



ARTIST, THERAPIST AND TEACHER

Selected Writings by
BRUCE L. MOON

Bruce L. Moon, Ph.D.
Christopher Belkofer, Ph.D.

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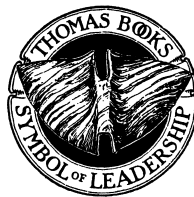
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BRUCE L. MOON, PH.D., ATR-BC, HLM

and

CHRISTOPHER BELKOFER, PH.D., ATR-BC



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INTRODUCTION

An Overview

Over the last 40 years I have presented over 200 papers, workshops, performance artworks, and keynote addresses. This book is a compilation of some of those writings. For the most part, I have left the original material intact, although minor revisions have been made in order to cite source material and to use inclusive language. My intention was to provide a long view of the development of my theoretical orientation and art therapy methodology. I am surely not the same art therapy clinician today that I was in 1975, and my ideas have evolved throughout my career.

The book is organized chronologically, with earlier works first and the most recent last. Chapters include writings from particular years accompanied by commentaries by my colleague, Chris Belkofer, Ph.D., highlighting their relevance to contemporary art therapy practices. A number of the case vignettes included here appeared in subsequent books or articles. In the later iterations, the vignettes were adapted in order to fit the particular publication context, but the original versions were written for presentations.

How Did I Get Here?

I was not always the best student in school. I seldom ranked among the upper tier of my peers, and in fact, I failed the sixth grade (much to my mother's chagrin) and was only allowed to continue on with my classmates after completing remedial courses in summer school. In hindsight, I am convinced it wasn't that I was a bad student, or that I could not do the work, but rather, I was bored and gave little effort. In fairness, my teachers would probably say that I was lazy, but the discrepancy between their views and mine is an argument that cannot be won at this late date.

That began to change during my sophomore year in high school, when I registered for an art class. I'd heard that it was an easy A, but I got a lot more than I'd bargained for. The art teacher, Mr. Cromer (everyone called him R. J.), somehow saw something beyond my surly adolescent exterior and he was able to reach inside and turn me around. He was able to make everything relate to art . . . English Literature, Civics, American History, Sociology, and on, and on. He captured my imagination and helped to make every subject

come alive for me, and I went from being a half-hearted C- student to an A student by my senior year. Along the way, I decided that I wanted to become just like R.J. when I grew up.

I went to Bowling Green State University, and later transferred to Wright State University, to study art education. This was in the late sixties and early seventies, and the Viet Nam war was raging. I did my share of protesting against the war, and much to my family's dismay, I applied to the selective service administration to become a conscientious objector.

As fate would have it, when it came time for student teaching, I was assigned to a supervising teacher who had very different political views. I was too naïve to keep my opinions to myself, and she and I argued on a regular basis. She was a strict disciplinarian, and in my view, unnecessarily rigid and negative in the classroom, whereas I wanted to emulate the easygoing, supportive, and positive manner that Mr. Cromer had modeled in the art room. Given all of our disagreements, it amazes me that she eventually gave me a passing grade. The experience left a very sour taste in my mouth, and I decided that maybe I wasn't really cut out for being an art teacher.

A friend of mine, who was a Methodist minister, suggested that I go to seminary to become a youth minister or pastoral counselor. I had nothing better to do, and so off to the Methodist Theological School in Ohio I went. In those days, first year seminarians were required to attend frequent meetings with their faculty advisors. Perhaps fittingly, my advisor was a psychiatrist who worked part-time at the graduate school, and part-time at a psychiatric hospital in Worthington, Ohio. Dr. Baumgartner was quite a character, and he would always begin our weekly sessions with this question: "Brucers, what the hell are you doin' here?" My typical response was, "I don't know."

About halfway through the first year, during one of our sessions, Dr. Baumgartner said, "Brucers, I know this guy I think you should meet. His name is Don Jones, and he's doing a new thing at the hospital called art therapy." I said that I would think about it, but really I sort of let that go in one ear and out the other.

Later that same day, my supervisor at the Worthington Community Counseling Service, where I'd been hired as a part-time counselor for adolescents, because of my art background, approached me with a newspaper in hand. He pointed out a story about Don Jones, and said, "I think you should call this guy." Okay, I could take a hint . . . twice in the same day.

I called the hospital and was put right through to Don, and I asked if I could talk to him about this new profession. He suggested that we meet the next day for lunch at the L & K restaurant in Worthington, Ohio. During that meeting, I listened as he told me about his work, and about the relatively new organization, the American Art Therapy Association. By the end of that lunch I was hooked, and we subsequently worked out a plan for me to spend the second year of seminary as Don's apprentice at Harding Hospital.

I spent the 1974–1975 academic year as an art therapy intern at the hospital. Near the end of the internship a job opened up, and Don asked if I'd be interested in applying for a position in the Adjunctive Therapies Department. It worked out that I left my apprenticeship on a Friday and returned the following Monday as an employee.

In 1975, I attended the Annual Conference of the American Art Therapy Association for the first time. I was just 23 years old and a bit star-struck, seeing all the famous people I'd heard so much about. By virtue of being Don Jones' protégé, I got to meet all those people. I remember sitting in one of the conference sessions and listening to the presenter and vowing that one day I too would present at the conference. Little did I know.

In 1977, the conference program review committee accepted my first proposal for a workshop, "The House Fantasy," which explored the use of a guided imagery technique I'd developed in my work at the hospital. The following year my wife, Cathy, and I were in the midst of rehabbing a redbrick schoolhouse, and could not afford to attend the conference, but in 1979 I presented a paper, "Journey Through Hell: Art Psychotherapy in the Treatment of Patients Manifesting Preoccupations of Demon Possession. From 1980–1982 we were occupied with the births of our children, son Jesse in 1979, and daughter Brea in 1982, and remodeling an old farmhouse, and so we did not attend the AATA conferences. In 1983, another paper, "Victims, Villains, and Heroes: A Borderline Patient's Journey Toward Wholeness Through Art," was accepted, and marked the beginning of an unbroken string of presentations at every national conference from then through the time of this writing in the winter of 2013.

Creative Narratives

There was a time when the language used to describe psychotherapy had a remarkably poetic quality, as evidenced by writings of Freud and Jung:

When, after passing through a narrow defile, we suddenly emerge upon a piece of high ground, where the path divides and the finest prospects open up on every side, we may pause for a moment and consider in which direction we shall first turn our steps. (Freud, 1965, p. 155)

And Jung (1964) wrote, "The sad truth is that man's real life consists of a complex of inexorable opposites—day and night, birth and death, happiness and misery, good and evil" (p. 85).

In the twenty-first century, no-nonsense empirical descriptions, verbatim case notes, and, in my opinion, rather dry research studies, have supplanted

such poetic accounts of the human condition. In contemporary therapy literature, the struggles of people to understand their lives and relationships seems to have been sanitized by clinical jargon, and rendered colorless. As art therapists sought respect from colleagues in other helping professions over the last 60 years, they sometimes described their work in the terms of related disciplines. Art therapists endeavored to master the ideas and language of psychoanalysis, psychotherapy, marriage and family therapy, and counseling, and along the way, began to emulate the presentation styles of the aforementioned professions.

In order to counterbalance those forces, my presentation style has been marked by the inclusion of poetry, metaphor, and artfully constructed narratives. When I speak at art therapy conferences and symposia, I pay close attention to both the content and the form of my presentation. I consider every presentation to be an artwork, and have been committed to providing each audience with visceral understandings of the practice of art therapy. I wanted to present complex ideas about art therapy through narrative accounts that would immerse the listener in the art therapy milieu, and so I honed my skills as a storyteller.

Honoring Our Artistic Identity

Although there is evermore interest in the biological and chemical roots of human behavior, mood, and personality, I believe that treating clients—caring for human beings—remains more akin to art than science. In my experience as a clinician working in psychiatric hospitals, residential treatment programs, and in private practice, I have used music, performance art, poetry, sports activities, and other task-oriented modalities to cultivate relationships with clients; however, I am most at home when working with visual art forms. The most consistent theme in my writings and teaching over the past 40 years has been an insistence on simultaneously honoring the people and artworks that I've encountered in the context of therapy. I have never lost my identity as an artist, and my vision of the work of art therapy has always been intimately connected to creativity, artistic self-expression, and exploration of meaning.

All of the presentations included in this book were given at annual conferences of the American Art Therapy Association (AATA), or regional symposia. AATA has been a constant in my professional life and I have deep affection for my tribe. This selection of writings is about the love, labor, and life of the art therapy discipline. Over the past 40 years, paintings and other artworks have often eased the anxiety and pain that clients and I have felt; other times, I have been poked, prodded, and discomforted by artworks. I

believe in the power of imagination and art processes to comfort when necessary, and afflict when that is needed. I hope that art therapists who read this collection will be inspired to reflect on their own presentation styles, and feel invited to bring their artistic sensibilities to their next presentation.

ACKNOWLEDGMENTS

So many people have influenced the writing of this book. From the very earliest days of my career, Don Jones, ATR, HLM, served as a role model for me. His unwavering support and faith allowed me to take the risk of putting ideas out there in the form of presentations at local, regional, and national conferences. I have tried to live up to his example, and be worthy of his faith. I've been blessed these past 40 years to work with creative colleagues and students at Harding Hospital, Lesley University, Marywood University, Mount Mary University, and a number of other colleges and clinical programs. This book would not have been possible without their support.

Special thanks go Lisa D'Innocenzo, for her editorial work. Thanks also to my colleague and friend, Dr. Chris Belkofer, for his thoughtful contemporary reflections on the selected writings.

As always, I am especially indebted to the thousands of clients with whom I have worked. Their courage, generosity, resilience, and creativity have been sources of great inspiration and I am thankful to have known them. Their artistic, emotional, and behavioral struggles have motivated me to write and present and I hope that this book honors them. In many ways *Artist, Therapist and Teacher* is documentation of the innumerable lessons clients have taught me.

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ARTIST, THERAPIST AND TEACHER

Belkofer Commentary: Chapter I

VICTIMS, VILLAINS, AND HEROES (1983)

The role of metaphor in Moon's work cannot be overestimated. The metaphoric language of creative expression is a guiding force in his work. He considers art therapists "metaphoricians." A frequent mantra of Moon's is to "stay in the metaphor," a sensibility that extends the linguistic associations of the word to include visual imagery and action. Metaphor is a way of being in the world, and the foundation upon which Moon's practice of art therapy is built. Housed within these pages are rich clinical experiences, theoretical paradigms, and snapshots of mental health trends over the last 30 years.

An awareness of Moon's training in a Methodist seminary provides an important entry point for fully appreciating his writings and lectures. His stewarding of the profession, inspirational vignettes, use of storytelling and allegory, and rhythmic communication style, convey the influence of his pastoral training. The merging of such an approach with traditional models of academic lecturing and writing is not for everyone. Some may prefer more of a bullet-point approach, or may struggle to see the academic content and theoretical heft within his inspirational and often deeply personal storytelling. It is the latter that I hope to address throughout my responses to his essays.

In this essay, Moon takes a closer look at borderline personality disorder. I could tell you in bullet-point form how this controversial disorder is disproportionately diagnosed in females. In addition, while attachment relationships are understood to play a role in the disorder, clinical focus has moved away from a psychoanalytic framework toward an emphasis on hyperarousal and the capacity for self-regulation. I could explain in bullet-point form Moon's assertion that borderline personality disorder is a metaphoric representation of living in the constant present, without meaningful connection to the past or the ability to envision a future. But I am assuming you'll read the essay and then be transported into the room; guided into the session, and into Moon's heart and mind. Perhaps, you too, will be relieved to hear that therapists get angry? Did you think you were the only one? I could lecture you, but as Moon might say, "Let me tell you a story. . . ."

Chapter I

VICTIMS, VILLAINS, AND HEROES (1983)

Within the modern psychiatric hospital, collegial conversations are often focused on clients' symptoms, diagnoses, or the demands of third-party payers. Seldom is there mention of the dignity and personhood of clients, their existential concerns, or the symbolic meaning of behaviors. I have misgivings about this. I have misgivings about giving a presentation that focuses on persons with a particular diagnosis—borderline personality disorder. Yet, here I am. I urge you to keep in mind that behind DSM number 301.83 there are also islands of personhood and meaning.

To begin, let me share with you an underlying supposition of all that will follow, I am fascinated by people who suffer this “dis-ease.” I suspect they may fascinate you as well. There is something powerful, something raw, and something dramatically immediate about these people.

In my office at Harding Hospital, a communal space that I share with 16 adjunctive therapists and miscellaneous students, if I feel the need to talk, one sure way to mobilize lively conversation is to bring up the name of a client who is suffering borderline personality disorder. In the same way, in our charting system, I can read the monthly treatment summary of a depressed client in a few minutes, but the summary for a client who has been diagnosed as # 301.83 can easily fill an hour or more.

In the past few years I have been involved in the treatment of hundreds of these people. They always intrigue me, and so I have done a lot of thinking about why they captivate me. I will comment later on the origins of this complex illness, but for the moment, I'd like to share with you my perception of why these clients stir such fascination, curiosity, and countertransference confusion.

I recently heard Dr. James Masterson lecture on the phenomena of treating adolescent clients who are identified as suffering borderline personality disorder. Essentially, he said that these clients are compelled to act out, in the present, their feelings related to abandonment traumas of the past. Such clients are unable to conceive of relationships as wholes, but rather experience them as unconnected strings of parts. This inability results in disconnection from past relationships, thus causing the client to deal with each new

relationship strictly in the present. In relating to others, the client has no past, only the here and now.

If we accept this proposition, then we know that the client, as well as having no meaningful sense of past, likewise has no faith in the future. In this way, clients' present-tense actions carry power not unlike those of primitive people. Their islands of personhood, perhaps the whole of existence, depend on what they do right now. How dramatic!

When we, in Western civilization, think about time, or try to visualize or describe time, we generally envision a timeline. This concept has been presented to us again and again in school, in church, everywhere, that history had a beginning and will have an end. This is, however, a relatively new idea in the history of humankind. Prior to the writing of the Torah, there is considerable evidence that time was viewed in quite a different fashion. Early humans likely would have described time as a circle, or referred to a cycle, reflected in the four seasons, the phases of the moon, and so forth. They would not have understood phrases such as "looking back" to last year, or "looking forward" to tomorrow. Since there is no beginning or end point on a circle, and all points are connected, for them, all time was present.

The contemporary fiction author whom I most enjoy is Kurt Vonnegut. In his novel, *Deadeye Dick* (1982), Vonnegut introduced a character, a primitive, whose language held only the present tense. The main character, Deadeye, is at once amused and vaguely uneasy when the primitive asks of a woman who has died, "How is she?"

The plight of people suffering borderline personality disorder is to be always in the present tense. In relating to others, these people have no notion of what will be. Thus, they may experience the therapist's departure for vacation as a serious abandonment; as earth shattering and challenging as the struggle of a toddler to become a separate entity from the mother. What intensity!

I believe this drama is the hook that pulls us art therapists so willingly into engagement. While we must always contend with our pasts, and hold concerns and hopes for our futures, in effect diluting our experience of the "Now," clients with borderline personality disorder embody dramatic immediacy. Perhaps this inspires in us a vague envy, a flickering mirror image of our lives as they were, way back when. The person suffering borderline personality disorder, this island of immediacy, is in a sense a living, breathing metaphor. This, I think, is why I love them so.

In order to be measurable and scientifically verifiable, many in counseling, psychotherapy, and related disciplines have cast off much of the wisdom of thousands of years of humankind's struggle to understand itself; to be with others, and to find meaning in our lives. Our own field, art therapy, at times seems to have lost its zeal for the importance of creativity and artistic self-