

CHAPTER 4

TECHNIQUES AND EXERCISES

4.1 Introduction

This chapter provides insight into procedures, techniques and exercises that illustrate how the arts or expressive therapies are practically implemented and combined. The reader needs to take note of the fact that some of the exercises do not exist as exercises in the literature. They have been adapted from the explanations and procedures of authors and transformed into exercises to reveal the step-by-step succession of events.

Throughout this chapter, exercises will be printed in italics to distinguish them from procedures and explanations. Most of the techniques and exercises described are usually mere triggers in therapy and thus they do not present a complete therapeutic session. As indicated by the title of the dissertation and the focus of this chapter, however, the practical implications of the arts therapies and their constructs form the aim of this study and the nature of the constructs will, therefore, be examined.

The particular procedures, techniques and exercises were chosen because they are practical, logical, understandable and credible. This chapter as a whole – with its emphasis on tangible and recorded constructs – should be seen as the background for further justifying the implementation of the combined therapies approach, illustrated by the pilot study and the proposed practical research component of this study in **Chapter 5**.

The reader will notice that in some exercises, different therapies are combined. This was done intentionally to illustrate that there is an existing interconnectedness and a harmonious interrelatedness between some arts therapies, on which can be built in new and creative ways. The different activities pertaining to the scope of the arts therapies under discussion will be printed in bold in the **exercise sections** to draw the reader's attention to the important elements and circumstances under which they are performed and the connectedness, where applicable, to other modalities in a particular scenario. Towards the end of the chapter, there is a discussion of the major combinations, in which the rationale for the intended research procedure is explained.

The conclusion of the chapter contains a list of materials that will shed light on what, in particular, is needed for the illustrated exercises.

Visual Therapies	Expressive Therapies
Art Therapy <i>Art therapy variations</i> <ul style="list-style-type: none"> ▪ <i>Boxes</i> ▪ <i>Clay</i> ▪ <i>Computer art</i> ▪ <i>Environmental</i> ▪ <i>Mandalas</i> ▪ <i>Spiritual art</i> 	Adventure and Travel (Counselling Adjuncts)
Collage Therapy	Dance and Movement Therapy
Photo Therapy	Drama Therapy <i>Drama variations</i> <ul style="list-style-type: none"> ▪ <i>Five-phase model</i> ▪ <i>Psychodrama</i> <i>Clown therapy</i> <i>Storytelling</i> Voice and theatre therapy <i>Theatre variations</i> <ul style="list-style-type: none"> ▪ <i>Playback theatre</i> ▪ <i>Voice and musical theatre</i>
Sandplay Therapy	Music Therapy <i>Drumming</i>
Video Therapy	Play Therapy
	Therapeutic Writing <ul style="list-style-type: none"> ▪ <i>Journaling</i> ▪ <i>Poetry</i>

Table 3: Grouping of therapies for techniques, procedures and exercises

4.2 Techniques, Methods and Exercises

4.2.1 Visual therapies

4.2.1.1 Art therapy

Art therapy activities, techniques and methods are numerous and can be applied in various combined therapeutic settings. It is impossible to do justice to the many valuable, interesting and carefully planned methods comprised in the art therapy field within the context of this study. A few types of activities will be mentioned and two applications of art-making, namely for individual and group application, in particular, will be explained,

however, in order to provide insight into the scenarios, methodology and materials required in the art therapy field.

Therapeutic artistic expression may take various forms. It may range from ascribing attributes to “found” objects or animal photographs to creating an installation with the various artworks created during a week-long art therapy workshop. It may, however, simply be a portrayal of line and colour made possible by computer applications, or an intricately structured composition made possible by ready-made panels designed for group projects, to be completed by patients and volunteers to decorate a hospital. It may even be an enjoyable project employing paint-by-number art (Henderson, 1999:20-27, Rubin, 2000:269-272, The Foundation for Hospital Art, 2001 & Wadeson, 2000:24, 393, 435). (See **Appendix A**.)

Exercise 1. Art-making in Family Therapy (Action Method)

This procedure consists of three stages with separate instructions, allowing the clients to become more open as they become familiar with the opportunities presented (Linesch in Wiener, 1999:228–233).

Stage 1. The family drawing

*Large sheets of paper and colour pencils or crayons are supplied and the family members are instructed to each choose a colour that will represent the individual member. No further instructions are given, apart from the request to corporately **draw** their family in a time allocation of ten to 15 minutes. Once the family has indicated that they have satisfactorily completed the task, the therapist may or may not lead the family in a discussion regarding leadership, perception, roles and other issues revealed specifically in the family drawing.*

Stage 2. The communication collage

The family members are given a large collection of pre-cut magazine images, a large blank sheet of paper, glue and scissors with the following instructions:

- *Choose pictures of people who are communicating.*
- ***Glue** your pictures onto the paper in relation to the pictures stuck by other family members.*
- ***Add words** below the images that will convey what you think each person is communicating.*

*This **collage** stage is believed to remove the intimidating aspects of the art process and to allow all participants present in the scenario an opportunity to come to terms with meaning embedded in the imagery.*

Stage 3. The interactive family and group project

*This task involves more than one family and deviates slightly from traditional arts therapy, as it requires members to **draw** themselves as animals with the aim of awakening group dynamics that may serve family treatment goals. Once again, simple materials like colour pencils, crayons, scissors, glue and drawing paper are supplied.*

Each family is given the following instructions:

- *each member should **draw** him or herself as an animal;*
- *each family must collect all their animal drawings and **stick** them together in a decorative way; and*
- *each family needs to share their collection of drawings with another family and exchange ideas regarding additions or changes that can be considered.*

Exercise 2. Foot-In-Mouth-Faces

*I chose the following exercise because of its simplicity, manageability and capacity to facilitate enjoyment. (See **Appendix A.**)*

Fürrer (1982:29) points out that the activity can be applied to all populations but that children will respond most favourably. The aims of this activity are to stimulate fantasy and imagination, to encourage body awareness, to provide an enjoyable opportunity for (humorous) expression by means of exaggeration and to produce tactile representation of the creative process that may strengthen the self-concept and foster a positive regard for personal capabilities.

Procedure

- *Each child **traces** around his or her foot in the centre of the page.*
- *The therapist illustrates how the traced foot outline may become a mouth. They need to add eyes and other features to create a funny face.*
- *Clients may add colour to their creatures.*
- *Closure – Client may display the artwork and even name the creature, or **write** a sentence about the creature.*

Art therapy variations and tools

(a) Boxes

Farrell-Kirk (2001:88-94) points out that the self-box, a technique that allows the clients of all populations, including groups, an opportunity to “encase” issues, appears to be most prominent in literature, due to the following reasons:

- it highlights the importance of symbols;
- it unites opposites; and
- it becomes a three-dimensional symbol of the public and inner self.

Exercise 3. Self-boxes and Variations

*Farrel-Kirk (2001:90-91) illustrates a box application (exercise) taken from her own life as an example. At one particular point of her life, she had to terminate her association with a group with which she had spent considerable time. She decided to **cover** a box and added a few **decorations** that symbolised the valuable aspects of her association with the*

*group and then she placed it in the working environment to allow her “colleagues” an opportunity to place **objects** and **symbols** inside the box to assist her in coming to terms with the inevitable departure and to remember the valuable time spent with the group. The day she left she took the box and its memorable “group” connotations.*

Another meaningful thought mentioned by Farrel-Kirk (2001:90) deals with “hard-to-handle” issues and, in such cases, she suggests that the completed box with its “harsh” contents be placed inside another bigger box that is simply painted white, in order to protect all concerned.

Wadeson (2000:408-409) mentions “box” theme variations, such as “boxes and containers” and “rooms and environments”. An exercise done by Gain Luca Ferne pertaining to “boxes and containers” is mentioned, in which a family is requested to build a house together, using cardboard boxes. The aim is to see how the family distributes responsibilities. Working with chronically mentally ill patients, Bonnie Bluestein used a Victorian dolls’ house and requested clients to fill the empty rooms with various materials and found objects. A toy train track was placed around the house to complete the environment. Beth Black and Lorelie Swanson worked with families and requested each family member to mould an animal from clay representing self and then to corporately create and environment in which they could all live harmoniously.

(b) Clay

Clay has a forgiving nature, because it can be reworked indefinitely and is a useful medium for the expression of strong emotions. It allows the creator to tear, pound and cut into it. As illustrated in Exercise 3, it can be useful for family therapy (Wadeson, 2000:409, 411-412). (See **Appendix A.**)

Figurative sculpture is the most challenging and therapeutically useful claywork and it is suggested that clients work from real life, as opposed to photographs that will flatten the three-dimensional insight. If a live model is not available to pose for the clients, the therapist may become the model (Henley 2002:73-81).

Exercise 4. Figurative Sculpture

*The techniques are scaled down to the appropriate client level and strong motivational stimuli and quality materials will empower even the weakest client to create expressive figurative sculpture. One approach to building a figurative sculpture is to **mould** each component of the body separately and then to join the parts with wire or string, once the clay has been baked. When the sculpture has been completed, the therapist needs to spend time with the client, in order to **pose the figure** accurately, according to the client's intentions (Henley 2002:73-81).*

The clay process explained in the aforementioned paragraphs is a very specialised craft, because it requires firing and pottery knowledge. Ordinary plasticine (children's play clay) or clay that needs no firing can, however, be used instead.

(c) Mandala

Kellog (2001:15) points out that the materials needed to create the "traditional" *mandala* are inexpensive and simple: white paper, oil pastels, a paper dinner plate and a pencil for outlining. He adds that the most important ingredient is the proper attitude of the therapist. (See **Appendix A.**)

Creating a *mandala* may be a threatening exercise for some people, because of its mystical elements and moments of reflection. Daryl de Bruyn (Burger in *Beeld*: 2002) designed a more practical and approachable "*mandala*", which he calls "The Wheel of Life". De Bruyn states that the aim was to visually assist people to come to terms with the negative and positive aspects of their lives and to lead people into an adventurous self-discovery that would bring them in touch with all aspects of being. The wheel has small, window-like frames that need to be filled with photographs or symbols representing the aforementioned aspects of the person's life.

De Bruyn (2001:11) describes the function of the wheel as follows:

“The *Wheel of Life* does not teach new truths! It engages the individual in an expressive and creative activity that facilitates a deep sense of harmony and of belonging in life. The symbolic imagery of the *Wheel of Life* is crucial in this process. Essentially, the appeal is not made to our rational and logical consciousness, nor do we embark on inner soul-searching ...The intent of the symbol is to gently activate and engage our sense of life, our essential true Self, which is often repressed and concealed by our provisional selves, which we inevitably adopt, in order to meet the demands of everyday life.”

“The circle (or *mandala*) is a symbol of wholeness and can have a healing effect on a person’s life.” De Bruyn claims that the power of the symbol will make it possible to visualise the end result and, apparently, you never complete your wheel, as you often change or renew the symbols. It should be exhibited in a special spot in the room or workplace, where it can provoke inspirational thoughts and its message is: “You are a unique and beautiful person” (Burger in Beeld: 2002).

Exercise 5. Creating the Wheel of Life

De Bruyn (2001:8-9) points out that creating the wheel needs to be a spontaneous and fun activity. It is completed in the following (enjoyable) manner:

- *There are 40 windows that need to be filled with photographs, images, or symbols. The participant reflects on life and decides which people, events and goals are important. Accessing the deep matters of the heart can be an extended process.*
- *People play an important role in telling the participant’s life story. It is suggested that new **photographs** be **taken** of the important people to portray them accurately.*
- ***Symbols** may be **created** for issues that are important.*

- *Significant events in the participant's life are added.*
- *An attractive current photograph of the participant is placed in the centre. A professional photograph is best, because it is the centre of the wheel.*
- *The pictures and **images** are **fixed** in the designated spaces with tape or stickers. Photographs and images are cut to the desired size to fill the windows and, if the photographs are regarded as too valuable, colour photocopies may be made.*
- *The first wheel made by the participant needs to be done with spontaneity – it can always be adjusted later.*
- *The completed wheel is **displayed** in a space that will frequently be seen by the participant, so that reflection can take place regularly.*

(d) Spiritual art therapy

In an interview with Geyer (March 2004), who is a Christian practising contemplative prayer, the following exercise was gleaned. During the interview, it was made clear that the artwork was merely a bridge to matters of the soul. She gave an account of the first art-making she had been exposed to as part of the spiritual journey she is on. This was a group activity that was led by a Methodist minister who adheres to principles of contemplative prayer. It is explained in **Exercise 6**. (See **Appendix A**.)

Exercise 6: Meditation and Clay sculpture

*The members of the group are seated at tables. The prayer facilitator explains to them that they will enter an hour of meditation, during which everybody closes their eyes and remains quiet, while relaxing **music** is **played**. Each group member is given a lump of clay and instructed to put the dominant hand on the lap and, with the non-dominant hand, **sculpt** the **clay** as the inspiration leads. Once the hour of meditation is over, the eyes may be opened and a period of discussion is entered into. Each group member is asked to “explain” or **interpret** the sculpture or, at least, attempt to offer some thoughts that may be associated with it. After the discussion, group members who have obvious*

emotional issues may receive individual counselling and prayer, in order to provide closure.

4.2.1.2 Collage therapy

Landgarten (1993:9-11) proposes a “four-task assessment protocol”. The four tasks and rationales will be briefly explained to illustrate how comprehensive a field can be covered by the mere application of magazine imagery.

Exercise 7. Magazine Photo Collage

First Task: *The client is requested to page through a miscellaneous pile of pictures (images of things and places), to identify a few pictures that are regarded as appealing and to stick those onto a blank page. Next to each stuck image, the client has to write anything that can be associated with the image. The rationale for this task is to begin the protocol with an activity that has the fewest instructions and is simple to master.*

Second Task: *The client identifies four or five or six pictures of people (from the people pile) and pastes them onto a second piece of paper. Underneath or near each image, the client needs to write what he/she imagines each person is thinking. The rationale for this task is multifold. It reveals the client’s perceptions about trust regarding either self, someone in his/her life, or possibly the therapist.*

Third Task: *The client picks four, five, or six pictures from the people and miscellaneous piles that either stand for something good or something bad. These are stuck and something is written as to what these pictures mean. The rationale for this task is to see what the person considers as good and bad. This reference is purposively left ambiguous but the vagueness is compassionate and non- confrontational.*

Fourth Task: *The client picks only one picture from the people box and sticks it. Something is written regarding what is happening to that person. The following question is then asked, “Do you think the situation will change?” If “yes”, then the client needs to find a picture illustrating the change or explain what will bring about the change. The*

rationale for this task is to assess the person's positive or negative outlook. This will elucidate the individual's outlook, coping mechanisms and whether or not problem-solving through alternatives is part of his or her lifestyle.

4.2.1.3 Photo therapy

Weiser (1993:15-25) based her photo therapy work on five techniques. These include: the projective process, working with self-portraits, working with photos taken of the client by other people, working with photos taken or collected by the client and working with albums and other photos depicting autobiographical information.

Self-portraits are illustrated in **Exercise 8**. Weiser (1993:19-20) points out that the rationale for using *self-portraits* may be found in the nature of these photographs, which is powerfully self-confrontational and undeniable. It is further pointed out that the taking of self-portraits is self-empowering and brings a freedom to create the real self without being inhibited by spectators. It also allows the client an opportunity to eliminate negative aspects of the self.

Exercise 8: Self-portraits

*Clients are requested to **take pictures** of themselves, looking as they anticipate they would look, once their pressing issues or problems have been resolved. The rationale of this exercise is to send a message to the clients, namely that change or resolution can be achieved. When clients see their own images depicting an apparent impossibility, they can become hopeful and energised, because these images convey non-verbal answers that words can never express. Once the photographs are processed, the therapist can engage in strategic discussion with clients (Weiser, 1993:20-21).*

4.2.1.4 Sandplay therapy

Labovitz Boik and Goodwin (2000:52-89) describe spontaneous sandtrays with individual adults and summarise the process (2000:87-88) in six stages with relevant subheadings:

Stage 1: Creating the world

- *Introduce sandplay to the client:* Sandplay is introduced in a relaxed, professional manner, pointing to the trays, objects and process. Emphasis is placed on the fact that there is no right or wrong sandplay method.
- *Constructing the World:* The client builds a scene in the sand while the therapist respectfully witnesses the process in silence. The client may create a scene with or without objects and with or without water.

Stage 2: Experiencing and rearranging

- *Experiencing:* The client is encouraged to reflect on the created scene and to experience it in a deeper way.
- *Rearranging:* The client is informed that adjustments may be made, or the scene can be left intact. Time is allowed for the client to carry out decisions.

Stage 3: Therapy

- *Touring the world:* The therapist joins the client's side of the tray and requests to be taken on a tour of the created (scene) or world. The therapist pays attention to the language and non-verbal cues of the client. The therapist does not touch the scenery and encourages the client to stay with the emotions that surface.
- *Therapeutic interventions:* Questions are asked about the world and objects in the tray, concentrating only on what the client has explained. Therapeutic interventions that may arise from this "interview" can come from Gestalt techniques, psychodrama, art therapy, bodywork, or any relevant field of choice. Adjustments to the sand world may follow the intervention.

Stage 4: Documentation

- *Client's photograph:* The client is given the opportunity to **photograph** the world with a Polaroid camera, from any perspective of choice. The client may take the photograph home.

- *Therapist's photograph:* The therapist takes a photograph of the scene (with the client's permission) for future reference.

Stage 5: Transition

- *Meaning-making:* The client is assisted in applying the insights that have become conscious through sandplay.
- *Connecting sandplay to the client's real world:* The client is asked how the events in the tray reflect his or her life and how they appear in daily life.

Stage 6: Dismantling the world

- *Understanding the world:* The therapist dismantles the world thoughtfully, once the client has left, and reflects on the client's process.
- *Clearing the world:* The therapist replaces the objects on the shelves and completes the notes pertaining to the client.

4.2.1.5. Video therapy

The reason why a broader exposition of video techniques is given, is because this study is aimed at an approach with various opportunities for creative expression connected through carefully planned and edited video recordings. As illustrated in **Chapter 5**, an attempt will be made to lift video as medium up from being a mere psychotherapeutic or counselling aid to being an *integrating medium* that may render the counselling process an honest, personal, enjoyable, sensitive and artistic cinematic journey.

These techniques illustrate that what is envisaged by the intended approach is not that strange. Similar techniques will be structured slightly differently, however. The camera can record anywhere, so the video recording can take place anywhere. Activities involving video, range from using prerecorded video footage without the client's presence to specific exercises designed to make the onscreen presence of the client an integral part of the therapeutic intervention.

Exercise 9. Video Interviewing

The rationale behind this activity is to produce a product that is similar to advertising. It can be called a promotional fun video of the client, designed to introduce the client to self and others.

*The therapist assists the client to **identify** detailed **interests** and **achievements** and a list of interests and positive qualities is generated co-operatively. The important skills of the client are accentuated and a **script** is **produced** between counsellor and client that will serve as guideline for **interviewing** the client on videotape. This **rehearsed** approach enables the therapist and client to establish a clear connection between past achievements and future fantasies, so that the client may gain maximum affirmation from the activity (Becker & Welch, 1994:161-167).*

Exercise 10. Video Homework – Individual Autobiographies

The rationale behind this activity is to extend counselling or psychotherapy beyond the limitations of the counselling room. This particular exercise was designed to enable the clients in group counselling to get to know one another as people with lives outside the counselling scenario.

*Each group member needs to gain access to a video recorder and time needs to be spent – prior to the next group interaction – on **gathering footage** of the meaningful aspects of the personal environment. This will be screened in order to provide other group members with meaningful visual autobiographical information (Heilveil, 1983:83).*

Exercise 11. The Monologue

Heilveil (1983:37) describes this activity as suitable for hospital settings. A room is prepared with video equipment, television monitors and microphones. A technician briefs the patient on how the recording will proceed without anybody present in the room. The camera is focused on the patient's upper body and the patient is seated on a comfortable chair that allows a measure of movement. The technician leaves the room and in another

room the video recorder is activated, allowing the patient a private opportunity to **speak into the camera** for about fifteen minutes, in an attempt to confront the self and introduce the self to the therapist in a desired way. Once the recording has been completed, the videotape is rewound and the patient is asked to view the monologue – revealing bits of self-analysis – that has just been completed.

Exercise 12. Voice-over and Sandplay

Voice-over as a video function creates an opportunity for the therapist to affirm the child involved in the sandplay process. It can, however, be successfully combined with other expressive modalities. The sandplay sessions of the child are videotaped without sound, or the existing soundtrack is erased when the voice-over needs to be made. The therapist carefully watches these recordings and **records** his own **voice** on one of the soundtracks of the videotape, in order to provide meaning, from the therapist's perspective, to the former silent scenes recorded on tape. The therapist attempts to provide a meaningful narrative, laden with positive affect, to accompany the sandtray scene (Heilveil, 1983:48-49).

Exercise 13. The Camera as Co-therapist

The aim of this activity is to provide each member in a group counselling setting with an opportunity to **operate the camera**, in order to provide feedback for the group. In addition to compiling a group feedback, this activity also enables the therapist to view the scenario specifically through the eyes of a particular group member who serves as the camera operator (Heilveil, 1983:62).

Exercise 14. As the World Turns

This activity serves as an icebreaker for group counselling scenarios. Fifteen minutes is spent **watching** a single affect-laden soap opera episode. After the viewing, each group member is asked to **identify** a soap opera character or situation for discussion. The rationale for this is to assist clients in processing what they have witnessed, to relate the episode to personal experience and to stress the value of expressing appropriate feelings

in interpersonal relationships. This type of activity may also alleviate a measure of the therapist's frustration with passive clients, as they tend to be open during discussion, analysing non-threatening visual didactic material (Heilveil, 1983:67-68).

Exercise 15. Script Reading

*This exercise is applicable to children (adolescents) who enjoy watching themselves on television. The therapist supplies each group with a television script that was carefully selected for its moral value and a **discussion** regarding the content of the script precedes the videotaping of the reading, or takes place on completion of the **recording** (Heilveil, 1983:82).*

Exercise 16: Dream Sequence

*This exercise takes place over time and group assistance is needed. Children are asked to **keep** a detailed **record** of their dreams in a dream journal and, eventually, to **identify** a particular dream that can be broken up into manageable segments, in order to produce a videotaped "dream". The "dreamer" has to **develop** a **script** from the dream sequence, in order to **assign** parts to the group members that will make the dream come to life. The group of actors briefly **rehearses** the production and the "dreamer" **records** the final version. A **discussion** may follow, in which symbolism or metaphor may be addressed (Heilveil, 1983:91).*

4.2.2 Expressive therapies

4.2.2.1 Adventure therapy

I established e-mail contact with an American, Rod Nadeau, an adventure-based counsellor, in February 2004. In answer to my queries regarding a particular technique or methodology, he answered as follows:

"Are you familiar with a concept known as Natural Consequence? It's perhaps a core concept of Adventure Therapy. It may or may not be considered a technique, but it is certainly central to the notion of adventure

therapy. The way I use it is I give students the necessary information about activities we are about to undertake in the field i.e. skills and info about canoeing such as the importance of carefully packing your matches in such a way that in the event of a capsized canoe, you will have dry matches to start a fire or camp stove.”

An article by Henley (1999:40-53) describes an outdoor therapeutic day camp curriculum that was designed for ADHD children suffering from varying degrees of asocial or anti-social demeanors (behaviours), who could not attend conventional summer camps. The aim of the camp was to develop social capabilities in these children by means of therapeutic and expressive group activities. Art activities were incorporated to serve as bridges to social interaction and videotaping and playback reinforced the gains made. The basic procedure for a day camp is described in **Exercise 17**.

Exercise 17. Therapeutic Day Camp. (Combining Fishing and Art-making)

Therapists decide on an activity and build an optimised number of goals pertaining to the population involved into it. In the case of fishing, as described by Henley (1999:40-53), fishing was chosen as an activity to aid socialisation and body awareness. The procedure that was followed, can be structured as follows:

- *Children were positioned next to one another, along the camp’s lake, leading to inevitable interaction and contact, for example, they had to negotiate when their lines were tangled. They had to **master** the necessary body **movements** when following instructions.*
- ***Decision-making** was built into the exercise. Children had to **decide** whether the caught fish would be thrown back, or whether it needed to go the camp’s aquarium.*
- *Once the **fishing** was done, it was time for therapeutic art-making. Metaphors were derived from the day’s fishing expedition.*

- *Children were led with meaningful **questions**, such as: “How do you think the fish feel about their new home?” “Has anyone ever felt he or she was a fish out of water?”*
- *Art materials were supplied and children were encouraged to **draw** how they experienced being in awkward or uncomfortable positions.*
- *At various stages of the procedure, **videotaping** was done and certain parts regarded as valuable by the staff were played back to the children to emphasise aspects suitable for discussion or affirmation.*

The fishing adventure was not an end in itself but a point of departure and it became a motivational stimulus for therapeutic issues.

4.2.2.2 Dance and movement therapy

Halprin (in Levine & Levine, 1999:133-148) explains an integrated movement approach, in which the steps are intended to integrate physical, emotional and mental levels. Halprin (in Levine & Levine, 1999:139-141) provides a detailed description of the approach that combines a number of the arts therapies. The process will be described in **Exercise 18**.

Exercise 18. Integrated Movement

Step 1: Identify and sense

*Clients are requested to make three **drawings** on three different sheets of paper – reflecting the theme – and spending between five to 15 minutes on each **drawing**. The emphasis is not on creating carefully planned and artistically pleasing artworks but on activating a spontaneous and intuitive response. Clients are provided with a theme, which, in this case, is: parts of self. The three drawings will each be in response to a particular statement:*

- *Drawing 1: Who am I now on the physical level (my body image)?*
- *Drawing 2: Who am I now emotionally (feeling state)?*

- *Drawing 3: Who am I now on the mental level (what am I thinking)?*

Once the **drawings** are complete, each one is supplied with a **heading** or sentence that will serve as a departure point for dialogue in **Step 3**.

Step 2: Move

Clients are instructed to **focus** on one **drawing** at a time and to ‘become’ the drawing in **movement**. This “becoming” is made understandable when clients are encouraged, for example, to **move** like the colours in their drawings, or to move their bodies like the lines they drew and it is suggested that clients **make sounds** with their **voices** to portray in sound what the picture is saying. Clients are encouraged to give themselves permission to move and voice as they feel and to make allowance for repetition of certain pleasurable expressions.

Step 3: Dialogue

Clients are encouraged to engage in **creative writing** about the **drawings** made in **Step 1** as stimuli. Suggestions like the following may be put to the client:

- Use the headings of the images to **create** a poem.
- Articulate a **dialogue** between the drawings.
- Make a **journal entry** in which you **reflect** on any circumstances in your life that are touched upon by the **drawings**.

Step 4: Draw

The instruction is given to create one **self-portrait**, in which the three **drawings**, the **movement** and **dialogue** are incorporated. Much more time (an hour or more) is allocated for this, because from this fourth self-portrait, the clarifying image will emerge and new insight may flow. Movement and dialogue may also accompany this portrait on completion.

Milliken (2002:203-206) gives an account of the dance/movement work she does in prisons, using primarily body movements accompanied by background music. Her approach provides an interesting alternative to the drawing introduction explained in **Step 1** of Halprin's approach. This warm-up exercise is explained in **Exercise 19**.

Exercise 19. Dance and Movement Warm-up

The group stands and a soft cloth ball is thrown around the room. When it is caught, members have to identify themselves by providing their name, birthplace and information of interest. The rationale is to allow group members an opportunity to warm up on different levels. The body is playfully brought into the action, while the individual develops the proper focus (Milliken, 2002:205).

4.2.2.3 Drama therapy

In applying the self-psychology theory of role in drama therapy, Doyle (1998:223-235) is particularly interested in the affiliation between roles and self-objects and the influence it has in the building of a cohesive self-structure. He describes an exercise that he used with a man who was emotionally overwhelmed (by his conflicting feelings), which I thought was particularly thought-provoking and manageable. It will be described in **Exercise 20**.

Exercise 20. Affective Constellation Sculpture

The therapy takes place in a drama therapy environment, where a variety of objects are available for the process that will follow. The client is encouraged to pick an object for each feeling he is experiencing and the therapist can assist him to label each one with a card on which the applicable word is written. This is a concrete articulation of his affective constellation. Now the client is instructed to build a "real" sculpture with these feeling objects to illustrate how they are arranged inside him. Once the sculpture is completed, the client is likely to express a feeling of inner order (Doyle, 1998:223-235).

(a) Drama therapy variations

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

The fluid therapeutic process suggested by Emunah (in Lewis & Johnson, 2000:73-78) is briefly conveyed:

Phase One: Dramatic play

The client is introduced to the failure-proof playful elements of drama, in order to access personal strengths and creativity. This introduction is done by means of humour, in order to strengthen the client for the more emotionally intense exercises to follow.

Phase Two: Scene work

Unlike psychodrama, where the protagonist portrays his own life, scene work involves the playing of roles not representing one's own life. At the end, the verbal processing of what transpired will lead to a more personal focus.

Phase Three: Role-play

Clients explore the current situations in their lives (and the people affecting their lives) through dramatisation and follow-up discussions, in order to gain insight into the roles they play and their social interaction patterns. Apart from having the privilege of being actors, directors or audience members, clients also benefit from becoming critics of their own lives.

Phase Four: Culminating enactment

Scrutinising roles, relationships and current conflicts gradually leads to deeper levels of introspection, as facilitated by phase three, and the client enters the unconscious. The weight of buried emotions emerges and is cathartically expressed, removing a burden, as the private struggle is witnessed.

Phase Five: Dramatic ritual

Clients are assisted in getting closure and carrying the gains and changes made within the drama therapy context into the outside world.

(ii) Psychodrama

The basic procedure of psychodrama is explained, accompanied by an account of role reversal as a fundamental technique, as given by Wilkins (1999:29-36).

Warm-up takes place before any acting is done. The purpose of this is to stimulate creativity and spontaneity, to facilitate meaningful interaction within the group by creating a sense of trust and to assist members to focus on personal issues they wish to have expressed through psychodrama. During the warm-up stage, the protagonist is identified by the director, volunteered, self-selected, or group appointed.

During the enactment stage, the director and the protagonist work together to tell the protagonist's story through action. Psychodrama usually has a number of scenes, which begin and end in the present. The other scenes take place between these time fixtures. The aim of the drama is to journey from the outside of a personal issue to the more difficult inner core. The basic issue troubling the protagonist is used as a trigger for the scenes.

It is important to note that there is no planned script for the enactment. The performance relies on the spontaneity of the protagonist, assisted by the director and supported by the other members of the group. Group members and objects in the room are used to represent elements of the enactment scenes, as the need arises. Members of the group who are not directly involved with the action become part of the audience, who serve as witnesses. Scenes may be complicated 'epics', with many roles, or an enactment of an ordinary scene, as remembered by the protagonist. Wilkins (1999:32) points out that the action in the enactment need not reside in 'reality' but can move into 'surplus reality', which is the term given to 'the enactment of events which never happened and never can happen, the voicing of words never said'.

When the protagonist has completed his scenes, it is time for the final phase, namely sharing. The protagonist steps out of his role and joins the group as a member. Group members now have an opportunity to share the feelings and thoughts the protagonist's

story awakened in them and how it touched their personal lives. Analysis or giving advice is avoided. Sharing encourages an emotional identification with the protagonist.

Many psychodramatists regard role reversal as the ‘engine that drives psychodrama’. It is the process by which the protagonist temporarily becomes someone or something else in his or her psychodrama by adopting the situation, characteristics and behaviour of the ‘other’. Role reversal enables the protagonist to see the world from another perspective, resulting in greater insight and perception. It also serves a more practical purpose during scene-setting, as it assists group members with seeing who the important people or things in the life of the protagonist are, as well as providing guidelines for members to develop their enactment roles.

(b) Clown therapy

Clown therapy, as described by Carp (1998:245-255), has a procedural structure similar to that of dance and movement and psychodrama. It starts with warm-ups, games and exercises to physically and mentally prepare group members individually and to reunite members to accommodate the emergence of the clown.

Carp does not highlight any particular techniques but maintains that the important aspect of all the techniques used in clown therapy, is flexibility. In the light of this statement, I will give an account of how Carp (1998:253-254) leads clients into the most difficult aspect of clown therapy, which is the development of the clown character.

New clients whose ego development is not sufficiently developed to allow an immediate surfacing of their unconscious clown, are assisted by means of an outside “putting on” of the clown by means of make-up and costumes. According to Carp, this outward apparel penetrates the persona and accesses the self.

Groups or individuals with stronger ego development can deliberately get in touch with their inner clown from the unconscious by employing movement and masks. One type of mask is a make-up mask, onto which the client applies make-up without any therapist

interference. Unconscious content is then symbolically portrayed in the mask. Another method is to replace the mask and make-up procedure with a red clown nose. Whether a make-up mask or a red nose is used, the result is the same: the body expresses emotion more clearly and readily when the face is “covered”. When in character, the mask or nose is important, because it distinguishes between the mask of the clown and that of the ego.

As the action progresses, the clown character gains credibility and, at a particular point, its presence is seen by the observers (all clowns) and felt by the individual. The group members become witnesses to the emergence of this new facet of the psyche and, from then on, the individual and group can work with the clown as a symbolic version of the unconscious.

Exercise 21. “Gibberish”

*This exercise encourages **play** and spontaneity and can be adjusted to suit any population. Clowns are paired and given the following **assignment**: One is a HSC (high status character, i.e. queen, pope, president, etc.) and the other a LSC (low status character, i.e. servant, page, assistant, etc.). The HSC can only speak gibberish or nonsense language and the LSC needs to interpret the grand speech the HSC will deliver to a respectable audience.*

*Both are given props and costumes to encourage them to **become** these **roles** as they **deliver** their improvisational **act**. Neither the HSC nor the LSC has any idea of what will be uttered by the other, which leads to hilarious results and serves many therapeutic goals (Carp, 1998:253).*

(c) Story and storytelling

Stories can be used effectively with children of all ages but they need to match the age and reading competencies of the child. The process can briefly be summarised as follows:

The first stage involves identification and projection, where the main character in the book reveals aspects similar to the child's life, enabling the child to associate with the story character, which is helpful in the processing of feelings. During the second stage, catharsis can take place as the child projects his own feelings onto the fictional character and experiences the emotional liberation of the tale. During the final stage of the process, there is insight and integration, as similarities gain greater significance and the heightened levels of self-understanding and self-insight break a sense of aloneness. A new courage to solve personal problems is birthed (Carlson, 2001:5-6).

According to Stiles and Kottman (1990:341) and Carlson (2001:99), storytelling is an important and helpful adjunct to play therapy. Mutual storytelling is a technique that may be used very successfully in this context.

Stiles and Kottman (1990:337-342) describe the method of mutual storytelling, which they employed as an intervention for depressed and suicidal children. Mutual storytelling can also be used to assist children in expressing anger and resolving conflict in more admirable ways. The procedure is as follows:

- The counsellor requests the child to tell a self-created story depicting any topic of choice.
- When the child tells the story, the counsellor takes careful note of the metaphors and analyses their psychological meaning pertaining to the child.
- Once the child has completed the story, the counsellor responds with a story that resembles the characters and setting of the child's story but the ending, in particular, reveals a healthier resolution to problems. In the counsellor's version, the characters solve their problems in more adaptive ways.

Communication problems should not deter counsellors from using stories in treating children, where applicable. Flynn and Stirtzinger (2001:299-309) give an account of how a regressed adolescent boy was treated through story-writing and drawing. The boy was able to gain access to feelings and behavioural issues by means of drawing and

illustration, accompanied by the counsellor, who reflected back the material and emotion of his story. As a result, he became more responsive and displayed a wider range of emotions.

(d) Playback theatre, voice and musical theatre

(i) Playback theatre

The therapeutic process Salas proposes (in Lewis & Johnson, 2000:288-289) involves a stage with actors, musicians, props, a conductor and an audience. On a stage or in a large room, two chairs are positioned on the side facing the acting space. The conductor, Playback's onstage director, occupies the chair closest to the audience and the storyteller sits on the other. At the back of the acting space, actors sit on crates or chairs. A musician with instruments sits on the opposite side of the director and the teller and, somewhere on stage, there is a collection of large pieces of fabric to be used as elemental props.

The conductor invites someone from the audience to come to the stage and tell his story. At various stages of the storytelling, the conductor stops the person to ask questions when issues in the narrative do not seem that clear. When the conductor feels there is enough information to dramatise the story, he asks the storyteller to choose the actors who will represent the teller and the other roles mentioned – and then to witness the play. The actors perform the teller's story without any words, accompanied by music that follows the action. At the end of the performance, the conductor invites the storyteller to discuss the play that was witnessed, or to comment on the performance before he leaves the stage. Salas (in Lewis & Johnson, 2000:288-289) points out that other variations are possible, depending on the skill of the conductor and the population involved.

(ii) Voice movement and musical theatre

The methodology of musical theatre comprises the following basic steps:

- The vocal map of Western classical (opera) singing is explained to the clients and differentiation is made between the female and male applications. (Attention is paid to dominant elements such as vibrato and falsetto.)

- Clients are requested to engage in a fun activity, in which they need to produce an “operatic voice”.
- Clients are familiarised with different forms of singing, e.g. solos and duets.
- Clients choose a significant event from their histories and write an autobiographical three-act opera for approximately four people.
- Clients do not compose music but experiment with the script by using the natural rhythms of speech and gradually exaggerating the spoken voice into a melody – a process called prosody (Newham, 2000:145-146).

Once the client has written a (simplified) three-act opera, it is time to rehearse. The person who wrote the musical is the director and he or she assigns the parts to be played to specific group members who can lend a specific vocal quality to a role. Group members assist the director by finding costumes and props for the production (Newham, 2000:147). **Exercise 22** provides an alternative to a mere account of the client’s personal life, which is referred to as “stage 2” in the voice movement therapy process.

Exercise 22. Fairy tale

*The therapist requests the clients to **translate** their **autobiographical accounts** into fairy tales. The characters and events of their personal lives need to be amplified to mythical proportion, while thinking allegorically, so that the tale will have transpersonal implications (Newham, 2000:151).*

4.2.2.4 Music therapy

The application of music in counselling can take various forms. Stephens, Braithwaite and Taylor (1998:127-137) explain a model in which hip-hop music is used for **small-group HIV/Aids prevention counselling** with African American adolescents and young adults. The rationale for using hip-hop music is that hip-hop messages are particularly effective in working with these adolescents, as the songs are created and sung by peers. Hip-hop allows the practitioners of the programme to integrate counselling with

prevention and health maintenance by means of an interactive, co-operative learning process.

Counsellors conduct group sessions armed with, among others, information material, a CD player and songs depicting HIV/AIDS risk behaviour and warning against risky conduct in the lyrics. At strategic points, these songs are played and then group interactive discussions take place.

Another model described by Gallant and Holosko (2001:115-121) employs **music intervention in grief work** with clients experiencing loss and bereavement. The model is a unique blend of counselling, music and themes of recovery, rooted in a spiritual base. Therapeutic themes, accompanied by music intervention, are regarded as a healing agent that awakens memories during the grieving process.

Counsellors can promote the healing process of grieving by implementing multiple strategies, such as: (a) “testing the waters” by using music creatively; (b) incorporating prose, narrative, or poetry-writing; and (c) asking clients to personalise lyrics for their favourite songs (Gallant and Holosko, 2001:120).

Rugenstein (2000:23-29) reports on the use of music as a vehicle for inner exploration, as employed by the Helen Bonny method of guided imagery and music (GIM). In this approach, music assists the client to pass the barriers of the rational mind and reach the intuitive mind. This is, however, not a relaxation method and “relaxation music” is not appropriate.

(a) Structure of a GIM session (four-stage procedure):

1) (i) Preliminary conversation (prelude)

The “prelude” resembles any verbal counselling session. Experiences and insights from the previous session are discussed and the therapist leads the client in developing a focus for the next GIM experience.

(ii) Induction (relaxation and focus)

For the duration of the induction and music-listening phases, the client lies on a couch or mat. The aim of induction is to allow the client time to relax and to obtain the intended focus.

(iii) Music-listening

Music is played – selected from one of the GIM programmes – after the client has reached a relaxed, focused state. This phase is the core of the session, which enables the client to actively engage with his or her inner world, with the support of the music. The client shares his or her ongoing imagery, experiences and perceptions with the therapist, who writes them down. The therapist functions as a witness, whose role is to observe, listen, reflect and encourage the client to engage with the imagery experience.

(iv) Post-session integration (postlude)

The “postlude” allows time for the discussion of imagery gained and the GIM experience may be processed and integrated through artwork, musical improvisation, journal writing, discussion, or any combination of these.

Exercises 23 and 24 are techniques discussed by MacIntosh (2003:17-23), in which she describes how creativity intrinsic in the musical therapeutic interventions helps survivors of sexual abuse (ladies) to deal with their trauma.

Exercise 23. Fill-in-the-Blank

*The therapist chooses a favorite song or uses a suggestion by the client and prepares a framework. The song is retyped, leaving blank spaces for **key words** into which the client will later **write** her own words. This process invites clients to participate in **song-writing** without fear of failure (MacIntosh, 2003:20).*

(a) Drumming

Exercise 24: Drumming Circle Dialogues

*Group members are each provided with a drum. A group leader is appointed and she leads the group in a rhythmic pattern of her choice and has freedom to vary her beats at any point. The leader sets the boundaries and when she feels the time is right, she invites other group members to join in and dialogue with her, expressing through rhythmic beats feelings surrounding a specific memory or emotional issue. Group members may add **vocal expression** to their rhythmic replies, which apparently comes naturally. The drumming process enables the ladies to express strong, deep, intense, personal truth, while being contained in a creative environment, which allows the unconscious material to surface (MacIntosh, 2003:21).*

4.2.2.5 Play therapy

According to Schaefer and Cangelosi (1993:91-95), play therapy provides many opportunities for the younger child to express his or her fantasies spontaneously with any available material. The older child needs the support of others and more concrete and true-to-life materials to be willing to engage in role-play. **Exercise 25** describes a technique suitable for the older child.

Exercise 25. Costume Play Therapy

*The child is shown a large collection of costumes and accessories from which to choose. Once the child has decided which one is most appealing, he or she **dresses up** to be the part. The therapist does not dress up at all and may not engage in the play without permission, but merely observes, or when asked by the child, will play the role the child assigns. Costume play therapy allows the therapist to engage in communication with the child on whatever plane the child reveals. It needs to be made clear that costume play therapy is a process that can be employed with the same child for months and even a year and, for this reason, it might be necessary for the therapist to ask the child's permission to take photographs of the roles played in each session, in order to study the pattern in the progression.*

The process of group play therapy with adults, as explained by Bruner (2000:333-338), will be summarised in exercise format in **Exercise 26**.

Exercise 26. Group Adult Play

*A group of five to six adult players are invited to sit on the floor. A therapist then empties boxes of different shaped blocks, miniature animals, people and toy furniture onto the centre of the floor and the players are invited to sit around the toys and use them in whatever way they desire. Once the players have completed their “play structures”, a discussion focusing on the structures takes place. Each player is given an opportunity to **explain** the personal **meaning** of the structure and, afterwards, members are invited to comment on each other’s structures. The player who made the structure is free to add changes to his or her structure if the comments sound fair and worthy of implementation.*

*Bruner (2000:337) describes a variation of the discussion procedure above, where players are invited to look around and to **change** whatever they feel needs to be corrected in the constructs of others. Once the changes have been made, the person whose structure it is, is free to undo the changes that were made to his or her structure, if they do not seem appropriate.*

4.2.2.6 Therapeutic writing

Riordan (1996:270-271) proposes that counsellors employ flexible and creative guidelines, in order to optimise the therapeutic writing experience for the client. Some guidelines are:

- Start therapeutic writing when the client seems able to handle the issues that might emerge.
- Use a tape recorder if writing is not the dominant skill.
- Supply the topic or theme.
- Plan feedback time.
- Make only helpful comments.
- Encourage a free writing style without grammar concern.

White and Murray (2002:166-176) provide insight into the application of therapeutic letter-writing in counselling adolescents. Therapeutic letter types differ with regard to intention and emphasis. There are: letters between the counsellor and the client; letters from the counsellor to the client; and letters from the client to self. In **Exercise 27** an example is given of the type of letter that can be written to self.

Exercise 27. Letter to Self

*The client is requested to **write a letter** to self from the future, or from a more positive position. The rationale for this activity is to force clients to consider that possibilities or solutions exist that they have not yet tried and to consider the possibility that positive change is possible (White and Murray, 2002:172).*

(a) Poetry therapy

The poetry model as stated by Mazza (1999:4-5) includes three components:

- (i) “The ***receptive/prescriptive component***, involving the introduction of literature into therapy”, could focus on the reading of poetry or the lyrics of popular songs (and listening to its performance), followed by questioning, in order to invite client reaction. The therapist or the client may provide the material that will be processed during this introductory session.
- (ii) “The ***expressive/creative component***, involving the use of client writing in therapy”, which can be facilitated by a number of exercises expressing feelings.
- (iii) “The ***symbolic/ceremonial component***, involving the use of metaphors, rituals and storytelling”, deals with, among other elements, the ‘connection between the internal and external reality’ and the figurative completion of unresolved conflict (Mazza, 1999:17-22).

Exercise 28. Songs – for the ‘Receptive Component’

*The counsellor plays a song to the client while the client **reads** the lyrics. Afterwards, the counsellor asks the client what the words of the song personally meant to him or her. Reversing the roles is also acceptable, as explained above. The client can bring the song and **explain** why it is particularly meaningful and, from the client's statements, the counsellor fills in with further self-revealing questions for the client to answer (Mazza, 1999:19).*

Fling (in Morrison, 1987:100-111) explains how the Psalms can be integrated with therapy techniques to fit the client's needs and aesthetic values. **Exercise 29** will sketch a possible layout of the process.

Exercise 29. Psalms in Therapy

*The client searches for Psalms that appear to be most applicable to the personal scenario, or the therapist can suggest a Psalm. The client then **reads** through the many Bible translations available to **find** the most descriptive version, or various verses from various translations may be combined to provide the best, personalised explanation. The client may **personalise** the names of rivers or mountains used in the Psalms to allow for greater identification. Once the literary content of the chosen Psalm has been transformed to the desired personalised level, the client can engage in free association, or in developing the poetic imagery in terms of his or her particular life issues. Music and art stimuli may be helpful in assisting the client to **meditate** upon the healing aspects of the Psalms.*

4.3 Most Common Existing Combinations (or Suggested Combinations) of the Visual and Expressive Arts Therapies

Now that the relevant aspects of the visual and expressive therapies with regards to methods, techniques and exercises have been illustrated, it is appropriate that attention be paid to the most common existing combinations, as revealed by the content of this chapter and the literature in general. This study is aimed at establishing whether it is practically feasible to establish a more **comprehensive combination** of the arts therapies, or to put it differently, how credible it would be to take the existing connections between

these therapies to a more **structured “extreme”**, in order to allow clients an opportunity for greater self-expression and self-discovery. This will be explained in greater detail in **Chapter 5**.

The **visual arts** and its **various media** can be easily incorporated into the **photo therapy** exercises and **video** applications. In **photo therapy** applications, for example, **grease pencils** may be used to allow clients an opportunity to **transform** the **photographs** into an expressive construct. **Video** is able to free the arts therapist from the boundaries of drawing, painting and sculpting, as it provides an opportunity for clients to draw upon their **inner resources**, in order to **generate** their own **video** production, which can build self-worth and encourage spontaneous expression (Weiser, 1993:28 & Heilveil, 1983:68-69).

According to Heilveil (1983:59-60), **video** and **psychodrama** ‘are natural bedfellows’ because both use the ‘tools of the entertainment and communication media to accomplish their goals’, but in a unique, non-commercial way. This is illustrated very well by **Exercise 16** (Heilveil, 1983:91), where the dream is presented in script format and, from there, a group assists the “dreamer” to **film** his dream as he or she directs.

Landy (in Lewis & Johnson, 2000:60) points out that when employing role theory and the role method of **drama therapy**, in order for clients to locate a role or take on a counter-role, a range of projective techniques may be utilised, namely, ‘**sandplay** and **free play**, **masks** and **puppets**, **drawings** and **sculptures**, **storytelling**, **story-making** and **playback theatre**’, and in playback theatre the role of impromptu **music-making** by an onstage musician is regarded as a very valuable component to accompany the silent enactment (Salas in Lewis & Johnson, 2000:289).

This rich variety of complementary techniques and equipment is illustrated by **Exercise 12** (Heilveil, 1983:48-49), where the therapist **videotapes** the child’s **sandplay** process and then adds a meaning-making **voice-over** to accompany the **sandtray scene**, thereby affirming the child.

Gallant and Holosko (2001:6-7) discuss music intervention in grief work with clients experiencing loss and bereavement and they propose a creative use of **music** by incorporating **bibliotherapy** and **therapeutic writing** modalities, such as: **prose, narrative, the writing of poetry** and **personalising the lyrics** of popular songs. They emphasise the need for the counsellor to meet the client at the appropriate level in the grieving process and for the establishment of a successful common ground. Any meaningful approach may be added to the music intervention.

The Bonny Method of Guided Imagery and Music (GIM) suggests that experience and insights gained during the application of this method ‘may be processed and integrated through **artwork, musical improvisation, journal writing, discussion, or any combination of these**’ (Rugenstein, 2000:4) and according to MacIntosh (2003:20), **therapeutic writing and singing of personalised text** ‘can be an empowering and cathartic experience for the client’.

In discussing cinema therapy (labelled video therapy), Milne and Reis refer to Strot (1997) and Westberg (1997), who suggest follow-up activities, such as “**painting, creating three-dimensional constructs, writing and producing plays and video documentaries, writing articles or poetry, pursuing further research, locating additional film and other materials, surfing the Internet** and contacting **user groups** and likely mentors (with appropriate cautions)” to facilitate discussion and interpretation of the cinema therapy experience.

At this point, I refer to the list in **Chapter 1**, where the most common combinations of art therapies or expressive modalities are summarised, because I feel the point that I wanted to make, namely that numerous combination are used in practice and numerous combinations are suggested for practice, should be clear by now. Apart from the fact that most of the combinations used (or suggested) by the literature do not provide credible structure for the “non” creative therapist or counsellor to follow, they also rely heavily on

the creative capabilities of the **creative** therapist or counsellor to provide **intuitive** structure to the incorporation of different arts therapies in the counselling environment.

In general, the approaches sketched seem very credible but they fail to invite participation from those who do not regard themselves as sufficiently creatively competent. I regard the abovementioned explanation to be sufficient justification for attempting the structured “cinematic” combined approach that will be explained in **Chapter 5** and practically implemented in **Chapter 6**.

4.4 Material and Equipment Needed for Exercises 1- 29

It is important now for the reader to start viewing the collection of arts therapies described in the previous chapters and exercises as one hypothetical body for the purpose of the research project that will be undertaken in **Chapter 6**. If it were possible for one therapist to engage his or her clients in the entire array of exercises explained, the materials and equipment listed in **Table 4** would be needed.

Balls	Decorative paper	Music equipment	Sandtray and miniatures
Bible	Drum	Paper	Scissors
Box	Fishing rod	Pen	Television monitor
Camera	Glitter	Photo film	Television script
CD player	Glue	Photo	Video camera
CD	Koki	Play clay	Video cassette
Colour pencils	Lyrics of songs	Pottery clay	Video editing software
Costume	Make-up equipment	Precut magazine images	
Crayons	Miscellaneous objects		

Table 4: Material and Equipment

4.5 Conclusion

The actual application of different techniques and procedures in the arts therapies was highlighted by actual exercises and their practical implications. The most common

combinations between the different arts therapies were discussed and the need for further experimentation justified.

In the next chapter, the pilot study will be explained and its weaknesses addressed. A new plan will also be proposed for the practical research component.