

Expressive and Creative Arts Therapies

Kim A. Bella and Ilene A. Serlin

Creative and expressive arts have long been an experiential practice for exploring questions of a spiritual and transpersonal nature, as well as a support for actively probing various dimensions of experience (Allen, 1995; Coppin & Nelson, 2005; Finley, 2008; McNiff, 1998b). Expressive and creative arts therapy incorporate this perspective in a therapeutic approach that combines creative expression and imaginal processes, such as painting, drawing, music, psychodrama, drama, dance/movement, storytelling, and poetry with psychotherapeutic techniques that focus on personal growth and development, transformation and healing, self-awareness, and emotional and spiritual well-being. The arts therapies promote conscious and intentional use of art-based modalities and creative processes in an effort to foster healthy cognitive, emotional, physical, spiritual, and social functioning, and they are widely employed in a variety of settings ranging from clinical, therapeutic, educational, community, medical, and rehabilitative (International Expressive Arts Therapies Association [IEATA], 2012; National Coalition of Creative Arts Therapies Association [NCCATA], 2012). An essential ingredient in any therapeutic process is promoting the awareness of the client's undigested material, and the arts therapies aid in the facilitation of integrating physical, emotional, cognitive, spiritual, and creative elements so these aspects can be harmonized, communicated, and expressed for enhanced functioning.

Expressive and creative arts therapies offer an avenue for individuals to express themselves in ways that might be challenging in a more traditional therapeutic approach or setting. According to Malchiodi (2005), combining verbal and nonverbal forms of expression with a variety of techniques and styles can help improve and enrich client communication. Although not strictly nonverbal, as in the case of poetry, storytelling, and drama, the extra-verbal aspects of creative expression allow for the elucidation from the nonverbal to the verbal, thereby providing an opportunity for a richer, multidimensional, and expanded approach to health and healing. For example, in a recent study conducted on the experience of being psychologically, creatively, and spiritually

The Wiley-Blackwell Handbook of Transpersonal Psychology, First Edition.

Edited by Harris L. Friedman and Glenn Hartelius.

© 2013 John Wiley & Sons, Ltd. Published 2013 by John Wiley & Sons, Ltd.

stuck (Bella, 2011), the expressive arts technique utilized as part of the methodology helped facilitate a direct communication with the participants' immediate experience that had not been revealed with the verbal approach. As one participant described his post-drawing experience:

I notice a shift as I acknowledge that [stuckness]. It feels a little smoother, a little bit less stuck now. I can feel that there's more acceptance around it now. I can still feel that there's a part of me that doesn't want it to be there, but then there's another part that's just willing to let it take its course, too. (p. 71)

He found another layer of meaning for himself while engaged in the nonverbal aspect of the project. Another participant described her experience:

2b0c4d35dc1ea63558e557f5849f8261

ebrary

I feel this thing like an arrow, and it's in my head, and it's fuzzy like clouds. Right now, in this moment, I don't feel stuck. I feel like I have a lot of energy that's been released, released and unleashed. I feel a clarity with it. It's not disorganized energy, and it's not frenetic energy, but it feels clear, like a pathway. (p. 110)

She moved fluidly, following her experience moment-by-moment in a direct and immediate way, acknowledging that the drawing helped her to engage and deepen her process as she drew it. For each of these individuals, more information became available to them as they tapped into a different mode of expression enabling them to communicate a visual representation of their internal state, which led to a shift in both their experience and its expression.

Expressive and Creative Arts Therapies Distinction

2b0c4d35dc1ea63558e557f5849f8261

ebrary

Expressive arts therapy and creative arts therapy have sometimes been used synonymously. However, while the primary focus for both approaches is utilizing the arts as the vehicle for healing (Serlin, 2007b), there is a distinction between the two modalities. Expressive arts therapy applies an integration of all creative processes using a wide range of media (i.e., visual arts, dance, music) while creative arts therapy employs a specific arts modality (i.e., art therapy). Both approaches attempt to foster wholeness and healing through psychological, physical, and spiritual wellness (IEATA, 2012; NCCATA, 2012; Serlin, 2007b).

A creative arts therapist is a professional schooled in a specific modality, such as art therapy (trained in art and therapy), from a program designed specifically for that field, which reflects that specific approach to healing. For example, an art therapist working with a traumatized client would employ art-making as the mode of communication when words might not be available. This process can then "give a voice" to painful and traumatic experiences and provide meaning through the use of metaphors and symbolic images. By comparison, an expressive arts therapist is trained in a variety of arts-based modalities and might explore a client's issue through a variety of modalities, such as writing, a painting process, a sound, and/or a movement, tailoring the session

2b0c4d35dc1ea63558e557f5849f8261

ebrary

in each case to the client's needs. In general, expressive art therapists can be seen as having "breadth" and creative arts therapists as having "depth."

The Transpersonal Psychology Approach in Arts Therapies

The arts therapies include a range of psychological perspectives, such as psychoanalytic, psychodynamic, cognitive, behavioral, and neuroscientific. However, for purposes of this chapter, the focus is on the transpersonal orientation, which includes the spiritual as well as the psychological dimension of experience. Although traditional psychological approaches work with one or more of the psychological, emotive, cognitive, and even somatic and mythological dimensions of human experience, transpersonal psychology includes all these within a philosophical and psychological perspective that grounds all these modalities within a broader spiritual context. Transpersonal psychology is an integrative discipline that combines the psychological with the spiritual, and this approach seeks to include and embody the multidimensionality of the "whole person" experience that includes ordinary and non-ordinary states of consciousness, self-actualization, diverse worldviews and perspectives, direct experience, and analytical intellect, which provides an "integrative human psychology" (Hartelius, Caplan, & Rardin, 2007). Expressive arts therapies fit well within the framework of transpersonal psychology as the arts therapies fields also seek to be multi-dimensional, multi-modal, and integral. As Serlin (2007b) has pointed out, "art is crucial for the healing journey because it touches and also expresses the whole complex human person, including levels of mind, body, and spirit" (p. 107).

The theoretical underpinning of the arts therapies rests on the premise of *intermodality*, in which the capacities and potentiality of a client can be expressed and explored through a range of sensory modalities in a therapeutic setting (Knill, Levine, & Levine, 2005). Two key elements of the expressive arts therapies are the "capacity of the arts to respond to human suffering," and the role of imagination in the "creative source of meaning" (Levine & Levine, 1999, p. 11). Also integral to the arts therapies approach is play, aesthetics, experimentation, and creative expression, which are essential to psychological well-being (Knill et al., 2005; Levine & Levine, 1999). In this respect, the arts therapies provide a range of possibilities for suffering to be explored and healing to occur.

History of Expressive and Creative Arts Therapies

The arts therapies have been practiced down throughout the ages, ranging from the ancient Greeks' use of art to work through emotional blocks that helped cleanse the psyche (Serlin, 2007a), to dance rituals for healing (Backman, 1972), to the use of role-playing and psychodrama with World War I veterans (Moreno, 1946). For example, early humans understood and celebrated the mysteries of creation and the divine by movement of the body through dance, which offered the possibility for transformation and healing, connection to the sacred, and meaning in a complex world (Serlin, 1993). Considered by some as "humankind's first psychotherapists" (Walsh, 1990), shamans

were healers who incorporated physical and psychological components to their work using a wide repertoire of practices—ritual, singing, drumming, drama, dance, use of symbols and imagery—to cure the presenting illness, similar to current practices in expressive arts therapies (Serlin, 1993).

At the core of expressive arts therapies is creative expression, and May (1975) suggested that “creativity is the most basic manifestation of a man or woman fulfilling his or her own being in the world” (p. 40). Barrow (1996) described creativity as a process millions of years in the making; Almaas (2004) contended that creativity is the fundamental nature of life to express itself; Provencal and Gabora (2007, p. 255) stated that “art is a universal language, and that people engage in art naturally;” and Bohm and Peat (1987) spoke of it as a fundamental force in the universe. Creativity and creative expression are a natural movements in a natural process, and the disruption of the natural flow of the creative process and its creative expression can create ripples on a variety of levels that can impact one’s life with sometimes severe and unintended consequences. Von Franz (2001) contended that significant mental illness and spiritual emergencies can also be the outcome of a stymied or stunted creative process. The expressive arts therapies, therefore, can be a valuable tool in helping to keep the natural flow of the universe moving inside each of us.

Benefits of and Supportive Research on Expressive and Creative Arts Therapies

Research on the efficacy of art therapy and creative arts has provided substantial acknowledgement of the health benefits of the creative process and artistic expression (Allen, 1995; Baráth, 2003; Barone & Eisner, 2012; Feder & Feder, 1981; McNiff, 1992; Serlin, 2007a). These may include stress reduction, increased life expectancy, enhanced immune system functioning, and an increase in physical and physiological health (Kiecolt-Glaser, McGuire, Robles, & Glaser, 2002; Pennebaker, 1990; Serlin, 2007a). Expressive art therapies have been successful in a wide range of therapeutic settings in work with groups and individuals with mental health concerns ranging from the mild to the severe. For example, the International Society for Traumatic Stress Studies (ISTSS, 2011) cited evidence that expressive arts therapies can help reduce the major symptoms of post-traumatic stress disorder (PTSD) and improve overall functioning. Evidence also suggests that these therapies support increases in emotional control and enhanced body image and reductions in depression, sleep problems, and anxiety. Provencal and Gabora (2007) also cited evidence of the therapeutic benefits of art creation, whereby personal issues and challenges, either traumatic or mundane, can be dealt with by allowing painful memories to surface and be released.

Expressive arts therapies are often process-based approaches that allow for the full expression of the human experience. An advantage of expressive arts therapies is that they often provide a concrete artifact that can offer the opportunity for continued contemplation at a later time (Koff-Chapin, 1996), which may enrich an individual’s experience. Koff-Chapin (1996) went on to explain that expressive arts therapies can help bypass the rational mind and allow for direct, immediate experience based

on the present moment rather than on past causes, reasons, or beliefs. This in turn allows for an intuitive and innate holding of the therapeutic process and produces an artifact that can uncover and reveal further insights not readily available through other therapies and methodologies (Heron & Reason, 1997; Koff-Chapin, 2005; McNiff, 1998a; Rappaport, 2009). The importance of the artifact is based on the effectiveness it provides in contributing to the healing of the individual, not necessarily on the artifact itself.

When a structured belief system receives input that has been filtered through the lens of the mind, distortions on the cognitive level can occur, and an arts-based artifact may also help unravel a mental misrepresentation. When perceptions of reality are skewed, it is possible to look to the language of art to help translate and comprehend information received from the inner and outer environment. Sommers-Flanagan (2007) interviewed psychologist Natalie Rogers:

With expressive art, we are concerned as much about the process as we are about the product. The intent—just as in client-centered therapy—is to peel away the layers of defense and find our true nature. Art allows us to go into our pain, rage, and grief. Using art sometimes is much more effective than words to deal with some of these very difficult emotions. (p. 123)

Rappaport (2009) concurred, stating that “art captures the totality of the experience in one moment” (p. 79) and allows for an activation of the “inner witness” that can provide distance and space for further exploration and integration of the experience. This process of nonverbal creative expression is a form of embodied inquiry that can be meditative, utilizing an expressive art to support expanding awareness and insight, as well as helping to make meaning during difficult and challenging times. Rudolf Arnheim (1992), a perceptual psychologist, said,

Art serves as a helper in times of trouble, as a means of understanding the conditions of human existence and of facing the frightening aspects of those conditions, as the creation of a meaningful order—these most welcome aids are grasped by people in distress and used by the healers who come to their assistance. But the blessings experienced in therapy can reach further; they can remind artists everywhere what the function of art has been and will always be. (p. 170)

At the core of many creative therapeutic approaches is the role of the imagination and working with images. According to McNiff (1998a), images and the imagination possess energy. Levine (2000) stated, “we need to harness the energetic dimension of aesthetic experience and join it to the articulate expression of artistic form” (para. 10). Through images, one is called upon to come forth and engage fully and dynamically to the energy radiating from creative expression. Images call upon the person to face (and reflect) their human existence and discover deeper truths, as in Levine’s (2000) discussion of Gadamer’s (2004) *Truth and Method*:

Truth is the uncovering of the meaning of being. Such an uncovering demands that we enter into a dialogic relationship with that which we seek to understand, a relationship

in which not only the being of the thing we study, but also our own being comes into question. The experience of a work of art is for Gadamer an archetype of the revelation of truth. To understand the work demands more than a detached objectivity; rather, we confront the work with our own existence in a passionate encounter in which it speaks to us in a way that shatters our preconceptions. (para. 12)

Levine (2000) went on to say that truth is revealed when feeling and form can be united together, the imagination can be trusted as the conduit for the unfolding of that truth, and that truth is revealed in the embodied forms through presence itself or a "coming into being of the world (para. 15)." The practical application of revealing the truth of one's innermost being in the world through the expressive arts therapy lens can be found in numerous settings, within a variety of populations (e.g., individual, family, community, global), and among a wide range of treatments. Major mental illness, abuse, addiction, trauma and stress, and life-threatening illnesses are only a few of the conditions where expressive arts therapies have been successfully applied. Serlin (2007a) described her work of using expressive arts therapies with patients suffering from cancer: "Expressive therapies help patients get in touch with that part of the cancer that is symbolic and understand what it means. The meaning of the illness is expressed through imagery and metaphor" (p. 88). An example of a collective thread she cited from a cancer patient study:

One image that appeared with frequency was that of *speed*. Women in a support group . . . drew pictures of frenzied lines and talked of the overwhelming speed of modern life, of lacking time to rest, to digest, or to reflect. A cancer cell can be seen symbolically as a cell out of control, speeding and multiplying crazily. These pathologies of time, space, and composition, disorders of postmodernity, show up in the experience and symbolic representation of disconnection and speed in the body. (Serlin, 2007a, p. 88)

In understanding feelings through image and metaphor, patients were able to regain a sense of control in their lives and helped to boost their self-esteem (Serlin, 2007a). Other studies have shown that expressive arts therapy can help patients increase their vitality, improve their body image, reduce their risk for life-threatening illnesses such as heart disease, cancer, and HIV, increase breast cancer survival rates, regulate high blood pressure, manage pain, and decrease depression (Cohen & Walco, 1999; Serlin, 2007a; Serlin, Classen, Frances, & Angell, 2000; Spiegel, Bloom, Kraemer, & Gottheil, 1989). Serlin (2007a) discussed how symbolic language provides a vehicle for the not easily conceptualized and not easily expressed aspects of experience, thus allowing a full range of capacities and guidance to unfold. Nonverbal expression, experienced through metaphors, symbols, and images (to name a few), provide a portal through which balance of the mind, body, and spirit can be achieved for the individual, for the community, and for the greater whole (Serlin, 2007a).

Rossi (1986) proposed that there is an interrelatedness between the mind and the body, and that how one processes emotions can assist or inhibit their ability to heal when beset by physical illness effects (Pert, 1997). Pert (1997) explained that when processing emotions, neuropeptide receptors facilitate the regulation of immunocytes, thereby enhancing the immune system. Dance therapy has been shown to increase

immune system functioning due to the positive expression of emotions (Pert, 1997). In her movement therapy work with cancer patients, Serlin (2007a) related one patient's experience as follows:

Meaning like when I walk into the group sometimes I'm real constricted, my body is constricted. I'm stressed. I'm tensed, you know, and then all of a sudden we start with some of the conversation, the movement, the stories and I'm just a different human being. It gives spaciousness to my cells so it allows them to breathe and allows them to flow more freely and then it gives spaciousness to my spirit because all of a sudden I'm free, and joy or pain or whatever comes out. So that's where I find the healing in the work. (p. 87)

Serlin (2007a) suggested that the findings here imply that balance can be achieved in the neuropeptide receptor network when emotions are expressed, and that this contributes to health and healing. ISTSS (2011) also explained the importance of brain functioning, emotions, and the specific manner in which an individual processes a traumatic event. The practices of expressive arts therapies help to activate right-brain functioning, thus providing a pathway to the nonverbal. The ability to tap into the right brain and express oneself physically and emotionally through expressive arts therapy can help alleviate stress and provide a boost in self-confidence, self-esteem, and a healthy body image (Serlin, 2007a). Expressive arts therapies have also been used effectively in dealing with issues of trauma experienced by children and adults alike. Through the use of the creative arts process, individuals who have experienced a traumatic event can find a "way to access nonverbal material or content that is unavailable to words" (ISTSS, 2011, p. 603). This type of process-oriented creative expression may be a valuable tool to aid individuals in working through the effects of the trauma.

Epistemological Perspectives

Transpersonal psychology is exemplified by a multi-modal or a many-ways of knowing orientation (Braud & Anderson, 1998), and expressive arts therapies bases its approach on accessing information and healing on multiple levels from various ways of knowing. Some aspects include peak and mystical experiences, indigenous ways, intuitive insights, contemplative traditions, sacred plant medicines, rituals, guided imagery, and other practices that can cultivate consciousness and increase self-understanding. For example, Gardner's (1982) multiple intelligences model allows for an expanded awareness of experience and access to different levels of aptitude and capacities based on information from the visual-spatial, musical, interpersonal, intrapersonal, bodily-kinesthetic, linguistic, and logical-mathematical realms. A case in point is Ilene Serlin's work as a dance therapist, which emphasizes the cultivation and unfoldment of the bodily-kinesthetic intelligence, enabling access to inner wisdom and knowing from a somatic sensitivity perspective (Stern, 1998). Additionally, Vaughan's (2002) description of spiritual intelligence allows for a multi-perspective approach that aims to find integration between the spiritual inner world and the materialistic outer life to open

the heart, illuminate the mind, and inspire the soul. Goleman's (1995) emotional intelligences pave the way for a way of knowing and being in the world that encompasses self-awareness, self-control, and the ability to build relationships and community. The arts therapies provide an opportunity to practice and reflect on unfolding and illuminating the wisdom within that can support the process of healing and self-actualization.

Heron (1992) described four different ways of knowing—experiential, presentational, propositional, and practical knowing. He proposed these definitions:

Experiential knowing—imaging and feeling the presence of some energy, entity, person, place, process or thing—is the ground of presentational knowing. Presentational knowing—an intuitive grasp of the significance of patterns as expressed in graphic, plastic, moving, musical and verbal art-forms—is the ground of propositional knowing. And propositional knowing—expressed in statements that something is the case—is the ground of practical knowing—knowing how to exercise a skill. (p. 122)

All aspects of a multidimensional approach to knowing are integral to the expressive arts therapies. One explores and discovers something from direct experience (experiential knowing), then express it in a creative way to gain understanding (presentational knowing), articulate it in a way that concretizes it (propositional knowing), and put the insights into action (practical knowing; Heron & Reason, 1997). Expressive arts therapy applies all levels of this approach in its practices, with presentational knowing as the primary representational modality. According to McNiff (2008), presentational knowing can yield understanding and insights that can be more accessible than many other forms of expression, and some scholars assert that presentational knowing can also offer innovative and novel approaches to generate understanding and transformation that are difficult to access by other means (Barone, 1995; Cole & Knowles, 2008; Greene, 1995). Rather than relying solely on cognitive understanding alone, the artistic rendering of one's inner landscape can provide a treasure trove of information. As an example, Rappaport (2009) described the experience of one of her focusing-oriented art therapy clients where she had drawn an image of her internal space after a contemplative exercise:

My heart is locked inside a box and the tears are buried inside. I feel all of this pain but I won't let myself really feel it. The blue around the heart is all of the sadness and the black is a depressed feeling. I feel so heavy. I wish I could cry. (p. 125)

In this case, the drawing provided a visual depiction of previously unknown material that was accessed through creative avenues. Inner experience can often be represented in a visual form as a way of making meaning of personal, subjective experience that can be difficult to express in language (Seeley & Reason, 2008) as shown in the experience referenced above.

Research by Osterhold, Rubiano, and Nicol (2007) suggested that experiential and presentational knowing are integral elements that help to facilitate the whole-person experience in a direct and immediate way. These particular ways of knowing can help

get underneath one's ideas and beliefs, and can provide access to parts of oneself that cannot be expressed wholly in words. Heron and Reason (2008) stated that:

presentational knowing is made manifest in images which articulate experiential knowing, shaping what is inchoate into a communicable form, and which are expressed nondiscursively through the visual arts, music, dance, and movement . . . and is a . . . fundamental part of the process of inquiry, and its expression is both a meaningful outcome in its own right, and a vital precursor to propositional outcomes. (para. 24)

Mullett's (2008) research on creative engagement utilizing art, poetry, and song created a bridge between what is experienced and the expression of that experience. She found that creative expression of experience was a major factor in facilitating transformational changes in people's lives, further validating different ways of knowing and expressive arts therapies as valid instruments of inquiry and tools of transformation. Seeley and Reason (2008) also found the value of exploring direct, immediate experience using multi-modal ways of knowing results in a vibrant and diverse discovery of novel ideas and creative expressions.

Robbins (1986) indicated that the primary goal of therapy is to find congruence between the inner and outer reality of individual's experience, and an important element in the expressive arts therapies is being able to shape the raw material of one's experience, often from an emotional level, into a symbol or image (or sound or movement) that facilitates healing (Serlin, 2007a). When a person creates, the very act itself opens up a space between them and their emotions, allowing an objectification of the emotions, and thus offering a development in the capacity to discriminate between them (Feinstein & Krippner, 2009; Jung, 1966; Serlin, 1999). Hence, expressive arts therapies can be a valuable tool in exploring the full range of the human experience and can provide a foundation for a broader and deeper acknowledgement of the transpersonal nature of the self.

Creative Arts Therapies

The following sections briefly outline some of the major creative arts therapies (practices and methods also utilized by expressive arts therapists) focusing specifically on art therapy, music therapy, dance/movement therapy, and drama/psychodrama therapy.

Art Therapy

According to the American Art Therapy Association (2012), art therapy can be defined as the:

therapeutic use of art making, within a professional relationship, by people who experience illness, trauma or challenges in living, and by people who seek personal development. Through creating art and reflecting on the art products and processes, people can increase awareness of self and others, cope with symptoms, stress and traumatic experiences; enhance cognitive abilities; and enjoy the life-affirming pleasures of making art. (n.p.)

Art therapy has been successfully used in a multitude of settings with a wide variety of applications and positive outcomes using physical and/or psychological measures such as in the treatment of schizophrenia (Teglbjaerg, 2011), grief and loss (Cheng, Lo, Chan, & Woo, 2010), torture survivors (Gray, 2011), depression (Bar-Sela, Atid, Danos, Gabay, & Epelbaum, 2007), HIV/AIDS symptom relief (Rao, Nainis, Williams, Langner, Eisin, & Paice, 2009), diabetes (Stuckey, 2009), and cancer (Serlin, 2007a), to name a few.

Dance/Movement Therapy

The American Dance Therapy Association (ADTA, 2009) has defined dance/movement therapy as the “psychotherapeutic use of movement to further the emotional, cognitive, physical, and social integration of the individual based on the empirically supported premise that the body, mind, and spirit are interconnected (n.p.).” The ADTA (2009) detailed that:

Dance/movement therapy focuses on movement behavior as it emerges in the therapeutic relationship. Expressive, communicative, and adaptive behaviors are all considered for group and individual treatment. Body movement, as the core component of dance, simultaneously provides the means of assessment and the mode of intervention for dance/movement therapy. (n.p.)

Serlin (2007a) explained that dance therapy draws on stretching, rhythm, emotive expression, and other movements, integrating them with imagery and expression and a strong therapeutic relationship and building on those benefits. For example, stroke patients in expressive therapy classes attain needed exercise and build their coordination skills, as well as getting a boost of self-esteem, and that the patient learns to transform illness or physical pain through the sheer joy of movement (Serlin, 2007a).

Drama Therapy

According to the National Association for Drama Therapy (NADT, 2012), drama therapy is described as an:

active, experiential approach to facilitating change. Through storytelling, projective play, purposeful improvisation, and performance, participants are invited to rehearse desired behaviors, practice being in relationship, expand and find flexibility between life roles, and perform the change they wish to be and see in the world. (n.p.)

Drama therapy is a participatory and engaged approach that can “provide the context for participants to tell their stories, set goals and solve problems, express feelings, or achieve catharsis. Through drama, the depth and breadth of inner experience can be actively explored and interpersonal relationship skills can be enhanced. Participants

can expand their repertoire of dramatic roles to find that their own life roles have been strengthened” (NADT, 2012, para. 1).

Drama therapy is a spontaneous, creative, and playful method, which allows for a greater amount of freedom, experimentation, and transformation to explore emotional states by the means of dramatic action (Kedem-Tahar & Kellermann, 1996). They explained that drama therapists “use a wide range of exercises built on music, movement, sound, mime, physical relaxation, narratives, guided daydreaming, imagery and play” (p. 29) using “various stage props, such as dolls, masks, costumes, make-up and inanimate objects” (p. 29) to enact stories and myths. Drama therapy is process-oriented rather than outcome-oriented, progressing through various stages and it may entail either a pre-constructed theme or an improvisation on the spot (Kedem-Tahar & Kellerman, 1996).

2b0c4d35dc1ea63558e557f5849f8261
ebrary

Psychodrama

The American Society of Group Psychotherapy & Psychodrama (ASGPP, 2012), describes psychodrama as the:

guided dramatic action to examine problems or issues raised by an individual (psychodrama) or a group (sociodrama). Using experiential methods, sociometry, role theory, and group dynamics, psychodrama facilitates insight, personal growth, and integration on cognitive, affective, and behavioral levels. It clarifies issues, increases physical and emotional well being, enhances learning and develops new skills. (n.p.)

Psychodrama encourages patients/clients to act out scenes using role-plays and dramatizations to explore real-life situations, dreams, fantasies, past memories, and future events (Kedem-Tahar & Kellermann, 1996).

Kedem-Tahar and Kellerman (1996) described the difference between psychodrama and drama therapy, “in psychodrama, the ‘soul’ (psyche) is the aim and the ‘action’ (drama) is the means, the opposite is true for drama therapy in which drama itself (as pure art) is the aim and the psyche is the means (of expression)” (p. 30). Serlin (2007a) elaborated, drama therapy is more closely related to theater using fictional narratives and psychodrama encourages the use of role-playing with the patient/client as the protagonist of the story.

2b0c4d35dc1ea63558e557f5849f8261
ebrary

Music Therapy

According to the American Music Therapy Association (AMTA, 2011), music therapy is defined as an:

established health profession in which music is used within a therapeutic relationship to address physical, emotional, cognitive, and social needs of individuals. After assessing the strengths and needs of each client, the qualified music therapist provides the indicated treatment including creating, singing, moving to, and/or listening to music. Through musical involvement in the therapeutic context, clients’ abilities are strengthened and

2b0c4d35dc1ea63558e557f5849f8261
ebrary

transferred to other areas of their lives. Music therapy also provides avenues for communication that can be helpful to those who find it difficult to express themselves in words. Research in music therapy supports its effectiveness in many areas such as: overall physical rehabilitation and facilitating movement, increasing people's motivation to become engaged in their treatment, providing emotional support for clients and their families, and providing an outlet for expression of feelings. (para. 2)

Some aspects of music therapy may include singing, improvisational techniques, interactive musical play, and active music-making, singing, interactive music play, and improvisational techniques (AMTA, 2011).

Summary

2b0c4d35dc1ea63558e557f5849f8261
ebrary

Transpersonal approaches to the expressive arts utilize the intellectual, emotive, affective, experiential, sensorial, and imaginal aspects of human experience as pathways to wholeness, healing, and spiritual development. It is the multidimensionality of expressive arts that distinguishes it from other transpersonal psychological approaches and thereby has the potential to contribute to a fuller understanding of human experience and making meaning of the world. The expressive arts-based therapy approaches reposition therapy within the realm of local, personal, everyday places and events in which individuals may "meaningfully (and aesthetically) express both our individual and wider truths through that which we create" (Seeley & Reason, 2008, p. 17). When individuals mindfully explore the boundaries and potentials of their immediate experience, they are engaging in a rich, participatory, and truthful discovery process that can yield productive, meaningful, and fulfilling results about both themselves and the world itself (Sullivan, 2005). In this way, creative approaches reveal new knowledge both about the depth and potential of the human being as well as the nature of the creative spiritual ground from which human experience arises. At its most potent, creative expression becomes a lived-in-the-moment inquiry that reveals the variety, depth, aliveness, and fullness of the spiritual dimension of existence expressing itself as a creative human experience in the world. Within this larger context, expressive arts and creative arts therapists can be seen as healers who combine art, ritual, diagnosis, and treatment to restore wholeness, health, and well-being to individuals as well as the world.

2b0c4d35dc1ea63558e557f5849f8261
ebrary

References

- Allen, P. B. (1995). *Art is a way of knowing*. Boston, MA: Shambhala.
- Almaas, A. H. (2004). *Inner journey home: Soul's realization of the unity of reality*. Boston, MA: Shambhala.
- American Art Therapy Association. (2012). Retrieved from <http://www.americanarttherapyassociation.org>
- American Dance Therapy Association. (2009). Retrieved from <http://www.adta.org>
- American Music Therapy Association. (2011). Retrieved from <http://musictherapy.org>

2b0c4d35dc1ea63558e557f5849f8261
ebrary

- American Society of Group Psychotherapy and Psychodrama. (2012). Retrieved from www.asgpp.org
- Arnheim, R. (1992). *To the rescue of art*. Berkeley, CA: University of California Press.
- Backman, L. (1972). *Religious dances*. London, UK: Allen & Unwin.
- Baráth, Á. (2003). Cultural art therapy in the treatment of war trauma in children and youth: Projects in the former Yugoslavia. In S. Krippner & T. McIntyre (Eds.), *The psychological impact of war trauma on civilians: An international perspective* (pp. 155-170). Westport, CT: Praeger.
- Barone, T. (1995). The purposes of arts-based education research. *International Journal of Education Research*, 23(2), 169-180.
- Barone, T., & Eisner, E. (2012). *Arts based research*. Thousand Oaks, CA: Sage Publications.
- Barrow, J. (1996). *The artful universe: The cosmic source of human creativity*. New York, NY: Oxford University Press.
- Bar-Sela, G., Atid, L., Danos, S., Gabay, N., & Epelbaum, R. (2007). Art therapy improved depression and influenced fatigue levels in cancer patients on chemotherapy. *Psychooncology*, 16(11), 980-984.
- Bella, K. (2011). The Tao of stuckness: A heuristic art-based inquiry into following the thread of stuck experience. *Dissertation Abstracts International*, 73(04) 0392B (UMI #349011).
- Bohm, D., & Peat, D. (1987). *Science, order, and creativity: A dramatic new look at the creative roots of science and life*. New York, NY: Bantam Books.
- Braud, W., & Anderson, R. (1998). *Transpersonal research methods for the social sciences: Honoring human experience*. Thousand Oaks, CA: Sage Publications.
- Cheng, J., Lo, R., Chan, F., & Woo, J. (2010). A pilot study on the effectiveness of anticipatory grief therapy for elderly facing the end of life. *Journal of Palliative Care*, 26(4), 261-269.
- Cohen, S., & Walco, G. A. (1999). Dance/movement therapy for children and adolescents with cancer. *Cancer Practice*, 7(1), 34-42.
- Cole, A. L., & Knowles, J. G. (2008). Arts-informed research. In J. G. Knowles & A. Cole (Eds.), *Handbook of the arts in qualitative research* (pp. 55-70). Thousand Oaks, CA: Sage Publications.
- Coppin, J., & Nelson, E. (2005). *The art of inquiry: A depth psychological perspective* (2nd ed., Rev.). Putnam, CT: Spring.
- Feder, E., & Feder, B. (1981). *The expressive arts therapies: Art, music and dance as psychotherapy*. Englewood Cliffs, NJ: Prentice-Hall.
- Feinstein, D., & Krippner, S. (2009). *Personal mythology: Using ritual, dreams, and imagination to discover your inner story* (3rd ed.). Fulton, CA: Energy Psychology Press.
- Finley, S. (2008). Arts-based research. In J. G. Knowles & A. Cole (Eds.), *Handbook of the arts in qualitative research* (pp. 71-82). Thousand Oaks, CA: Sage Publications.
- Gadamer, H.-G. (2004). *Truth and method* (2nd rev. ed., J. Weinsheimer & D. G. Marshall Trans.) New York, NY: Crossroads.
- Gardner, H. (1982). *Art, mind and brain*. New York, NY: Basic Books.
- Goleman, D. (1995). *Emotional intelligence*. New York, NY: Bantam Books.
- Gray, A. E. L. (2011) Expressive arts therapies: Working with survivors of torture. *Torture*, 21(1), 39-47.
- Greene, M. (1995). *Releasing the imagination: Essays on education, the arts, and social change*. San Francisco, CA: Jossey-Bass.
- Hartelius, G., Caplan, M., & Rardin, M.-A. (2007). Transpersonal psychology: Defining the past, divining the future. *The Humanistic Psychologist*, 35(2), 1-26.
- Heron, J. (1992). *Feeling and personhood: Psychology in another key*. London, UK: Sage.
- Heron, J., & Reason, P. (1997). Participative knowing and an extended epistemology. *Qualitative inquiry*, 3(3), 274-294.

- Heron, J., & Reason, P. (2008). Extending epistemology within a co-operative inquiry. Retrieved September 18, 2008, from: <http://www.human-inquiry.com/EECI.htm>
- International Expressive Arts Therapy Association (IEATA). (2012). Retrieved from <http://www.ieata.org>
- International Society for Traumatic Stress Studies. (2011). *Guidelines 16 and 17*. Retrieved at <http://www.istss.org/TreatmentGuidelines/3337.htm>
- Jung, C. (1966). On the relation of analytic psychology to poetry. In R. F. C. Hull (Trans.), *The collected works of C. G. Jung: Spirit in man, art, and literature* (Vol. 15, pp. 131-193). Princeton, NJ: Bollingen.
- Kedem-Tahar, E., & Kellermann, P. F. (1996). Psychodrama and drama therapy. *The Arts in Psychotherapy*, 23(1), pp. 27-36.
- Kiecolt-Glaser, J. K., McGuire, L., Robles, T., & Glaser, R. (2002). Psychoneuroimmunology and psychosomatic medicine: Back to the future. *Psychosomatic Medicine*, 64, 15-28.
- Knill, P. J., Levine, E. G., & Levine, S. K. (2005). *Principles and practice of expressive arts therapy: Towards a therapeutic aesthetics*. Philadelphia, PA: Jessica Kingsley.
- Koff-Chapin, D. (1996). *Drawing out your soul: The touch drawing experience* (2nd ed.). Langley, WA: Center for Touch Drawing.
- Koff-Chapin, D. (2005). (Autobiographical article). In P. R. Jacobson (Ed.), *Eyes of the soul: Exploring inspiration in art*. Grafenau, Germany: Optimum Druck. Retrieved September 18, 2008 from: <http://www.touchdrawing.com/4Deborah/DKArticles.html>
- Levine, S. K. (2000). Researching imagination: Imagining research. *POIESIS: A Journal of the Arts and Communication*, 2, 88-93.
- Levine, S., & Levine, E. (Eds.). (1999). *Foundations of expressive arts therapy: Theoretical and clinical perspectives*. Philadelphia, PA: Jessica Kingsley.
- Malchiodi, C. (2005). *Expressive therapies*. New York: Guilford Press.
- May, R. (1975). *The courage to create*. New York, NY: W. W. Norton.
- McNiff, S. (1992). *Art as medicine: Creating a therapy of the imagination*. Boston, MA: Shambhala.
- McNiff, S. (1998a). *Art-based research*. Philadelphia, PA: Jessica Kingsley.
- McNiff, S. (1998b). *Trust the process: An artist's guide to letting go*. Boston, MA: Shambhala.
- McNiff, S. (2008). Art-based research. In J. G. Knowles & A. Cole (Eds.), *Handbook of the arts in qualitative research* (pp. 29-40). Thousand Oaks, CA: Sage.
- Moreno, J. L. (1946). *Psychodrama*. New York, NY: Beacon House.
- Mullett, J. (2008). Presentational knowing: Bridging experience and expression with art, poetry and song. In T. Reason & H. Bradbury (Eds.), *The SAGE Handbook of Action Research*. doi:10.4135/9781848607934
- National Association of Drama Therapy (NADT). (2012). Retrieved from <http://www.nadt.org>
- National Coalition of Creative Arts Therapies Association (NCCATA). (2012). Retrieved from <http://www.nccata.org>
- Osterhold, H., Rubiano, E., & Nicol, D. (2007). Rekindling the fire of transformative education: A participatory case study. *Journal of Transformative Education*, 5(3), 221-245.
- Pennebaker, J. W. (1990). *Opening up: The healing power of expressing emotions*. New York, NY: Guilford Press.
- Pert, C. (1997). *Molecules of emotion: Why you feel the way you feel*. New York, NY: Charles Scribner & Sons.
- Provencal, A., & Gabora, L. (2007). A compelling overview of art therapy techniques and outcomes: A review of Art Therapy Has Many Faces. *Psychology of Aesthetics, Creativity, and the Arts*, 1(4), 255-256, doi:10.1037/1931-3896.1.4.255b

- Rao, D., Nainis, N., Williams, L., Langner, D., Eisin, A., & Paice, J. (2009). Art therapy for relief of symptoms associated with HIV/AIDS. *AIDS Care*, 21(1), 64-69.
- Rappaport, L. (2009). *Focusing-oriented art therapy: Accessing the body's wisdom and creative intelligence*. Philadelphia, PA: Jessica Kingsley.
- Robbins, A. (1986). *Expressive therapy: A creative arts approach to depth-oriented treatment*. New York, NY: Human Sciences Press.
- Rossi, E. L. (1986). *The psychobiology of mind-body healing*. New York, NY: W.W. Norton.
- Seeley, C., & Reason, P. (2008). Expressions of energy: An epistemology of presentational knowing. In P. Liamputtong & J. Rumbold (Eds.), *Knowing differently: Arts-based & collaborative research* (pp. 25-46). New York, NY: Nova Science.
- Serlin, I. A. (1993). Root images of healing in dance therapy. *American Dance Therapy Journal*, 15(2), 65-75.
- Serlin, I. A. (1999). Imagery, movement and breast cancer. In C. Clark (Ed.), *The encyclopedia of complementary health practices* (pp. 408-410). New York, NY: Springer-Verlag.
- Serlin, I. A. (2007a). Expressive therapies. In M. Micozzi (Ed.), *Complementary and integrative medicine in cancer care prevention: Foundations & evidence-based interventions* (pp. 81-94). New York, NY: Springer.
- Serlin, I. A. (2007b). Theory and practices of arts therapies: whole person integrative approaches to healthcare. In I. Serlin (Ed.), *Whole person healthcare: The arts and health* (Vol. 3, pp. 107-120). Westport, CT: Praeger Publishers.
- Serlin, I., Classen, C., Frances, B., & Angell, K. (2000). Support groups for women with breast cancer: Traditional and alternative expressive approaches. *The Arts in Psychotherapy*, 27(2), 123-138.
- Sommers-Flanagan, J. (2007). The development and evolution of person-centered expressive art therapy: A conversation with Natalie Rogers. *Journal of Counseling and Development*, 85(1), 120-125.
- Spiegel, D., Bloom, J., Kraemer, H., & Gottheil, E. (1989). Effect of psychosocial treatment on survival of patients with metastatic breast cancer. *Lancet*, 2, 888-891.
- Stern, E. M. (1998) The dialogue of movement: An interview/conversation with Ilene Serlin and E. Mark Stern. *Psychotherapy Patient*, 10(3/4), 47-52.
- Stuckey, H. (2009). Creative expression as a way of knowing in diabetes adult health education: An action research study. *Adult Education Quarterly*, 60(1), 46-64. doi:10.1177/0741713609334139
- Sullivan, G. (2005). *Art practice as research: Inquiry in the visual arts*. Thousand Oaks, CA: Sage.
- Teglbjaerg, H. S. (2011). Art therapy may reduce psychopathology in schizophrenia by strengthening the patients' sense of self: A qualitative extended case report. *Psychopathology*, 44, 314-318. doi:10.1159/000325025
- Vaughan, F. (2002). What is spiritual intelligence? *Journal of Humanistic Psychology*, 42(2), 16-33.
- Von Franz, M. L. (2001). *Creation myths* (Rev. ed.). New York, NY: Shambhala.
- Walsh, R. (1990). *The spirit of shamanism*. Los Angeles, CA: Jeremy P. Tarcher.