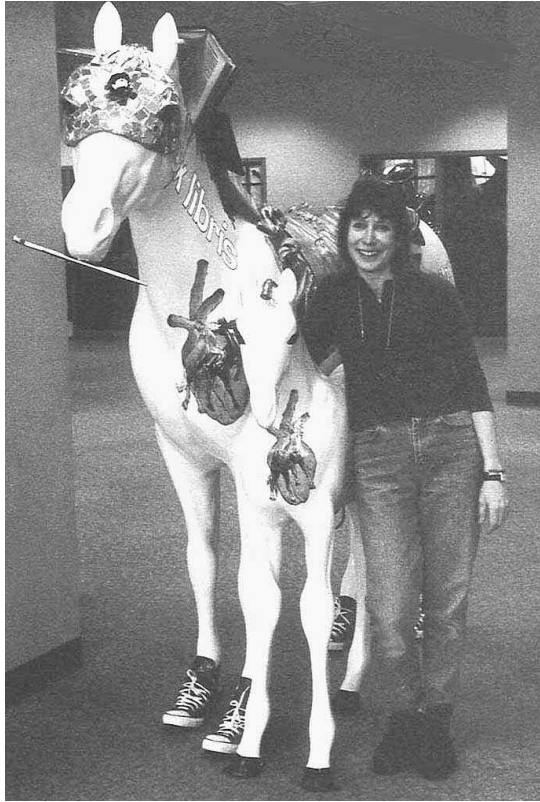


# **SPIRITUAL ART THERAPY**



### ABOUT THE AUTHOR

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Second Edition

**SPIRITUAL ART THERAPY**  
**An Alternate Path**

*By*

**ELLEN G. HOROVITZ, PH.D., ATR-BC**

*With a Foreword by*

**Werner I. Halpern, M.D.**

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*This is dedicated to the memory of my father, David M. Horovitz, and grandmother, Leah I. Billinghoff. Although they no longer take part of this life on earth, they always walk beside me in spirit. For that and the energy, which enabled me to create this work, I am eternally grateful.*



## FOREWORD

With the approach of the millennial year 2,000, apocalyptic beliefs about life on earth are likely to afflict many among both the devout and the unbelievers. To read meaning into existential events and landmarks, whether spawned by religious doctrine, piety, folklore, or superstition, remains at the very heart of the human struggle to fathom the seemingly impenetrable essence of man's relationship to creation and the Creator. The thinking person, healthy or not, questions the meaning and purpose of existence. In coping with this uncertainty, some take refuge in philosophy and some in ideologies, while others seek succor through religious or theologic belief systems. It must be apparent that none of these strivings bring genuine fulfillment unless people are also morally informed, since ritual piety and pious preachments often mask moral corruption.

Most clinicians sidestep their patients' or clients' existential concerns, usually out of conviction that these are not contributing significantly to adjustment problems and to mental disturbance, except in delusional individuals with mystical identifications. The spiritual realm, if acknowledged as part of a person's worldview, is often quickly assigned to officiants of whatever faith community is adhered to by the troubled individual. Indeed, pastoral counseling has become a discipline in its own right as it combines a blend of spiritual guidance and psychological insights.

In her treatise, *Spiritual Art Therapy: An Alternate Path*, Horovitz proposes that, on one level or another, each person is a seeker of spiritual transcendence, although most hide this need even from themselves. She perceives this search to be a critical element in attempts to cope with life's traumata, specifically loss and grief, when people face the emotional work of accepting the inevitable. Such groping for spirituality arises from idiosyncratic struggles with putting to rest the feeling of remoteness from any divine authority. On the other hand, those reared and steeped in the joyful tradition of worship from youth may consider their spirituality as an organic aspect of religious identity shared with family and co-religionists, which has a healing potential. Thus, in the words of Martin Buber, "God dwells in all things as a germ and

a possibility of being; He is actualized by the fervor with which He is experienced.”

In this book, therapists are urged to take into account the existence of spiritual aspects of personality, both in terms of making proper assessments and more focused treatment plans for the people under their care. Although addressing itself chiefly to art therapists, the thrust of this opus is an attempt to sensitize all clinical practitioners to the spiritual dimensions of therapy. By drawing on sources in the literature of religion, psychodynamics, systems theory, sociology, art, and ethics, Horovitz lays a foundation for her mission, namely to find a way of discovering, and if possible, measuring clients' spiritual sensibilities and search for personal meaning of their relationship to God. Out of her own struggles with this relationship, she has fashioned an instrument, which tries to integrate theologic and psychological principles. Although the Belief Art Therapy Assessment (BATA) is meant to be only one of the diagnostic tools used by art therapists, its value to other clinicians may have applications in its present form or with future modifications. Several chapters in this book illustrate the usefulness of the BATA with quite different case presentations.

Through the use of the BATA, Horovitz seeks to understand the particulars of a person's spirituality rather than describe abstractions as holiness and grace. The prophet Micah summed up the values and deeds, which define the practice of the spiritually faithful, namely to do justly, to love mercy, and to walk humbly with God. May we all aspire to this lofty goal!

Werner I. Halpern, M.D.  
*Medical Director in 1994*  
*Hillside Children's Center*  
*Rochester, New York*

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*Author's Note:* Dr. Halpern passed away long before this new edition was birthed. I am grateful for the time we spent together as colleagues and fellow artists. He was much revered and will be long remembered in my community as well as the psychiatric community.



## PREFACE TO THE SECOND EDITION

Ideas gel in strange ways: twelve years ago, the premise behind this book originated from a dream. And over the years, I have learned to pay attention to those subconscious entities. They inform me, inspire me, and propel me to fulfillment.

Years ago, after converting from Judaism to Catholicism, the priest at my local parish, roped me into teaching the Sunday preschoolers. Having been raised in Judaic customs, it amused me that a Jew, now practicing Catholicism, would be imprinting young Christian minds. Unsure of the task ahead, I had been preparing my lessons for weeks. Being the A-type personality that I am, on the eve of my first day, I combed over my lesson plans and double-checked everything. Then, I went to bed. But the next morning, just before rising, I had this dream. In the dream, God called out to me and asked me to throw away my lesson plans. Instead, the message received in my dream was that I was to ask the children to “draw, paint or sculpt what God *meant*” to them. Mind you, the instructions were very clear. As I swung my legs out of bed that next morning, and bolted upright, I mused to myself, “What the Hell was that about?”

As I dressed and prepared for my first Sunday preschool class, I was mystified by the dream but decided to throw caution to the wind: I heeded the instructions communicated to me. I was unsure of the outcome, but I knew somehow that I was on a different path. And that trajectory has continued for sometime. Indeed, ten years after the first publication of this book, I still walk a road paved by inquiry. Always in the learning state, I am fittingly employed as a professor, and continually find myself ambling this course; I am no more certain of where this will lead me than when I first traversed this way. Although, one thing is for sure: my luxury in discussing such spiritual matters with patients, students, and colleagues has contributed to a secondary gain. I have become a more enlightened person because of this pathway.

Indisputably, years later, the intent of this book still is to animate the spiritual dimension that exists within all of us and embrace its resource for growth and change. It is my firm belief that tapping into a person’s belief system and

spiritual dimension can provide clinicians with information that can impact both assessment and treatment.

As a family art therapist, I feel it is essential to ascertain this information in order to better serve the needs of the identified patient and the family system. Mourning issues and losses (Horovitz-Darby, 1991; Harvey, 1984) are often prioritized in a family systems approach to treatment. Indeed, investigating a family's belief system seems paramount in ascertaining nodal events and family member reactions to change and trauma. Consequently, this caused me to look at people's intrinsic belief and/or disbelief in God and how that impacted them within their family systems. Moreover, it caused me to look at humankind's faith system, as well as how people sought strength and meaning in life.

As a result, I initiated a review of the literature surveyed from the perspective of spirituality, mental health, and art therapy (Chapter 2). This revealed not only myriad theories and perspectives, but more importantly that this quest had invaded the minds of others on the same journey toward spiritual healing (Coles, 1990; Dombeck & Karl, 1987; McNiff, 1987; Moon, 1990; Ellison, 1983; Gordon, 1990; Maton, 1989; Walls, 1991; and Gartner et al., 1991, to mention a few). This was strangely comforting since this pilgrimage often rendered my closest colleagues to question not only my *raison d'être* (and sometimes, sanity) but also my methodology and obsession with the relevance of this topic to assessment and treatment.

As I meandered along this footpath, both subjects and friends warned me that my journey would be fraught with "doubting Thomases." In fact, one subject warned me that I would continually be tested as I traveled. He reminded me that not only would people doubt what I was actually writing, but also they might question me in such a way that perhaps I would begin to doubt myself.

In Gerald May's book, *Simply Sane, The Spirituality of Mental Health*, he also warned of such misfirings. He declared:

That intrusive voice of sanity is most disquieting, so one tends to move rather quickly, to shut it up. . . . One can say, "Oh, that's my sense of insecurity talking." One can label one's sanity as insanity. . . . Never stopping to realize that those self-doubts are the most honest, most sincere voice we can hear. (1987, p. 2-3)

And so after almost fifty some odd years of life, I am finally becoming comfortable with that voice and in the words of May, I am at last "going sane." Yet the struggle to quiet that inner, doubting voice often intercepts. In fact, years ago, when I first attempted to write up a synopsis of this work for presentation, I meekly remarked to a trusted friend, "Do you think I should mention God in this or allude to the concept?" His remark awakened me. He

simply stated, “Never be afraid to sing God’s praises.” Growing up as an analytically minded art therapist, I had cowered and done anything but openly discuss the potential of mixing up God and/or the inclusion of spirituality with the healing process of therapy. Until now.

In Chapter 1, I discuss the evolution of this book and how I embarked upon the inclusion of the spiritual dimension in assessment and treatment. Chapter 2 reviews the literature that encircles art therapy, mental health, and spirituality, and explores its impact on both assessment and treatment. Chapter 3 examines the use of the Belief Art Therapy Assessment (BATA) as an instrument for assessing the spiritual dimension of a patient. Chapter 4 highlights the interviews and use of the BATA with the clergy. Chapter 5 explores the use of the BATA with a “normal” adult artist population. Chapter 6 looks at spiritual art therapy for the purposes of both assessment and treatment of emotionally disturbed children and youth in residential treatment. Chapter 7 offers a case vignette which illustrates the use of spiritual art therapy with a suicidal anorectic bulimic. Chapter 8 summarizes my position and theosophy. Two new chapters, 9 and 10, have been added since the first printing in 1994. Chapter 9 examines the use of phototherapy as a means to investigate mourning and loss issues. Examples are proffered from my work with students as well as clients with varying diagnoses from Asperger’s syndrome to aphasia. Chapter 10 explores humankind’s search for inner and outer meaning, the devastating effects of the September 11, 2001 attack on America, as well as my own exploration of mourning and loss as it affected my resolve through my artwork. And finally, I asked one of my current patients (from my private practice) to write the prologue for this edition. The reason for this is that she came to my practice *because* she had read my books and as a result wanted to work with me. Since she is a talented photographic artist in her own right, and studying to enter the field of clinical psychology, I thought that she could offer yet another perspective of this work that we do. For the art of being spiritual with oneself and one’s patients involves empathic listening and co-creation.

The book, although finalized in Chapter 10, is by no means completed since inclusion of the spiritual dimension in assessment and treatment is a life-long struggle. I am committed to this work and feel that this treatise is merely an axis point. Feel free to embark and continue the dialogue.

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## PROLOGUE FROM A CLIENT

One summer evening, a few months ago, I became acutely aware of what was missing in my life—a teacher/master/mentor of sorts. They say “when the student is ready, the teacher will appear,” and I felt ready. My graduate advisor and my therapist were not quite it. I wanted somebody to guide me through a journey of self-discovery and transformation. Looking at the starry sky through the slanted skylight in my living room, I prayed for this new person to come into my life. In the week that ensued, nothing happened, and I thought my prayer went unanswered. It took me a while to realize that in fact it was answered very shortly thereafter. It started with visiting the Nazareth Art Therapy website at the suggestion of a friend later that same week. I was just browsing when I read about Ellen’s class on phototherapy, and found the topic very much to my liking since photography is one of my greatest passions. I found the work that Ellen seemed to be doing quite exciting. Shortly thereafter, I read her books, *A Leap of Faith: The Call to Art and Spiritual Art Therapy: An Alternate Path*. I was intrigued to see a combination of psychology, art, and spirituality as an approach to healing and became convinced that this was what I personally needed. I contacted Ellen and worked out to be seen in her practice. I felt very excited and fortunate. A couple of months later, thinking back to my prayer, I realized that it had hence been granted, and I now had the guide I needed in my life journey.

I have a fair amount of experience as a client. Prior to Ellen, I had seen four therapists. My anxiety and existential concerns survived intact through psychodynamic, cognitive behavioral and “eclectic” approaches. My main problem in expressing myself to my former therapists was that I could only articulate in the language they understood—psychology. However, my psyche communicated itself in a different medium, art. Since I was old enough to write, I have used writing as a way to express myself. Periodically, I used drawing, and in the past six years, I have explored photography as a medium to reflect on my life. I create images that my psyche dictates to me. My previous therapists showed interest in my art, and looked at my self-portraits with curiosity, and even admiration, However, the message behind the art

remained impervious to them. They didn't get what art was for me, and what it did for my psyche, and above all, they didn't get the messages that came through it.

For my healing to occur, I need to be understood in my art, a part of me that was always shunned out and not understood in my family either. It is, therefore, difficult for me to make real progress fitting into the traditional therapeutic mold. The other aspect that I yearned for understanding was spirituality. What I needed again was more than cognitive validation, but true resonance. Spirituality is given full credit only by those who *are* spiritual. Yet, it seemed to me that a union of art, psychology, and spirituality would be unlikely, if not an impossible combination of skills and abilities to find in one therapist. What I needed to develop my personal process and work through my neurosis was somebody who could meet me and understand all three. One of my mentors, a spiritual artist, understood me quite well, but she is not a therapist. After four therapists, I had lost hope for a better understanding. My last therapist was also losing hope in me urging that an SSRI would rid me of my anxiety and my existential crisis. It was then that I came upon Ellen's work. When I read Ellen's books, I was in awe that somebody had put together the three ingredients that I yearned for in healing and development of my psyche.

I was very excited to start art therapy. I was delighted at the opportunity to create images that went with ideas. In my visual journals, creating an image meant creating a mirror that can reflect back, and the process of self-understanding could be furthered. Yet, these experiences had not prepared me for the intensity of art therapy. In my second session, Ellen asked me to create an image that depicted the way I felt inside. The image that arose in me was one of a woman bound to a tree. I painted the image loosely in watercolors (see Figure P-1).

Looking at it was scary and uncomfortable. There was the main issue right in front of me, and now in the eyes of another, as well. Though I can twist and turn my words, skirt issues, and avoid talking about what seems too painful to talk about, the starkness of that image revealed all. Ellen has reminded me of that image often, and has brought together how the same theme appears for me in other images or dreams that are at surface level quite different.

The psyche is drawn to what hurts, and what hurts is revealed in many ways in art therapy. Considering the quality of art is not of importance in this therapy, the images or clay products are pretty raw, primitive, and childlike. It is in these creations that I see painful memories take shape. Holding the clay product or looking at the images is not easy because they are tangible representations of issue or painful parts of me. Talking about them is an even bigger challenge. Yet, it is in the moments we talk about these things, that I



Figure P-1. “Bound.”

feel my feelings and that internal shift starts to happen. The journey has begun.

Though I have seen Ellen now for some 18 sessions, we haven’t talked directly about spirituality. My healing process is not going to happen overnight, because how I came to my struggles didn’t happen overnight either. It is hard to change a way of being that I learned for the first 20 years of my life and that selectively reinforced the next 10, and probably still do. My process goes slowly, and I feel that we have just taken the first steps. However, considering my existential struggles and the question how can one be fundamentally safe in a sometimes erratic, unfair, and unsafe world, the question always comes back to God. How can God let such things happen? How can I make sense of the world then? If prayer is so helpful and God so generous, how come my grandparents died at a very advanced age without seeing their prayers answered? Didn’t they matter? How can I trust that my

hopes and prayers will be answered? Didn't they matter? How can I trust that my hopes and prayers will be answered? How can I trust that I am safe and what I hold most dear will be always mine? Ultimately, beyond the loss, the anger and the mourning, beyond it all, the ultimate question is a spiritual one.

Engaging in therapy with Ellen has given me the assurance that I need to trust the process, and to trust that she can be with me in spiritual territory when the time comes. Jung believed that all his patients over the age of 30 needed spirituality to complete their healing. Beyond art and therapy, I'll need the spiritual component to make sense of the world that has been harsh and sweet to me. It is in the order of the universe, God, and soul that I have found the greatest solace in the past, however fleeting. It is there that I believe the antidote for my anxiety exists, too. Accessing all of that in therapy is the real gift. I wish that *Spiritual Art Therapy* gives other therapists the courage to incorporate art and spirituality into their work.



## ACKNOWLEDGMENTS

There are many people that I would like to acknowledge regarding this labor and invariably, I will probably leave some of them out: First, and foremost, I am indebted to the people who shared their innermost thoughts about their relationship or nonrelationship with God and as well permitted me passageway via their art projections; I am also grateful to my patients who have taught me the necessity of behaving spiritually; I am also thankful to numerous people who supported me in a multitude of ways—my sister, Nancy A. Bachrach; my brother-in-law, Orin Wechsberg; my brother, Len H. Horovitz, M.D.; my sister-in-law, Valerie Saalbach; my mother, Maida M. Horovitz; Laurie and Bruce Konte and John and Dawn Neel, for spiritually taking care of my children while I pursued this work; “Spin” Michael Darby; Carol Darby; Werner Halpern, M.D., who read the first edition of this manuscript and sustained me while challenging my thinking; Darlene Esposito, MS, ATR for her continual friendship; my video art teachers, Keith McManus (and the Visual Studies Workshop) and John Neel, my mentor in videography; Lucy Andrus, MS, ATR, who taught me the necessity of “taking time to coast”; Victoria Laneri, ATR, who held down the fort at work; Irene Rosner David, Ph.D., ATR-BC and Michael Franklin, ATR-BC, who offered me a mirror for reflection; Katie Collie, ATR, a source of great spirit and inspiration; Sandra B. Mitzner, M.D., who continually spewed reflective comments via psychotherapeutic containment; Tom Ferland, who even in his last days on this earth, never stopped supporting my work; Emily Krenichyn, my wonderful graduate assistant; Bill “Birdheart” Bray for “e” communiqué; my wonderful colleagues: Ron Netsky, MFA; Dr. Kay Marshman, and Dr. Dennis A. Silva; my children, Kaitlyn Leah Darby and Bryan James Darby, for the time they gave up their “MaBa.” Finally, I would like to thank the late Payne E. L. Thomas for having the aplomb to accept this book for publication and Michael Thomas for his support in recreating this second edition.



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# **SPIRITUAL ART THERAPY**



## Chapter 1

# EVOLUTION OF A SPIRITUAL APPROACH TO COUNSELING

The more one forgets himself  
– by giving himself to a cause to serve or another person to love  
– the more human he is and the more he actualizes himself.

–Victor E. Frankl

In the beginning, I experienced an extraordinary surge of energy associated with the purpose behind this book. Yet, often I felt unworthy of the task as well as inept in my pursuit. In fact, several times before I began this book, I played with ideas of coauthoring it with another—an associate, a psychologist, a priest, anyone who would have more knowledge than I have about spirituality, mental health, and/or God. I suppose I was so overwhelmed by this task, that I felt sharing it with someone would protect me from my projected criticism. I felt not only inferior for such a formidable task, but also (quite honestly) unprepared in the Judeo-Christian sense to tackle such work. After all, I was hardly cut from the teachings of divinity school. But having been raised Jewish only to convert to Catholicism in my later years certainly gave me an edge on guilt and the original sin. After all, I had enough guilt for both worlds. Yet, somehow, in my heart, I knew I had to tackle this alone and couldn't rest on others' coattails.

It is a difficult subject. Just the mere mention of God and psychotherapy is often enough to alienate one from several camps. But after all these years, I have decided that there really is only one camp from whose helm I derive comfort. Still, allowing God's work to infiltrate my existence as a therapist and clinician was simply uncharted territory, and, I might add a continuous struggle. This was due not only to my conflicts with associates but more alarmingly to my own resistance. In the words of Father Paul, an Indian

priest, whom I tested: “The distinguishing of humanity that doesn’t permit the mingling of God. . . . my own self interests . . . my own motives . . . those are times I keep God away. . . . The closer you are to God, the more you’ll be tested, the more that humanity comes to your mind and that is quite testing. So the struggle is always there. That struggle is possible to keep God away from you. You can’t really sustain that struggle and realize that God is in there waiting.” And, how true that is. To continue the battle is exhausting and akin to anxiety, which exerts an inordinate amount of counterproductive, negative energy. Yet surrendering one’s existence and succumbing to such ministry is enormously difficult in the face of the challenging opposition.

### EARLY STAGES

Formerly, I intended the Belief Art Therapy Assessment (described in Chapter 3) to be a phenomenological investigation of people’s belief (or disbelief) in God and how that theosophy impacted them as they functioned both within their families and society. Nevertheless, it became clear that there were numerous factors that also needed to be configured. Yet, the ability to test subjects was not as clear cut as one might think. Because of the religiosity, it was not possible to gather information and test subjects in the usual manner.

For example, requests to administer this test were naturally rejected by the public school sector. So as a result, acquiring the information from a small batch of subjects from varied religious backgrounds was my only recourse. My hope was that the test be “ecumenical, eclectic, and empirical” as described by Bergin (1991). He proposed the following inclusion of spiritual orientations in the strategies for assessment and eventual treatment: (1) a conceptualization of the spiritual within the human experience; (2) a moral frame of reference, concluding that therapy is not value-free, suggesting universal limitations for human behavior; and (3) the use of spiritual techniques to improve the practice of psychotherapy.

In an attempt to incorporate these elements, I developed an interview format (which will be presented in Chapter 3) that preceded the actual BATA. Conducting these questions enabled me to ascertain background information, which not only summarized a subject’s spirituality and religiosity but also gauged nodal events that may have contributed to the person’s belief system and/or change in belief system. Yet it became crystal clear that a subject’s responses to these questions could be both saccharine and/or superficial. So, it became necessary to conduct the BATA *only* when the patient questioned his belief system and after other diagnostic tests had been administered. The

reason was twofold: (a) this is predicated on the patient's lead and (b) the previous tests offer the administrant enough sense of a patient's operational functioning to rule out false or misleading responses to the interview component of the BATA.

Not only age, sex, population, religion, et cetera are considered but more specifically, common icons that seemed to be appearing in the responses of the subjects. Some of the symbols were of no surprise both from an historical and psychological perspective. Yet what was truly amazing was how these symbols seemed to cut across the different strata of the populations surveyed. And so in addition to the literature review, there was the overwhelming task of collating the symbols and attempting to decipher their meaning, even if that meant "imagicide" (Moon, 1990). But it became all too clear that analyzing this data, while possibly quite relevant information, took a back seat to interviewing people and gathering information that could impact the inclusion of the person's spiritual component in treatment. It seemed that talking to people about God's impact in their lives was more relative to the quest than collating the symbols and analyzing the results. The data merely punctuated the study. But the discussions generated spirit. The essence of the art was to transliterate this language.

### INITIAL IMPRESSIONS

The first person that I tested was four years old; his name was John, and his religion was Roman Catholic. When I asked him to draw, paint, or sculpt what it was that God meant to him, he began to draw a symbol that had three distinctly closed elevations. It was colored in a bright yellow that seemed to exude light. When he finished, I politely asked him to explain his drawing. He stated quite matter-of-factly (and as if I should know) that it was a "crown." And I went on to ask him "how a crown meant God to (him)?" And just as certainly as he drew it, he replied, "A crown is a treasure and God is a treasure to me" (Figure 1-1). The simplicity and eloquence that he imparted through his meaning astounded me. I knew right then and there that this journey was going to be like no other. It was also abundantly clear that the spiritual dimension was linked to an ethical basis of human existence. Because of that truism, pursuing the spiritual dimension always needs to be tempered within the ethical confines of one's belief system.

The conversations with subjects of this study have left me abashed, amazed, and inspired. It has also confirmed my suspicions that when a patient has no one to turn to either through adversity or choice, often times the last