

Why is art important for psychology?

A common myth about art is that it is a luxury, not essential to basic survival needs. Art is being cut back from high school curricula, and the humanities have been cut from interdisciplinary graduate and undergraduate programs. Finally, studies on the science of psychology have left out the art of psychology—what is the art of psychology and how can it be re-integrated into the science AND art of psychology?

This issue of *The California Psychologist* is a response to these questions. It argues strongly that art is a basic human need essential for health, meaning and life satisfaction. The four articles are based on a new textbook called *Whole Person Healthcare* (<http://tinyurl.com/yvrn2m>) in which Vol. III brought art and the creative arts therapies into a group of cost-effective and humane evidence-based integrative modalities.

The four articles in this issue address historical, cultural, philosophical and research bases for the healing power of the arts, give concrete clinical examples and programs, and show how art can be integrated into psychology graduate programs. It is our hope that bringing art, the imagination and creativity back to the therapeutic process will refresh psychologists and bring us closer to our mission as doctors of the soul.

Ilene Serlin, PhD
Guest Editor

The Arts Therapies: Whole Person Integrative Approaches To Healthcare

Ilene A. Serlin, PhD

The four articles in this series were all carefully chosen to represent the most recent and creative use of the arts for therapeutic purposes. Each article address questions concerning the historical and philosophical roots of the arts in psychology, with clinical applications, and contact information for further study.

The need to create, communicate, create coherence, and symbolize is a basic human need. The ability to create is a courageous act in the face of illness or emptiness. Art touches and also expresses the whole complex human person, including levels of mind, body and spirit. The humanities connect people across different cultures and traditions to common challenges of the human condition (Jung, 1966; May, 1975).

Theory and Practice of Arts Therapies

The arts can provide a diagnostic image of culture and the individual, and provide healing for mental and physical health. Traditional healers were artists, and many contemporary healing practices draw on aspects of the arts. Studies show that the artistic endeavor may reduce stress and health complaints, improve immune function, provide both physical and psychological benefits, and even help people live longer.

Art also provides access to multiple modes of intelligence, communication, and problem solving. Art connects us to the imagination (McNiff, 1981), and bridges the conscious and the unconscious. It takes us into expanded states of consciousness, and, in many cultures, art takes us to the sacred. It reflects cultural differences, creates community, and can be used in conflict-resolution.

Expressive and Creative Arts Therapies

The expressive and creative arts therapies have both general organizations and theoretical approaches, and the specific modalities of art, music, dance, poetry, drama and psychodrama each have their own associations and practices. The earliest organizations and training programs represented one discipline with its own certification. Other organizations, such as the International Expressive Arts Therapy Association (IAETA) combine all the arts together.

In *Expressive Therapies*, Malchiodi (2005) estimates that 30,000 individuals in the United States have been formally trained at the graduate level in expressive therapies. She defines “Expressive therapies” as the “therapeutic use of the arts and play with children, adolescents, adults, families, and groups” (p. xiv). Although research in the expressive arts therapies is needed, there is already a body of literature on the use of expressive therapies as an evidence-based therapy for the assessment of individuals, capacities, and psychological, psychosocial and cognitive skills (Serlin, 2007).

The use of the arts in a therapeutic context has roots in the early 1900’s as music therapy reached veterans of World War I, and Moreno (1923) used enactment to work through their emotional issues. After World War II, the arts began to be used with patients who had severe mental illness in psychiatric hospitals like the Menninger Clinic and St. Elizabeth’s Hospital. Professional organizations were established with training guidelines, standards and ethics. Recently, the expressive arts have also been used successfully with people with primarily medical issues. Other organizations called Arts Medicine (Pratt & Tokuda, 1997) focus on an international application of the arts in medicine. Finally, a recent trend shows other expressive arts therapists working within the new field of alternative and complementary medicine, bringing the arts into integrative healthcare.

Art Therapy

One of the earliest art therapists in the United States was Margaret Naumburg (1966), who brought a psychoanalytic perspective to use art as a way of making unconscious imagery and symbols conscious. Various theoretical approaches to art therapy include psychoanalytic, archetypal, object relations, humanistic, cognitive-behavioral, and developmental. Art therapy is

Theory and Practice of Arts Therapies

used with children, adults, groups and families to work with emotions, resolve conflicts and increase well-being.

Music Therapy

Music therapy is defined as: “the prescribed use of music by a qualified person to effect positive change in psychological, physical, cognitive, or social functioning of individuals with health or educational problems” (Forinash, p. 46). It has ancient and global roots. Used with post-World War II veterans, music therapy’s first training program began in 1944, and in 1950 the American Music Therapy Association (AMTA) was founded. There are estimated to be 15,000 music therapists around the world who practice in educational, medical, psychotherapeutic, recreational, and ecological settings. Their approaches range from psychodynamic, behavioral, biomedical, humanistic and transpersonal. Their methods include improvisation, recreative experiences, composition experiences, and receptive experiences, and they can practice as auxiliary therapists and primary care therapists.

Dance/Movement Therapy

The American Dance Therapy Association defines dance therapy as: the psychotherapeutic use of movement as a process which furthers the emotional, cognitive, physical and social integration of the individual” (Loman, p. 68). Dance therapists work in a variety of settings with individuals and groups to help their clients express themselves, “...encourages new behaviors and symbolically communicates hidden emotions, releases anxiety, and serves as a vehicle to integrate body, mind, and spirit” (p. 68).

Dance therapy has roots in ancient healing practices (Serlin, 1993). It became a profession in the United States through the work of a number of creative dancers who found that they could reach patients others could not by communicating non-verbally with them. The American Dance Therapy Association was founded in 1969. What all these approaches share is a fundamental belief that 1) Health comes from an integration of mind, body and spirit, 2) Psychological and/or physical illness comes from a problem with this integration, and 3) Change can come through a movement intervention.

Drama Therapy and Psychodrama

Drama therapy and psychodrama rely on an innate human sense of story, narrative, and the ability to create one’s life. The founder of psychodrama was Jacob Moreno (1889-1974), a Viennese psychiatrist who used dramatic enactment to replay problematic incidents in his patients’ lives in the context of a supportive group (Moreno, 1946). Psychodrama and drama therapy have been very effective with children, and with victims of natural and man-made disasters.

Poetry Therapy

Poetry therapy uses the language of poetry to evoke central images of the clients' existence and changes. It was established as a field by Jack Leedy, whose edited works in 1969 and 1973 gave rise to the Association for Poetry Therapy organization and the National Association for Poetry Therapy in 1981.

Poetry therapists assess the language development of the client and look for meaning in the rhythms and feelings of words, as well as in their signification. Approaches to poetry therapy include psychoanalytic, interpersonal, behavioral/cognitive, systems/metacommunication, and humanistic/expressive. All client populations are served, as well as a broad range of clinical issues. Poetry therapists work in major hospitals, in community settings, and in private practice.

Expressive Therapies

Expressive therapists believe that imagery can be expressed in any modality, and that it acquires its meaning by moving through art, movement, poetry, story, and whatever else moves the image toward understanding. The therapist is trained in a variety of modalities and how to creatively address presenting problems.

Conclusion

The creative and expressive arts therapies are increasingly useful for mind/body health. They work effectively with groups in a wide variety of settings, and can be powerful in settings involving trauma and natural and man-made disasters. They can also be valuable to healing at the bedside, in medical clinics and interdisciplinary treatment teams. Arts therapists are trained to identify and build on people's innate strengths, creativity and resourcefulness, skills desperately needed at this point in history.



References

- Arnheim, R. (1969). *Visual thinking*. Berkeley: University of California Press.
- Chaiklin, S. (1969). Dance therapy. In *American Dance Therapy Association Proceedings*, 25-31.
- Forinash, M. (2005). Music therapy. In C. Malchiodi (Ed.), *Expressive Therapies* (pp. 47–67). New York: Guilford Press.
- Jung, C. G. (1966). *On the relation of analytical psychology to poetry. The spirit in man, art and literature*. Princeton: Princeton University Press. 65 – 83.
- Loman, S. (2005). Dance/movement therapy. In C. Malchiodi (Ed.), *Expressive therapies* (pp. 68–89). New York: The Guilford Press.
- Malchiodo, C. (2005). *Expressive Therapies*. New York: The Guildford Press.
- May, R. (1975). *The courage to create*. New York, Bantam Books. 14 – 56.
- McNiff, S, (1981) *The arts and psychotherapy*. Springfield, Il. Charles C. Thomas
- Moreno, J.L. (1946). *Psychodrama*. New York: Beacon House.

Theory and Practice of Arts Therapies

- National Coalition of Creative Arts Therapies Associations. (2004a). National Coalition of Creative Arts Therapies Associations [Online]. Available at www.nccata.org.
- Pratt, R. & Tokuda, Y. (1997). *Arts Medicine*. St, Louis, MO: MMB Music, Inc.
- Robbins, A. (1989). *The psychoaesthetic experience: An approach to depth-oriented treatment*. New York: Human Sciences Press.
- Serlin I. (1993). Root images of healing in dance therapy. *American Dance Therapy Journal*, 15, No. 2, Fall/Winter, 65-75.
- Serlin, I. (2007). Expressive Therapies. In *Complementary and Integrative Medicine in Cancer Care and Prevention: Foundations and Evidence-Based Interventions* (M. Micozzi, Ed.). New York: Springer Publishing Company. 81-123.

Resources

- Serlin, I.A. (Gen. Ed.). (2007) *Whole Person Healthcare*. Westport, Conn: Praeger.
- American Art Therapy Association*. 1202 Allanson Road, Mundelein, Ill. 60060 (847) 949-6064.
- American Dance Therapy Association*. <http://www.adta.org>.
- Hospital Audiences, Inc.* <http://www.hospitalaudiences.org>.
- International Journal of Arts Medicine*. MMB Music, Inc. Email: Mmbmusic@mmbmusic.com.
- Society for the Arts in Healthcare*. HealthArts@aol.com.
- Stern's Book Service*, Chicago, Il.

Ilene A. Serlin, PhD, ADTR, is a licensed psychologist and registered dance/movement therapist. She is a Fellow of the APA, and has taught at Saybrook Graduate School, UCLA, Lesley University, and around the world. She is on the Board of PsycCritiques, *The Journal of Humanistic Psychology*, and the *American Dance Therapy Journal*. Her latest publication is a 3-volume series on *Whole Person Healthcare* (2007), published by Praeger. She has been on APA's Presidential Task Force on *Whole Person Healthcare* and is currently on the Div. 42 Task Force on *Whole Person Healthcare*.