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## **Beyond words: Expressive arts therapy in individual and group process in recovery from trauma**

Agnes Carbrey

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Beyond Words: Expressive Arts Therapy in Individual and Group Process in  
Recovery from Trauma

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A research project submitted to the Graduate Faculty of

JAMES MADISON UNIVERSITY

In

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## **Abstract**

This paper describes expressive arts therapies that are interventions for the treatment of trauma. A literature review of this broad topic is narrowed to define art therapy used in conjunction with talk therapy, and provides brief examples from dance movement therapy, visual arts therapy, poetry-journaling-storytelling therapy, and sound-music therapy. Recent innovations in the field include the use of body-oriented interventions and group processes. When thinking about trauma, the body is a positive and negative reservoir of memory, and trauma may be trapped in the body. The author reviews the overlap between contemporary art, contemporary dance movement analysis, and forms of innovative art therapy where the medium of art is employed to express non-verbal emotional states. Expressive arts therapy and performance art may also share as a focus, movement as an agent of change, and healing through the supportive interaction of the participants. In the appendix, the author has proposed a series of art experiential tools for counselors.

## Introduction

In this paper I will combine the professional literature with my personal experience as an artist to bring these ideas to life. Deep reflection is required of the artist and over the years, as a professional artist I have found a unique voice with connection to my authentic self. In counseling, each individual also has to find this deep, honest connection and understanding for themselves in order to live more fully. I was inspired to pursue the subject of expressive arts therapy because I have always used art to define and clarify my emotions. I incorporate the artistic process of therapy in my classes at JMU and challenge my students to tell their stories through art. Each student conveys a time when he or she had a life challenge and came through it with resiliency. Most realize they are processing and finding intuitive healing by the art they made, thus it becomes meaningful through the insights gleaned from their own true narratives.

Click here to view slide show: [https://docs.google.com/presentation/d/e/2PACX-1vSbogmjQ43DRCjaY7d2-vLWEbFTcG3QDyo3cavhr2jkLy9JUpl1skfiyFPKzT8ApVv7\\_Bbi9d7Z5vBi/pub?start=true&loop=true&delayms=2000](https://docs.google.com/presentation/d/e/2PACX-1vSbogmjQ43DRCjaY7d2-vLWEbFTcG3QDyo3cavhr2jkLy9JUpl1skfiyFPKzT8ApVv7_Bbi9d7Z5vBi/pub?start=true&loop=true&delayms=2000)

As an artist, I accept the fear and challenge of difficult life events, and confront them in the artistic process. Author Eric Cowan calls this “externalizing the despair” (Cowan, 2016) and occurs when one can put all that pain outside themselves and make something of it.

## **Expressive Arts Therapy**

Expressive arts therapy uses the creative arts to integrate the mind and body in the transition to wellness. Wordless pain can be expressed in colors, movements, gestures, images,

and symbols. The expressive arts can be a powerful tool when combined with talk therapy. In qualitative research studies, expressive therapy has been shown to lessen symptoms of trauma and PTSD faster than verbal therapy (Levine & Land, 2016). In the practice of counseling, psychological disorders are diagnosed and safely processed within the non-judgmental environment provided by the therapist. As the safe non-judgmental relationship is core to counseling, “recovery from trauma involves (re) connecting with our fellow human beings” (van der Kolk, 2014).

The expressive arts of dance-movement, sound-music, visual arts, poetry-play-journaling-storytelling, and contact improv bring the bodily senses, feelings and intellect together. Humans express beliefs, emotions and ideas through collaborative interaction with art. The release found in creative expression may stimulate catharsis and a positive identity beyond the survivor’s trauma (Appleton, 2001). Group validation of the individual’s expression can create new bonds. Emotions that are not clear enough to be expressed in words can be shared in art. Art can reach deep into the psyche and mirror the direct experience and reflect the inner thoughts.

### **Art Therapy in Historical Context**

Art therapy has been used for over 75 years. Art therapy first emerged as a profession in post-war Britain and was used in sanatoriums, hospitals and schools during the 1930’s. In the mid 1950’s, it was found that art therapy could promote emotional and cognitive growth in children ([arttherapyjournal.org](http://arttherapyjournal.org)). Historically, the therapeutic value of art activities has been acknowledged by many cultures. Art therapy uses the various art mediums such as clay, paint, and collage to enable a client to describe an experience. The American Art Therapy Association was founded in 1969 and advocates for professional education and licensing of art therapists.

AATA promotes mental health through active art-making, counseling, and creative expression. Art therapy is currently used in out-patient treatment, shelters, correctional facilities, residential treatment facilities, psychiatric hospitals, and schools and universities. A literature review of selected art therapy applications indicates that it has been successful as an adjunct to traditional talk therapy and cognitive behavioral therapy. In art therapy, the focus is on the inner experience rather than the outer world. The support relationship of the art therapist is essential to help the individual find meaning in his or her own personal process by “making art”. The experiences of the imagination can be purposeful and non-verbal. The expressive arts therapist hopes to learn more about the client while helping them to gain insight and resilience. Resiliency narratives are built for the survivor as he or she reframes the story and finds art metaphors for experiences (Farokhi, 2011).

Art Therapy has been reported by therapists to be an effective intervention for people with personality disorders and emotion dysregulation (Haeyen, Hooren & Hutschemaekers, 2015). Researchers interviewed multiple clients before and after a 6-week art-therapy treatment and from results, five core categories were constructed to study the theoretical effects of art therapy: improved sensory perception, personal integration, improved impulse regulation, behavioral change and insight comprehension. Clients reported more direct access to their emotions based on the availability of the art materials (Haeyen, Hooren, & Hutschemaekers, 2015). Additionally, the researchers documented improved positive insight based on the following: client feelings placed outside of the mind, client investigation of basic preferences and needs as an art-maker, client expression of emotions, feeling without words, and experiencing rather than avoiding, client entering into an imaginative mode, and client positive feelings of self acceptance (Haeyen, Hooren & Hutschemaekers, 2015).



### **Trauma and Art Therapy**

Visual arts therapies, followed by drama/reenactment therapy, are special tools in the treatment of trauma. Trauma is a situation of terror and the fear of immediate death (Johnson, 1987). After trauma, the organization of the self may be permanently altered and those parts affected by the trauma may be dissociated and fragmented. The fragmented self maintains the “good” self to endure, but must simultaneously maintain a state of psychic numbing, or alexithymia (Johnson, 1987).

Trauma impacts the brain and the body. New techniques have arisen to connect mind and body in dance movement therapy, and in group process, to help the client to feel grounded and safe. According to van der Kolk, (2014, page 244), “the capacity of art, music and dance to circumvent the speechlessness that comes with terror may be one reason they are used as trauma treatments in cultures around the world”. Research has documented the beneficial effects of art therapy (AT) in combination with traditional verbal therapy (VT) (Haeyen, Hooren & Hutschemaekers, 2015). Specifically, AT has been found to reduce recovery time in the symptoms of trauma, PTSD, and personality disorders. Additionally, art therapy has been particularly effective when combined with Dialectical Behavioral Therapy DBT (Rizvi, Steffel, & Carson-Wong, 2003).

### **Group Process Work and Dance Movement Therapy**

Group psychotherapy is a process where clients with similar concerns meet as a group with one or more therapists to share information and solutions. In group process work with dance movement therapy, relationships of trust are built non-verbally and group members share the space with simple interactions such as walking around the space. As group cohesiveness is

established, movement exercises can be added to group work, and group movement therapy has the possibility of offering the role of “play”. It can be perceived as non-threatening due to the safe space and the voluntary participation. It also provides the opportunity for interoception, a term that describes using sensory body-based awareness to name emotion and become aware of its effect. Research by Bessel van der Kolk at Boston University School of Medicine, has explored novel group therapy techniques using art activities. In *The Body Keeps the Score: Brain, Mind and Body in the Healing of Trauma*, (2014), van der Kolk describes how the brain is shaped by traumatic experiences and reveals the latest research using the arts in group therapy. At the Boston Center for Trauma, which Bessel van der Kolk oversees, the Trauma Dance Program and Urban Improv use group activities in drama, drumming, contact-Improv, and theatrical re-enactment with different positive outcomes. These techniques provide the setting for healing within the group experiential bonding area. According to van der Kolk, (2014, page 97), “*our awareness of our sensory, body-based feelings: the greater that awareness, the greater our potential to control our lives... Knowing what we feel is the first step to knowing why we feel that way.*” This suggests that a system of creative techniques could be simplified and condensed for use with broad populations of mental health disorders.

Dance movement therapy (DMT) is an additional approach to incorporating the arts in therapy for reduction in the symptoms of trauma. Preliminary research has demonstrated that utilizing body movements in trauma treatments connects feelings and responses producing a positive effect (Levine & Land, 2016). Dance movement therapy explores an individual's patterns of feeling and reacting ((Koch, Fuchs, Summa & Muller, 2018). Levine and Land conducted meta-synthesis and multi-phasic analysis of the efficacy of dance movement therapy

and affirmed that the practice of DMT could create a reduction of symptoms and reduction in length of treatment for trauma.

Laban Movement Analysis has been an influence on the evolution of DMT as choreographers and practitioners of dance. Irmgard Bartenieff has crossed over into the physical therapy and mental health professions. The earliest work with LMA to enhance maximum functioning with polio patients was in the 1940's. LMA makes a distinction between functional movement and expressive movement, and weight, direction, speed and flow in the analysis of body language and movement through space. LMA guides the gradual change to support and elicit a positive emotional state, and the expansion of expressive movement range (Tsachor & Shafir, 2017).

DMT emphasizes the simple movement of the client throughout the physical space. Clients with trauma may have a defense mechanism, which is referred to as "body armoring" (Koch, Fuchs, Summa & Muller, 2018). This sense of immobilization is decreased when the therapist encourages the client to overcome shyness by moving into the space available to them. The therapist interacts in a way, which is referred to as "mirroring" to encourage further movement. Small unconscious gestures called "shadow movements" convey the story of the client to the therapist and allow the client to see that the therapist is attuned to the client's inner narrative (Levine & Land, 2015).

One of the underlying premises of DMT work is that the body is a positive and negative reservoir of memory ((Koch, Fuchs, Summa, & Muller, 2018). Fragmented neurological function occurs during trauma and is registered as painful sensory memories with a non-verbal narrative. When a therapist is working with body memory techniques, the body becomes the vehicle of change. The client can reclaim the body as an ally in the recovery from trauma. Positive

memories are also stored in the body and through step-by-step trust and experimentation, the client can gradually work toward new positive body feelings and memories (Koch, Fuchs, Summa & Muller, 2018).

Some techniques common to DMT include:

**Authenticity** group validation is learned when the client moves authentically among others and remains true to herself.

**Building strength** helps the client direct aggressive energy outside of the body rather than at oneself, perhaps with punching or striking movement. These aggressive muscle tension movements are alternatively balanced by muscle relaxation techniques.

**Free association** movement allows the therapist to save time by movement analysis and to help the client bring forth metaphors and images from the body.

**Grounding the Self-** the client begins to re-inhabit the body and stay present.

**Mirroring:** The therapist imitates and responds to each movement of the client. This is a technique that fosters empathy and provides validation as others correctly and empathetically mirror.

**Resistance:** Certain individuals have resistance and consciously experience movements of the body as threatening. The client may hate or neglect their body and feel triggered by movement. If the client feels that an outside force is controlling her, she can learn to recreate a sense of positive control and connection to the body.

**Touch** is a way to reestablish trust with others and is usually enacted in conjunction with a second therapist.

Some distinctions for movement are as follows: the client may be active or still, the client may choose a body position of openness or closed, body movement intensity may be high or low,

the client may position the body in space as above or below, forward or behind, and the client may move self or allow others to move her (Koch, Fuchs, Summa & Muller, 2018).

Open or closed body, (Koch, Fuchs, Summa & Muller, 2018), can be seen as a parallel to strategies for defusing anger, used by Marsha Linehan in her DBT work with clients who experience intense anger. Linehan uses the concept of “open hands” in gesture she calls “willing hands” as a signal for the client to acknowledge to herself, that she is out of control during crisis (Linehan, 2017).

### **Visual Art Therapy**

In Appleton, (2001), the author illustrates several examples of art therapy used for treatment in adolescent burn trauma as well as the impact of art therapy on individual clients. In Appleton’s work, clients reported increased well-being and positive identity. The psychosocial and developmental issues of adolescent trauma resolution were measured in four stages: creating continuity, building therapeutic alliance, recognizing and tolerating social stigma, and reconstruction or fostering meaning (Appleton, 2001). The stages and corresponding interventions used in this study are detailed as follows (Appleton, 2001, page 8).

In Stage 1: Accident maps are drawn of the trauma event and use of color is employed. Denial and shock are addressed as emotional undercurrents. Coping skills and self-care strategies are taught, such as breathing, distraction and desensitization. The therapist contains the catharsis.

Stage 2 Retreat: In building therapeutic alliance, fantasy is explored and new art mediums are used in an experimental or abstract way. Pictures are left unfinished. Resistance to therapy and social withdrawal give way to relaxation images of super human escapes and imaginative stories.

Stage 3: Lines and colors are used to communicate emotion and multi-media collage methods explore ambivalence and diverse emotions. Mourning and grief are addressed.

Stage 4: Exploration of challenging mediums begins. Paintings (in oil and acrylic), are completed and the pictures tell stories of spiritual values and independence, plans for the future, hopes and fears, home and school images. The final stage is acknowledgement (Appleton, 2001).

### **PTSD Drawing for Recovery**

Drawing with a single line is a tool of art therapy. In this exercise for recovery from PTSD, the therapist works one-on-one and gives the client instructions to make a very simple outline of a gingerbread person. The client is then asked to use the following colors to identify where the body feels the following emotions: Anger (red), Sadness (blue), Fear (black), Calmness (pink), Happiness (yellow) (Williams & Poijula, 2018).

### **Poetry-Play, Writing and Journaling**

Reading and writing was utilized as a tool of psychiatry in the mid 1700s. During the 1960s poetry therapy became more widespread in mental health counseling. Currently, poetry therapy is being used in treatment through the veteran's administration. Prisons, schools, and inpatient and outpatient services now employ poetry therapists to build connections between healing, writing and creative expression ([www.poetrytherapy.org](http://www.poetrytherapy.org), 2019). Specifically, poetry therapy uses the play of words and literature for healing and growth. It is a therapeutic tool that for some clients may be more enjoyable and less threatening than talk therapy. Its purpose is to give a voice to emotions that one is unable to articulate and to release pain linked to traumatic memories. Validation is gained in better communication skills. Poetry allows reflection and

increased self-awareness that can help clients recognize and shed maladaptive behavioral patterns and may create a pathway for validation.

### **Stories as Expressive Art Therapy**

Finding and re-telling a story is a highly effective and non-invasive method to promote healing. Reflection and understanding can be found in stories from fairy tales to heroic legends. Author and psychologist, Clarissa Pinkham Estes, takes stories from different cultures and interprets them with her clients. The healing power of multicultural story-re-telling and interpretation is what she calls, “stories as medicine”. In her book, *Women Who Run with the Wolves*, (Estes, 1992, page 95), she interprets a story retold by Mary Uukalat, "Skeleton Woman". Estes reframes the trauma of the heroine as a resilience narrative, and refers to the wisdom gained in the recovery from trauma as “the accidental finding of treasure”.

*“She had done something of which her father disapproved, although no one any longer remembered what it was. But her father had dragged her to the cliffs and thrown her over and into the sea. There the fish ate her flesh away and plucked out her eyes. As she lay under the sea, her skeleton turned over and over in the currents.”*

Within this story, a resilience transformation unfolds: A lone fisherman retrieves his net from the water with excitement - for it feels heavy with the day’s catch. But when he untangles it he finds the mass of her bones. He takes the odd jumble of bones home with him into his cave. There, by the warmth of his fire, he carefully reassembles the bones into the shape of a woman, and then falls asleep. When he awakens she is alive in flesh, and becomes his treasured loving mate.

### **Sound and Music as Expressive Art Therapy**

Since 1940, the passive listening of music with therapist and client was a tool to find connection, and uncover feelings of social and emotional reciprocity

(<https://www.musictherapy.org>). The music therapist now employs many techniques to distract the mind from pain, to alter mood, or to slow the rhythm of the body. Music therapy has been used with clients to with stimulate the brain with feelings of inspiration and reward. The music therapist follows the interest of client to focus on areas of appeal, such as drumming, interpretation of lyrics, singing, humming and song writing.

In a study of risk and opportunities of music therapy on survivors of torture and political violence, researchers discovered that many of the participants were found to have sensitivity to loudness in volume higher than that of participants in a control group. Music therapists working with auditory sensitivity recognize and work to find therapeutic interventions that are of comfortable hearing threshold. (Metzner, Verhey, Brask, & Hots, 2018). In refugee families and survivors of war, music has been re-introduced for relaxation and a sense of inclusion in shared group music making. Music therapy has also been used as treatment for survivors of trauma and combat PTSD (Benison, Amir, & Wolf, 2018). The goal has been to calm anxiety, dissipate anger, and teach emotion regulation and coping skills. Many survivors of trauma and PTSD cope with difficult emotions of isolation and non-verbal loss.

Music and sound therapy, specifically drumming, has been used to lessen the effects of combat stress symptoms such as intrusive memories, angry reactive behaviors, and feelings of helplessness. Combat soldiers who participated in drumming sessions reported shared feelings of joy and connectedness. Data was gathered from film recordings and open-ended interviews. They reported increased coping skills and reduced symptoms of PTSD (Benison, Amir, & Wolf, 2018).



### **Contemporary Art and Experimental Healing Forms**

Innovators such as Bessel Van der Kolk do not stop at traditional forms of art therapy but continue searching to find ways to connect, release and externalize trauma with the goal of building safe moment-to-moment existence. Van der Kolk, specifically, seeks more connected and diverse forms such as movement, drama process, and yoga. Van der Kolk's experimental techniques in trauma therapy borrow from, or overlap with, a special genre of contemporary art. Referred to as "performance art", or "process art", music, the body, senses, and mind, are brought together in movement, sound, and drama. The goal is to create interdisciplinary artworks of maximum impact in the psychological, spiritual, historical, political and personal realms. Professional creative artists use multiple mediums: sculpture: dance movement, sound, color and words are combined and groups are engaged in communication. Within the safety of the creative art environment, experiments and skills in creative art making can be shared and integrated into the therapeutic environment. A sense of release comes as one externalizes the thought, emotion, feeling, (or trauma). Art and creative expression becomes the vehicle to release these trapped experiences of pain. This can be referred to as "externalizing the despair."

*Healing yourself is connected with healing others.*

**– Yoko Ono, artist, born Tokyo, 1933**

By externalizing the despair, the individual may be able to acknowledge the pain and its impact on their life.

### **Purpose of this Paper**

The purpose of this paper is to provide background literature to support the use of art therapy with trauma and to offer examples of art therapy inspired techniques for the therapist interested in this type of work. This will begin with a list of the terms and definitions that form

the foundation of the techniques cited, as well as detailed instruction for each of the techniques.

A brief discussion and implications will conclude the paper.

### **List of Terms**

**Aesthetics:** the idea of beauty, outward appearance, the study of art.

**Art Function:** found in the collective laws of aesthetics, which evolved on a biological, evolutionary basis, to survive and transmit genes more effectively (Ramachandran, 2011).

**Art Origins:** theory of Ellen Dissanayake: humans evolved to attune themselves to others from the moment of birth, due to being born helpless. This attunement was expressed initially as mother-child interactions in rhythmically patterned vocalizations, body movements and exaggerated facial patterns. These activities encouraged loving bonds between caregiver and infant. These same patterns of rhythm, movement and harmony are recreated in artistic expressiveness and ritual. Cultures have elaborated further with dance, mime, rhythm, vocalizations, art objects, paintings, and images that contribute to shared bonding. (paraphrased by the author, attributed to Dissanayake, 2000).

**Artist:** the individual or group, that works with one or many forms of expression, experiences or mediums, such as drawing, sculpture, color, images, symbols, music, movement, in an event, space or narrative.

**Accident maps:** a plan or spatial visualization of an incident and location (Appleton, 2001).

**Art process:** to engage in the physical, psychological, interactive, and mindful process of making art without the intention of a finished product or goal.

**Art-make:** any and all person(s) who engage in art media of any form.

**Art metaphors:** symbols that hold meaning in visual arts, sound, words, movements.

**Butoh dance:** Butoh is an expressive form of silent theater or dance theater in Japan, (1959) which arose after World War II amid the culture of the traditional Japanese Society and in the aftermath of the atom bombs dropped on Nagasaki and Hiroshima.

**Dance movement therapy:** form of movement release in space using the body and surroundings.

**Drama/theatrical reenactment therapy:** acting that is derived from an individual's narrative.

**Deep listening:** As described by Pauline Oliveros, composer: an appeal to silence and sometimes the intent and ability to find sound in an unusual place or by alternative means.

**Externalizing the despair:** a quote from Eric Cowan, Psy.D. - Projecting an emotion onto an outside vehicle - to carry emotion away and externalize it, such as a in a work of art.

**Grounded theory approach:** a research methodology that may begin with a question and a collection of qualitative data. The data may present themes as a basis for theory, using selective coding and theoretical sampling.

**Irmgard Bartenieff:** 1900-1981 - Dance theorist who applied Laban Movement Analysis to physical therapy for rehabilitation of those afflicted by polio. She used a set of specially designed approaches that relied on voluntary, exploratory, participatory movement.

**Laban Movement Analysis:** Founded by Rudolf Laban, born 1878, Hungary, Austro-Hungarian dance theorist, pioneer of modern dance, an expressionist, friend of Carl Jung, originator of dance notation and analysis of movement through space and creator of the Movement Choir.

**Meta-synthesis:** an intentional approach to analyzing data across qualitative studies.

**Mirroring:** acting as a mirror to the movements or expressions of another.

**Movement Choir:** basically moving with others, non-dancers, all ages, races, genders, body types and sizes etc. people move with choreography but include personal expression, the act of moving together to shared rhythm, repetitive movements, designed by its members. Example:

<https://youtu.be/wHBIRSdP1-M>

**Community Dance Ritual:** used with groups in psychiatric settings. (Ilene A. Serlin Ph.D, 2014)

**Improv:** working in the moment to respond to stimulus such as sound, people, and space.

**Process Art:** the individual or group makes art that is not about a final end product, but instead is about the process. (in non-judgmental, open-ended, experiential, unconditional positive regard).

**Performance Art:** individuals and groups who may create art in non-traditional spaces, with leaders or facilitators, (outside the realm of commercial fine art, which is a product for sale). Often performance art exists within a moment in time and in a “non-art” space. Multiple forms of art, such as music, dance, movement, sound, words, film, may be employed, community engagement may also be invited.

**Shadow Movement:** slight movements

**Contact Improv:** moving with others in a support role, where one body shares the weight of another, or the group shares the passing of the weight of another body. Essential group dynamic is built and requires the integration of physical and emotional trust, responsibility and shared goals. Choreography is built gradually through the shared experience, and in addition a “theme” may be held as a joint concept.

**Psychic Numbing:** alexithymia (Johnson, 1987).

### Overview of this Project

My inspiration was to develop interventions utilizing various mediums of art to meet the therapeutic needs of clients. This project offers 15 different activities under 6 categories, ranging from low risk to high risk. All activities are inspired by my past work in music-sound projects, dance, contact Improv, community dance connection theater, outdoor environmental site-specific installation, body wearable art, performance art, drawing and painting, and sculpture in community and group projects with grants from Mid-Atlantic Arts Foundation, James Madison University, Washington and Lee University, the Mayor's Office of Auvillar France, and the Virginia Center for the Creative Arts Fellowship Residency, among others.

All activities are attached in the Appendix and include purpose, intentionality and detailed instructions for conducting the activity and processing it with the group. Activities, along with a brief description, included in the appendix are as follows:

1. **Deep Listening** is a sound/music. Purpose: To focus mindful attention to surroundings, can be somber or playful, and allows each group member to listen or actively participate.
2. **Poetry Play** is low risk group activity "free association" word play. Purpose: Playful, non-judgmental, voluntary self-disclosure and collaborative group themes.
3. **Movement and Mirroring** starts as low risk, (Holding the space) and moves to non-verbal group trusting environment where members create a "movement choir" through learning from other's movements, and finally contact-Improv with sharing weight. (high risk) Purpose: build trust and group collaboration.
4. **Sculptural Visual Arts** are low risk activities, a "self box" and "mask-making", to high risk: wearable "second skin", see photo examples. (Students link here).

5. **Visual Arts Drawing and Painting**, all low risk activities involving color play, life-size body tracings, and group project of drawing expressive LIFE journey.

### **Conclusion**

In researching this paper, I found a wealth of interventions, from simple drawing exercises to complex group bodywork. Art, dance, music and literature express that unconscious inner voice through the non-verbal language of emotion and connection. In this way, art is a vehicle for healing and a tool in recovery when it is used within the safe setting of unconditional positive regard and skilled supervision of the therapist.

### **Recommendations**

An introduction to the techniques, innovations, and theories of expressive art therapy would be a valuable addition to the curriculum of the Clinical Mental Health Counseling student. I have a crossover role of clinical mental health counselor and expressive arts facilitator, because I also have a background as a trained artist, musician, dancer, university instructor and director of community/university projects. There is still much research to be compiled on this subject, however I propose a useful beginner's manual, readings and discussion, hands-on demo workshops and blended online coursework.

See next page: Expressive events/ innovative processes (beginning, intermediate, advanced)

## APPENDIX

## SOUND/MUSIC - DEEP LISTENING

1 – A. Essential Sound (see alternatives\*)

Psycho-educational skills taught: Moderator introduces concepts of mindfulness and distress tolerance skills (Linehan, 1990) through group process of listening or contributing. Client learns to put subjective abstract experiences into words, during discussion/sharing. Group size: 6-22

1. Purpose: to improve sensory functioning through MINDFUL listening.
2. To create environment of non-judgment and acceptance.
3. Intentionality: to make sounds together, and listen to others in shared experience.

*Directions: Two moderators: one to explain, one to demonstrate. Moderator explains: No pressure to participate, only to listen. Respond if one feels the inclination. Group intention: Listen together. Moderator demonstrates each method of sound making: finger click, breath, drumming with hands. Timer is set to 2 minutes for sound-making, 1 minute rest, then again 2 minutes sound-making, repeat intervals.*

- Group sits facing outside of circle, in chairs or on floor, with eyes closed.
- Leader demonstrates options: finger clicking, audible breathing, drumming with hands.
- Instructions to group members: respond or just listen to pace, pulse, whisk, stroke.
- Timer is set to 2 minutes.
- Each member joins as desired, until timer rings.
- Discussion led by moderator.

Discussion: Moderator asks for feelings that were associated with participation. Group reflects on cadence and structure of rise and fall response. Group members make suggestions for next round.

*\*Alternative 1: Passive listening: Set timer, Listen to sounds in nature, ask for observations in discussion.*

*\*Alternative 2: Use 30 minutes for mindful walking. Find object in nature to make sound for group.*

How clients benefit: Client observes his/ her willingness or barriers to participate. Discussion follows as to mindful listening, awkwardness, or other obstacles to group participation. Laughter encouraged, suggestions from group are noted as to make members comfortable and improve group experience.

NOTE: This activity will have varying degrees of success based on the comfort level of the participants, particularly among those who have experienced trauma, Consideration should be given as to whether to enter immediately into the activity or to create a warm-up or transition to the activity. Modification may be necessary. (END PAGE Exercise 1 in DEEP LISTENING)

## SOUND/MUSIC - DEEP LISTENING

1-B. Hum Attunement Anonymous

Psycho-educational skills taught: Moderator introduces concept of pure auditory observation, improved sensory function and communication without words. Skills from interpersonal effectiveness (Linehan, 1990), learned reciprocity, emotional restraint, making best choices in moment, taking responsibility to contribute thoughtfully to overall positive outcome.

1. Purpose: to experience pure auditory observation.
2. To initiate, by example, an environment of trust, openness and curiosity.
3. Intentionality: to make sounds together, listen responsively, to contribute to best outcome.
4. To find a shared group identity in the moment.

*Directions: Two moderators, one sits in center of circle, the other joins participants. Moderator explains that he/she will begin to hum quietly and invites any to join in humming or listen. Moderator demonstrates and participant-moderator responds with hum accompaniment. Moderator explains that no melody is necessary, but to listen to rise/climax/fall of "group sound" with open attitude. Group intention: listen, hum, join the flow of group. Timer set to 3 minutes, 1-minute between. Repeat. Discuss.*

- Group lies on floor comfortably, face up, in circle – with heads toward center of circle.
- Moderator sits in center, (photo.) Eyes closed or gentle focus.
- Moderator tells group: Relax on the floor.
- Feel the floor vibrate, Feel your head on the floor. Make a tiny sound, hum-test.
- Moderator or group leader hums, (or repeats a word from poetry play themes, advanced).
- Invites others to join with humming, yawning, stretching, sounds (advanced: word).

Discussion: Moderator asks for group experiences and thoughts

How clients benefit: Client observes the feelings generated when group listens closely and attunes to one another. Simple humming becomes a safe zone for gentle, anonymous exploration and slight risk-taking. Curiosity is inspired to see what will happen with sound.

***\*ALTERNATIVE - SOUND-JAM - Permission to record. A sacred space or sound location is selected; a cave, a chapel, or outdoor setting in nature. Timing is agreed and set. Leader initiates sound, members are invited to hum, sing, call, shout, clap or make random sounds. Conclusion: Discussion and listen to recording. Practice daily for 1 week, or meet twice per week for 8 weeks with discussion following.***



***How client benefits: Rhythmic patterns of vocalization and harmony contribute to feelings of connection.***

## POETRY PLAY

### 1-A. Sensate Single Line Group Poem

Psycho-educational skills taught: Moderator helps client to uncover core values and develop insight and intuition. The therapeutic setting is safe and anonymous and gently expands the range of what is expressively possible. Group: 6 – 22 members

1. To release unspoken frustration, joy, humor, numbness in safe neutral anonymous game.
2. The client gains a sense of immediate reward by inspiring others.

*Directions: Moderator asks a volunteer to write a “passing phrase”. The paper is passed until the page is full. Example: “The wind blows across the Garonne River and I feel....” or any other phrase. He/she writes first line on a sheet of paper and passes it to each group member. It circulates while members write their morning journal. Momentum builds through several passes.*

- Moderator or volunteer shares rules of the game, only one line by each person,
- Moderator explains that poem can be anonymous, silly, serious, profound or boring.
- 10-15 minutes are devoted to adding one line to “passing phrase”
- It cycles through group 3 times minimum.
- Read to group at completion by volunteer who wishes to give utterance.

How clients benefit: Client helps group generate curiosity together and develop themes for future visual art making. Client learns from the process of “silent reflection” as each member contributes equally to the evolving group poem. Members gradually experiment with boldness, and learn to improvise in the moment, thereby improving social skills.

\*ALTERNATIVE 1 - Group temperature, “How are you doing today...random thoughts?” Each member of group writes a phrase to describe or acknowledge a state of mind. The passing phrase invites self-disclosure and may be used to share random thoughts or increase group unity.

END Exercise 1-Poetry Play

## POETRY PLAY

1 – B. Externalizing the Despair

Psycho-educational skills taught: Moderator introduces client to emotion regulation skills (Linehan, 1990) opposite action, or embracing and exposing emotion through vigorous, uncensored words.

1. Purpose: To tolerate emotions, acknowledge and accept emotions that seem unbearable.
2. To find commonality with others in emotions that are difficult.
3. To resolve inner conflict by naming emotion, sadness, regret, anger.
  1. To gain confidence in self-expression.
  2. To turn rumination into rhythm, rhyme, levity, brashness, profanity, humor.

*Directions: Moderator asks a volunteer to write a “passing phrase” that expresses a strong emotion. The paper is passed until the page is full. Example: “When I see my ex-husband, I feel...” or any other phrase. He/she writes first line on a sheet of paper and passes it to each group member. It circulates while members write their morning journal. Momentum builds through several passes.*

- Moderator or volunteer shares rules of the game, only one line by each person.
- Moderator explains that phrase can be angry, joyous, jealous, sad, grieving, fearful, insecure, anonymous, silly, serious, profound or boring, but it needs to be honest.
- 10-15 minutes are devoted to adding one line to “passing phrase”
- It cycles through group 3 times minimum.
- Read to group at completion with permission

*Discussion: Therapists asks each participant in individual therapy about process, fear and challenge. Therapist works additionally with group to talk about skills in distress tolerance and how slow down reactivity with such techniques as “breath pacing” (Linehan, 2017).*

How clients benefit: Client observes his/her willing/unwillingness to participate. Client names emotion and then uses words to release it. Client sees power of his/her expression among group members as they add thoughts and emotions.

**NOTE: This activity will have varying degrees of success based on the comfort level of the participants, particularly among those who have experienced trauma, Consideration should be given as to whether to enter immediately into the activity or to create a warm-up or transition to the activity. Modification may be necessary. END Exercise poetry play 2-B**

## DANCE MOVEMENT THERAPY

3 – A Holding the Space: Walking

Psycho-educational skills taught: Opposite action or moving when moving seems awkward, unbearable, or censored. Eventually de-activation of body alarms occurs - through a process of desensitization. Thus the client can gradually reclaim the body as an ally. Client begins to re-inhabit the body and stay present.

1. Learning to be comfortable with one's own movement.
2. Experience resistance and continue.
3. Accept that others are in one's space, but that one has no responsibility to interact.

*Directions: Moderator explains that the room is big and all group members will walk all around to try to fill it. Leader asks that client moves randomly as he/she chooses, but also eventually and gradually will use up all the space in the room. Movement can be moderate or slow but just like natural walking. Group of 6 – 18 members*

- Set timer for one minute:
- All group members walk about randomly in a space without speaking or interacting.
- Come to rest when bell rings.
- Repeat, and when bell rings again, group members begin walking about the space again.
- Moderator leads discussion: acknowledgement of the randomness, presence of others.

Discussion: Moderator offers opportunity for volunteers to share feelings about body in space with others and asks for input about safety issues in moving forward.

How clients benefit: Clients learn to accept their physical space, become aware of their body, and take responsibility for it. In walking, and not colliding, but gently guiding oneself to all corners of the room as others enter one's space, can be challenging, but through gradual awareness and acceptance, it becomes less threatening. IMPORTANT to flow directly to Part B - Next

## DANCE MOVEMENT THERAPY

\*PART 3-B OR ALTERNATE: Holding the Space:

*Walking with Imitation and initiation: (this is really fun!)*

Psycho-educational skills taught: Therapist offer skills in leadership and body confidence by creating a reassuring environment BUT gradually asking that walkers might choose to imitate or initiate a movement beyond walking.

1. Purpose: continue as positive and negative self-images of the body arise.
2. The therapist models positive acceptance as client's body feelings emerge.
3. Therapist offers the CHOICE that client can continue walking.
4. Therapist offers leadership: client may follow, or even initiate a movement.

*Directions: Group begins walking again, but this time observes one another walking, watching to see everyone else walking. Volunteer offers to initiate a movement that is a variation on walking. Following a movement generated by individual in the group, others may imitate, distort, or gradually change. Group continues to walk and move freely about the space, imitating and initiating until bell rings again.*

Discussion: After the boredom of walking, members begin to relish the idea of slight risk, by adding a touch of their personal body language and seeing how others respond. After movement session, therapist encourages talk release, asks about the experience, awkwardness, grace, humor, and embarrassment Talk is usually embarrassed, with laughter and gesture, exhilaration and exuberance.

How client benefits: When client initiates a movement and others notice and pick up and imitate his/her movement, validation occurs and body mastery gradually begins.

Group Benefits: Bonding and Idea exchange, non-verbal body language, everyone may choose to be a leader or not.

END EXERCISE 3-B- Continue with MIRRORING roles



## DANCE MOVEMENT THERAPY

3 – C MIRRORING ROLES (2 people) or therapist and client

Psycho-educational skills taught: Client learns to SLOW DOWN movement as in calming or slowing reactivity in “getting arousal down” exercises (Linehan, 2017). Moderator introduces breath pacing.

1. Moderator introduces the skills of observing and finding attunement with another.
2. Client experiences resistance but moves through it.
3. Mirroring (enhances body awareness with peripheral vision) (2-persons)

*Directions: Client decides on a movement. For example: A movement based on one of the following routine repetitive activities: folding laundry, martial art, (tai chi) childhood play activity, dancing, stretching, yoga, curling, Emotional state*

- *Stand in one place and set timer to 2 minutes.*
- *Client begins a simple movement but in SLOW MOTION.*
- *The other person follows movement and imitates exactly, anticipating and following closely.*
- *Move so slowly that movement is almost imperceptible*
- *Breathing is slow inhale, slow longer exhale, audible.*
- *One person leads at a time for timed interval of 2 minutes.*
- *The other person tries to follow.*
- *Switch and allow second partner to lead.*

Discussion: How did SLOW DOWN affect bodily feelings? How could this intervention be used as a skill in their lives to re-gain control or tolerate distress?

How the client benefits: Allows for individuals to take turns leading and learning with the body gradually, building confidence, knowing that others will notice, and follow, and accept.

(\* Alternative = advanced, move across floor with SLOW MOTION, other person follows for 3min.)

(Example see Butoh dance) Butoh is an expressive form of dance theater in Japan, (1959) which arose after World War II, in the aftermath of the atom bombs dropped on Nagasaki and Hiroshima.)

## DANCE MOVEMENT THERAPY

3 – D Advanced group MOVEMENT CHOIR <https://youtu.be/wHBIRSdP1-M>

Psycho-educational skills taught: Client learns “free association movement” by experimentation. The client learns to express a feeling without words, and experiencing rather than avoiding (Linehan, 1990).

1. Purpose: work step-by-step toward new positive body feelings.
2. Learning to relax in space with others
3. Purpose; Group collaboration
4. Sharing an emotion in movement

*Directions: Leader asks each member to remember a SLOW MOTION movement series that was successful in mirroring exercise 3-C. Now feelings of positive acceptance expand to convey an emotion in movement. Design it in only 4 poses. Teach to other members of group. Work together to integrate all movements of group.*

- Organize into small groups of three.
- Write emotion on card. Design four movements or (stationary poses) based on that theme.
- Draw on card to illustrate. Demonstrate to others in small group.
- Choreograph series of 12 movements based on each person’s contribution. (3 persons x 4 movements = 12 movements)
- Repeat series until flow and memory take over and the movement becomes a system.

Discussion: Moderator asks for volunteers who will share movement sequence of group. Others express support and groups return to try sequence again.

How client benefits: Client builds sensory motor function and social skills. Client builds emotion resilience by putting body language into movements and sharing them with others.

End of 3-D Movement – see 3-E

## DANCE MOVEMENT THERAPY

CONTACT IMPROV3-E-

Psycho-educational skills taught: Moderator introduces client to safe, functional touch. Client and partner will lean with weight, but not touch with hands. Therapist helps each client re-gain sense of body control.

1. Purpose: building trust with group members.
2. Experiencing rather than avoiding.
3. Positive acceptance with safe boundaries.

*Directions: 2-3 persons begin with leaning. LEAN on another while barely touching. Try leaning from many different angles for up to 1 minute until timer goes off. Try with other person in the group. Take turns supporting one another's weight while barely touching. Then involve all 3 people. Now only one person is leaning and is supported by the other two. See if one person can completely relax weight onto the other two. (Without holding on with hands). Allow weight to completely be carried by other two persons. Now try moving slowly across the room with body weight being completely supported by two other persons.*

- Each person allows his/her weight to be supported by other. Take turns.
- Members can change height and angles.
- Get onto hands and knees or bend or crawl or curl.
- Whatever is necessary to support one person's weight.

Discussion: What came easily and what was difficult?

How client benefits: Client experiences authenticity and responsibility as he/she focuses intensely in order support the weight of another's body. Practice of mindfulness within the body realm as client slows down to gradually support weight and give weight back and forth to partner.

END 3 Dance Movement Therapy Series



VISUAL ARTS: SCULPTURE4 -A-Eco-assemblage and memory structure BOX

Psycho-educational skills taught: Client reflects on personal values and makes aesthetic choices.

1. Client learns willingness to listen with eyes and ears.
2. Quiet walking in nature improves sensory perception and allows memory associations.
3. Client discovers preferences in materials and choices.

*Directions: Client collect objects from nature and surroundings during mindfulness walking exercise.*

*Client brings 8-10 objects from nature to group meeting. Arrange objects in box. Write brief notes to record what associations the objects revealed and discovered about personal preferences and feelings.*

*Explain your objects to the group if desired. Listen and respond to others. Objects will serve purpose later in drawing exercises.*

- Solitary walking meditation for 30 minutes and pick up random objects from nature.
- Quiet time together to write personal reflections, record feelings, symbolism of objects.
- Group sharing of object choices, as time permits, 3-5 minutes each set timer.
- Place objects in box with written reflections for future use in drawing.
- Add more to object box during the week if desired.

Discussion: Moderator asks what was learned about feelings during mindful walking and visually experiencing nature. How did the object choices reflect personal values? What textures, colors, and energies did the various objects symbolize?

How client benefits: Client gains insight and positive self regard as he/she receives input about symbols from nature. Client builds positive narrative and learns from other's perceptions. *Client begins collection of objects, which hold meaning. END of Eco-symbols*

VISUAL ARTS SCULPTURE 4-B

## MASK-MAKING and container box

This is a process in individual therapy, or closed group meeting for a 6 weeks. Finished mask is placed in a specially designed box, which is closed and decorated on outside.

Psycho-education skills taught: Painful and difficult emotions can be expressed externally; the only way to crawl out of pain and find a new behavior is to process it a little at a time (Linehan, 2017). Therapist helps client to make symbols of emotions in art materials that seem unbearable, thereby externalizing them.

1. Purpose: to explore emotions in non-verbal way.
2. To resolve inner conflict by making naming emotion, sadness, regret, angry.
3. To gain confidence in self-expression.

Tools and mediums: *Preparation: Ready made mask blank, or foam 3-D heads, or small dolls made of paper mache forms. Paint, collected objects, plasticine, clay, magazines, yarns, adhesive. Modge podge, Elmer's glue.*

- Moderator shows samples and allow client to look at masking making cultures.
- Hopi Kachina masks made by military veterans, contemporary masks, medieval masks.
- Discussion with client, what images are brought by masks done by others
- How might he/she make a mask that also expressed something?

How client benefits: Therapist works with resistance, dialogue, and tries to sell a new behavior: a willingness to experience sadness or shame which is too painful, by placing emotions outside.

END Visual Arts Sculpture

VISUAL ARTS4-C.

## MINDFULNESS WRONG HAND DRAWING

(Individual or trusted closed group sessions)

Psycho-educational skills: This exercise teaches focus and faith in one's diligence. Therapist must discuss risk with client and what could go wrong and how it might have felt to have been judged in the past.

1. Purpose: non-judgmental play with focus on external object, not self.
2. Develop focus and detail in the movement
3. Take risk with a pencil line, while describing the beauty of a nature object
4. Learn it is fun to be wrong.

*Directions: Using the wrong hand, make a continuous searching line that never leaves the paper and a very sharp pencil trace its outline on the paper without looking at the paper.*

- Subject: object from Nature retrieved in MINDFUL WALKING.
- Using very sharp 2B drawing pencils and smooth Bristol plate finish paper.
- Set timer for 30 seconds on repeat,
- Look only at the object.
- Begin a single line that never stop moving, but moves VERY slowly, tracing the outline of the object
- Never let the pencil leave the paper. Draw at 30-second intervals for up to 3 minutes.
- Complete several drawings –each with a different color of pencil, allow to overlap.

Discussion: Process how it feels to pay more attention to the experience that the end. Discuss results, look at drawings of famous artists who did wrong-handed single line drawing, Henri Matisse, Egon Schiele, Gustav Klimt, Mauricio Lazansky and Mary Cassatt.

How client benefits: Client learns to enjoy the process of searching with the pencil, utilizing mindful behavior but also earn a result that is a visual equivalent. Client experiences drawing as an act of contemplation and honor for the subject.

END Wrong hand blind Contour

COLOR 5 -A

## EMOTION VISUALIZATION WITH COLOR

Psycho-education skills taught: Moderator uses color to elicit responses from individual or group. Preferences are expressed for color symbolism and imagination is stimulated.

1. Purpose: Emotional color is an ice breaker or beginning point for group or individual therapy
2. Attraction to color brings pleasant sensual associations
3. Color is associated with feeling and memory and hold symbolic meaning

Tools and supplies: Color aid paper pack, (365 professionally tinted hues and shades) presented on long, large table for spreading color sheets. Directions: Moderator asks client to select 2 colors that feel like he/her emotion of the day. Then client selects third color, which describes her at her best.

Discussion. Group leader: Use color as metaphor: laws of color: presence of all color is white. Absence of all color is black. Color has no meaning alone. Color exists in relationship with other colors.

- Ask client to select all the colors that he/she feels are blue, experiment with all the different kinds of blues: blue green, blue-purple, cool blue, warm blue. Look at range of blues.
- Ask client to select opposite of blue color. Discuss opposites and complements for blue or how it vibrates in relationship with its opposite. Discuss color preferences.
- Discuss the connotations of the color as it relates to emotion and expression
- Look at color in relationship. Draw parallels to people in relationship and to preferences.

How client benefits: Client expresses authentic choices about his/her feelings using color as symbol. Client identifies color positive self, which describes at her best. With positive outcome and memory, color is a tool for connection and future art making as client re-envision a new resilience narrative.

END of Color 5-A



COLOR 5-B

## COLOR ABSTRACTION PAINT – NO BRUSHES ALLOWED!

Psycho-educational skills taught: Moderator introduces the concept of non-verbal relief through art

Client has freedom to express sad, happy, or negative feelings about another in an abstract expressionist color painting. Therapist uses opportunity to address conflict and distress.

1. Purpose: To express hurts and emotions in abstract colors and shapes.
2. Question: What would I say if I didn't have to say it in words?
3. Also called "Claim MY space with color".

*Tools and supplies, Acrylic paints, Paper palette, Palette knives, Paper towel, Water cups, Palette knives, tiny canvases or postcards (NO Brushes Allowed!)*

- Client gets two postcards, paint, palette and palette knife
- Instructions are given as to Set up palette,
- By pre-mixing instruction is given in piles of color with palette knife
- Apply to postcards with palette knife
- Let dry for 30 minutes and discuss words that come to mind about emotions expressed.

Discussion: How does the work express the feelings? What words would one give to those colors and shapes?

How client benefits: Client gains skill and confidence in new medium. Client learns to reflect on conflict and create a symbol to describe it. Client explores metaphors for feelings.

DRAWING JOURNEY PROCESS Finale6

Group process activity over 6 weeks

Psycho-educational skills taught: Therapist brings group together to choose themes from poetry play and free association activities. Group makes choices for materials to be used. Client learns impulse control, improved sensory perception, develops metaphors and symbols for expression, and improves social skills.

1. Purpose: self-disclosure.
2. Risk-taking, medium experimentation.
3. Culminates in discussion and presentation.

Directions: Write, draw, print, and with multiple materials on 5 foot by 12 foot roll of paper. Placed on table or wall so all can approach at all angles over period of time. Client will add to it each day and process how to make layers, as one does in life, upon layers, without worrying about the final product, keep adding and allowing us to add images, words, through stencils, collage, until the entire surface is covered and has multiple layers like a cave painting that has been drawn over an dover for millions of yeas by multiple residents over the ages. Moderator shows cave painting and carving and reviews the relevant shamanistic role of cave painting and inscribing. Clients visit actual cave site, examine first hand.

- Drawing on paper roll 5 feet x 12 feet over period of time on themes selected by group.
- Subject of drawing journey is determined by POETRY PLAY /writing journals.
- For closed ongoing group meeting 8-10 weeks, led by group moderator.

How client benefits: Group experiential bonding and sharing, client feelings of positive acceptance.





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Website [www.musictherapy.org](http://www.musictherapy.org)

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