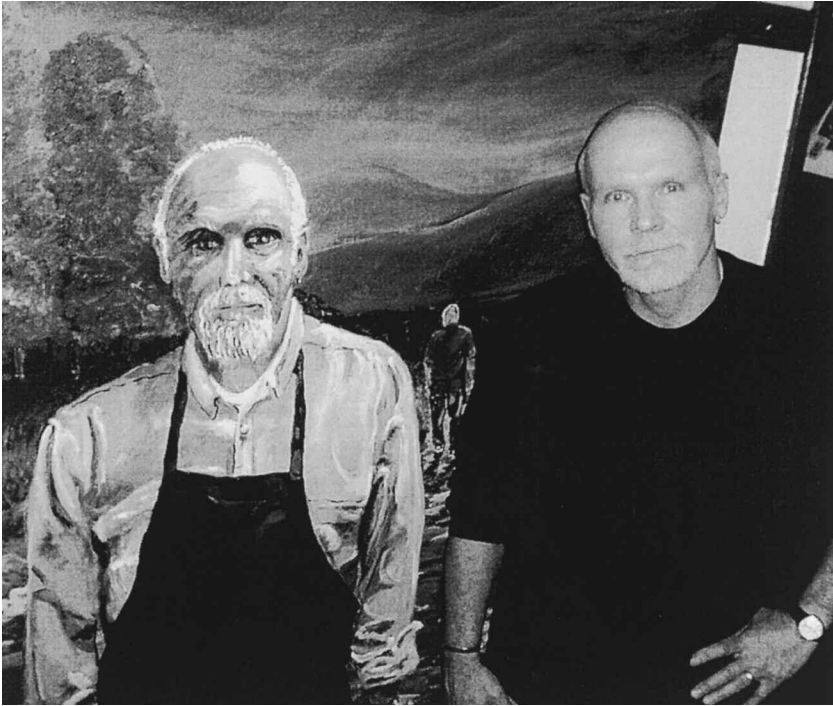


ART AND SOUL



ABOUT THE AUTHOR

Bruce L. Moon is an artist and art therapist with extensive clinical, teaching and administrative experience. He is a registered and board certified art therapist who holds a doctorate in creative arts with specialization in art therapy. Bruce is the Director of the Graduate Art Therapy program at Mount Mary College in Milwaukee. His clinical practice of art therapy, focused on the treatment of emotionally disturbed children, adolescents, and adults, has spanned over twenty-seven years. He has lectured and led workshops at many universities in the United States and Canada.

Bruce is the author of *Existential Art Therapy: The Canvas Mirror, Essentials of Art Therapy Training and Practice, Introduction to Art Therapy: Faith in the Product, The Dynamics of Art As Therapy with Adolescents, Ethical Issues in Art Therapy, Working with Images: The Art of Art Therapists and Word Pictures: The Poetry and Art of Art Therapists*. He has also written a number of journal articles. Bruce brings to this project many years of experience in art studios, clinical settings, and educational institutions. His educational background is comprised of interdisciplinary training in theology, art therapy, education, and visual art. He is an active painter, songwriter, and performer.

Second Edition

ART AND SOUL

Reflections on an Artistic Psychology

By

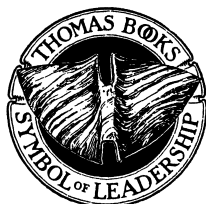
BRUCE L. MOON, PH.D., ATR-BC

With a Foreword by

John Reece, Psy.D.

With a Preface by

Lynn Kapitan, Ph.D., ATR-BC



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FOREWORD

Clinical psychology has always included both art and science. In the past few decades, however, it seems to have focused far more closely on scientific understanding than upon its art. The de-emphasis of artistic psychology has left clinicians without access to key tools needed to deal with our clients' problems.

Scientific psychological inquiry provides useful, predictive knowledge of human behavior. Each day there are more discoveries about the complex interactions of the physical and the psychological realms, enabling clinical psychologists to be better prepared for battle with any number of disorders. To a scientifically-oriented clinician, a clinical problem can be reduced to understandable interactions of cognition, affect, and behavior by means of a careful and thorough cognitive/behavioral assessment. With that knowledge, the clinician researches the current literature to determine which intervention has shown the greatest amount of success in like cases. The intervention is applied, the behavioral results are carefully assessed, and then the therapist moves on to the next problem.

Behavioral assessment is reductionistic. Breaking a problem down to its component parts is the first aim of empiricism. However, an involvement of the client's *soul* in his or her psychological problems may frustrate a reductionistic inquiry. So many clinical syndromes submit successfully to the dissection of a behavioral assessment that it is perplexing to the scientist

when such a dissection is disallowed by the vagaries of the soul. There is a stoppage in the flow of understandable, defined, reduced data. Often, the reason for the interruption of the information flow is unclear.

The empirical psychologist asks focused questions, answered in binary (yes/no), comparative (more or less discomfort), or digital (rate your anxiety on a scale from one to ten) formats. The scientist is on a quest for specific information, and the questions and observations are designed to produce measurable data. What the scientist is unable to work with is the absence of data. The question answered with a stony stare. The behavioral record sheet lost. A missed appointment. Pain expressed as a sigh instead of an integer.

Our scientist sifts through his data again, to attempt to find the cause of the data interruption. Nothing can be found in the cognitions, the affective patterns of the behavioral record to explain why there are now non-answers to vital questions.

The reason is soul. People are not simply cognitive/behavioral/affective automatons. The spirit of a person is not something that is constructed from the body alone. The personality doesn't own the soul. The body and the personality are there to support the willful, purposive aspect of the self. You cannot find the soul of a person in dissection of the personality any more than you can find the ideas you are now reading by tearing my computer apart.

The success of empirically based psychological treatment is that it is effective in dealing with problems that are not soul-based. Many affective/cognitive/behavioral knots can indeed be undone by reductionistic unraveling. In confronting such a problem, a clinician should offer the scientific solution to the human being that he or she faces. But caring clinicians should be prepared to understand that they might have come to a premature conclusion, based on an inquiry that is not complete. If the problem is soul-based, then a strictly empirical approach is inappropriate.

If my soul has been battered by a painful experience and I am questioning my life purpose, then it is not enough to simply show me the signs and symptoms of my “depressed” behavior to get me to change my cognitions and to medicate me. Such efforts may solve the problem, if you have defined the problem as the existence of “depressed behavior” and the solution as its absence. However, I may recreate my depression and take up its suffering all over again. There is a soul purpose in returning to the pain. The pain is there to be attended to, not deleted.

Many paths can approach soul, but science, acting alone isn’t one of them. Soul defies empiricism, because there are no instruments that can measure it. Science is unequipped to analyze soul, to subject soul to prediction and control. What is needed is a greater understanding than our current psychological science can deliver unaided.

* * * * *

Science is unable to predict and control another class of powerful human phenomena: art. There are no scientific tests to measure aesthetic beauty absolutely, and none that can distinguish music from noise. Art is not containable by science, nor definable within it.

Art and soul are companions. Evidence abounds that art, in a vital way unlike science, can be *about* soul and a direct expression of it. The paintbrush, the guitar, the dancing body, the poet’s quill are tools of the soul and can therefore be the tools of soul healing. Bruce Moon’s life work has been to use those tools and to teach the use of those tools to others.

This book is a call to reintegrate the soul into treatment through art, a natural passageway. It is not a call to revolution, for psychology has not always been disconnected from soul and art.

Sigmund Freud and Carl Jung were patrons of art and recognized the integration of artistic images into psychological

understanding. William James's empiricism eventually embraced soul and religious experience. However, during the ninety years or so since the prominence of these psychological pioneers, there has been a divorce from the soul. In current psychological thought, the ancestral patriarchs are the psychometrists Wundt and Tichener. Their carefully ordered laboratories are seen as the womb of our modern science. It is believed by some that psychology didn't exist before the age of psychometric measurement.

This is revisionist history. It ignores the constant thread of psychological investigation that stretches back in time to before history. There is no human mind that exists apart from humanness; therefore any exploration of humanness is a psychology. The prehistoric cave paintings document the freedom, willfulness, hopes, and triumphs of the earliest humans. They are paintings of soul. They are psychological.

A constant thread of psychology-as-humanness was broken in the twentieth century. Perhaps the divorce is symptomatic of a general un-souling of our culture, ourselves. But it need not be.

Science itself contains the essential elements of art, just as art embodies science. The two ways of knowing are not enemies, and are in fact two faces of the same human endeavors: to create understanding of our inner and outer worlds, and to communicate that understanding. Such endeavors are definitive of humanity; therefore the combined goal of art and science is to express humanness.

Art and science will someday be harmonious and not discordant. Robert Pirsig, among other thinkers, has already demonstrated the absurdity of the divorce. Nowhere is this absurdity more painfully enacted than in our current clinical psychology.

To attempt an art therapeutic approach with someone in a manic episode, without considering medication, is less than helpful. A "scientific" intervention, specifically a chemical

treatment, has been shown to be effective in starting to return the manic person into a balanced state. In this state of improvement, help with the soul issues is possible. Similarly, it is neglectful to attempt to remove symptoms of anxiety without allowing the possibility that the person's fear is existential. You listen to the soul. If it needs a paintbrush to do its own healing work, you give it one.

Moon writes about "imagicide," the killing of images by analysis. Imagicide is misapplied science, a science against art. The soul produces an image which the scientist dissects, thereby killing it. This is one form of violence perpetrated by the split between artistic and scientific psychologies.

By means of a pun, I can illustrate a further harm of this divorce. If I pronounce the word as "image-aside," then I see the scientist simply pushing images away to one side, out of sight and out of mind. This is neglectful. Our clients will never stop making images for us because the soul demands that images be created. But I, the "scientific" psychologist, can endlessly push aside the images I am presented with. In so doing, I tell my client that his or her soul doesn't deserve my attention. It is superfluous and out of the question. This quiet violence is perhaps the most damaging of all.

* * * * *

The book in your hands is a book of reconciliation. It is a deeply generous book, in which artist Moon gives the gifts of artistic understanding to the clinicians who will accept them.

John Reece, Psy.D.
Westerville, Ohio

PREFACE

Several years ago, while in the midst of a struggle for finding balance between my personal and professional lives, I had a dream in which my friend and colleague Bruce Moon came to me and told me, “Wake up. You must get ready.” Much as the reader will find here in *Art and Soul: Reflections on an Artistic Psychology*, the task at hand was a restoration of soul that would come about only through a waking up of my senses, a return to artistic consciousness from what had been a somnolent state, and an embrace of the artistic tradition of struggle. Yet he tells us not to fear, the “soul will be found wherever imaginative work is underway.”

Waking up to the soul and vividness of artistic imagination can be an act of readiness to face with resilience the frightful instability around us in these times and in our particular culture. Rapid and profound changes in the community, family, and work structures also have been rippling through mental health care services in this country in recent years. Many therapists and their clients are left feeling fragmented and soulless, deprived of meaningful, healing relationships. Treatment processes have become increasingly superficial, mere time and sound bites of contact between client and therapist, thoroughly documented in fat files of assessments, medication records, and behavioral contracts for repeating, reoccurring hospitalizations. The passion for change and possibility dies, and a somnolent sleepwalking state of maintaining the status quo as a refuge against the chaos takes up residence in us.

The sleepwalking state is an expression of a leveling response humans use to reduce stress produced by ambiguity and tension. Seeking balance by leveling out differences and biases creates the relief of uniformity and reinforces community behavioral patterns while minimizing stress. However, it also tends to inhibit innovation, change, chance, and creativity. For this reason, the artist has a bias toward the opposite response to tension, that of conceptual sharpening in which differences are not eliminated but seen as starting points for exploration and discovery. This process invites inquiry, experimentation, analogy, metaphor, and soul-filled imagination. Seen in context, leveling and sharpening are antithetical—one promotes convention, the other, invention. Art is the counterpoint to the pervasive leveling tendency of modern society in the face of change (Paratore, 1985).

In these chaotic times, the artist offers tremendous gifts to us, for all art is born out of chaos. Countering the tendency in American culture to banish, through medication or passive stimulation, all that gives us unease, pain, and suffering, the artist seeks out a meaningful relationship with it, knowing that some new form will be born out of the formlessness. The artist within each of us, as individuals and collectively in community, challenges us to restore our imaginative capacity “to adapt to change, to struggle,” seeking creative resolution in the process.

Bruce Moon is such a seeker, an artist therapist who has lived and worked within the cultural milieu of psychological treatment for over twenty years. Decrying the somnolent state of convention, he proposes with urgency the need for “imaginative reclamation” that would return the artistic soul of psychology in order to connect psyche with artistic endeavors that bring meaning. However, as Moon writes:

To think of this text as a call to reintroduce the arts to psychology is a mistake. It is not that artists should enter into psychotherapeutic work, for their work has always been inherently

psychotherapeutic. Rather, psychotherapists should enter into artistic work in order to rediscover the roots of their endeavors as art.

Moon acknowledges that this is a task that resists logical discussion, and indeed, in the climate of accountability that interprets all human behaviors through systems which restrict impulse, erase symptoms, quantify, analyze, pathologize, and objectively label, Moon is the quintessential rebel and heretic. To speak of art and soul as a reclamation project of vital importance to psychology is to call for cutting through our professional conditioning and bringing forth a courageous vision. And yet, his rebellious vision has an unexpectedly quiet and reflective presence. In this text, he paints the soul through art, imagery, and story, often digressing into deep pools or turbulent rivers of his experience that serve to build a steady vision dedicated to core values and beliefs. A reader seeking clear-cut and immediate truths may be too distracted by the wanderings of the soul-seeker. Giving space, or allowing the pattern of wholeness in Moon's words, stories, and reflections to well up and take shape, however, will yield a satisfying and inspiring experience.

Moon speaks of *taking care*; allowing the image to emerge and to take shape in its own time, and the vital need to give it sustained attention in order to come to know it deeply. Nor can one do this work without mastering the materials and processes of creative expression. The slower pace, rich texture, and resonant mood he speaks of from the studio of the artist therapist within a clinical setting seems to jar our senses, which may be more attuned to the realities of managed care, quick fixes, and revolving-door treatment. This contrast may create in the reader a profound ache of what Moon calls the "lost image of people as creative beings." A depth of longing stirred in waters of his reflections here resonates with the existential emptiness and loneliness of our times. In recognition of the blank canvas, poised in readiness to awaken to the struggle for some form being born, we face some aspect of our deaths in

all the possibilities not chosen—the paintings not painted, the words not spoken, the lives not lived. This conflict, Moon reminds us, is a symbol of a life in process, infinitely preferred over keeping the struggle soulless and at bay.

Perhaps this text best can be described as an art therapist's journal of recurrent references and reflections born of authentic witness to the artistic struggle taught to him over time by clients engaged in the act of healing through art. Essentially a phenomenological work, Moon brings together critical ideas and human concerns that must not be lost. His trust in the process, sticking with his core beliefs, his willingness to return again and again to the essential phenomenon of the image in order to learn what it has to offer, and its recurrent verification in his life and the lives of his clients forms the basis of his artistic psychology. He sees these chapters not as empirical theory but rather as "imaginative reflections" and the client stories as "aesthetic fictions."

What emerges from the sensory, aesthetic, and existential phenomena and patterns of his life elaborates upon the cycle of life, death, and rebirth. He locates these as intersecting points where the soul lives, between the clinic and the home, the self and the other, the artist and the witness. The years of pain and struggle, whether his clients' or his own, does indeed seem to require an imaginative response, "the analogous level of human reply to the world." One finds him introducing most of the stories in these chapters at their very beginning, that is, the first encounter between the canvas and the individual's lonely and courageous act of making, as if to underscore the sacredness of that act. We learn that the artistic tradition of struggle, informed by the image from its very inception, brings honor to the unfoldings of imagination the act subsequently compels and gives form to. The beginning holds both death and rebirth, suspended in a single moment in time. Thus, the reader senses the poignancy and urgency of Moon "painting his way to safety" when he sees his own death

and rebirth recurring in these essential materials of art, life, and soul.

Moon believes that images are living things, benevolent forces born of compassion, and that making art is powerful and good. This theme resonates through all his written work, a drumbeat found in *Existential Art Therapy: The Canvas Mirror*, *Essentials of Art Therapy Education and Practice*, *Introduction to Art Therapy: Faith in the Product*, *The Dynamics of Art as Therapy with Adolescents*, *Ethical Issues in Art Therapy*, and *Working with Images: The Art of Art Therapists*. *Art and Soul: Reflections on an Artistic Psychology* provides a meaningful frame for his core values and ideas, ultimately asking for a return to the deep human source that is imagination. Moon's earlier lament to the profession of art therapy, where is the art? has become a deeper cry, where is the soul? Not a material object, the artist's soul is rather a viewpoint that is an enlivened way of seeing the world ensouled in imagery. The compassion of art requires both courage and hope, to see the world as it is and to *imagine* it as it can become. For a world that can no longer imagine itself is a dead, lifeless place. Waking to life while embracing its death struggles, Moon believes the task at hand is to give form to the essential story of our particular life or time found in the images we create. His story helps us to find and create our story, and engenders in us reclaimed compassion, hope, and faith.

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I am deeply indebted to many people who have contributed to the writing of the second edition of this book. Thanks go to Cathy Moon for her work as the editor of the manuscript. Cathy's criticism and support were invaluable as I wrestled with the work. Special thanks also to my colleague, Dr. Lynn Kapitan, for reading the early manuscript and contributing the preface. When the first edition of this text was published, Lynn and I were distant colleagues. Now, at the publication of the second edition, we share a common office complex at Mount Mary College. Her good humor and sharp critiques have been precious. My buddy and pen pal, Dr. John Reece, with whom I shared a 10' x 12' office for many years, was a source of unconditional support. John's intelligent, creative, and witty emails and letters buoyed my spirits when the work was not going well. Ellie Jones, the editor of the first edition, has my deepest gratitude for her patience, skill, and interest in my writing.

I was honored for twenty-two years to be affiliated with Harding Hospital in Columbus, Ohio. The hospital merged with another hospital a couple years ago and I fear that much of the creativity, innovation, and dynamic modes of treatment pioneered there may be irretrievably lost. As the health care industry has undergone massive change and restructuring, I have felt particularly blessed by having had the opportunity to learn my craft at a unique period in the history of mental health care. Thanks to the many students I worked with in the

Harding Graduate Clinical Art Therapy program, Lesley College, Marywood University, and Mount Mary College. The students I've helped to educate and the colleagues I've argued and celebrated with have helped to shape my ideas about art and soul. Finally, I must express gratitude to the struggling artist-clients I've known. I have spent thousands of hours in the company of people who have been hurt, angry, and confused, and I have seen the power of art as a healing, calming, and sense-making force. These client-artists taught me most of what I know.

AUTHOR'S NOTE

The clinical accounts in this book are, in spirit, true. In all instances, however, identities and circumstances have been fictionalized in order to insure the confidentiality of the persons with whom I have worked. The case illustrations are amalgamations of many specific situations.

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ART AND SOUL



Figure 1. Let us imagine an artistic psychology, then, as a process of applying soulful artistic principles to everyday life.

INTRODUCTION

What I want to present in this book are ideas about soul restoration through art. Many of the emotional concerns I have heard from clients in the psychiatric hospital and in my private practice studio revolve around loss of soul. Loss of soul is experienced in emptiness, disillusionment, depression, longing for meaning, and a yearning for spirituality. Moore (1992) writes, “All these symptoms reflect a loss of soul and let us know what the soul craves” (p. xvi). Without soul, life is somehow vague and meaningless.

The artistic psychology presented in this book addresses the hungers people feel and the symptoms that torment them. By making art, it is possible to fill emptiness, rediscover wonder, ease depression, revive joy, create meaning, and practice a form of spiritual discipline.

This book is intended for artists and therapists who are willing to enter into the mysteries of lost souls. It is also intended for laypersons who may be suffering the symptoms of soul loss. It is my hope that therapists will rethink the work of the caregiver, and that sufferers will re-imagine the meaning of suffering. We have, for a long time, considered the work of therapy as secular, but if we really want to address the symptoms of soul loss, we now must begin to regard it as sacred art. Let us imagine an artistic psychology, then, as a process of applying soulful artistic principles to everyday life.

In the early years of my career as an art therapist I often heard professional colleagues express deep fears about the

process of artistic expression. One psychiatrist was especially concerned because I encouraged his clients to draw what he described as “sick pictures.” He thought that expressing troubling emotional material through creative visual, imaginal, form invited a lack of internal psychic control on the part of clients. On several occasions we discussed whether particular clients should be encouraged to express or to suppress their troubling feelings. I believe expression of feelings is seldom harmful to people, but keeping secrets and constricting feelings can be psychologically destructive.

My skeptical colleague expressed the belief that images (at least those produced by his clients) could be pathological. Pathological means “of or concerned with disease; governed by a compulsion” (Webster, 1988, p. 990). In contrast, I regard the artistic process of creating images as expression of *pathos*, that quality which evokes sympathy or compassion.

Whether artistic images are expressions of sickness and disease or expressions that evoke sympathy and compassion is a pivotal philosophic question in an artistic psychology, for it represents the essential dilemma regarding the role of imagery and art making in therapy and in the world at large. There are, I believe, three basic modes of relating to and regarding imagery.

In the first mode, artwork is regarded as overt expressions of unconscious conflictive material. People who regard imagery in this way assert that particular psychological and pathological meanings can be ascribed to symbolic images. This way of relating to imagery has its roots in Freudian analysis. In this model, images are regarded as servants of the *id* and represent powerful sexual and aggressive drives. Those who subscribe to this way of considering imagery often attempt to classify and catalogue images. The effort to systematically classify images inevitably leads to equations regarding the meaning of particular images. From such a viewpoint, for instance, cylinders = phallic symbols; doorways = vaginal

openings; lightning = rage; navels = dependency needs, and so on. Such formulas invariably focus on a disease orientation, or on dysfunctional aspects of the individual when viewing images. From this perspective, images are concrete representations of the sick or pathological.

A second mode of relating to imagery, which I refer to as diagnostic-psycho-stereotypical, stems from yet another pathological understanding of art products. In this approach to imagery, it is believed that persons with certain types of psychiatric disorders tend to create art in which the content and/or style is indicative of diagnostic classification. When a therapist who ascribes to this approach sees the art works of a given individual, the therapist may hypothesize about the appropriate diagnosis for the individual. For instance, if a therapist operating from the diagnostic-psycho-stereotypical school of thought believes that clients suffering from depression typically use only a small portion of the picture plane when given a choice, it follows that when the therapist observes a client restricting use of the page, she might hypothesize the client is depressed.

A person is seldom diagnosed as healthy and functional. The process of psychological diagnosis is reserved for those whom we view as ill. In other words, to approach imagery from a diagnostic-psycho-stereotypifying perspective implies a belief that images are manifestations of disease.

At the other philosophic pole from these pathologizing positions are the views of Allen (1995), McConeghey (1986), McNiff (1992), Moon (1995), and others. In his lectures and workshops, McNiff offers the maxim, "the image never comes to hurt you." From his perspective, images are viewed as benevolent forces born of compassion. Artistic psychology is based upon the principle that images are benevolent and compassionate entities.

In my work with graduate art therapy students at colleges