
Feature

The Power of Art: An Interview with David Read Johnson



David Read Johnson

Contributed
by Ann Bracken

[Ed. Note: A Praise of Muses is a group of esteemed writers who have accepted NAPT's invitation to serve as a sort of creative advisory board to the organization. A Praise of Muses was the idea of former NAPT President Kay Adams who gave the seedling to former

NAPT President Peggy Heller. Since April 2003, former Vice President Jerri Chaplin has chaired the Praise of Muses committee and is helped by Ann Bracken and Capers Limehouse.

Over a dozen poets, writers and clinicians comprise A Praise of Muses. These include people who have served as NAPT Conference keynote poets such as Edward Hirsch, Rafael Campo and Jane Hirshfield. Others include Grace Paley and Shaun McNiff, Jack Coulehan and Patricia Hampl. The group helps NAPT in its mission; for example, Praise of Muses members will publicize our 2004 conference among their colleagues, students and others.

The Museletter will feature interviews with Praise of Muses members so readers will be able to become acquainted with the wonderful writers and healers who are giving so generously of their time and talent. Look for them, too, on our website and for their special section at the Costa Mesa conference Book Sales area.]

David Read Johnson is an internationally recognized practitioner in the fields of psychology, creative arts therapy and trauma-recovery work. He is a Professor in the Psychiatry Dept at Yale and former head of the Drama Therapy Association. His work as the editor of The Arts in Psychotherapy, as well as his prolific writing and frequent contributions to that publication, have resulted in a comprehensive body of work. His writing provides an overview of

the important currents and developments in the fields of trauma, drama therapy and the role of poetry and writing in helping patients/clients heal and derive coherence and meaning from their lives. I recently spoke with David regarding his views on the direction of the creative arts therapies (CATs), our current treatment models, trauma work and the role of CATs in work with learning-disabled children.

AB: In light of all that is happening in the mental healthcare field, what insights do you have regarding the role of CATs today?

DRJ: That's a good question. So many things have happened in the last few years in the treatment of mental health. Currently, the role of psychotherapy is diminishing. The CATs developed very much with the model of psychotherapy, which is somewhat at odds with the current emphasis on body-oriented approaches. There has been a tremendous increase in body-oriented approaches—touch therapy, massage, somatic-psychotherapy—and while we in the CATs have articulated the role of the body in mental illness for a very long time, we currently find ourselves somewhat outdated due to current trends in treatment. In the early days of our profession, we were striving for acceptance by the more established treatment disciplines; consequently, many in our profession sought certification as LCSWs or clinical psychologists. This resulted in a dilution of our emphasis on our primary role as CATs.

New York State has recently developed licensure specifically for certification as a Creative Arts Therapist which helps more firmly establish the legitimacy of our field and fulfill one of our early goals. As a field, we spent much energy and many years striving for third-party reimbursement. The reality is now we are eligible for such reimbursement, but there is a diminished horizon for our services due to the total healthcare picture. Another disappointment is that third party reimbursement is now very minimal. Many people that are CATs and seriously interested in a private practice have another degree. What we are doing is no longer new and doesn't carry as much excitement.

AB: What therapies are currently causing more of a buzz?

DRJ: There is a lot of emphasis and research on Cognitive-Behavioral therapies, EDMR (eye movement desensitization and reprocessing) and somatic psychotherapy. In many ways, our field was supported

by the psychoanalytic perspective, which maintained a belief that the arts reveal a depth of soul and meaning. Our culture has moved instead in a direction that embraces a play of surfaces, rather than a focus on the depths, and rapid, witty discourse with less of an interest in plumbing the depths. While I still believe very much in what we stand for and the role of the arts in mental healthcare, our approach of plumbing the depths is not quite old hat, but is approaching that.

AB: The popular press talks about advances in the treatment of PTSD (post-traumatic stress disorder), but mainly along the lines of what Jonathan Shay (author of *Achilles in Vietnam*) recommended: rotating troops as a unit, rather than as individuals which is what was done in Vietnam. How do you see the treatment of PTSD today, especially in light of our current situation in Iraq?

DRJ: There is no question that the veterans of the 1991 Gulf War and the current Iraq conflict are benefiting from the work done on behalf of the Vietnam veterans. The VA (Veterans Affairs) and the DOD (Department of Defense) have done extensive work to apprise doctors and soldiers about trauma, and how to identify PTSD. The DOD offers counseling in all its hospitals—Walter Reed for one—and there is a heightened awareness of PTSD problems throughout the military.

AB: Has the VA/DOD taken any specific steps to support soldiers returning from the war?

DRJ: Every VA hospital is tooling up for the returning troops and offering services to returning Guard units. Due to all the work that was done on behalf of the Vietnam veterans, returning soldiers won't have to wait 10 years for treatment. One of the features of this war that distinguishes it from the Vietnam conflict is an identifiable "bad guy," Saddam Hussein, which in turn helps our soldiers feel that they are fighting for something tangible and worthwhile, that there is a justification for them being there [Iraq]. This could change if

the course of the war does not go well, but that is how things currently stand.


AB: Many people in NAPT work with school-age children. Do you see a role for the CATs with students who have ADHD (Attention Deficit Hyperactivity Disorder) or ADD (Attention Deficit Disorder)?

DRJ: As a profession, mental health workers have failed in addressing the issues of ADHD and ADD. The whole thing with those diagnoses is there probably *is* such a thing as "true ADHD and ADD," but a large proportion of the problem really lies with kids who have been traumatized, abused and/or neglected, issues related to a child's home life. Now the diagnosis is shifting towards one of bipolar disorder and being treated with Paxil, Zoloft and Depakote. This emphasis on treatment with medications takes the focus away from looking at any trauma issues, neglect problems or abuse issues—which would most likely be related to the family—

and emphasizes what "could be wrong" with a kid's brain. It is almost malpractice not to do a trauma assessment before diagnosing a child with ADD/ADHD, and the literature on this is well supported. But very few people are skilled in trauma assessment and so it is easier to focus on something wrong with a child's brain than to look in depth at possible trauma in the home environment.

AB: I work in education and this seems to be a fairly recent trend, the diagnosis of bipolar disorder. Do you see a role for the CATs in working with this population?

DRJ: The visual arts' therapies are standards in both assessment and treatment of children with ADD/ADHD. The arts open vistas where the children cannot communicate verbally. Through my work in drama and play therapy, we can address critical elements that are missing in the home. An underlying theme in my work is the idea of "restraint from harm"—play therapy has moral ramifications. By that I mean if



"Our culture has moved...in a direction that embraces a play of surfaces, rather than a focus on the depths, and rapid, witty discourse with less of an interest in plumbing the depths."

—David Read Johnson

a child punches me and really hurts me, there are behavioral consequences. But if there is a mutual agreement that we won't hurt each other and a child can just "pretend" to be bad, that opens up many possibilities.

AB: Say some more about that.

DRJ: In the early stages of treatment, if a child is allowed to "pretend" to be bad, it is far more effective for him to have a *play* machine gun and shoot me or shoot the room up or to have a *pretend* ax and hack up furniture and people. This kind of play allows a freer reign to troubled dynamics in an atmosphere of mutual-ity, safety, and can produce a healthy form of mourning for losses sustained at home. The improvised rough-housing can be helpful to children. We are mammals—look at bears and their cubs—the parent bears could easily kill the cubs, but instead they allow the cubs to climb all over them, they swat and bat at the cubs in a

playful manner. Likewise for children, this kind of play can be a healthy exploration of aggression. Of course, you usually need some longer-term therapy to achieve these goals.

This form of therapy is what I call an "embodied encounter in a play space." It is so different from much of the modern world which is filled with virtual encounters, vast amounts of information coming from a "virtual" other as opposed to real-life encounters. Today's children are not as oriented to art, and art on the computer is really a different world. It will be interesting to see how it plays itself out.

AB: Any closing remarks for us, for our work?

DRJ: What I felt to be true in the beginning of my career is still true now—my basic belief in what we've discovered about the power of art remains strong, that what we are actually doing is important and meaningful. ■

Responses

Ed. Note: This new section functions much like a "Letters to the Editor" section, wherein readers can respond directly to articles they have read in The Museletter. Please email your thoughts to renvanmeenen@yahoo.com with "Museletter: Responses" in the subject line. The Editor retains the right to edit for length and clarity and we will not be able to respond individually to submissions or to necessarily print all that are received.

Posters and Poetry

As a Poetry Therapist in training and an oncology nurse I want to express my appreciation to Caryn Mirriam-Goldberg for her excellent article and extensive bibliography in the last *Museletter*. I run a weekly poetry and posters group at a chemotherapy outpatient facility in Danbury, CT where I work. An artist, a survivor of cancer, co-facilitates the group with me. Our members consist of cancer survivors and also those receiving treatment. Through writing from prompts I offer, and water-color painting that my co-facilitator leads, members are gaining more ways to express deep feelings about their journeys with cancer.

After one group workshop where we used an e.e. Cummings' poem to stimulate ideas, the theme of breathing arose as important to explore for many in the

group. Members wrote various poems about their difficulties with breathing and what the breath meant to them. The following poem is one that a woman wrote for her best friend:

*I breathe a thought
I wish to see my dear
fun friend.
I'm highwaying home
no time to stop
in wishing I have her in
my mind, warm and present, giving each
other heartfelt hugs.
Living this moment
together. To wish,
to have, to give,
to live.*

—N.T. 12/03 Used by permission

The author made two laminated bookmarks with her words written on them for herself and her best friend.

—Laurie Arnold, RN, CPT-in-training
Danbury, CT ■