CHAPTER 2
LITERATURE ILLUMINATION OF THE ARTS THERAPIES

2.1 Introduction

In **Chapter 2,** a brief discussion on the use of art *in* therapy and art *as* therapy, introduces the literature in which the substance of each of the various arts therapies that were regarded as meaningful, visual and expressive modalities is explained. The rationale for discussing the selected visual and expressive therapies lies in the fact that a broad outline is needed to portray the existing visual and expressive parameters and to justify the process that will be outlined in **Chapter 5** and practically implemented in practice in **Chapter 6**, which is a combined process that gleans from most of the various therapies explained in a direct or indirect manner.

Throughout this chapter, some key elements that will be grouped and expanded on in **Chapter 3** will be printed in bold to alert the reader to the themes that recur across the arts therapies spectrum. What is important is to realise that not all the "therapies" that are listed are recognised as independent therapies in the true sense of the word. Literature refers to most of them as therapies but would, where applicable, state that the "therapy" in question is used in an adjunct or supplementary capacity alongside more recognised approaches.

2.2 Arts and Therapy

2.2.1 Orientation

According to Knill (in <u>Levine & Levine</u>, 1999:39), the word "arts" is inclusive and refers to the diversity that characterises any form of art-making. In an attempt to understand it as a "human existential", it should remain linked to the imagination and play.

Levine and Levine (1999:11) maintain that, because of their capacity to respond to man's suffering, the expressive arts therapies cannot be anchored in any specific technique or medium. This poses a challenge to the expressive arts counsellor, who has the task of deciding on the most appropriate medium or combined media suitable for a

client's counselling needs. It demands a willingness on the part of the counsellor to proceed, regardless of whether he or she feels that he or she has mastery over the medium or combination. Therefore, most counsellors in this field cannot profess to be specialists in all the possibilities of "arts" and "art-making" but they are allowed the title, "specialists in intermodality".

2.2.2 Art *as* therapy and art *in* therapy

Verbalisation accompanying the artistic expression appears to be generally seen as a distinguishing factor in deciding whether art is used *in* therapy or *as* therapy. If verbalisation is kept to the minimum and the counsellor focuses on the product and its artistic merit, without engaging the client in deriving meaning from the experience, then it is art *as* therapy. If, however, the counsellor regards the process as more significant than the final product, then the client will be probed to verbalise and relate freely with the imagery, which can be seen as art *in* therapy. Between these two poles, interesting alternatives will occur (Lusebrink, 1990:10).

In order to explain the difference between art *as* therapy and art *in* therapy, two scenarios are sketched. If a counsellor assists a client to manufacture an artwork and renders emotional support and artistic expertise in order to give form to the client's artistic intentions but he or she does not emphasise the necessity of gaining insight into the client's psyche by means of the creative construct, then it is art *as* therapy. The creative process itself is seen as a "valid therapy" that does not need to be supplemented by additional verbalisations.

On the other hand, when the counsellor engages a client in an artistic process that emphasises an understanding of both the creative process and its implications for personal insight, by means of in-depth verbalisations, it is art *in* therapy.

2.3 Dividing and Grouping of Therapies

In order to manage the study focus and the vast scope of specific expressive therapies, I decided to create an artificial division between the more artistic (visual) constructs and

the more body-centered or dramatic (expressive) approaches. This is my personal preference for the duration of the study and it should be seen in that light. I do not claim that my listing of (visual and) expressive therapies is by any means complete. The reason for including these in **Table 1** is that they seemed most relevant to my multimedia intentions, because they will collectively address a few personal spaces and concerns of the client, for example, what the photo therapy exercise does not address, may be touched on by the drama exercise.

I did not attempt to give a detailed analysis of each therapy but merely highlighted the main issues I thought were relevant to providing insight into the broad arts therapy domain. I wish to remind the reader of the fact that the target population for the combined approach is **fairly normal clients** who need counselling to aid **self-insight.** Some references pertain to arts therapy studies and techniques aimed at special populations, e.g. the schizophrenic or sufferers from depression, however, which is the reality of the available literature I was able to obtain.

Visual Therapies	Expressive Therapies
Art Art therapy variations *Boxes* *Clay* *Computer* *Environmental* *Mandalas* *Spiritual art*	**Adventure**
Cinema	**Dance and movement**

Collage	**Drama**
	Drama variations
	   ▪ ***Five-phase Model***
	   ▪ ***Psychodrama***

Photo	**Clown**
Sandplay	**Storytelling**

Video	**Voice and theatre**
	 Theatre variations
	   ▪ *Playback theatre*
	   ▪ *Voice and Musical Theatre*

	Humour and Laughter
	Music ▪ *Drumming* **Play**

	Therapeutic Writing
	   ▪ *Journaling*
	   ▪ *Poetry*

Table 1: Grouping of Therapies

2.3.1 Visual therapies and variations

2.3.1.1 Art therapy

According to Spaniol (2001:222-231), art therapy usually uses a work of art as medium for emotional development and psychological insight and the majority of art therapists regard the **creative** process as a channel for **healing**. The spontaneity of the art process is esteemed for the fact that the defenses keeping the **unconscious** intact are lowered and, therefore, the unrestricted **unconscious** may emerge.

The bridging quality of the art process reaches into all aspects of the psyche and renders valuable assistance in identifying strengths during adverse circumstances. The art media and course of action constitute a mirroring element in the present and, as an unbiased stimulus, they become similar in construction to the private state of the art-maker and they indicate the levels of "affect management, cognitive processes, and social development," according to Franklin (2000:20-22).

Fayne-Mulroy (2002:37) mentions the use of art as a coping medium in an account of how children were assisted in processing the terrorist attack of September 11 by participating in the creation of a huge USA flag mural, which was painted on separate wooden panels. The idea behind this was to help children forget about their fears and, instead, foster their national pride by letting them focus their attention on the admirable traits the people of New York displayed in coping with the disaster.

Expressive art therapy may combine drawing, painting, sculpture, play, music, movement and psychodrama to become a medium for reaching the unknown potential within the client and, in so doing, create a visual avenue of expression for internal conflicts, which can at least bring temporary relief, if not **healing** (Snyder, 1997:74-75).

Unlike the spoken word, art cannot be restricted and this advantage leads to unforeseen recognitions, which may form the basis for further **self-knowledge** and growth, because

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the tangible quality of the art product makes it easier for the client to relate to it, rather than to the abstract **self**. It, therefore, becomes a token of **self-revelation** to the client, is durable, not subject to the distortion of recall, and revitalises. Each client's work displays a very personalised **symbolic** imagery, which opens up a delightful opportunity for sending the client "somewhere where [he] has not been before," and important client concerns surface repeatedly (Wadeson, 1980:9-11, 38-40).

Kahn (1999:297-298) quotes a case study where the use of art was instrumental in reducing resistance and denial in an adolescent client. She points out that art therapy positively arrests the natural energy of the adolescent, who is seeking for **creative** ways of **self-expression** and identity formation.

Art therapy may also serve as a medium to assist the terminally ill in conducting a visual (meaning-making) life review, as illustrated by Weishaar (1999:173-184). She assisted a 50-year-old female patient with end-stage AIDS symptoms to come to terms with unresolved conflict and issues in her life by means of engaging her in art activities, such as collage, drawing and painting.

Wadeson (2000:22-25) points out that art therapy need not always be a process of art-making, e.g. drawing and painting, as is generally the case and illustrates the point by referring to an arts therapist who gave disadvantaged children an opportunity to use found objects in a new arrangement to create objects for **self-presentation**.

Art therapy variations (or tools)

(a) Boxes

Farrell-Kirk (2001:88) states that the box is a common, popular and useful art therapy tool but literature reveals a shortcoming, as there are no explanations available regarding its evident effectiveness. "Forgetting" boxes and treasure boxes are pivotal to various therapy techniques and, because of their ability to encase an object, they are given the connotation of being "precious". Clients may place important **symbolic** objects or secrets into the box or attach them to the outside, in order to create a **self-box**

that **metaphorically** merges the various aspects of the person's life, **symbolised** by the different sides and "interior-exterior polarity ".

(b) Clay

Entrance into exploration is the first undertaking, if **self-reflection** and change are the issues at hand. The point of entry for exploration is the most frustrating matter in a person's life. Accidental aspects of a person's difficulties are stripped away by the pottery activity and deeper aspects surface. If a client complains about the problematic nature of the claywork, it is usually indicative of very basic struggles (Ihde, 1999:18).

Henley (1991:69) states that clay is a modality that promotes sensory stimulation and it tends to "absorb and redirect the discharge of aggression". The nature of clay excites the senses and allows a demonstration-style teaching from which very natural personal exchanges may flow as the clients spontaneously squeeze and manipulate the clay. Once an activity is completed, the product may exhibit aesthetic or **metaphorical** qualities, because clay delves into the human **consciousness**.

(c) The computer

Hartwich & Brandecker (1997:367-373) give an account of how helpful computer-based art therapy came to be in their experience with acute and chronic schizophrenic in-patients. They found that some of these patients resisted becoming involved in traditional painting and it was, therefore, decided to suggest computer-based art, to which patients reacted favourably. It was found that the computer was a familiar protective logical medium, which made most patients feel safe, because it kept their defense mechanisms in tact.

Creating an artwork on the computer is stimulating and not as messy as traditional art and it allows other exciting prospects, such as saving the artwork at various intervals, thus providing the therapist and client with a range of stimuli for discussion. Saving the **creative** process at various stages also relieves the client of the burden of creating a "masterpiece", because the process is emphasised more than the finished artwork.

Another advantage of computer-based approaches is that it enables the therapist to put the client's whole **creative** process on videotape electronically, without using a video camera.

(d) Environmental art or group outdoor arts therapy (metaphors in the field)

Davis (1999:45-49), an arts therapist in a transition-living community of abused women in Brooklyn (East New York), describes a process that evolved under her supervision. She worked in the community for a time before ground (a littered vacant lot) was leased for the purpose of building a community sculpture park. The process of creating a therapeutic sculpture outdoors is preceded by a literal "scavenger hunt". The abused women, accompanied by the arts therapist, walk around in the community in order to find "scraps" or found objects with which to build individual sculptures – in the open – that will become **metaphors** for their broken lives and hopes.

What is important in this art therapy approach is that the experience is taken outdoors and the artwork is no longer a "protected" personal document, but becomes a public sculpture, done in public, for the purpose of inviting social interaction. It is as if the sculpture provides an opportunity for their journey of recovery to be witnessed.

(e) Mandalas

A *mandala* is an artwork that is circular in shape and is made by using the centre as the starting-point from which to create a spiralling design. Cultures throughout the ages seem to have employed the *mandala* to serve a variety of purposes, such as self-realisation, and religious and healing rites (Kellog, 2001:1-8).

The making of a *mandala* may enable the "inner artist" to reach into the **unconscious** and welcome what is evident there. Enlightenment is reached by means of a deep inner work that can be aided by **ritual** and meditation. A **ritual** *mandala* is a means of attempting to see beyond the separateness of things, in order to attain an integrated ego.

Gurus taught Buddhist devotees how to create *mandalas* and to vividly call to mind the image of the *mandala,* in order to "return from the world of separateness to the realm of unity", where they are in "communion with pure **consciousness**". Apart from being a meaningful **spiritual** experience, it is believed that inner order is created and it assists the seeker in the search for meaning and personal growth (Snyder, 1999:30-31).

The movement of the lines or colours inside the *mandala* is usually clockwise or counter-clockwise. The former suggests new information coming into awareness and the latter, old information being reprocessed. The process of creating a *mandala* seems to quiet the many voices within, as the activity becomes more contemplative and the uniqueness of the individual surfaces – mirrored by the *mandala* (Kellog, 2001:13, 16-17).

(*f*) *Spiritual art*

Horovitz-Darby (1994:10-13) is of the opinion that a holistic approach to wellness needs to include mind, body and spirit and states that "[t]he moral, that through faith all can be restored, is strong medicine."

According to Rogers (1993:184-202), **spirituality** can be discovered through **creativity** but because these experiences are "illogical", they are dismissed as irrelevant. If these "supremely peaceful moments" are valued, however, new perspectives that can affect an entire lifetime may stem from them. Discovering higher **consciousness** and **spirituality** may happen in a miraculous, revealing moment for some, but for others, it may be a gradual process of becoming attuned to the powers beyond the **self**. Once **spirituality** is creatively awakened, it energises a sense of personal responsibility towards society.

2.3.1.2 Cinema therapy

Cinema therapy is an outcome of bibliotherapy and a technique that involves carefully selecting and prescribing movies to suit specific clients who need to watch them as a homework assignment. In so doing, a shared story between client and counsellor is

created. The movie serves as a discussion stimulus in therapy and should be relevant to a client's life on a **metaphorical** level, in terms of content. Therefore, it will allow processing of problematic material in an indirect manner, because the **metaphorical** level filters information through client defenses. Examining the conduct and aspirations of fictional characters awakens a willingness in the client to do **self-exploration**. As the client comes to understand the motivating forces in the character he or she is empathising with, he or she can develop a greater awareness of relevant issues in his or her life (Sharp et al., 2002:1-4).

Cinema therapy can be a useful additional strategy to assisting parents, teachers and counsellors in addressing the social and emotional needs of gifted children, because watching videos is as common as reading books and it takes place more frequently within the family than in-depth-discussions. For gifted children, the viewing of a movie creates a bond between themselves and the on-screen children (actors), from which informative discussions regarding family roles and other relevant issues, led by a responsible adult (professional), may flow (Milne & Reis, 1993:24-27).

The reason for referring to cinema therapy in this "visual therapy" section is not because it is a creative therapy in the sense of manufacturing, but because it conveys a visual element that is of prime importance in the practical research component. The research component will be examining the value that viewing of the self in "cinema format" holds for the client during the last stage of the intended counselling process.

2.3.1.3 Collage therapy

A magazine collage is a useful ice-breaker for **self-introduction**, because **self-identity** can easily be portrayed by magazine images and it is ideal for those clients who are new to art therapy and who feel threatened by the prospect of having to create an art image. It is helpful during assessment and treatment, as clients voice their **projections** onto the photos that they chose themselves (Landgarten, 1993:1 & Wadeson, 2000:406).

Landgarten (1993:1-4) states that a collage is a meaningful tool for discovering problem areas but the counsellor needs to realise that the pictures will not reveal "an entire story". In order to understand a measure of the **symbolism** of the imagery, the counsellor needs to pay attention to the client's free associations and remember that the collage will expose **unconscious** material.

A magazine photo collage is a **metaphoric** language of its own that clients find more tolerable, considering that the stimuli are presented in a casual way and that reduces **self-consciousness** and awakens a greater freedom of **self-expression**. Collages are culturally unbiased and can, therefore, be successfully utilised within any people group where people are in need of gaining a deeper **self-understanding** (Landgarten, 2000:1-4).

2.3.1.4 Photo therapy

A camera records and mediates and taking photographs is regarded as a very normal activity, while art-making is regarded by some as a "special" **creative** activity. While an artwork is being created, internal client concerns emerge through the **unconscious** process but a photograph is taken with **conscious** effort and that can make it valuable data and **projection** material.

Clients regard the "mechanical" camera representations of themselves as being more "truthful" or objective than the more subjective artistic portraits (Weiser, 1993:3, 10-11 & http://www.phototherapy-centre.com/comparisons.htm, 4/10/03:3).

The photo therapy process is very straightforward: clients and counsellors simply concentrate on photographs that were taken of the clients or by them, ranging from **self-portraits** to family moments and these stimuli become the basis from which therapeutic dialogue and client introspection flow. The objective throughout the procedure is, however, to focus on the photographs and not on the client. The process should be spontaneous and may be combined with other **creative** modalities, because photo therapy is a set of interactive techniques and not a separate model. Therefore, all

counsellors, regardless of their theoretical frameworks, may benefit from it (Weiser, 1993:9, 36-37).

Krauss and Fryrear (1983:60-106) state that a measure of the influence of the photographic technique is derived from the fact that a photograph can simultaneously function as an object and as a **metaphoric** representation. Photographs make **self-confrontation** possible, as they provide the client with visual information regarding **self** as an object. This may lead to the correction of misperceptions and compel the client to reconceptualise the view the observing **self** has of the objective **self** (1983:74). Another important aspect of photo therapy is the action component it provides in its client assignments, which requires the literal taking of **self-chosen** pictures. This frees the client to create a unique non-verbal language that has a "rich revealingness" (1983:100-106).

2.3.1.5 Sandplay therapy

According to Bradway and McCoard (1997:6-11, 53), the concrete and tangible images used in sandplay, which are immediately observed by client and therapist, concretise the active imagination, as the process occurs in the area of illusion.

The whole process of creating the sandtray is characterised by the silence, which the therapist uses as the primary intervention source, in order to grant the client the opportunity of experiencing the "power of **self-healing** without interpretation". It is believed that, if verbal interaction is not minimal, the client's playful process will be disrupted by the comments.

Apart from providing an atmosphere of empathy, the other task of the therapist is to photograph the completed sandtrays for a delayed "review" and not for "interpretation", because it is not the understanding of the therapist that heals but the sandplayer's experience of the process. The review of the sandplay process takes place some time (weeks or years) after its completion and during the reviewing procedure the

knowledge and experience of the therapist plays a more prominent role alongside the sandplayer's input (1997:24-25, 50).

2.3.1.6 Video therapy

Video is a "facilitative electronic miracle akin to the use of the microscope in the field of biology" and it cannot be regarded as a therapeutic modality in itself but when a skilled therapist uses it correctly, it can facilitate change (Heilveil, 1983:xi, 2).

According to Greelis and Haarman (1980:2, 6, 42), video therapy in the educational setting refers to the combination of video techniques and educational and psychological theories to create a carefully edited videotape. This videotape becomes the primary source of learning and therapy, in which the students are the key models and critical teaching resources. Video editing allows the counsellor to create a presentation of the best footage of the client to encourage the target goals. Video therapy as medium not only draws the attention of the client through its reward of **self-viewing** on television, but also stimulates a continuing interest in **self-perception**.

Geertsma (1960:193-195) states that working with video in a psychotherapeutic environment has legal implications. In order not to invade the client's privacy, the therapist needs to obtain written permission from the client that the recording may commence, as well as when persons that were not present in the original recording are going to witness the screening.

Veerle Vander Zwalmen (in Verhofstafdt-Denève et al., 2000:305-306) explains that if a client is not familiar with video as medium, time needs to be allocated to assist the client to *own* his image on the screen. This familiarisation process forms part of the therapeutic process. The confrontational element of the video process makes uneasiness and internal discomfort explicit but the confrontation also becomes the drive that leads to constructive change and a greater measure of internal synthesis. In order to limit resistance to the minimum, the therapist needs to consciously highlight the positive elements of the recording to the client.

In answer to the question of why video works, Heilveil (1983:4) replies that the image is undisputable, as it mirrors objectively and creates an emotional distance between one's **self-perception** and the "objective world's" perception. Video feedback can result in constructive change through cognitive restructuring and cuts through denial. In order to use video in a supportive, non-threatening manner, however, and reduce the possible negative impact of video feedback, a climate of assurance and trust needs to prevail and the therapist needs to affirm the positive aspects of a client's behaviour. The dignity and right of the vulnerable client needs to be respected when he wants to avoid **self-confrontation**, however (Heilveil, 1983:12, 56).

Criticisms against the use of video focus on the following aspects: strong anxiety or emotion is flattened by the screen image; the video recorder may become an apparatus that allows therapist and client an opportunity to shy away from therapeutic intimacy and video feedback may be regarded as a therapeutic entity unto itself and not as another useful technique (Heilveil, 1983:2).

2.3.2 Expressive therapies and variations

2.3.2.1 Travel and adventure (counselling adjuncts)

The reason for including travel and adventure under the expressive section is because they are used as adjuncts to counselling and I feel that there is potential for people to experience or express their personal preferences and experience emotional excitement and subsequent clarity.

Structured adventure-based programmes are not intended as a substitute for counselling but as valuable supplementary activities that reinforce counselling gains in "a different laboratory", where unknown elements pose social, physical and psychological challenges. Unstructured travel can provide many of the aforementioned elements, namely, an experiential approach, dealing with a reality that is meaningful; opportunities for group co-operation; a range of emotional responses, made possible by danger; and the relief of being victorious. During a trip, nothing seems ordinary and

senses are heightened. Because of this, people are more open to attempting the unusual. Opportunity is thus provided for "teachable moments" to occur, because the person has stepped outside the normal routine and environment. There needs, however, to be a framework in place for therapeutic change to occur in the client, for example, the experience needs to be processed; there should be structure before and after the journey; and therapeutic tasks to aid meaning-making should be provided (Kottler & Montgomery, 2000:8-12).

The duration of wilderness adventure experiences ranges from one week to one year and the type of activities vary from high-adventure to low-adventure. Small groups appear to be the focus of most programmes. Systematic experiential group intervention that happens in a natural location and employs therapeutic techniques containing elements of real or perceived risk to assist improvements in the internal and external functioning of the participant characterises wilderness adventure therapy and the wilderness experience is seen as a "real-world" problem-solving **metaphor** (Weston et al., 1999:2-3).

2.3.2.2 Dance and movement therapy

Various therapeutic approaches and combinations of dance and movement exist, which mostly take place within group context. One approach is called dance movement therapy (DMT) and its aim is to merge the expressive and imaginative aspects of dance with the insights of psychotherapy. Focus is placed on the client's relationship with the therapist, which is regarded as the nurturing means through which change will occur, and on an awareness of the **unconscious**. DMT is seen as an agent facilitating change within individuals and in their responsiveness towards others (Stanton-Jones, 1992:1).

According to Stanton-Jones (1992:3-5, 7) DMT is not just for the mentally ill, but also for all who wish to explore themselves. The aim is not to engage in therapeutic dance, but to explore feelings and states of being and to access thoughts that cannot be verbalised. The therapist initiates the warm-up and, from then on, all the movement is spontaneous and no corrections are suggested. The process of movement and

interpretation, within the therapeutic relationship, facilitates psychological learning. The desired product is not a choreographic masterpiece that needs to be scrutinised and the aim is not to use movement to engage in a process of restructuring the personality, or to comprehend how a current illness has evolved since childhood. The primary therapeutic type of benefit attributed to DMT is the awareness of **unconscious** content and its integration into the client's **consciousness**.

In speaking about the use of dance movement therapy as a **creative** arts therapy approach in prison for the treatment of violence, Milliken (2002:206) maintains that the **creative** arts therapists, who bring faith and understanding, are able to contribute to the process of redeeming people from their histories. They bring multiple perspectives and thus provide an environment for **creative** processes that are conducive to creating safe containers, allowing people the privilege of rediscovering the positive elements of being human.

Snyman (2003:72) points out that circle-dancing and *Biodanza* are two healing forms of dancing that came to South Africa in the late 1980s and 1990s, respectively. Circle-dancing came over from Europe and *Biodanza*'s roots lie in South America.

The Chilean psychologist, Roland Toro, is the brain behind *Biodanza*, which focuses on bringing people in touch with themselves, others, their environment and the universe. In general, Toro sees our lives as very fragmented, which gives rise to an inner fragmentation. In order to mend the unity, *Biodanza* develops five basic areas of living or *vivencias:* vitality, sexuality, creativity, affection and transcendence, with the emphasis on more feeling and less thinking. Every dance is a scientifically planned exercise that stimulates a particular body part at cellular level, which results in a particular emotional response. The dance process then brings cognitive and emotional blockages to the surface and dissolves them (Snyman, 2003:72-74).

The circle-dancing movement originated in the 1970s, when professor Bernhard Wosien, a German dance-master with a passion for folk traditions, travelled through

Europe to document traditional circle-dances. He took these dances to the Findhorn Foundation in Scotland, where the repertoire is kept. Since then, circle-dance groups have sprung up everywhere and new dances are being developed according to this ancient tradition.

The process can briefly be described as follows: there is a candle or a bunch of flowers in the middle of the circle, which serves as a focus point and helps to keep the circle round. Dancing is done to the various types of folk music from all over the world, with its variations in mood. The pleasure of circle-dancing lies in the participation, which makes you feel more whole as a person (Snyman, 2003:76).

Van Wyk (2003:54-56) describes a process whereby belly dancing is employed in group context, not only as a means of relaxation, but also as a rampart against the abuse of women. Abused women are taught the ancient art of belly dancing, which is sensual but not sexual, in order to help them express their emotions through their bodies and gain respect for their bodies. In so doing, they start believing in themselves again.

According to Halpin (in <u>Levine & Levine</u>, 1999:135-136), movement can reveal unknown parts of the **self** when used to bring expression to the interplay between body, mind, feeling and spirit. An 'embodied' experience is required, if movement is to be used as a **metaphor**, which implies that one has to feel oneself through bodily responses in the moment. The possibility of constant change in response to connections made between the physical, emotional and cognitive processes is thus created. Ultimately, the aim is to find congruence between the three aforementioned processes by means of a process of **creative** movement that intends to aid **self-discovery,** to deal with the fluctuating reality of life.

Ellis (2001:182, 189) states that the movement **metaphor** can be found in the space between client and therapist and that the kinesthetic experience bridges the realms of **symbolism** and knowing. Play and **creativity** characterise the **symbolic** realm and in the knowing realms there is a **consciousness** of knowing. The kinesthetic experience

enables the client to transform emotional matters into verbal **metaphors,** reflecting an internal emotional state that can provide psychiatric clients with a useful and non-threatening focus.

2.3.2.3   Drama therapy

The drama therapy profession has developed in a way similar to psychodrama but is more practical. The focus is on the playing of roles and not on thinking about roles. The role theory advocates support the assumptions that human beings strive towards balance and harmony and, although it may elude them, they accept living with ambivalence; and the personality is an interactive structure of roles. In a post-modern world, role theory proponents award multidimensionality to human existence and acknowledge the fact that roles change as the living conditions of individuals are altered (Landy in <u>Lewis & Johnson</u>, 2000:50-52).

At the start of a client's drama therapy journey, the role theory framework leads the drama therapist to assist the client in finding and identifying those roles that are inappropriately developed or incorrectly united with other **self** or social roles. Throughout the process, the aims are to uncover the antagonist to every role and to eventually introduce the guide within the client to himself, in order for the drama therapist to hand over the roles of guide and model to the client himself – this occurs when meaningful integration of the various life roles has taken place (Landy in <u>Lewis & Johnson</u>, 2000:53, 61).

Doyle (1998:224, 229) discusses roles in drama therapy from a self-psychology perspective and states that it is impossible to be active in a role without expressing affect through it. Emotion will inevitably be expressed, even though it may be hidden under layers of defenses. Drama therapy with a self-psychology focus has similar aims to role theory mentioned above, as it strives to achieve two goals, namely the development and processing of roles leading to the consolidation of the **self-structure**; and integration of the role repertoire.

(a) Drama therapy variations

(i) The integrative five-phase model of drama therapy

Renée Emunah (in <u>Lewis & Johnson</u>, 2000:70–86) describes a process called, "The Integrative Five-phase Model of Drama Therapy", which is an attempt to "softly" create a non-threatening "container" – within the drama therapy environment – so that the client's fear is minimised and replaced by an interest in exploration. Emunah regards this as an organic process, because the client will determine at which point there is a readiness to shift from the fictional elements to the personal sphere.

Emunah highlights (in <u>Lewis & Johnson</u>, 2000:72) some key concepts of the "Integrative Model". A gradual unfolding eases the therapeutic journey and the initial securing of healthy interrelationships is a critical basis for the personal and emotional activity that will follow later. The fictional realm is safe and intense emotions can safely be voiced within this context. The gradual unfolding gives the client time to become familiar with the dramatic environment and this can lead to greater authenticity with the performing of the psychodramatic scenes.

(ii) Psychodrama and strategic psychodrama

According to Wilkins (1999:5), psychodrama is an action method and its effectiveness depends on the spontaneity and **creativity** of people. Psychodrama is most commonly used in groups (but it can be practiced on an individual level) and participants need not be skilled in acting, because roles are suggested – when in a group situation – and then participation is entirely voluntary.

In a group situation, the objective of psychodrama is to boost the spontaneity of all the actors present, namely the central character, the supporting characters, the director and the audience. The goal of enhancing spontaneity is to bring to the "acting scene" possible creative solutions and resolutions to the conflict of the scene presented.

The psychodramatic working space is an integration of fantasy and reality, where experimentation is possible and, regardless of the roles the main character chooses or

the course of dramatic development, the focus remains on the experience of the main character (Wilkins, 1999:11, 21, 23).

Psychodrama does not attempt to create a risk-free environment but one where the protagonist and others involved are free to engage in risk-taking. The protagonist (main character) and director collaborate to give an account of the protagonist's story through dramatic action. During the enactment process, the protagonist may state a scene – reflecting the inner or outer problem that will be used as a trigger – as it occurred in reality or the action may move into the realm of the "unreal", where expression is given to impossibility. As the protagonist shares his or her issues, the audience becomes emotionally involved, because the action may awaken issues in them, and identification is developed, while they (the audience) become the therapeutic witnesses of his cause (Wilkins, 1999:28–32).

Another variation of psychodrama is *strategic psychodrama* which, according to Williams (1989:83, 86), is problem-oriented and the methods involved change to suit the problem revealed, while spontaneity is still an essential focus. The aim is to change the joyless patterns of interaction by generating feasible alternatives.

(b) Clown therapy

Carp (1998:246, 248) points out that clown therapy employs the use of improvisation, movement, drama and character clown techniques, in order to facilitate the surfacing of the psyche's clown character. Integration of this peculiar personality into **consciousness** and daily existence is regarded as having an important psychotherapeutic value, because it can bring about change.

As the client becomes familiar with this aspect of his psyche, the clown is no longer used as protection against feeling. The **creative** play positively disturbs the client's sense of reality and opens up new possibilities as the "the clown is [consciously allowed] to be a sacred guide for the soul."

The major principles underpinning clown therapy hold that all people are able to experience the traits of a clown, being playful and humorous facilitates **healing** and the clown persona provides a channel – by using the body in movement – to give "**symbolic** voice to the unconscious". The goals of clown therapy are aimed at fostering trust, both in **oneself** and the social environment, while stimulating spontaneity by employing the body as an expressive instrument through which impossibility and uncertainty can be expressed, in order to access **unconscious** contents (Carp, 1998:249).

(c) Story and storytelling

"Storytelling is an ancient tradition of imparting, indirectly, important messages about how to behave co-operatively in a social context" (Stiles & Kottman, 1990:338). According to Carlson (2001:93-94), children are unsurprisingly attracted to the therapeutic application of story and storytelling, because **symbols** form an integral part of their world and story is a medium that holds comfort and meaning for a child. Ideas in stories are more memorable and they may stimulate problem-solving and enter the **unconscious** in search of **healing**.

Referring to mutual storytelling, Stiles and Kottman (1990:338) point out that the depressed and suicidal child can be helped, because mutual storytelling enables the counsellor to make **creative** and efficient use of the child's capacity to communicate and learn **metaphorically**. In this storytelling context, children may face their sense of loss and feelings of helplessness and connect with their desire for rescue.

(d) Voice and theatre therapy

(i) Playback theatre

According to Salas (in <u>Lewis & Johnson</u>, 2000:288-289), playback theatre is a versatile theatrical form that is used in various settings but is not viewed chiefly as a therapy. The basic concepts of playback theatre imply that personal stories convey beauty and wisdom to others and, in witnessing these stories, **self-understanding** and empathy are

fostered. When human experience, including suffering, is portrayed within a ceremonial space and time and given aesthetic form, it finds meaning – provided it is treated with respect and acceptance.

(ii) Voice and musical theatre

Newham (2000:143-145) points out that the "art of transformation" is central to theatre and therapy. During therapy, the client finds himself in "a hall of acoustic mirror that echoes and reflects back the voices of many selves", allowing the client movement between different perspectives. In a theatrical scenario, the actor delves into the inner **self** and allows the voice the empowering opportunity to change him into a different personality, "transforming the idiosyncratic experience of a single person into the product of community collaboration and co-operation". By providing clients with an opportunity to speak and sing to express an issue, Newham (2000:146) believes that two valuable perspectives on the same theme are made possible.

2.3.4.4 Humour and laughter

According to Franzini (2001:1-2), therapeutic humour could have the positive side effect of minimising professional burnout in therapists but this potential psychotherapeutic aid remains insufficiently evaluated and essentially unexploited.

Therapeutic humour refers to the deliberate and unplanned application of humour techniques employed by therapists in order to enhance growth in behaviour and **self-understanding** in clients.

Humour that succeeds in achieving the mentioned goals is usually relevant to the client's life world and personality and the typical result is a mutually affirmative experience for both the client and the therapist, which can range in expression from "quiet empathic amusement to overt laughter". Factors such as the bond between the client and therapist, the timing and situation and the manner of delivery will contribute to meaningfulness of the humour (Franzini, 2001:2, 6).

Goldin and Bordan (1999:5) point out that humour strengthens the rapport between the client and the counsellor and it allows the counsellor the opportunity to offer the client a less painful outlook on an agonising experience. The skill of humour may be a skill the client needs to add to his "social repertoire", plus it is a valuable stress control mechanism. Timing is seen as the most crucial element, because if it is employed too soon, the counsellor may be regarded as being incompetent and insensitive and, if it is applied too late, it may appear an irrelevant element.

Comedy performances and joke-telling in a familiar social circle usually generate laughter and goodwill and the activities stimulate spontaneous **self-expression**. If a similar atmosphere was created within psychotherapy, clients would be more willing to communicate their thoughts and feelings and the client would have an opportunity to feel good about him or herself. The therapeutic progress would be enhanced within the non-threatening atmosphere, logical answers to everyday problems could be discovered joyfully and relationships with others could be nurtured (Granick, 1995:2-4).

2.3.2.5 Music therapy

Behr (2000:26) points out that music therapy employs a variety of musical activities, such as improvisation, arrangements, performance, vocalisation and listening, in order to treat psychological, neurological and physical ailments in all age groups. Music therapy techniques may incorporate activities from other genres, such as art, drama and storytelling. Music is powerful in awakening emotions that impact well-being within a non-judgmental therapeutic situation and this emotive quality can be manipulated to heighten **self-awareness** to such an extent that **self-perception** and social skills are enhanced. It is a valuable medium in assisting those who do not want to speak about their problems.

According to MacIntosh (2003:18, 19) in his discussion of music in group work with the sexually abused, music is an ideal therapy for giving voice to those traumatic memories that are stored as sensations, as opposed to narratives, thus making it easier for the survivors of abuse to release experiences through a non-verbal medium.

Creatively facilitating the expression of severe emotional suffering through musical interventions releases the possibility for clients to develop feelings of esteem and mastery, because mind, body and spirit can be brought into harmony again.

(a) Drumming

In relation to the abovementioned section on sexual abuse, MacIntosh (2003:21) states that musical instruments like the drum may be used to initiate improvisation and to develop a rhythmic beat between group members and the therapist. This creates a structured environment within which a musical dialogue between the instruments (played by group members) can take place. This "orchestral" expression may grow to the point where vocal improvisation is added. During the vocalisation stage, the members and the therapist talk to each other in a singing way and the spontaneity evokes the expression and recall of emotionally hidden material.

According to Winkelman (2003:5), drumming can be used as a complementary therapy in the treatment of drug addiction, because it provides stimulation on physiological, psychological and social levels. Drumming leads to a pleasurable reintegration of the **self** by creating a heightened awareness of **preconscious** dynamics and a release of emotional trauma. **Self-centeredness** is addressed by the group connectedness drumming aspires to and drumming may be seen as a secular approach through which **spiritual** perspectives may be added to the internal dynamics of addiction.

2.3.2.6 Play therapy

Play therapy provides children an opportunity to express symbolic content with an objective, accommodating adult who has no involvement in the everyday aspects of the child's life. Even though the play therapist is an expert in evaluating and piecing together the child's traumatic experiences, the therapeutic role should be seen more as being that of an enabler and co-explorer. These roles convey aspects (that could have been lacking during the formative years of the child's life), such as consistency and concern (West 1992:13, 15, 144, 146).

According to Kottman's (1995:xiii) account of an Adlerian approach to play therapy – based on Individual Psychology – the counsellor relates to the child on a democratic basis within which the child's lifestyle is explored, the child is assisted in making new decisions about **self** and the environment, new social interaction skills are taught and consultation with parents and teachers takes place.

Adlerians view lifestyle as being the expression of the individual's particular way of understanding the situational **self-social** arena and, therefore, the therapist's understanding of the child's lifestyle will lead to insight into the child's thought patterns regarding **self** and others (Kottman 1995:xv).

Bruner (2000:333-338) describes how her approach as an art therapist – working with psychiatric adult patients – changed to include group play therapy with adults. She initially tested the suitability of play on one patient who was stuck in the art therapy sessions, by providing him with blocks to construct his inner issues. It proved so successful that she decided to employ the same method in group context. This proved, once again, to be a powerful and exciting experience for those who participated. The group play process depends on the interaction that takes place between the players, when each group member is provided an opportunity to interpret the meaning of another's construct.

2.3.2.7 Therapeutic writing or scriptotherapy

Riordan (1996:2, 3-5, 7) points out that the labelling and description of trauma enables a person to gain a sense of control through cognitive processing and, in so doing, inhibition is reduced. Writing is regarded as a valuable creative process of organising the mind and providing perspective to troubling emotions that may block the accomplishments of important responsibilities. New insight is retained while problem-solving is enhanced. Writing helps in the acquisition and retention of new insights and encourages problem-solving.

If the context is meaningful, writing is believed to alleviate negative internal dialogue and this can release a positive effect on the general health and psychological state of a person. Scriptotherapy may address and emphasise the following: **unconscious processes and insight,** employing activities, such as keeping a personal diary or recording the communications between the client and the counsellor; dealing with **trauma or grief,** using letter-writing; and **career and life review/planning**, where writing projects into the future.

Structured writing also resorts under scriptotherapy and, in this approach, therapists provide clients with "**self-administered**, **self-instructional**, systematically written lessons as weekly homework". Some commercial workbooks also include bibliotherapy (reading) and the role of the therapist is increased from therapy room to the home environment (Riordan, 1996:5 & L'Abate, 1991:6).

In discussing the use of writing in psychotherapy, L'Abate (1991:87-88) points out that these self-administered completed assignments are analysed by the therapist, who later provides corrective information. They are later used as foundational elements to further discussion and exploration. Writing does not make the therapist redundant but it provides an opportunity to make the most of available time and energy and it may benefit the client financially, because the number of contact sessions may be reduced.

According to Chung and Wright (2001:287), "writing therapy" may be appropriate under the following circumstances:

- time is limited;
- the client enjoys writing;
- the client uses a second language in therapy;
- inner turmoil appears to be disturbing; and
- feelings of being overwhelmed appear to be predominant.
  .

The Internet opened up new ways of communication with its popular chat rooms and it has become a valuable vehicle in assisting **self-disclosure** and **self-exploration.** Some prospective clients might prefer to employ online access as the desired medium for therapeutic contact. Therefore, therapists will have to be trained to do "online work", if they want to be included in the "new frontier" at all (Wright & Chung, 2001:288 & Wright, 2002:295).

(a) Journaling

Journaling implies keeping a diary and is a means with which to build **self-awareness** and **self-reflection,** as it puts the client in communication with himself through confronting text that can express difficult feelings in a meaningful, confidential and personal manner (Priesnitz, 2002:1 & Mazza, 1999:20).

(b) Poetry therapy

Longo (2003:1-2, 4) points out that "bibliotherapy", which became fashionable during the 1960s and 1970s, is a more familiar concept than poetry therapy and its literal meaning suggests "the use of literature to serve or help". Poetry has the capacity to assist therapeutically, because it can convey numerous emotions simultaneously and, when employed in healing, it focuses on **self-expression** and personal growth, whereas poetry as art addresses the poem itself.

Poetry therapy portrays the characteristic issues of literary analysis and therapeutic practice and the idealistic elements of compassion and subjectivity, opposed to logic and scrutiny. Clients are, however, not requested to state the "true" meaning of a poem but rather to render the personal significance (Mazza, 1999:4-5).

2.4 Conclusion

This chapter illustrated the different aims and contexts of the different arts therapy approaches and novel ways in which they may be applied, with reference to specific applications, as revealed by the literature.

In **Chapter 3,** the main themes or aspects that were indicated in bold print throughout **Chapter 2** will be looked at more closely. The rationale for the discussion in **Chapter 3** is to illustrate that, even though there are major differences (regarding applications, approaches and scenarios) between the divergent arts therapies, there are common therapeutic elements that should be noted. These common elements form the basis for justifying the various combinations that exist and the aim of this study, as explained in **Chapter 5**.