





# A Different Picture

*Art therapy succeeds where traditional therapy often fails.*

By Joseph Kemp

Art can be therapeutic. The act of composing interesting objects and painting a still life can be meditative and contemplative. It's about expression and problem solving, but without repercussion or timeframes. And when you decide to finish your work, you might have something you're proud enough of to hang on your wall.

The mental health discipline of art therapy is also therapeutic. But this art is often locked away. It's not for the rest of the world to see. It's created for a specific reason through the medium chosen to best release the memories to which words cannot give voice. It's used to help diagnose psychoses, to give strength to victims of trauma, to heal broken families.

Sit down with some art supplies. Stare at the blank page. Scrawl or scribble, to the best of your abilities, a truth that words can't tell. You can hide behind words, because you know how to use that language. But even your worst stick figures reveal to your therapist the thoughts that have consumed your mind for months or years or decades.

Art therapy is not macrame or flower arranging or painting pleasant watercolor still lifes. For many people, it's the gateway to a more normal, productive life.

## Different tools

Maybe you'll be asked to draw a picture of birds in a nest. What could be more innocuous?

"The babies are not very protected because they can't fly and they don't have enough food, and they don't know where they are going, because they don't even see the real world yet, except for their nest ... they don't have any life protection, or anything like that around them, so they just have to live with it." This sampling of child participant responses, from "Understanding Insecure Attachment" by Sandy Sheller in *Art Therapy: Journal of the American Art Therapy Association*, shows how a simple

*continued on page 92*

Works of art therapy by clients of Mindy Jacobson-Levy (top) and Sandy Sheller (bottom left), printed with permission; Bottom right by unnamed students in Drexel/ Hahnemann's art therapy program.

## A Different Picture CONTINUED FROM PAGE 59

assignment can begin to draw out the core issues. Sheller used the motif of the bird's nest and had participants create two- and three-dimensional artworks. Open-ended interviews followed wherein the children talked about their experiences making the nests and described the bird families that lived in them. This particular practice was developed to help adults with attachment issues. Sheller, then a student in Drexel University's Hahnemann Creative Arts Therapy Program wanted to find out if it was a valid practice to be used with children, since insecure attachment can lead to bigger troubles later in life, and early intervention—as always—is the key.

Today, Sandy Sheller MA, ATR-BC, LPC is the coordinator of divisional social services mental health training for the Philadelphia Salvation Army. She worked for four years at the Red Shield Family Residence of The Salvation Army, a homeless shelter. The bird's nest exercise was one of many tools she used with individuals and families. Another activity Sheller uses, in conjunction with Sandra L. Bloom, M.D., psychiatrist and developer of the trademarked Sanctuary Model of organizational culture, is called "What Can I Stand On?" In this exercise, Sheller directs her clients to make shoe sculptures (examples are pictured on the opening page of this article).

Sheller notes that "The shoes became symbolic of standing or walking into different, more powerful futures—being able to decide what from the past folks wanted to bring into their futures and what they wanted to symbolically leave behind, bury within the shoe, or stomp on." She adds that "In the shelter, the shoes also became transitional objects that folks could take with them when they left the shelter to remember all the healing work that was accomplished and inspire them to continue on the paths they had carved out."

### Higher Education

When we're little children, we see the world through non-verbal portals, including pictures. As adults, we may know we have a problem in a multitude of ways, yet we still may not be able to express it with words. Art may help us to decode the feelings. Not only can the works of art be revealing, but the process of creating in itself can be very helpful. But art therapy isn't for artists. In fact, artistically inclined individuals may be the worst candidates for the therapy. Artists not only get lost in the process—*impasto*, *chiaroscuro*, *arabesque*?—but they also know the "language" of art well enough to use it to obscure the truth. Even the freest Neo-Expressionist painting is a work of control.

The students of Nancy Gerber, Ph. D., ATR-BC, LPC (her official title is clinical associate professor and director of graduate art therapy education), though, are almost invariably artists. They're also interested in psychology. To enter the program, the graduate must have eighteen credits in Studio Art courses and 12 credits in Psychology, including some mandatory courses. There are no studio classes in the graduate program, though the students are expected to use their own art in a therapeutic way. They keep an illustrated log of their work while in the program and the University of the Arts studios around the corner are open to them. From day one, they're involved in clinical work under one-on-one supervision. Working with people who have suffered terrible trauma can be overwhelming, so a part of

the supervision is devoted to therapeutic sessions. There's a converted lab in the Hahnemann building that the students use as a meeting place and studio. Remnants of past classes sit in corners or are stuck to the walls.

The master's thesis is the goal, of course. It will be research-based and defended. It's the wedge that separates the artsy side of the student from the serious therapist. In Gerber's words, it "teaches them to discriminate between assumption and fact, and teaches them to understand the importance of facts." Sheller put it more bluntly: "These are powerful tools and you can't fool around with them with people who are potentially suicidal." At the crossroads of art and science, art therapy graduates are expected to take the science road, towing a wagon full of art supplies.

### Different Needs

It's not only people with behavioral problems and mental illness who benefit from art therapy. The misery associated with severe physical illness can be alleviated with its use. Though there is no inpatient mental health program at Children's Hospital of Philadelphia (CHOP), there are ten creative arts therapists who work in different areas with children as well as their siblings and parents. The term "creative arts" is an umbrella for art therapy (which is strictly visual), music therapy and dance or movement therapy. At CHOP, there are art and music therapists. Jennifer Lemisch, MA, ATR-BC, LPC, one of five art therapists on staff, works in the oncology department. The goals of the Child Life, Education and Creative Arts Therapy Department at CHOP can be put into three basic categories: physical, skill development and coping. Jennifer Lemisch helps her clients mostly in coping with their situations.

"My main concern is with the psycho-social well-being of my patients while they're in the hospitals," says Lemisch. She tries to promote an aura of normalcy in this most abnormal of states. She uses art to get the children doing things they may have missed, being out of school and away from their fam-

### Art Therapy defined

Art Therapy is a universally accepted clinical practice wherein the tools of artists are used under the supervision of accredited therapists. The American Art Therapy Association, a national professional organization, defines art therapy as: "a mental health profession that uses the creative process of art making to improve and enhance the physical, mental and emotional well-being of individuals of all ages. It is based on the belief that the creative process involved in artistic self-expression helps people to resolve conflicts and problems, develop interpersonal skills, manage behavior, reduce stress, increase self-esteem and self-awareness, and achieve insight." [[arttherapy.org/about.html](http://arttherapy.org/about.html)]

ilies. Since CHOP provides beds for the parents of children who are in hospital for long-term care, Lemisch's job also extends to the families.



Art therapy at Children's Hospital (*left to right*): Delaney Farren, age 3, works on a painting with her father Daniel; therapist Jennifer Lemisch helps Avery Lubrecht, age 4 (in pink) while Pearce Quesenberry, age 10 (in hat) works on her own painting; Avery displays a bejeweled crown that she made.

Lemisch's one-on-one sessions with patients gives family members a scheduled time away from their child. Living with cancer is full-time, both for the patients and their loved ones. The therapist is working double-time, giving care to the patient while allowing the family to do something else, knowing the child is being left in good hands.

Sometimes Lemisch works with the hospital's physical or occupational therapists. Children's Seashore House, adjacent to CHOP, is the rehabilitation facility where more of this work is done. Sometimes in oncology, a child in recovery is no longer physically able to do what they used to do. Lemisch's job is to help the child emotionally to figure out a way to deal with her changing way of life.

As a member of the Pediatric Advanced Care Team, Lemisch is involved in palliative care. Palliative care could be called pre-hospice. It's for the kids and their families suffering through life-threatening illnesses. Lemisch goes to work every day with children who have lost their hair, had parts of their brains removed, are diagnosed as terminal.

So how does she herself cope? "Good question," she responds. "It's harder since I've had my own kids. But we have very good peer supervision." Burnout is high in therapeutic fields. Lemisch does part-time art therapy outside the oncology and palliative care areas to remind herself that it isn't all children who have lost their hair or worse. "Sometimes I just go home and hug my kids," she says, and sometimes she'll talk with another professional for her own therapy.

### Heal Thyself

Mindy Jacobson-Levy, MCAT, ATR-BC, LPC, DVATA HLM, has a private art therapy practice in Jenkintown. Jacobson-Levy is a very enthusiastic booster of the discipline who has an excellent memory that allows her to see nearly every piece of art that her clients have made. She remembers, decades later, how people's unspoken traumas were revealed to her through their art. She remembers each trauma, too.

In the small world that is Philadelphia's art therapy community, it seems

that everyone is separated by a single degree. Sandy Sheller was a student of Nancy Gerber, and Gerber and Mindy Jacobson-Levy were colleagues at Friends Hospital in the late 1970s. When inpatient care at Friends was cut back, Jacobson-Levy decided her next step would be to go into private practice. Leaving the institutional world allowed her to branch out and specialize. Working with the University of Pennsylvania, she created an art therapy program for Presbyterian Hospital. She was an original team member of the Eating Disorder Treatment Center (EDTC) in Marlton, teaches at Drexel/Hahnemann, publishes and is finishing an art therapy workbook as well as a Web site.

Jacobson-Levy's patients are mostly women suffering with dissociation, trauma and eating disorders. It's important, she says, that the therapist fit the client and vice versa. In private practice, she can build relationships that last years or decades. A granddaughter of Auschwitz survivors, trauma is something she's always understood. Though she works with very troubled people, her enthusiasm for her work and her profession is sky-high.

Jacobson-Levy's office is in a strip mall in the center of Jenkintown, just above Abner's Barbecue. In a small, neat (after a major cleanup, I was assured) office is a table with chairs on either side. The client always sits in the chair closest to the door, just in case they feel the need to escape. And it's a table instead of a desk in case the client feels the need to hide under it. "I can tell you haven't had any serious trauma in your life because you can sit with your back to the door," she said to me during our initial meeting.

"Words get in the way," says the poster behind the couch in the nook to one side of the art table. The table itself has some art supplies sitting on it but a large closet and set of cabinets hold the bulk of supplies that range from traditional paints, paper and pastels to scraps of interesting packing materials and hand-me-down yarns and fabrics. Any artistic impulse short of glassblowing can be met in Jacobson-Levy's office. She saves things that she thinks may inspire her clients and her clients keep their own objects in the office. A rack full of CD's all came from clients, either as gifts or so they can play DJ during their sessions.



## A Different Picture

Everything is open and available to any client, but there is one cabinet that stays locked. Jacobson-Levy instructs her clients to take their art home with them and, whether they want to look at them or not, to keep the work somewhere. She'll keep some pieces for a while, then take digital pictures of them and store them on her laptop. But sometimes, there's a piece that's so powerful, so emotionally impactful to a client that she has them put it in the top cabinet. They can keep that thought locked up until they're ready for it. Hopefully, in time, the piece can be removed.

Jacobson-Levy describes the success of her type of therapy this way: "Art has a way of talking [for my clients] because no one told them that they couldn't [draw a picture]." They may have been threatened with death if they ever told anyone about their abuse, but since this form of communication was left open, it's a way for the therapist to get inside. "The use of art helps one to listen in because it gives you a reflection back." Spoken words generally leave no record, but there's no denying those lines on that paper. Something was said, perhaps abstractly, but it's something that can be talked about.

When asked about her own coping skills, Jacobson-Levy told a story where she had a conference full of varied medical professionals creating masks at their tables. She wanted to teach them, from a therapists' perspective, that

they all had professional masks and that it's important to keep those on. "It's like on a plane when they tell you to put your own air mask on before you put on your child's." Self-caring is vital, she says. You're no use to your patients if you're not mentally

healthy yourself. Jacobson-Levy engages in various types of art, plus knitting and music keep her grounded. A Juilliard education hit the wall with extreme stage fright—she never plays piano for anyone else, but she does sing with Kol Emet's chorus. A reconnection with Judaism is another ground for her. In fact, she will be an adult Bat Mitzvah in the very near future. She sees another therapist occasionally as a form of peer counseling. And then there's Colin.

Jacobson-Levy's most recent step has been to add a dog to her therapy practice. Colin is a purebred Havanese with an amazing ability to sense the emotions of Jacobson-Levy's clients. With necessary exceptions, Colin is always there for therapy sessions. He'll sit in the corner quietly or sit on a lap if asked. He's been hugged tightly and cried upon on a regular basis.

The literature is building on the use of dogs in mental health situations. A lot of work is being done with veterans who suffer from Posttraumatic Stress Disorder (PTSD). There's even a new professional organization promoting the responsible use of dogs in therapy, the Psychiatric Service Dog Society.

Jacobson-Levy, the animal lover and former pre-vet student may be one of the first art therapists working in this area.

While drawing a picture can put a face to the terror and control can be gained, Colin can help to remove the pain because he wasn't there when the bad thing happened.

### A Pack of Therapists

One of Jacobson-Levy's patients, "Melissa," brings her own dog along for her sessions. She met Jacobson-Levy at EDTC in 2002 and praises her work. "They're best buddies. Colin is totally in touch with people's feelings," she says. At home, when she's feeling particularly down, her dog keeps his distance. But when she feels like crawling under the table in Jacobson-Levy's office, Colin will hop up onto her lap and keep her in her seat.

Never trained in art, she finds that her normal difficulty expressing her feelings isn't there when she's working with Jacobson-Levy, who is also in contact with Melissa's psychiatrist.

Jacobson-Levy has called the doctor to make an appointment when she felt that Melissa's medication might need to be adjusted. For her part, Melissa feels that Jacobson-Levy knows her so well that sometimes she doesn't even make any art on her visits. Jacobson-Levy usually lets her clients' moods dictate the shape of the session, in the same way that she'll let them decide the shape of a sculpture. There are times, though, that she insists a client put something down on paper.

Melissa tends to favor paint during her sessions, but she also likes paper collage and 3-D works. Along with her food journal, she does keep an art journal but doesn't draw as much as she should. Her artwork at home stays in a drawer inside a closet. "It can be very painful," she says.

### The Masks We Wear

While Melissa showed a tendency to stammer and sounded very nervous, "Debbie," another Jacobson-Levy client, sounds every bit the self-assured Ivy League-educated professional that she is. She admits it's a mask, though. She's been hospitalized, though her co-workers don't know about it. She's good with words and knows how to use them to hide her troubles.



Mindy Jacobson-Levy and her therapy partner, Colin.

Debbie works with Jacobson-Levy for at least an hour each week. Along with choices like deciding how much to charge a client, Jacobson-Levy can let sessions carry on as long as they need to. It's a perk of her private practice and one that her clients appreciate.


Debbie was really struggling with her mental health while seeing a cognitive behavior therapist. It was the best fit for her, until she found the missing piece in art therapy. She's seen Jacobson-Levy for "a long time" and says her therapy is a "huge help."

Though Debbie doesn't like to talk about her artwork, Jacobson-Levy can decipher and point out the subconscious meanings. "She says it in a way that you can actually see it." Sometimes, like Melissa, she just sits and talks with Jacobson-Levy, but other times the art has to speak for her. "Maybe you can't see it [the problem] because it's in your own mind," she says. A good therapist can, though.

Debbie keeps an art journal, "in one of those books, I forget what they're called..." A sketchbook? "That's it, thanks." There's a lot of colored pencils in there and she's currently in love with Cray-Pas. She does collages and sculptures made of found objects. One exercise that she likes is to take a wooden wine box, the kind that has separations for multiple bottles and she puts something in each section as if it were a room. When she's done, she can shut the door on all of those bad thoughts and memories.

Jennifer Lemisch regrets the loss of traditional psychiatric hospitals. There used to be more resources for people like her who need that kind of help. Jacobson-Levy feels the loss, too. She says it's harder to find a place where a new therapist can go and make her mistakes. There would be backup in the old hospitals and someone could learn her therapy chops without having life-and-death situations hanging over her head.

### Toward Universal Acceptance

Along with the constant battle to get insurance companies to pay for mental health services, art therapists are working hard to legitimize their field. Hahnemann was the first graduate-level program in the country, and it has only been around since 1967. One anecdote attests to the new appreciation of art therapy: When Lemisch was at her CHOP orientation, one of the vice presidents expressed relief that the program was finally getting a full-time art therapist. Every one of the therapists that I interviewed does presentations on their research as well as to promote the therapy. Nancy Gerber is currently knee-deep in building the curriculum for Drexel's upcoming Ph. D. Art Therapy program. A brief Internet search revealed mixed results on art therapy's efficacy, but no one says it's a cure-all or for everyone. And these are academic studies, so they tend to be very focused. Mindy Jacobson-Levy says the truth is that art therapy works very well for a lot of people who would be in trouble without it. "People speak through art and they heal." 

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