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GUEST EDITORIAL: Memories of Helen Landgarten and About Art Therapy Research

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GUEST EDITORIAL

Memories of Helen Landgarten and About Art Therapy Research

Helen Landgarten, founder of the Immaculate Heart College and Loyola Marymount art therapy program and the creator of Clinical Art Therapy, died in late February a few days before her 90th birthday which she was very much looking forward to. I think she believed she would live to be at least 110.

Helen and I were colleagues and loving friends for almost 40 years. I first met her in 1972 at Cedars-Sinai Hospital in the Child and Family Department (later, Thaliens Community Mental Health Center) where I was doing my social work internship. I always said Helen saved the world from me because, with other staff, she watched me work—using art horribly—with a child psychotherapy group through the two-way mirror and soon after offered me an apprenticeship with her where I would first learn “real” art therapy. I had been a painter since childhood, but had not heard the words “art therapy” until Helen spoke them to me. Working in isolation, Helen thought she invented art therapy. She trained me, asked me to teach in her IHC program, hired me as a staff member at Thaliens and when IHC closed and the program moved to LMU, made me a full-time tenure track faculty member. At LMU we worked closely together for about seven years, until 1987 when she retired and I took over. It was Helen who got me into art therapy, made me stay and gave me my much-loved career.

Helen was not always easy to work with. Thankfully, she enjoyed being argued with and liked my challenging approach. But she usually thought she was right, which was quite frustrating to me at times. Many years later, I discovered an alternative realities model that seemed to fit her: Helen was a pure *Mythic* which in some ways accounted for her visionary creation of clinical art therapy and her commitment to furthering the art therapy profession. Mythics believe they invented the world and everybody in it. To differ with a strong Mythic is usually an impossibility. Since it is *their* world—to hold two disparate opinions can’t happen. They consider themselves always right. I recommend Helen’s memoir in *Architects of Art Therapy, Memoirs and Life Stories* (Junge & Wadson, 2006). Her father told her there were flags and parades the day she was born. She not only believed it, she never got over it. Following are Some Things That Helen Taught Me:

1. *The first and most essential priority is your mission to further the profession of art therapy.* The best way to do that is to train superior art therapy clinicians who will get clinic jobs and show to the world how great art therapy is. Helen hated rotten art therapists or those who didn’t uphold art therapy in the way she thought it should be.

2. *Always rely on your integrity.* And stand up for what you believe in.

3. *Use humor.* One day we had a big fight over something. The next morning I came into LMU and saw Helen in the hallway. She said “How long do you think you’re going to be mad at me?” I answered “Two weeks!” But, of course her humor had completely disarmed me and I wasn’t angry anymore.

4. *Take care of the people around you, but require a lot of them and of yourself.*

5. *Never forget that art psychotherapy should be for the poor and disadvantaged.* Many years ago the Symbionese Liberation Army (SLA; they had kidnapped Patty Hearst) came to Los Angeles where they held up in a group of houses in south Los Angeles. The LAPD burned the houses to the ground and, with them, most of the people inside. It was Helen who gathered together a group of Thaliens clinicians to go into the public schools of south L.A. to work with the children who had witnessed this traumatic event.

6. *Write what you believe.*

If Helen loved you, you never could do wrong. To her way of thinking, you could not even be mediocre or have a bad day. If she loved you, you were perfect. If Helen loved you, she loved your children and your dogs too. She believed that your children were the most talented and accomplished in the world.

I last saw Helen in November of 2010 when I came to LMU for an event for my latest book. My ride dropped me off at her house which looked very much the same to me—full of light and her wonderful art. Then she drove us to lunch and later to Palisades Park near the Pacific Ocean, where we sat on a bench and talked and gossiped and laughed. Most recently she sent me a book called *It’s Not Menopause...I’m just like this. Maxine’s Guide to Aging Disgracefully*. It said “A book about aging doesn’t work unless it’s written by someone who’s been there and forgotten most of that.” And: “A good aging book will make you laugh until you cough something up...and if it doesn’t sound a little mean, you probably aren’t getting it.” In her always recognizable handwriting, it was signed “With love, Helen.”

When her beloved husband, Nate, was very ill, Helen found the energy and time to write a Foreword for my book, *Mourning, Memory and Life Itself, Essays By an Art Therapist*. Along with some lovely accolades she wrote:

As I read this book I found myself having an inner dialogue with Junge. At times I was in agreement; at other times I argued with some of her statements. This type of involvement with an author’s thinking process is a major asset for readers (Junge, 2008, p. vii).

With great pleasure and with great love, the argument continues.

The first edition of this new journal, *Clinical Art Therapy*, from the Loyola Marymount University art therapy program contains three articles. One is on the important topic of domestic violence in Mexico—Naomi Tucker and Ana Laura Trevino’s “Adapating Domestic Violence Groups in Mexico Using Art Therapy.” The next two papers are attuned to language issues. They are Erica K. Curtis’s “Understanding Client Imagery in Art Therapy” and “Signs and Symbols: Art and Language in Art Therapy” by Malissa Morrell.

This journal has been launched in record time and under pressure for participants, including reviewers, editors and authors. (I’m not sure whether this fact should be saluted or decried.) All authors except one are alumnae of the Marital and Family (specialization in art therapy) program and two papers began as Masters-level thesis work. (I have been told they are considerably changed.) I would guess that these alumnae authors are relatively recent graduates—certainly since I retired from LMU almost 10 years ago.

To say the least, the history and nature of research in the young profession of art therapy has been problematic (cf. Junge, 2010, “The Research Conundrum” in *The Modern History of Art Therapy in the United States*). Masters-level art therapy education programs since their inception focused on training excellent clinicians. (Helen Landgarten was one who was convinced that to train clinicians superbly was the best method to establish art therapy as a legitimate psychotherapeutic profession.) Clinicians often don’t think of themselves as researchers, particularly those clinicians fascinated with their own and others’ art. I believe, this is a misunderstanding of the nature of research and the nature of art, but it tends to be the common wisdom these days and it is tough to crack the convention that creativity may be inherently unresearchable.

Many years ago, the research requirement was abandoned in most university Master’s programs of all mental health stripes. Clinical training was thought to be the priority for Masters programs with research relegated to the Ph.D. domain. That most art therapists have little attraction for (are fearful of?) the white coats of science is well known. But more than 15 years ago, at Debra Linesch’s urging, she and I published a paper called “Our Own Voices: New Paradigms for Art Therapy Research (Junge & Linesch, 1993). Giving examples, we argued that art therapists were perfectly capable of doing research from their own proclivities, using both quantitative and qualitative work from a variety of philosophical viewpoints. Frances Kaplan (1998, 2000) has long been a proponent of the idea that objectivity and subjectivity co-exist in science and in art, and in quantitative and qualitative research. Kaplan asserts that rather than two conflicting approaches, it is the *viewpoint* of the researcher that brings them together and is what’s important. Nevertheless, Sara Deaver (2006) states “... most art therapists are reluctant to engage in research” (p.26).

Unlike many art therapy programs, the one at Loyola Marymount has always had a commitment to research—partly because its faculty has included trained and knowledgeable researchers. There has been plenty of outstanding research produced over the years. Some that were standouts for me are: A quantitative study of attitudes of California mental health professions toward art therapy. Using statistical methods, the author/researcher found that mental health professionals who came more directly in contact with art therapy were more positive toward it. In “The Resistance of the Art Therapist to Art Therapy,” using a survey method, the author convincingly determined that when art therapy was not done in a session, it was often not the problem of the client, but a question of the art therapist’s confidence to push forward with the art therapy process. In “The Art Therapist as Social Activist” three students reported on groups with political refugees and torture victims from South America. In “Art in Boxes: An Exploration of Meanings” a student created a sculpture of her son, dead from AIDS and used phenomenological methods to interpret the artwork. She also correlated the process to developmental phases. Some of these research projects were later published as journal articles. Most, unfortunately, were not.

Currently in art therapy there is the strong drive for careful, usually quantitative, *outcome* research driven by the notion that in a behaviorist, evidence-based culture outcome research can “prove” art therapy’s legitimacy. Perhaps—nobody can read the tea leaves. But in my opinion, this idea is a misunderstanding of what is essentially a political process. Ironic isn’t it that we are in an era when browsing the internet or googling a question is widely described as “research.”

Maxine Borowsky Junge, *Guest Editor*

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