Bruce Moon’s book on adolescent art therapy, because in it I find so much commonality with my own experience in the classroom. Reading this book was like having lived in a foreign country for a long time and then finally talking with someone who speaks my language.

I have been an educator for the last 25 years, working primarily with emotionally disturbed and learning disabled adolescents. I’ve studied many approaches to teaching, most of them mechanistic and focused on behavior modification. In addition to my training for special education, I studied art as an undergraduate and have incorporated art in my teaching. The incorporation of art and the use of imagery in my work has been an important vehicle for personal development for both my students and myself. The approach to using the creative process with adolescents as described in this book is, in my view, eminently effective in generating change and growth, and in establishing a trusting relationship between the therapist (teacher) and the adolescent. In addition, the creative process as described in the text aids the adolescent in developing a new relationship with his or her inner self.

There is a concept in education that teaching ought to be personality-independent; in other words, anyone should be able to take a structure and curriculum and “apply” it to a group of students. It is alarming to me that so many people subscribe to this idea. In Moon’s book, I found descriptions of the art therapy process that are akin to the effective practices I utilize in my classroom. Who would have thought a book about art therapy would speak so profoundly to an educational ear?

Anna Freud’s description of adolescence as a period of “normal psychosis” is quoted early in *The Dynamics of Art As Therapy with Adolescents*. I

don't necessarily agree with this (and neither does Moon), but one of the sections of the book that most attracted me was titled "The Hard Work of Treating Adolescents." He includes descriptors of adolescents that ring true, in my experience: "[they] do not sit passively, they do not behave predictably, they are seldom grateful, they are never satisfied . . . they can often be mean, demanding, moody, destructive, self-absorbed, hostile, provocative, manipulative, seductive, and inconsistent." The way he views these behaviors, though, is especially meaningful. He describes them as "performance art enactments," as outward, though often disguised, expressions of the inner workings, conflicts, pain, and chaos that the adolescent is feeling. This view helps to remind me that the behaviors don't have to be translated as personal attacks. I can be more helpful and useful to the student if I step into the audience (à la, the Living Theater of the '60s and '70s) and not get caught up in the student's whirlwind of emotions.

Moon uses the terminology "artist as therapist" and "responsive art making" throughout this work. The phrases speak to his view that the ongoing process occurring between artist-therapist and client is the arena where healing takes place. He articulates this view through his clinical discussion of the aspects of the therapeutic relationship, and through clearly drawn, realistic narratives about clients. Additionally, his faith in art making as an essentially curative modality for the client is displayed repeatedly throughout this book. The artist/therapist, working within an understanding of the developmental issues of adolescence and the phases of engaging (and resisting) involvement in the therapeutic process, is the guide and mentor who assists in making this powerful tool accessible to the adolescent.

Moon views art as the window into the inner life of a person. He presents a model whereby the artist/therapist uses his or her own experiences in an observable way, modeling healing possibilities by engaging in art making alongside the adolescent. The potential for this way of working to be effective would seem to be true of all creative therapies. Since the adolescent who is in psychological pain is frequently suspicious and distrustful of adults, it is particularly important that the therapist establish rapport, and the therapist's own artwork can be an effective vehicle for doing so. The artist/therapist's work also serves as a very explicit model of how to use art as a medium for understanding, interpreting, accessing, expressing, and resolving emotional turmoil.

Moon writes about the idea that "feeling good" is not the point of therapy, at least not initially. There is the hope that developing an understanding of inner workings will help students and clients lead a more contented and satisfied life, but the path to that goal is fraught with difficulties, pain, and confrontation of all kinds. My own students sometimes accuse me of not

being “supportive”; my program is identified as “Emotional Support,” after all! It is difficult for them to understand that support doesn’t always mean making them happy. Rather, it is supportive to assist them in having a deeper relationship with their inner selves, to help them learn how to accept and give feedback about their behavior, and to demonstrate that their actions affect others, sometimes profoundly.

Moon’s comfort level with “not knowing” what to expect fits with his existential approach to therapy. He makes it clear that interpreting clients’ work has very limited, if any, value in helping the client to grow. In fact, he makes the point that interpretation can interfere significantly with establishing a trusting relationship with an adolescent. He does not need to hide behind the “expert” mask in the relationship with adolescents, which bespeaks his years of experience, his deep understanding of himself, and his understanding of his clients. He says, “Now I stand before their images (and my own) in an attitude of wonder at their power and charm.” This sentiment is reiterated again and again, and allows the reader to have a feeling for the deep compassion and respect Bruce has for the young people he works with and for their images.

Particularly useful to me and, I would suspect, to other educators is Bruce’s description of the four phases of adolescent art therapy. I have seen these processes unfold over and over in both group and individual work with adolescents who are struggling with their own internal demons. The phases he describes are: Resistance, Imagining, Immersion, and Letting Go. The resistance phase is magnificently communicated, both in terms of clinical process and examples from his work with adolescents. I can easily recall from my own work instances of dealing with the “Rebel,” the “I’ll Do Anything You Want” kid, the “Catch Me if You Can” kid, the “You Are the Only One Who Understands” kid. How easily we can get sucked into the dance around these dramas. But again we are reminded of the “performance art enactment” and given ideas about how to work with the behavior in order to move on to the next phase of treatment.

The “Imagining” phase is described as the period during which the adolescent can begin to let go of her denial and to trust the adult. “Immersion” is the phase in which the hardest work is done by the adolescent, when behaviors and old images of the self are discarded and the adolescent begins to form a more realistic view of herself. The last phase, “Letting Go,” is the separation phase, in which the client deals with the loss of the therapist, but it is also the phase where consolidating and internalizing the growth work happens most clearly.

In my own experience, these phases happen repeatedly during the time I am working with my students. As students confront aspects of their own

conflicts, they can reenter resistance, imagining, and immersion. I observe this movement into and out of phases of growth partly because of the length of time I work with students. In the program where I teach, students could conceivably be with me for four years. We have a four-year curriculum of integrated and thematic academic work, and the therapeutic aspects of the program are ongoing and evolving as the needs of the group and individuals within the group change.

A most memorable experience for me was with Susan, a young woman who came to the program in tenth grade. She was an angry, self-destructive person with serious learning disabilities, which, despite her superior intellectual capacities, made the school experience a nightmare for her. Susan was an intense and creative student who was interested in learning and was able to flourish with the atmosphere of acceptance and safety in the program. She really learned to spread her wings in this environment. However, around the midpoint of her senior year, I saw every problematic behavior she had evidenced during our first year together reemerge with a vengeance. It was through continued assurances on many levels, symbolic and material, that Susan was able to trust again in her own abilities, to understand that the relationships she had formed here would be sustainable, if only through memory, and that I and her fellow students would not abandon her during this difficult time. She began to move into the letting go phase and was able to move on.

The chapter titled "The Structure of the Therapeutic Arts Studio" also struck a sympathetic chord. Bruce discusses the importance and meanings of space and the messages conveyed by a physical setting. In college, I had a printmaking instructor who insisted that students "take in" the space in the printing studio (the posters, artwork, arrangement of tools and furniture, etc.) as a way of getting to know him. It was the first time that awareness of the importance of place was ever brought to my attention. Since then, I have been attuned to such issues, both intuitively and consciously, and use it in my own classroom. Many of the points made in Moon's chapter on structure and space are important for educators to attend to: the issues of safety (psychological and physical); the importance of keeping rules simple, consistent, and easy to enforce; the modeling of behavior by the therapist teacher; and the establishment of ritual in the day-to-day interactions and working of the group.

Another particularly valuable issue raised in this section of the book is the powerful impact of the therapist's attitude toward the client in establishing a working relationship. Even if a negative attitude is not explicitly expressed, the adolescent will know through nonverbal cues how the therapist feels. This is, in part, what I referred to when I stated that work with adoles-

cents keeps me honest. Adolescents seem to have an uncanny ability to “zero in on” the hypocrisy and pretense that a person holds.

In my own work, I consider the physical and psychological safety of a student to be a basic need, which is attended to in a variety of ways. In Maslow’s hierarchy of needs, the issue of safety is second only to the physiological need of food and shelter. Therefore, I believe it is important to guard against my students feeling threatened or insecure about their own safety and ability to be present, in mind and body. I agree with Moon that taking care of the space in which one meets with adolescents is, in fact, taking care of the adolescent. It is one of the few areas in which the professional can have some control.

To some individuals reading this introduction, it may be considered a stretch to compare the art therapy model of Bruce Moon with the educational process, but I contend that in a classroom, as in the art therapy studio, there is substantial, deep work being done by the adolescent. If important and specific conditions exist in the classroom, the possibilities for growth are significant. The conditions include: the teacher, like Bruce’s artist/therapist, bringing an attitude of respect, positive regard, and acceptance to the relationship with the adolescent; the classroom space being maintained in a safe, consistent, and predictable manner; and lastly, the teacher’s willingness and ability to be a positive model—a real human being.

My own thoughts and feelings have been stirred by this book. Bruce’s writing is clear and readable, his sense of humor endearing, and his arguments compelling (though I admit to a bias in the direction of humanistic/existential philosophy). Particularly affecting are his word portraits of the adolescents and his interactions with them. These vignettes are moving and heartfelt, and exquisitely display the range and depth of Bruce’s compassion, empathy, and true affection for his clients. I fear that this methodology is being overtaken by the forces of managed care and “the bottom line,” and hope that books like this will inspire therapists, educators, and anyone working within an adolescent population to explore this very effective and affecting approach.

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**THE DYNAMICS OF ART AS THERAPY
WITH ADOLESCENTS**

Chapter I

ART AS THERAPY WITH ADOLESCENTS

My age is a metaphor
That only speaks of everything that's gone before
—Jakob Dylan, 2008

The late afternoon winter sun filtered through the small windowpanes of the therapeutic arts studio at Harding Psychiatric Hospital in Worthington, Ohio. I was sitting across the table from Tara, a 14-year-old young woman. She had just put the finishing touches on her painting. The image (Figure 1) was of a broken, bleeding heart that was pierced by a silver dagger. For the past several minutes, there had been a heavy silence between us. “Are you going to sign it?” I asked.

She looked up at me through strands of dirty blonde hair, eyes wide, lower lip quivering, “I am afraid to.”

Tara had been in the hospital for a couple of weeks. She was leaving later that evening on a flight bound for Salt Lake City. Her mother did not want her anymore and was sending her there to live with an aunt. Her father was in jail for abusing Tara and her younger sister. During her hospitalization, she had completed three or four paintings and many chalk drawings. She had never hesitated to sign her work before.

I quietly said, “You are afraid.”

A cold February wind rattled the windows; Tara held her arms against her body and shuddered.

“When I sign this, everything will be finished here. I don’t want to go.”

“Tara,” I said, “I will always remember you, your paintings and drawings. You have really done well here in the studio.”

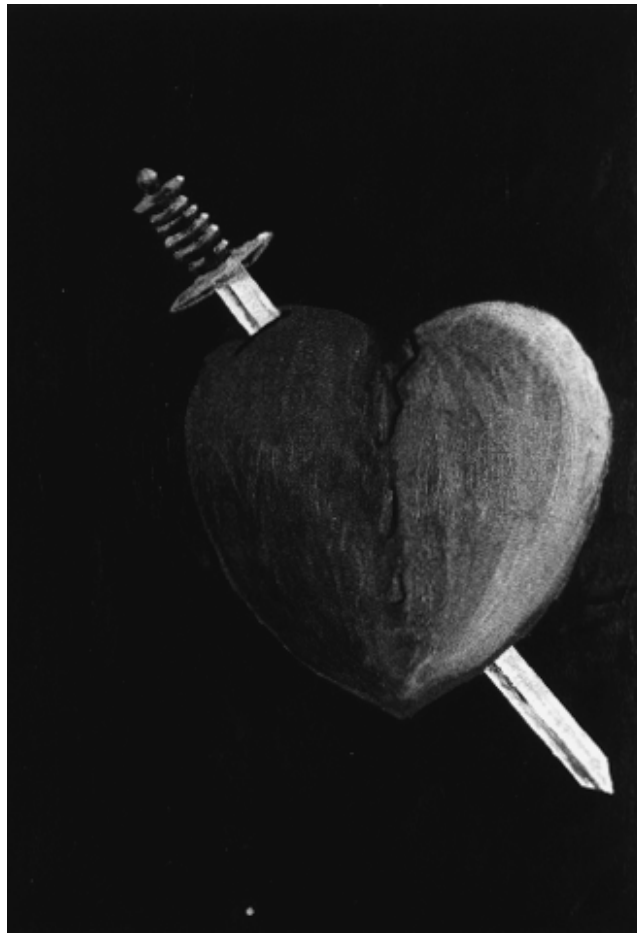


Figure 1. It is how I survive.

Tears slid silently down her cheeks. She half-turned away from me, reached out her hand and dipped her fingers in chalk dust. She gently smudged her cheek and said, "Art is like breathing to me. It is how I survive." She stood up and took one last long look around the studio. Tara turned to me, opened her mouth as if to speak, but no words came. She picked up her painting and left.

* * *

Art, like life, consists of thoughts, feelings, images, beliefs, actions, experiences, and relationships. When viewed in isolation, perhaps each of these aspects of life may be regarded as a partial self-portrait

of an individual. When swirled together in the phenomenon of a life, they form a complex and dynamic performance artwork. In this chapter, I explore the notion that adolescent therapy clients' behaviors are metaphoric dramatic enactments—performance art works that reveal the struggles, concerns, and angst of their creators. Art therapists who work with adolescents do well to embrace the wisdom expressed in the truism, "Actions speak louder than words."

In adolescent art therapy, action is essential to treatment, and art is a natural action language for adolescents. My mentor, Don Jones, one of the pioneers of art therapy in the United States, repeatedly cautioned me to always respond, but never react, to clients' behaviors. Despite the astuteness of Jones' axiom, art therapists who work with troubled teenagers often find it difficult to avoid becoming embroiled in unpleasant countertransference feelings. But if we regard clients' behaviors as performance art happenings, then we are free to observe, respond to, and think about the meanings of the performance without judging or negatively labeling behaviors.

In many ways, relationships between adolescent clients and art therapists are ongoing dramas. Commenting on this perspective, C. H. Moon (2001) writes, "The text and action stories of clients, their anecdotes and behaviors, provide the art therapist with an avenue of understanding that is sympathetic to an artistic perspective" (p. 103). The meanings of such performance events are revealed through the art therapy process. Skillful art therapists help adolescents audition for different parts in the play. Clients are the creators of, and the main characters in their drama. Art therapists can aid clients in casting, set design, costuming, music selection, script revision, and choreography.

* * *

Deandre

For several years, I provided individual and group art therapy services one day per week at a residential treatment facility for adolescents. The arrangement was that I would work with a consistent group of clients for an extended period of time, but also provide individual therapy for clients on a pro re nata (as needed) basis. Typically, I would arrive at the facility and check-in with members of the full-time staff to discuss whom I would be seeing in individual therapy that day. This was a very interesting and challenging arrangement because it

often meant working with clients whom I had not previously met, who were experiencing some form of crisis.

One day I was told that I would be seeing a client named Daniel. Daniel had been admitted to the program several days prior, and he was having a difficult time adjusting to the facility. He was disruptive in school, picked fights with peers, and maintained a sullen and withdrawn distance from members of the treatment team. Angela, a member of the staff, said she would escort Daniel to the studio at two o'clock.

I made my way to the art therapy studio to prepare for the session. After doing a little housekeeping, opening the supplies cabinets and gathering materials, I pulled the painting I had been working on from the rack and started to work. When meeting a client for the first time I often like to be involved in an artistic task. In my experience this sets a positive tone and conveys a meta-message of enthusiasm and engagement. Several minutes passed with no sign of Daniel or Angela. This was not atypical; there were often delays on the unit due to appointments running late, staffing issues, or clients' resistance.

At about 2:10 pm, a young man quietly entered the studio. It was unusual that Angela was not accompanying him, but he walked directly toward me and asked, "You Dr. Bruce?"

I turned from the easel and replied, "Yes, and you must be . . ."

He interrupted, "Can I do that?" and gestured toward my painting.

"Sure," I said. "Let me show you around." I gave him a quick tour of the studio and oriented him as to where materials were stored. Although he asked no questions and did not engage in small talk, his eyes took everything in.

He selected a sheet of 2' x 2' masonite panel and immediately began to paint. He layered, swirled, and pushed paint with a level of intensity that was intriguing to watch. It is difficult to describe, but it seemed to me as if he had been out in a vast desert and now found himself in an oasis.

Several minutes later I noticed Angela approaching the studio door. As she looked at the two of us painting, she froze in mid-step and then retreated soundlessly. I was puzzled, but returned my attention to the work at hand.

The image that emerged on Daniel's panel was a subtle swirling mass of shades of blue and gray, reminiscent of storm clouds. He engaged in no conversation as he worked. At 2:50, I said, "Daniel, we