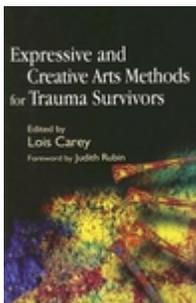


Arts Therapies and Trauma: An Emerging Field

A review of



Expressive and Creative Arts Methods for Trauma Survivors

by Lois Carey (Ed.)

Philadelphia: Jessica Kingsley, 2006. 224 pp. ISBN 978-1-84310-386-8.

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Reviewed by

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With the increasing probability of floods, wars, and human displacement, there will be a great need for health care professionals to help. The arts provide a new, human, and cost-effective way to bring relief and to ease some of the human suffering associated with trauma.

How can the arts help trauma survivors? The book *Expressive and Creative Arts Methods for Trauma Survivors* attempts to lay out a foundation of arts-related methods. Each chapter presents one approach that includes a case example and theory. Some examples of the range of topics are neuroscience and trauma treatment, art therapy with traumatized families, sandplay with a traumatized boy, and vocal psychotherapy for adults traumatized as children. Each of these chapters gives specific case example using vignettes, dialogue, and drawing to bring the method to life. The specificity and range are important to health care professionals new to the arts therapies. Not only is the idea of an entire book devoted to the topic of using expressive therapies to work with trauma new and helpful, but this book also

includes topics not usually covered in the expressive therapies, such as vocal psychotherapy. The contributing authors show clear expertise in their areas and include some names familiar as founding members of art and drama therapies.

The editor, Lois Carey, presents a compelling rationale for the use of the arts therapies to work with trauma. First, it is now clear that traumatized children have difficulty using words to describe their experience. Drawing, play, music, and other creative forms allow for an indirect expression that reduces anxiety, and they also help to establish a therapeutic relationship and an area of safety. The same is true for traumatized adults, who are often nonverbal. Traumatic events can be too overwhelming for the ego to assimilate or too unspeakable for words. The experience is shut away in the nervous system until a safe place allows feelings to flow again. The ability to shape raw affect into symbolic meaning builds safety and regulates emotions. The act of creativity builds on courage, risk taking, confidence, and strength, and it gives the participant a sense of mastery. The sense of identity it gives is one that is not built around being a victim or trauma survivor (Van der Kolk, 2003); rather, the new identity helps the person rebuild his or her life.

The arts help trauma survivors almost literally become unstuck. In the chapter by Nancy Boyd Webb (Chapter 2), we learn that the word *trauma* comes from the Greek word for “wound” and is defined as “emotional, psychological and physical injuries that cause pain and suffering” (p. 40). In a traumatic state, the body is in a state of “panic, high arousal or frozen shock” (p. 40). Diagnostically, a serious trauma may result in acute stress disorder or posttraumatic stress disorder. Responses include stages of reexperiencing, avoidance, hypervigilance, and dissociation (p. 43).

Trauma impacts and is lodged in the body. New breakthroughs in neuroscience research are showing how trauma destabilizes the body's natural homeostasis, affecting organs, cognitions and perceptions, and feelings. Schore's (1994) research shows how a baby's developing limbic system is affected by the stability of attachment to the caregiver. Insecure attachment, as in the case of abandonment or loss, can decrease the right hemisphere's ability to cope efficiently with stress, thereby decreasing the child's resiliency. Chronic exposures to threat can lead to long-term disruption of perceptual, emotional, and social functioning. David Crenshaw (Chapter 1) writes that, because of the high level of fear and distortion, therapeutic goals include reality testing and living in the present instead of recreating the past; teaching self-soothing skills like relaxation, breathing, or rocking; redirection of anger; and the development of empathy (pp. 24–29).

The act of symbolization shapes raw emotions and provides what Judith Glass (Chapter 3) calls “esthetic distance,” which she defines as “the point at which the client can have access to his [her] feelings and also maintain an observer stance” (pp. 57–58). Drama therapy can begin with projective tools like masks and highly structured and safe roles. Within the safe space, the client can explore a closer distance with techniques similar to exposure therapy, which can reduce conditioned responses to trauma-related triggers. With

the benefit of esthetic distance, the client can reexperience and reintegrate the original trauma without being overwhelmed.

With increased safety comes the capacity to play, which is lost by many children who have suffered traumas. The importance of play for these children has been stressed by theorists including Anna Freud (1922–1970), Melanie Klein (1932), and Erik Erikson (1977). Winnicott (1971) encouraged therapists to enter the “play space” where children can learn to manage conflict creatively. In the transitional space that reinvokes the original space between mother and child, the child can act out his or her coping styles, defenses, resistances, and transference and countertransference. As discussed by Eleanor C. Irwin (Chapter 5), the therapist engages in nonverbal communication of empathetic listening, attunement, mirroring, and understanding (p. 97).

For some therapists, the modality of communication is not verbal but “vocal.” In her very interesting work with vocal psychotherapy, Diane Austin (Chapter 7) explores the use of deep breathing, toning, and singing to help clients “reinhabit the body,” reconnect to feelings, and “find their voices” (pp. 135–136). Austin shows how her therapy echoes other forms of creative arts therapies, facilitating dialogue, free association, play, and improvisation.

Differences among creative arts techniques are shown in several chapters, for example by Lois Carey (Chapter 8) in her description of sandplay therapy with a traumatized boy. In sandplay therapy, the medium is sand, which is made of the earth and has a unique grounding quality (p. 153). In contrast, in video play therapy, as discussed by Diane Frey (Chapter 11), the therapeutic dialogue revolves around characters and themes in films, bringing “real life” from “reel life” (p. 193). Finally, some creative arts therapies work with trauma that occurs in whole families, communities, or intergenerationally, such as earthquakes or wars. As in the case of Holocaust survivors, writes P. Gussie Klorer (Chapter 6), the “central clinical feature” may be “silence” as the family struggles with shame, horror, and conflicts between remembering and forgetting (p. 116).

I had a unique opportunity to witness the magic of the arts used with Holocaust survivors and intergenerational conflicts between Israelis and Palestinians as part of a conference called “Imagine: Expression in the Service of Humanity,” held in April 2006 in Tel Aviv, Israel. I saw women whose husbands and sons were being called up to the front—some of whom had not expressed grief for many years for sustained and repeated losses—begin to reinhabit their bodies, feel their feelings, and work them through (Serlin, 2006). I saw art and drama being used collaboratively with Israeli and Palestinian coleaders and in mixed groups to help intense feelings surface and be contained.

My only question and biggest reservation for this book is that it does not include any of that material or other international trauma work. Nor does it include any submissions from dance therapists, which I find to be a very direct and powerful modality for trauma work. The title *Expressive and Creative Arts Methods* suggests that Carey will set forth a representative sampling of the arts therapies, but the chapters are drawn mostly from a small

group of art and play therapists. Each of these modalities has its own organization and professional standards, as does the multimodal expressive arts therapy, which should have been included. It would be important academically to differentiate between the arts therapies, the creative arts therapies, and the expressive arts therapies. It would have been a much stronger contribution to the field if Carey had been careful about her choice of arts therapies and given the reader and students a true sampling of their methods and organizations. However, this book can be a beginning of much-needed documentation of the use of the expressive arts methods for trauma survivors and will provide a significant and useful introduction to the field for health care professionals.

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