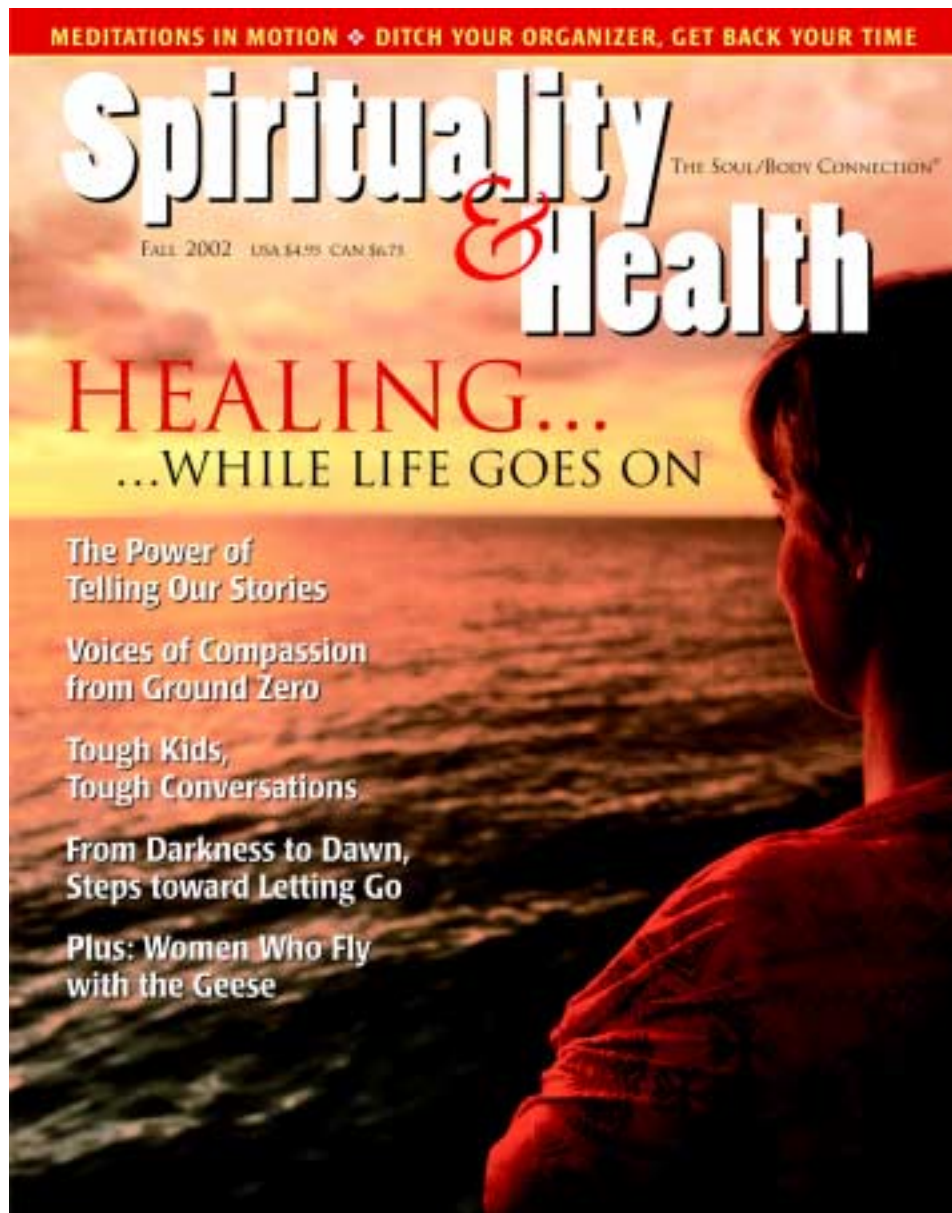


FROM BROKEN LIVES, AMAZING ART

JOIN US IN VISITING AN EXTRAORDINARY ART STUDIO



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FROM BROKEN LIVES, AMAZING ART

JOIN US IN VISITING
AN EXTRAORDINARY ART STUDIO

Article by Ronnie Shushan

Art commentary by Bill Richards

All the art in our Gallery this issue was created at an extraordinary studio. It's in a 3,600-square-foot, two-and-a-half story atrium, flooded with natural light from the glass roof, and stocked with all the art supplies you could want. The

walls, easels, and floors — even the support beams — are filled with paintings and drawings that grab you with their power, and astonish you with the sheer variety of distinctive styles.

But what is truly remarkable here are the artists. They have all experienced severe brain or spinal cord injury, or both. As a result of a stroke, an accident, or a degenerative disease, they find themselves at the Northeast Center for Special Care (NCSC) in Lake Katrine, New York. Prior to their injuries, most of them had never painted.



My Father by Patricia D'Arton (far left), and *A Tale of Two Cities* by Gregory Dedyo, were created in the Art Studio at the Northeast Center for Special Care (below). The paintings reproduced in *S&H* are all acrylic on canvas, and range in size from 20 x 16 to 60 x 48 inches.



The center, in a smartly rehabbed former IBM building, is designed as a village. On the first of two floors is a wide corridor called Main Street, displaying the best art produced in the studio. The patients live in units designated as neighborhoods and are called neighbors. There's a feeling of genuine community, unexpected at a health care facility, and that community thrives in the art studio. Here people find an opportunity to transform the extremely difficult hand life has dealt them.

A Day in the Studio

On any given day, some 20–30 of the center's 280 residents will come to the studio. If you happened to visit last spring, you would have found Charles Jenulevich at work on a series of flower paintings, arranging bouquets on canvas in ordinary kitchen containers that never looked so beautiful — Stonyfield Yogurt, Dutch Clover Honey, Chock Full o' Nuts. From time to time, Charles will hoist himself out of his wheelchair, put a device holding a marker in his paralyzed right hand, and, steadying himself against a table, sway from side to side to force the marker to contact the paper. He isn't trying to draw — sometimes he doesn't even take the cap off the marker — he's trying to rewire his brain to use his right hand in what is called constraint-induced therapy. He does this for as long as five hours a day, and then paints for another three hours. Before a stroke left him partially paralyzed and with a speech deficit, Charles was a builder who wrote poetry and made short films. Now he's an accomplished painter, soon to be discharged from the center. (His very first painting is shown at right.)

At some point in the day, Patricia D'Arton would also come to the studio. Until recently, Patty was one of the most prolific artists at the center, telling the story of her life on canvas. (A portrait of her father is shown on page 14.) She's going through an uncomfortable period right now, and mostly does fast crayon drawings on paper. And she wants to talk, wants to know the story of your life, too. Are you married? Do you have children?

Some mornings, an aide wheels in Roseann, who is waking from a coma. With one eye open, one eye closed, and her mouth sweetly smiling, Roseann's state is difficult for a visitor to comprehend. But each time



she comes to the studio, her drawing paper is retrieved from a folder of works in progress, taped to a piece of cardboard, and placed in her lap. Each day a different color marker is placed in her right hand — the colors help the staff monitor Roseann's range of motion from one day to the next.

The Mentor

The person who makes this possible is Bill Richards, who created the art studio at NCSC after eleven years directing a similar program for young people at the Harlem Hospital Center in New York. Richards has paintings of his own in the permanent collections of the Guggenheim, Philadelphia, and other museums, yet he has devoted a good part of his career to mentoring others. He's motivated by the conviction that most people

Charles Jenulevich, *After the Fall*

No artist has expressed the reality of disability as uniquely and persuasively as Charles Jenulevich. This, his first painting after a stroke, expresses his new, divided relationship to the world. Colorful abstraction represents the animated reality. The right side of the figure, corresponding to his paralysis, is painted flatly. Reinforcing the metaphor of division in both his body and the space he inhabits, he paints a dove and a snake with missing pieces and half a black panther seen behind a tree. The themes of division and reconciliation, loss and reconstruction, acceptance and hope, capture the powerful evolution of Charles's art and life.

— Bill Richards





Curtis Jenkins, *Abstraction*

Curtis, who came to NCSC with spina bifida, hydrocephalus, and paraplegia, distinguished himself on his first day in the studio. He did a watercolor that “made the wall” (the best achievements on paper are routinely hung on the art studio walls). His abstractions reveal a keen sensitivity to color and spatial relationships. Until his death in November, 2001, he was a fixture in the art studio, prolifically producing lyrical abstractions while entertaining with his good nature and boisterous laughter. One of the 60-foot beams across the art studio holds several dozen cardboard boxes that Curtis painted. —B.R.

have both the desire and ability for creative expression, but grow into the mistaken belief that art requires some mysterious gift bestowed at birth as well as specific training. Given the right conditions, Richards has seen that “a stunningly accomplished painting can happen immediately, quickly, like a blast from out of the sky.”

He first observed this as a graduate student teaching art at Indiana University. One young woman simply would not par-

ticipate until one day he took the class outside. She’d grown up on a farm, and she drew a cow, the first drawing she’d ever done and by far the best in the class. It convinced Richards that everyone has the potential for creativity, and he’s been advocating that ever since.

Richards has seen, over and over, that a traumatic brain injury (TBI) or debilitating illness can create conditions that allow for creative breakthroughs. “The immediate transition of going

from a healthful life to severe disability is unimaginable,” he says. Your world has shrunk. Your relationships, your livelihood, your choices, all are instantly and radically changed. Creativity, he believes, can emerge as immediately, and be equally transforming. It becomes, ironically, the flip side of tragedy.

Richards’s mission is to nurture this transformation. He has equipped the studio at NCSC with the best art supplies, as well as custom-made easels to accommodate wheelchairs, and an array of improvised brush holders for quadriplegics who must paint without the use of their hands. Richards and his assistant, Stephanie Woodring, are at the studio four days a week, with help from volunteers and from student interns taking a college course, based on Richards’s work, called “Art of Necessity.”

“Necessity is a powerful ally,” Richards believes, “since it assists in circumventing the usual process of ‘learning’ how to paint — it takes you, pretty much, to direct expression.”

Art as Process

The art studio is not a classroom, and Richards does not teach art there. When neighbors begin coming to the studio, they sit at a table with some paper and a basket of crayons, pencils, and markers, and do whatever comes to them. What they work on doesn’t matter, as long as they enter into the process. Once they experience the possibility of making art, Richards finds that they tend to come back again and again for the sense of wholeness that a completed work provides.

The emphasis on simply staying involved with the process of making art is different

from art therapy, with its typically time-limited sessions structured around projects determined by the therapist. In art as process, Richards explains, the direction is determined by the artist, and the activity — making art — becomes self-perpetuating. Many at NCSC enter the process as a way to express their loss and reconcile that with their present situation. But once the art connection is made, they generally go on to other subjects. And art as process has no set time frame. When he started the program in Harlem, where the average hospital stay was four days, Richards insisted on an outpatient program as necessary both to artistic development and rehabilitation.

A Path to Wholeness

NCSC is still a new endeavor, having admitted their first patients in 1999. So far, they can’t measure the effectiveness of making art — in terms of health outcomes — with the kind of data that drives health-care dollars. (Art per se is not covered as a therapeutic intervention by private or government insurance programs.) But the approach is intriguing enough that Richards was invited to mount an exhibit at the Williamsburg Brain Injury Conference last June. And having observed the progress of patients, he believes that the creative process can trigger physical healing: “The body tries to imitate what the mind creates — wholeness.”

Consider what it takes to paint a canvas 16 x 20 inches or larger. Then consider the difficulty of physical limitations, cognitive impairment, and the sense of futility that accompanies the circumstances of this population. Simply showing up

in the studio requires overcoming enormous resistance. Richards cajoles and even badgers people to come, and once there, to stay longer, to do more drawings. He says that for many people, "I can't" quickly turns into "I'm finished."

When Dennis Lamarita started coming to the studio, he would do three or four watercolors in about five minutes. Over time, he learned to work for an hour or more, focusing on one or two pieces. Making art has increased his ability to concentrate.

For others, Richards finds that art can transform impulsive behavior and aggression into bold visual expression. One young man with TBI, when asked what art meant to him, responded, "It puts me in my own mind."

Making art is also a process of choosing — first subject matter, materials, and colors, then the more nuanced choices of placement, spatial relationships, and so on. "All these things directly relate to the triggers for brain rehabilitation," Richards explains, "focus, making choices, independence, sustaining interest, motivation."

Richards's experience as an artist is key to his role at the studio. He has enormous enthusiasm for the pure artistic accomplishment he sees there, and can recognize artistic breakthroughs when they happen. He can also handle just about any problem

that comes up — the mechanics of mixing colors, the process of figurative drawing, the problems of composition. Equally important is his restraint, and for the most part he leaves the developing artists to find their own solutions. Because it is only decision by decision that the process of making art can lead to the ultimate goal: enabling the patient to return to the larger community.

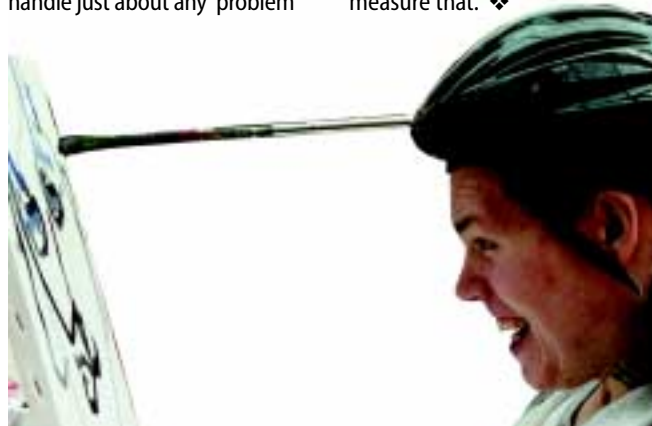
Even when rehabilitation isn't possible, Richards has seen art give meaning and a sense of accomplishment to people's lives. And he has seen it transform dying as well. That was the case with Elizabeth Smith, a social worker and psychotherapist who came to NCSC with significant speech and movement deficits resulting from surgeries for brain tumors. During the seven months she worked in the studio, she developed a style of abstract floral paintings, with a lovely sense of color and space. When she was dying, Richards went to bid her farewell: "When I entered her room where family members were grieving, she indicated she wanted to finish her painting! We produced her canvas and materials and for the next thirty-five minutes she was once again connected to a vision of wholeness, totally transforming the darkened ambience of gloom to a tearful celebration."

Science will never be able to measure that. ❖



James Caffrey, *Untitled* James Caffrey sustained brain injury when he was hit by a car. Conditions unrelated to the accident required the amputation of both legs below the knee. Frequently, loss of ambulation is accompanied in one's art with images of standing figures. In Jim's early paintings, the figures not only stand, they also climb ladders and poles! When he started wearing prosthetics, Jim began to paint seated figures, and his work changed from a shallow to a deeper space, from generalities to specifics, and from flat to modulated color. Trained as an airplane mechanic, Jim paints with the intelligence of an engineer and the imagination of a poet.

Scott Hagar at work Scott sustained brain injury and quadriplegia in a motorcycle accident. Soon after arriving at the center, he began painting with the aid of a head device. He communicates primarily by raising his eyebrows to express approval and lowering them to express disapproval. An aide asks Scott questions about which color he wants to use, then loads the brush and places it in the tube. The canvas is brought forward so that Scott's head rotations leave a trail of his movement. All Scott's paintings are a joyous celebration of his regained productivity. —B.R.



For more information on the Northeast Center for Special Care, and the art studio there, see www.northeastcenter.com

An exhibit from NCSC will be on view in Atlanta, December 31 – February 21, at the Arts For All Gallery, www.VSAartsGA.org; 404-221-1270.

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Vannga Ly, *Interior*

A Vietnamese student in New York, Vannga sustained brain damage in a fall. Unaware of the art of Matisse, she nevertheless captured some of his spirit in her work. Her paintings, like her personality, display worldliness, naiveté, and authenticity. Vannga was discharged from the NCSC to her home and we remained in touch for a year or so. She was doing well, but not painting. This is understandable since many people aren't able to initiate the process of making art without the support that the studio provides.

—B.R.



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Erich Miethner, *Deer Maze*

A musician who played piano and bagpipes and founded the Putnam Symphony Orchestra, Erich is a quadriplegic as a result of an accident. Holding a brush in his teeth, he makes swirling head motions to deposit strokes of carefully chosen colors onto canvases. Erich spends hours creating new worlds, contentedly realizing he can make graphic equivalents to his love of producing sound. With power chair, computer, and 24/7 help, Erich now lives independently, returning regularly to NCSC to paint. *Deer Maze*, he says, is about how to find your way to the center when the path isn't obvious.

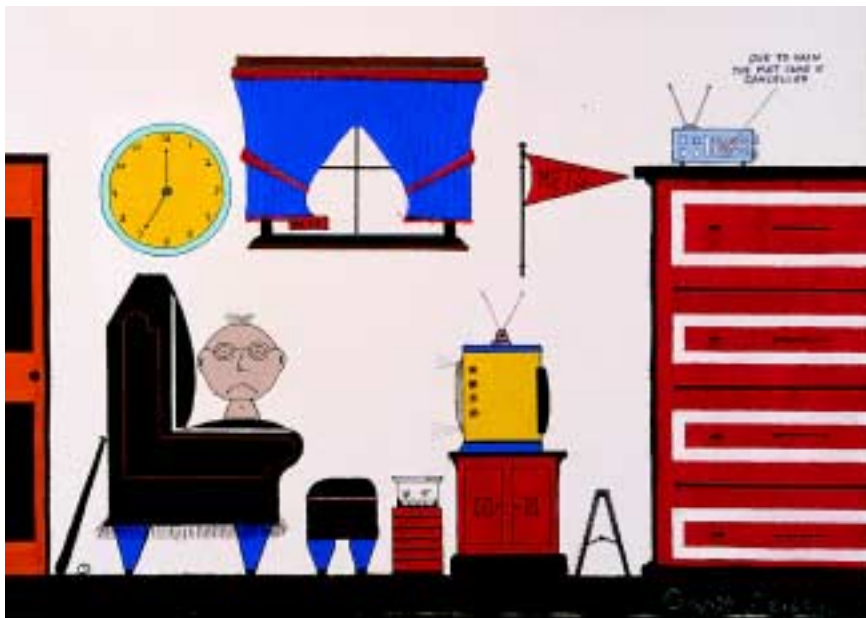
—B.R.

GALLERY
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Vincent Aniello, *Stacy*

Ambulatory, Vinny came to NCSC with TBI and a speech deficit. He tended to isolate himself, exhibiting impulsive behavior and frequent outbursts of anger and violence.

It is now three years later and Vinny is on the verge of being discharged. During this time, he has undergone a radical transformation: he is sociable with improved speech and his behavior is informed by reflectiveness rather than impulsiveness. He has also become a superb artist and a master of "one-liners." He once said, "What is art anyhow except not pounding on walls?" — B.R.



GALLERY
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Gary Geiger, *Mets Game*

When Gary came to NCSC, his life had been wrecked by complications of alcohol abuse. His marriage had dissolved, and he was unemployed. He showed no interest in art until I persuaded him to draw the Budweiser truck that he had driven for 15 years. He drew a very precise representation and that established his art connection. He began spending every afternoon in the studio. He and his wife reconciled, and upon his discharge, they converted a bedroom into an art studio. For 16 months, Gary regularly attended AA meetings, went to school, and continued painting. Unfortunately, after being hospitalized for a seizure, he returned to drinking. —B.R.

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Paul Malloy, *Untitled*

When he saw the art studio while visiting NCSC, Paul decided he wanted to transfer to the center. He subsequently adopted the studio as his battleground to combat cerebral palsy. He would paint at least 20 hours a week, developing an abstract style characterized by superbly handled transparent washes. Paul was discharged from NCSC and is now in an independent residence in the Hudson Valley. He continues to make frequent visits to the Center to paint. —B.R.



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Harrison Somers, *Christ*

Art made by individuals whose brain injury primarily affects one hemisphere is often characterized by crowding half the surface while ignoring the rest. Harrison, whose background was in theater and opera, tended to ignore the left side of his paintings, which corresponded to his paralysis. With my nagging, he grudgingly addressed the left sides. Good-naturedly nicknaming me "Floyd," he would occasionally bellow from the far end of the hall, "Hey, Floyd, what about those freakin' corners?" Medication eased his pain and made him drowsy; art was his medication for energy and rehabilitation. In his portrait of a soulful Christ, with excellent corners, Harrison powerfully expresses suffering, redemption, and hope.

—B.R.



GALLERY

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Lynn Deas, *Untitled*

Several years after being diagnosed with an autoimmune muscular disorder, Lynn was admitted to NCSC in a deep depression. Behind her was a glamorous life of international travel as a four-time world-bridge champion. Gradually she became immersed in painting, displaying a keen sense of experimentation. She would uninhibitedly mount assaults on canvas, always knowing she could figure out resolutions to the artistic conflicts she had conjured. She was discharged after two months at the center, and has returned to winning major tournaments on the bridge tour. —B.R.