



# LUKENOTES

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## Art Therapy and Healing

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"They want me to do *what?*" I can't draw. How is this going to help me?" Comments like these are often made by residents who have begun our residential program and have just received their schedules. When residents are in a group for the first time, the art therapist as well as a "veteran" of the group explains that skill is not important and that group members should simply do the best they can. At the end of a few art therapy sessions, some residents have said "This was powerful. I didn't know drawing could help me tell my story and that I would feel support from others so soon."

### Group Work

All residents in the men's and women's programs at SLI engage in group art therapy. Many, whatever their primary diagnoses, have some interpersonal problems. Some can identify feelings of loneliness and isolation that have been getting worse in recent months. In ongoing therapy groups, people eventually act the way they do with others in their lives. Often, their ways of relating have antecedents in their families of origin. Although group work is emphasized in all programs at SLI, in group art therapy, patterns of relating develop very quickly and are made tangible and available. A person's unconscious feelings about being part of the group often emerge in his/her drawing. For example, the number of figures or objects in a drawing may coincide with the number of people in that group. The arrangement and details can be revealing.

### Theory

There are two basic approaches to art therapy. One can be called art as therapy and the other is art psychotherapy. The latter approach is used at SLI. Each session allows time for residents to engage in the art activity and also time for them to comment on their own artwork and give responses to other group members.

When residents are making art, their customary defenses, especially intellectualization and denial, are often bypassed. An image may have several levels, even contradictory ones. It is not uncommon for a group member to say, "I was not able to express in words what I just drew." Participants find that they can draw frightening scenes in a safe and contained environment. Childhood trauma is sometimes acknowledged through artwork. Grief and tears may be unlocked or released for the first time in years as the person draws his/her picture and comments on it. The repression of these feelings in the past may have been contributing to depression and/or addiction. Anger, an emotion that many men and women have trouble

acknowledging, is often expressed. One resident drew a man holding a stick pointing toward a shadowy figure in the background. When he exclaimed, “It looks like a gun,” others asked who was he aiming at. It is notable here that the person who made the drawing was the one who “saw” the gun. Art therapists rarely, if ever, make an interpretation and group members are not encouraged to “analyze” another’s work. Rather, what is encouraged is a question, a challenge or a simple response to the artwork or the person.

As with any modality, art therapy takes place in the context of a relationship. A key component here is trust. In art therapy, Trust develops in the relationship of the group members to each other and to the therapist(s). At times, a psychologist and the art therapist work together as co-therapists.

### **Structure and Materials**

There is some structure offered in an art therapy session. Although in most sessions the topic is open, some individuals are helped by a suggested theme. This is often useful for a new resident. The first time that a person is in group, the therapist suggests a specific topic, a childhood memory. Residents sometimes depict their first day of school, a childhood injury, a hospitalization, or a family meal. There is always a connection between this scene and what the person is experiencing here and now, and the therapist may ask about this connection.

During the discussion part of a session, group members are expected to claim their own time. Most groups try to get the therapists to “call on” people or to divide the time up equally. Because the requested structure is not given, typical patterns of relating emerge. For example, who is the one who is generous to others and then is left out and feels deprived? Or who dominates, making others angry?

A variety of art materials, pastels, markers, watercolors, colored pencils, clay, and collage materials are available for use. These materials can be thought of as being on a continuum from what offers the most control (pencils) to what offers the least (clay).

### **Does it work?**

Frequently, members of art therapy groups learn to access and express their feelings, tell their stories through pictures, and connect with their peers. In one example, a woman’s first painting showed a small figure surrounded by thick circles of dark-colored paint, separated from a group of girls. Her last picture, drawn at the end of treatment, was a pastel drawing of seven smiling people in a boat on a bright blue ocean. She had illustrated poignantly her transition from depression and isolation to optimism and closeness to the other group members. She titled the picture “We are all in the same boat.”

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