

DRAWN from the Circle

Alexandria Center on Carlyle Circle

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Psychosis and Resistance

by **Monica Ventura**, 2nd year

While interning at Northern Virginia Mental Health Institute (NVMHI), I realized that my favorite group was the admissions unit group. I noticed something that was different about these patients was their lack of resistance toward art therapy. These are individuals experiencing severe psychopathology who are in the process of becoming stabilized with medication. After a year of working at a substance abuse rehabilitation center, I expected to answer defensive initial questions about the value of art therapy. Interestingly, the patients from the admissions unit seemed naturally drawn to the creative process. They came into the studio and engaged in art making immediately, without hesitation. The resistance I encountered was of a different nature; sometimes the clients left unexpectedly, or did not follow the directive. Nonetheless, the majority of patients were actively engaged in the artistic process.



Artwork created by an individual at NVMHI, diagnosed with Psychosis NOS and recreated by Ventura.

These experiences made me wonder about the efficacy of art therapy addressing the loss of ego boundaries inherent in psychosis. It is possible that through the creative process, the creator is essentially affirming their sense of self. "Engaging in art not only allows the psychotic individual to express his own emotions to others, but the canvas (whether a poem, song or literal canvas) can reflect back to him his internal state. This dialogue between the artist and his work serves an important therapeutic function," (Olson, 2013, para.10). In other words, the reflection of the client's inner state via art could help define those boundaries through self-assertion.

AATA Conference & Alumni Event San Antonio, Texas



(left) Director Bardot and current students at the American Art Therapy Annual Conference (above) alumnae Megan Robb and Gussie Klorer at the alumni party sponsored by CCAS and GW Alumni Association

Inside this Issue

Alumni Party	1-2
Book Signing	2
Director's Cut: Returning to Lebanon	3
Cross-Modal Therapy Focus on the Small	4
First Year Reflections	5
Art of Communication	6
Blind Contour Study	7
GW Research	8-9
Spirit Animals	9
Process Painting	10
Remembering Edith Kramer & Lou Tinnin	10-11
GW Gallery: Rawley Silver	12

GW Alumni and Faculty Book Signing Event



On February 21st, GW Art Therapy hosted a book signing for alumnae Sangeeta Prasad (Prasad Family Foundation) and Paula Howie (current faculty member) and co-editor Jennie Kristal for their book, *Using Art Therapy with Diverse Populations*. The book includes chapters by 15 faculty and alumni from GW Art Therapy Program. Authors include: Kate Baasch, Heidi Bardot, Donna Betts, Deni Brancheau, Charlotte Boston, Tracy Council, Audrey Di Maria Nankervis, Cheryl Doby-Copeland, Linda Gantt, Lisa Raye Garlock, Emmy Lou Glassman, Paula Howie, Sangeeta Prasad, Barbara Sobol, and Louis Tinnin.

(left) Jennie Cristal and Sangeeta Prasad (right) Current students attend the book signing



(left) Faculty, Audrey Di Maria Nankervis, Cheryl Doby Copeland, and Charlotte Boston, sign books for attendees

Pictures from Alumni AATA Party



(Above) Katerina Evans, Roz Vanderpool, Monica Salinas, Heather Weyers (research partner, Kinecton), Sue Ann Hastings



(Above) Amy Tatsumi, Monica Dreyer, Donna Betts, Deborah Bunkley, Kate Martin, Kim Ottinger

Psychosis, continued from page 1

Furthermore, the creative process (imagination) requires a psychotic-related thought process. Is it conceivable that psychosis makes the individual let go of their defenses and dive into the unconscious, creative expression? "Gromish (2010) asserts that creative people who are divergent thinkers filter out less information than that

which is accrued from the environment than less creative people. This is consistent with observed deficits in terms of frontal lobe activity in schizophrenics. It may be valid to view creativity as based upon organizing a greater amount of miscellaneous details, aspects of the world and the self that may be raw material for formulating new ideas," (Olson, 2014, para. 11). It seems that the divergent thinking process of psychosis lends itself naturally to the art making process. In other words, creativity may be a correlate of psychosis.

In conclusion, the lack of resistance that I encountered at NVMHI may be attributed to the relationship between psychosis and creativity as mental processes, and to self-assertion through symbol formation. The more I think about my experience, the more curious I am to learn more.

References:

- Olson, A. (2014) Beautiful Myths and the Minds of Schizophrenics How divergent thinking may elicit poetry and nonsense. *Psychology Today*. Retrieved April 11, 2014. <http://www.psychologytoday.com/blog/theory-and-psychopathology/201402/beautiful-myths-and-the-minds-schizophrenics>
- Olson, A. (2013) Emotional Intelligence, Art Therapy, and Psychosis: Improving Emotional Intelligence of Psychotic Individuals through Art Therapy. *Psychology Today*. Retrieved April 11, 2014. <http://www.psychologytoday.com/blog/theory-and-psychopathology/201312/emotional-intelligence-art-therapy-and-psychosis>

Director's Cut: Return to Lebanon

by Heidi Bardot; Director, GW Art Therapy Program

In November 2013, I returned to Beirut, Lebanon, where I grew up. As part of a grant from a local drama therapy organization, Catharsis, I presented a week long introduction in art therapy techniques to 38 drama therapists, counselors, and educators (*picture right*). The students were inquisitive, explorative, and fascinated with art therapy. Having taught similar courses before, I recognized that dependent upon the cultural needs I might need to adjust the format and structure of the course. What I didn't realize was how much I had to change. A small example of this occurred during the first evening when I asked them to choose a small image in order to introduce themselves. What generally takes a minute or two in most groups, took 5-10 minutes per person in this group. Each person spoke with such lyrical beauty about the shapes, colors, content, and how it connected to their own life—a lovely cultural piece that I wanted to honor. Therefore, the next day the introduction ritual was done in smaller groups where each person could share deeply without using all the training time. Flexibility and awareness is key in working in another culture.

Part of the grant included me providing art therapy groups in a mountain prison on the mentally ill and life sentence wards. Rouimeh Prison is notorious for prison riots and overcrowding (originally set up

to house 3000 inmates, it currently has 5000+). I worked with 20 men in the mental health ward; all had committed a murder due to their illnesses. Their ages ranged from young 20s to mid-80s, many of whom have lived there 30+ years as their families refused to take them back after they had served their sentence. Our focus was on strength building, though it is difficult to discuss hope when their only activities for the week were the art therapy sessions and smoking. One gentleman who spoke English fluently, commented that "God is in every living creature—but He is not here." Catharsis continues to work with these men, the founder of which, Zeina Daccache, is an advocate for improved prison conditions and rights. She has created award winning documentaries, *12 Angry Lebanese* and *Scheherazade's Diary*, focused on these issues.

We then went to the Life Sentence ward and were turned away as a riot was currently in process. The overpopulation and horrible living conditions cause many disputes. Having worked in many facilities in different countries, nothing much shocks me anymore; however, I actually lost my breath when I saw the facility. Barbed wire was



strung over the whole building, with towels and blankets, and clothes hung out every window and crevice drying. The ground was strewn with trash. Out of every window there were arms and hands reaching and banging. The men were pounding the walls, stomping the floors, and yelling/screaming—the bars on the windows were actually shaking. The image is intense in my mind. Throughout my stay we never made it into this ward as the riots continued.

In February 2014, I returned to meet with local refugee relief organizations, War Child, Sawa, and World Vision as well as the American University and Lebanese American University to discuss future collaborations with art therapy work, trainings, and research. Having previously worked in Palestinian refugee camps, Lebanon now has a whole new generation of refugees from the Syrian conflict. We discussed the value of art therapy in trauma work and in creating a program that is culturally responsive and sustainable.



Cameras are not allowed on prison grounds. These photos are taken from The Daily Star online newspaper (left) The Life Sentence Ward (right) Mental Health Ward

Cross-Modal Therapy

by Trevina Joseph, 1st year



My first year of graduate school was a whirlwind of experiences. I interned at an adult forensic psychiatric hospital in DC where I worked with individuals experiencing schizophrenia, bipolar, depression, generalized anxiety disorder, antisocial personality disorder, and trauma. One of the most enriching experiences I had throughout my first year was the opportunity to work with cross-modal therapy.

Dance/movement therapist Nalini Prakash MA, allowed me to co-lead movement and art therapy sessions with patients on the transitional unit. We started with a series utilizing movement, art, and talk therapy to process and label complex emotions in group therapy. The clients responded so positively to this 6-week series that we decided to start another cross-modal therapy series called "Footprints in Time." This is a series characterized by experiences from the past to aspirations for

the future. For example, the first session, "My first steps," describes a client's childhood. The second session, "When I tripped," distinguishes a time when they made a mistake or used poor judgment. The series is concluded with "My future steps," to help clients visualize future goals and process past experiences.

This series utilizes mandala inspired footprints on large parchment paper for clients to fill with their own depictions of a particular stage. Once the art is completed, they are asked to produce a movement to share with the group describing that time in their lives. After the movement, they create a space with a piece of yarn that can be any size or shape. They can choose from figurines (or model magic to sculpt their own images) to construct a transitional space depicting the relationships during that stage of their life. Once the clients have completed the sequence, they are asked to share their art, movement, and space they have created. We then use verbal processing for the rest of the session.

Working with Nalini during my internship taught me how to incorporate multiple means of expression into a group therapy session. By combining art and movement therapy, we can provide multiple creative strengths' based treatments to individuals in care. This cross-modal therapy is designed to stabilize and improve functional level, promote a safe means of expression, and reintegration into the community. I am looking forward to continuing this series and seeing the progress of the individuals in care.

Focusing on the Small Things



by Anna Hicken, 1st year

I intern at an acute psychiatric unit in southeast DC. When I tell most people this, their reaction is usually, "Wow, you must have a lot of interesting stories"! And they're right. I do have a lot of stories. But the stories that I like to tell are the ones that most people would not appreciate as much as the bizarre or sensational stories.

"... act as a gentle reminder of the power of art therapy."

For example, the other day I was running a group in the common room on one of the units. When I asked one patient if he wanted to participate, he replied, "Absolutely not!" and proceeded to complain loudly about the horrible service at the hospital. I listened to him, allowing him to express his feelings to a receptive ear. Eventually, he decided to try making some art. I brought the materials to him and he worked diligently for several minutes. After sharing his work and talking about his situation, his demeanor changed. He spoke softly and was more congenial to the staff. Before I left, he thanked me and said that he would always remember what I did for him.

Stories like this one allow me to continue working at my internship site. During the intense—and sometimes scary—moments at work, I try to focus on these events. They reinforce my purpose at the hospital and act as a gentle reminder of the power of art therapy.

Just passing

Miracles through movement

Renowned dancer Nalini Prakash visited India to speak on dance movement therapy. Neeti Jaychander tuned in

How did you become involved in dance movement therapy?

I have always been passionate about dance and movement. In addition, I worked for over a decade as a volunteer at Udhavi in Coonor, a centre for children with a range of physical and mental disabilities. I knew there had to be a way to marry these two for the betterment of those with disabilities. So in 2008, I moved to the US, to acquire formal skills to use dance therapeutically.

What was the formal course like?

It was a Dance/Movement Therapy graduate degree program at Drexel University in Philadelphia. For further professional development, I am currently pursuing a Certified Movement Analyst (CMA) certificate program from the Laban Institute of Movement Studies (LIMS) in New York.

What is the nature of your work at St Elizabeth's Hospital in the US?

I provide direct clinical treatment services in dance/movement therapy to general and forensic psychiatry inpatients as a component of the hospital's overall program of mental health care and treatment. I mainly



I work with prisoners and people who have been sentenced for various crimes, but because of mental illnesses require therapy.

work with prisoners and people who have been sentenced for various crimes, but because of mental illnesses cannot spend their lives in jail, and instead require therapy.

In addition to stellar performances, your visit to India involved a talk and discussion at the Madras Club, Chennai. What was it about?

Based on the empirically-supported premise that the body, mind and spirit are interconnected, the American Dance Therapy Association (ADTA) defines dance/movement therapy (DMT) as "the psychotherapeutic use

of movement to further the emotional, cognitive, physical and social integration of the individual".

Participants were introduced to the basics of DMT, and also experienced the basics of Laban Movement Analysis with reference to Body, Effort, Shape and Space (BESS), which I use as an assessment tool in my work as a therapist. I also related BESS to Bharatanatyam, and discuss how DMT, through the medium of Bharatanatyam, aided in the recovery of a young adult Bharatanatyam dancer, who survived a stroke at the age of 19. •

First Year Reflection

by Kimberley Harvanek, 1st year



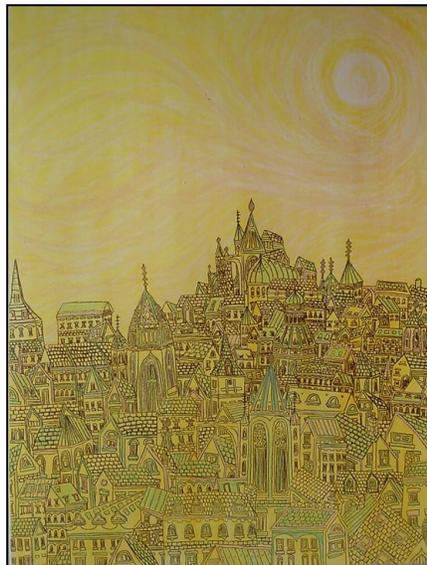
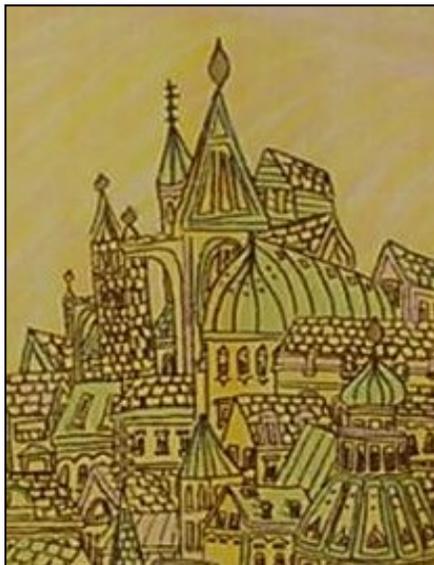
When I think back about all I have done this year, I am amazed by how much I have learned from my professors, peers, and patients. Having the opportunity to work with an incredibly diverse group of patients, in regards to both culture and diagnosis, has taught me more than I could ever have imagined. One of the greatest skills my patients have taught me this year is to be open to learning from them and to not believe or pretend that I know it all. I have learned that in many cases my patient may know more than I do about the mental health system and about his/her diagnosis; no one is as good an expert on himself as he himself is.

In addition to the steep learning curve at my internship, I have spent my first year of classes honing my therapeutic skills and learning about theoretical orientations and various populations. For a while my academic and clinical work seemed quite unrelated. It seemed I would learn one thing in

school, and then at my internship I would be told to handle the situation in a different way. This dissonance caused me a good bit of anxiety for a while, but as the year has progressed, I have begun to see more and more the connections between my studies and my internship. Lately I have been having little “aha” moments when an event or patient at my internship harkens me back to something I have learned in class. In fact, it turns out that what is taught in school is completely applicable to real life! It has been incredible to experience the coming together of the two sides of my learning.

“... I have learned that in many cases my patient may know more than I do...”

I have chosen to illustrate this idea using the metaphor of a city. The houses and buildings are all separate objects, like therapeutic knowledge and skills, but they all work together to create a city and to help that city thrive.



(left) “City at Dawn,” 34”x44”, oil pastel; enlargement and full picture

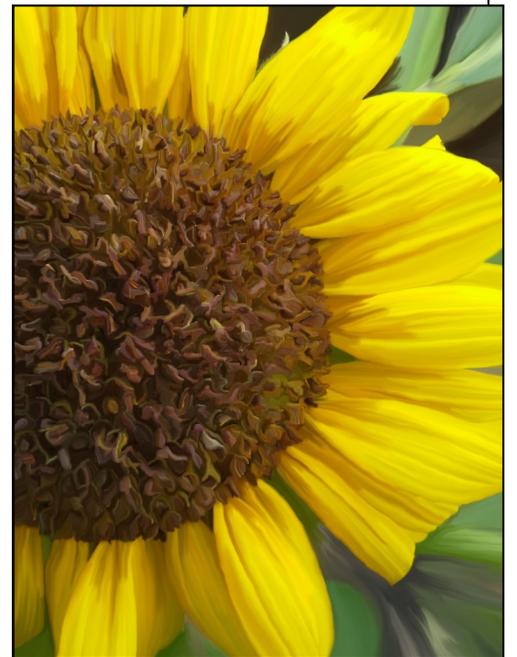


Getting There

by Stephanie Kurtyka, 1st year



Digital photographs of art therapy journey



The Art of Communication

by Jeannie Mills, 2nd year



I thought I would share a bit about my experience with professional identity and how my past has helped shape who I am as a person as well as the art therapist I will become. When I graduated college in 2007, I thought I wanted to be an artist but soon found that the identity didn't accurately define or satisfy the person I wanted to be in life. This led me to reexamine my values and redefine my goals. What I found was that creativity and art is and has been the passion and drive behind my person, and that ultimately, I wanted to connect to people in a more direct way. Art was, in essence, about communicating and sharing ideas; but simply making the art and displaying it wasn't enough. I wanted to understand and demonstrate how art can function as a language and how, through its creation, one can reshape his or her perception of the world and self.

Had you asked me to put these past years of experience into words even just a year ago, I couldn't have done it. McNiff (1986) from *Educating the Creative Arts Therapist*, said that "In graduate education, students find that their primary professional identity formation takes

place through practical training" (p. 135). My first year in this program was spent understanding and formulating the very concepts of art therapy—what it was, how to talk about it—while my second year has been spent actively examining and reshaping myself as I relate to these fundamental concepts.

During a recent conversation with one of my client's psychologists, he asked me if I wanted to know a secret. The secret was something I had already told myself, but hearing it from someone more established validated my experience as a therapist in training. He said "People think that our profession is a selfless one—but that's not true—we are in the most self-centered profession there is because every day we get to learn about ourselves through our clients." For me, developing relationships with my clients has been one of the most extraordinary and profound experiences I have had in my entire life. Through my clients, I am continually offered the opportunity to examine and repurpose who I am and in turn, I am learning to help them do the same. To live life is about finding yourself in everything you see—from the mundane to the sublime—and to recognize that you can see it differently and, thus, always create something and someone new and mysterious.



Artwork

by Nisha Tracy,
2nd year

Title: Who am I?
Size: 18.25" x 14.5"
Media: Paints,
markers, pens, col-
ored pencils, collage

This artwork is a response to my clients at Accotink Academy. It was created to reflect my hope and respect for the healing power of my adolescent clients.

Title: Safety in the Night
Size: 9" x 12"
Media: Markers,
collage

This piece was my response to a directive given in trauma class. The purpose of the artwork was to integrate an image of distress with an image of safety. The final image reminds me of coming home in the dark to a well lit house.



We Thank Our Donors!

We are grateful to the following individuals for their donations to the GW Art Therapy Program

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Blind Contour Study

by Valerie Pusateri and Sarah Huffman, 2nd Years

Every student must complete a culminating project in order to graduate from The George Washington University Art Therapy Program. Two students, Sarah Huffman and Valerie Pusateri chose to



VP: I felt it was a profound experience just to witness myself and meditate on the reflection staring back at me. I used the time to hit the pause button from all of the stress and worry before graduation,

and I could focus on being in the moment. What was your experience like, Sarah?

SH: It was like what we learned in class: the therapist cannot take her client where she has not gone herself. It was great to experience being in the present moment and then having an image represent that. In my second drawing—the green one—I didn't really feel like myself that day and I think you can tell [laughs].

This research was conceptualized from the life of Elizabeth “Grandma” Layton—a woman who had battled depression for over twenty-five years without comfort from electroshock therapy or psychotropic medication. Elizabeth enrolled in an art class where she learned about a drawing method called blind contour drawing. She used this method to create numerous self-portraits and found a way to process her feelings related to life, death, loss, guilt, love, fantasy, tragedy, and hope. Elizabeth felt she “[drew] herself to wellness,” and co-investigators Sarah and Valerie intended to find out if her technique could help others.

Sarah and Valerie decided to empathically mirror the research participants and complete their own blind contour self-portraits. Here is a brief glimpse into their process and discussion:

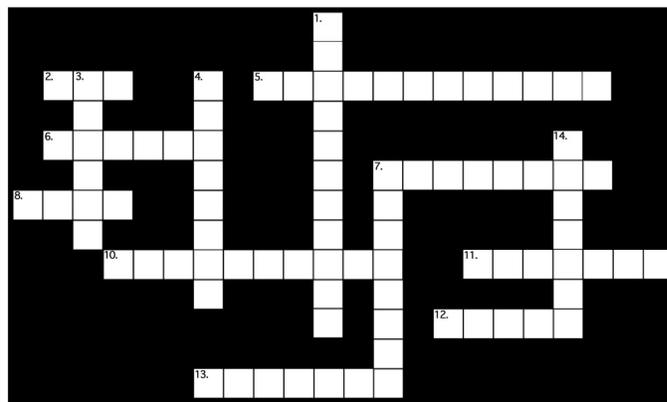
SH: Valerie, what was the most compelling part of this process for you?

VP: I really loved how the process made our research come to life. Reading articles and writing proposals are great, but once I completed my own blind contour self-portrait, I felt as though I understood the heart of it and why we were putting in so much effort.

SH: In what ways did the drawing task help you?

ART THERAPY CROSSWORD

By: Sarah Huffman and Valerie Pusateri



ACROSS

- 2. The abbreviation for the manual used by mental health professionals
- 5. Unconscious redirection of feelings from one person to another
- 6. An established protocol for beginning or ending an art therapy session
- 7. Observable activity in a human or animal
- 8. A regressive material
- 10. Indication of feeling, as on the face, in the voice, or in artistic execution
- 11. The ability to understand and share the feelings of another
- 12. The name given to a work of art
- 13. It is recommended that therapists have...

DOWN

- 1. The action of forming new ideas or images in the mind
- 3. A word from Group Process that strikes fear into all second-year students
- 4. Activities that the art therapist does to maintain health (2 words)
- 7. Defines the therapeutic frame of therapy
- 14. Can be created from torn paper, tissue paper, magazines, or photographs

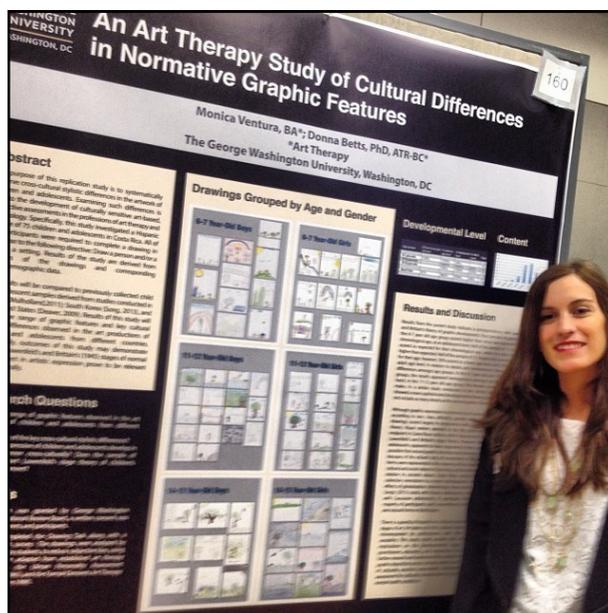
GW Research Day

by **Monica Ventura**, 2nd year

Participating in the George Washington University's Research Fair was a great experience. The fair took place on April 1st, 2014, and included graduate and undergraduate students from careers related to the arts, business, education, engineering, humanities, law, and science programs. I participated because it seemed like an interesting opportunity.

I was very anxious on the day of the presentation. The feeling of uncertainty intensified my affective reaction, but I managed to calm down once I remembered that I was thoroughly prepared thanks to the support of Dr. Betts. Once I set up my poster, I noticed several people approached my project with interest. They asked interesting questions, and seemed curious about art therapy. I talked to students and faculty members from different programs. Once the time came to meet the judges, I felt more confident. In general, it was a very comfortable environment that was filled with people that were passionate about research.

I learned about other exciting research projects and left the research fair feeling like it had been a great day. I witnessed so many interesting presentations from other graduate students, which made me curious to know who would win. To my



(above) Monica Ventura in front of her Third Place Award Winning poster at The GW Research Day

surprise, my project won third place! I was really excited about this prize, and this experience inspired me to pursue more research opportunities in the future.

Spirit Animals and Art Therapy

by **Melinda Griffith**, 2nd year

Spirit animals are self-symbols that hold meaning, wisdom, and power for the individual that identifies with it. It is safe to say that the class of 2014 found spirit animals an important aspect of their journey through the GW Art Therapy Program. During one of our first dinners as a group we identified spirit animals for each of us; some chose their own and some were assigned. These animal spirits informed the group of how each of us saw ourselves and revealed how the group perceived each of us individually.

We decided to share our affinity for spirit animals with the incoming class, also known as "first-years." Each year the George Washington Art Therapy Student Association second-years hold a party for the first-years, and we decided this was the perfect occasion to introduce the spirit animal concept. The invitation was disseminated with explicit instructions to attend dressed



(from left) 2nd-years Natalie Thomas (owl), Melinda Griffith (fox), and Valerie Pusateri (bunny) at the First-Year/Second-Year Spirit Animal Party 2013.

Which spirit animal are you?



Panda

The panda symbolizes great strength, peace, and the importance of personal boundaries.



Turtle

The turtle symbolizes determination, persistence, and the ability to stay grounded.



Fox

The fox symbolizes increased awareness, cunning, and decision making skills.



Owl

The owl symbolizes intuition, change, and wisdom.



as your spirit animal. First-years and second-years were able to learn more about one another through the bearing of their self-symbols, roasting s'mores and gathering together around a campfire.

In Honor of Edith Kramer

by **Deni Brancheau**, Assistant Professor

It is with both sadness and joy that we honor the passing of one of Art Therapy's founders, Edith Kramer, ATR-BC. Edith passed away on February 21st, 2014, at the age of 98 in her beloved Austria. Edith was an Adjunct Associate Professor in the GW Art Therapy Program since 1972. In 1969, she was an officer of the newly formed American Art Therapy Association. Edith shared her passion for art and therapy with hundreds of students over the years both at GW and around the country. She had a deep belief in the power of art, not only for the patient but for the art therapist. Edith believed that it was necessary for anyone calling themselves an art therapist to regularly engage in their own artmaking and often asked students how much time each week they devoted to their own creative endeavors. If your answer was "not often", she would firmly remind you that this was both a necessary and critical element to the work we do. Over the years, Edith was a formidable presence at the Annual Art Therapy conferences and nev-



er hesitated to share her opinion on the current trends or new directions art therapy was taking. All of us that had a chance to know her, be taught by her, or listen to her speak at a conference, will not forget her wonderful presence and commitment to our field. Edith was truly a unique woman whose contribution to the body of knowledge that informs art therapy will long be remembered. As we mourn her passing, it is indeed a privilege to also share in the joy and passion of Edith's life as an art therapist, teacher and artist.

Edith was an Honorary Life Member of the American Art Therapy Association, a pioneer in the field of art therapy, a painter and a sculptor. She received an honorary doctorate from Norwich University and authored several books including *Art Therapy in a Children's Community*, *Art as Therapy with Children*, and *Childhood and Art Therapy*. Edith, we will miss you!

Process Painting: It's About the Creating, Not the Creation

by **Hannah Phillips**, 2nd year

Why do we, as artists, often set so many boundaries and rules for ourselves when creating art? Should our inner excitement be squelched in order to maintain order and attractiveness within the resulting piece? Many artists may answer "yes" to this question. As an emerging art therapist, I am learning to answer "no."

Process painting is an activity that focuses on the process of the painting, instead of on the visual outcome. As art therapy students, we so often stress to our clients that the relevance of the therapy and the healing occurs in the *process*, not the *product*, as Edith Kramer emphasized. It is through the act of drawing, painting, sculpting, building, and creating that discoveries are made and self-exploration ensues. Questions bring about new realizations regarding why we think, feel, and behave as we do; the mere experience of creating art may cultivate further mindfulness.

Remaining in the moment and being curious about what comes in each moment, often fosters even more joy and creativity, giving us a reason for living, a reason for being. By pushing aside judgments about the results of our artwork and taking away the rigid plans of what "should be," we become more intuitive, genuine and natural.

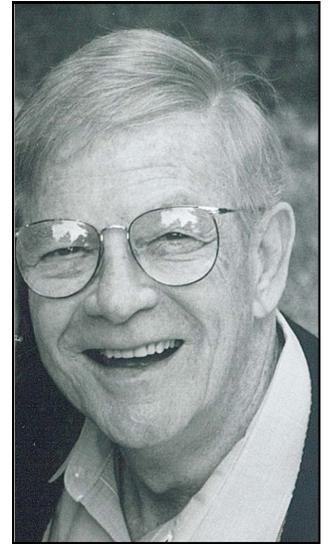
As both an artist and future art therapist, I want to always ask questions. Building curiosity from my judgments and fears, I want to learn more about myself and unearth what may be hiding just below the surface. I want to use artmaking as a way to remain in touch with my true self, with my inner child, with my wise sage. Colors and textures and tools excite me. That excitement fuels my inspiration for living as a human being and for becoming an art therapist. As I spread the word about the healing ability of art, I want to remain focused on the process. After all, a picture is only a snapshot of the greater, powerful experience of life in this world. The undertakings of living, doing and interacting result in the formation of our thoughts, feelings and memories. Such spontaneous adventures allow us to discover our distinct concepts of self and our inner brilliance as creative individuals, engaging and inquiring day after day. I encourage each of you to ask yourself about your fears and judgments—Why do they exist? Do they really matter? What if no one knew or cared? What if you accept yourself just as you are? What if?



Remembering Lou Tinnin

by Tally Tripp, Assistant Professor

It is with great sadness that we mark the passing of Dr. Louis Watson Tinnin on February 21 of this year. A brilliant psychiatrist with a lust for life and a great passion and respect for art therapy, Lou was an early leader in the field of traumatology. Along with his wife, art therapist Linda Gantt, Lou gave many lectures to our GW Art Therapy Program on issues related to psychological trauma. Mental health professionals in West Virginia and beyond have referred to Linda and Lou as “Ma and Pa Trauma” for their substantial work in treating countless patients with PTSD and for the training they have provided numerous students and professionals alike. Their unique contribution to the trauma field includes an art therapy tool they developed called the “graphic narrative” which is a method of expressing the trauma story through pictures in a way that does not involve re-living it. This is the first specifically art based tool developed for processing trauma, and undoubtedly puts art therapy on the map of effective trauma treatment. This unique tool will continue to be developed through our program’s Art Therapy Clinic research as we explore art approaches to processing trauma in several studies utilizing the graphic narrative.



Lou’s intellect, his quick smile, the curiosity and interest that he expressed in his students and clients was ever present. I was fortunate to have been one of Lou and Linda’s resident trauma certificate students and spent a week at the Intensive Trauma Therapy Institute with one of my clients from my DC practice. At that time, Lou was 80 years old, but we worked tirelessly together to help this client resolve pre-verbal traumatic memories. I can say with certainty that the experience in West Virginia was life changing for both my client and me!

Last month when I returned to West Virginia for Lou’s memorial service, I was touched to see many familiar faces: the staff and clinicians from ITT, many art therapists from around the country, renowned psychiatrists in the field of trauma and dissociation, former clients from the clinic, and various friends and neighbors who were there to celebrate his life. Linda had arranged an assortment of Lou’s ubiquitous bow ties so, as people arrived for the celebration service, they were invited to choose a bow tie and wear it in his honor. A large photograph of Lou greeted us when we arrived- this was a poster sized photo of a dapper young psychiatrist, decked out in a tuxedo, riding a windsurfer and toasting Linda with a cigar and glass of wine in one hand—the sail in the other (apparently never spilling a drop!) There was lots of singing at his service (“Take me Home Country Roads” had just been made West Virginia’s official state song) and beautiful remembrances spoken by family, colleagues and close friends.

Linda said it best, in her closing remarks, she referred to a familiar ballad by Jim Croce, *Time in a Bottle* reminding us “that there never seems to be enough time...” So, she told us: “live and love like Lou did—love life and love all your friends and family! Live well and live passionately and leave your own mark on the hearts of others!”

There has been a scholarship fund set up for the Intensive Trauma Therapy training program. Donations for the Louis W. Tinnin Memorial Trauma Training Fund should be sent to Natalie Sal, c/o Sal Sellaro Thorn Culpepper Legal Group, PLLC, 430 Spruce St., Morgantown, WV 26505.

DRAWN from the Circle

Statement of Purpose:

Our goal is to provide a channel for communication among students, faculty, and alumni as well as to introduce prospective students and the art therapy community to George Washington University’s Graduate Art Therapy Program.

DRAWN from the Circle will provide articles, commentary, notices, poetry, humor, and anything pertinent to art therapy. If you wish to respond to anything presented in this issue, please send materials to:

DRAWN from the Circle

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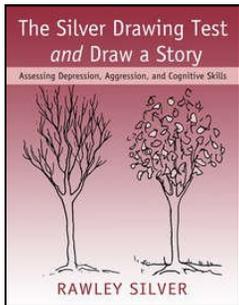
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Picture This: GW Art Therapy Gallery Over the Summer

Rawley Silver, art therapist and author of the *Silver Drawing Test* and *Draw a Story* Assessments, exhibited her artwork this summer at the GW Art Therapy Gallery. Portraits with poetry and nature works were on view from **May 30-August 22, 2014**. For more information about Rawley, see her entry in Wikipedia, or her website: <http://www.rawleysilver.com/>

Also on exhibit was Dr. Gioia Chilton's doctoral research project, *An Arts-Based Study of the Dynamics of Expressing Positive Emotions within the Intersubjective Art Making Process*.



(paintings top right and below) Emma Lazarus and Gabriella Mistral, watercolors by Rawley Silver
(left and middle) *The Silver Drawing Test* and Donna Betts, GW Assessment Procedures course faculty, with Rawley Silver's family viewing the exhibit.

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