

*Artistic Choices in Therapeutic Practice: The Use of Art Forms in Creative Arts
Therapy*

**Submitted in partial fulfillment
of the Requirements for the**

**Degree of
Doctor of Philosophy in Interdisciplinary Studies
with a Concentration in Psychology
and a Specialization in Creative Arts Therapy
at the Union Institute & University
Cincinnati, Ohio**

Laurel Maureen Thompson

May 2010

Core Professor: M. Willson Williams, Ph.D.

**Union Institute & University
Cincinnati, Ohio**

UMI Number: 3447726

All rights reserved

INFORMATION TO ALL USERS

The quality of this reproduction is dependent upon the quality of the copy submitted.

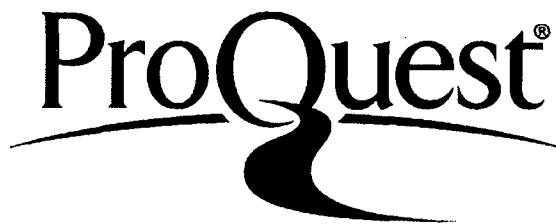
In the unlikely event that the author did not send a complete manuscript and there are missing pages, these will be noted. Also, if material had to be removed, a note will indicate the deletion.



UMI 3447726

Copyright 2011 by ProQuest LLC.

All rights reserved. This edition of the work is protected against unauthorized copying under Title 17, United States Code.



ProQuest LLC
789 East Eisenhower Parkway
P.O. Box 1346
Ann Arbor, MI 48106-1346

Abstract

The focus of this descriptive study, based in heuristic and artistic inquiry, was to explore how creative arts therapists, particularly art and dance/movement therapists, make choices of art forms in clinical treatment based on their theoretical perspectives and practical experience. The literature review included established theory and practice within creative arts therapy, as well as information from related fields, notably intermodality, aesthetics, psychoanalytic theory, and infant research. Ten co-researchers, who were art, dance, and expressive arts therapists, participated. The findings revealed core themes of Creativity, Uniqueness of Using the Arts in Psychotherapy, Commonalities with All Forms of Psychotherapy, One Art Form as a Foundation, Personal Preferences for Art Forms, Correlations and Commonalities of Art Forms, Lack of Developmental Progression among Art Forms, Differential Properties of Art Forms, Aesthetics, and Choice of Art Forms. A comparison of core themes to the literature revealed that creativity was the sole established principle of creative arts therapy. The overarching finding was the lack of articulation and opacity in response to the entry of the arts into the therapeutic process. Most surprising was that the co-researchers, in comparison to the scholarly literature, used aesthetics minimally. This area of inquiry rose from the current evolution of creative arts therapy, as it questions or expands the tenets of the pioneers and takes on challenges that seek to incorporate expanded knowledge from within and outside of the field. This raises the question of whether or not the theoretical foundation of creative arts therapy is therefore lessened and/or loses a justification for a separate existence that is distinct from other disciplines of psychotherapy. An examination of traditional aesthetics, in addition to postmodern

perspectives, should be critically assessed in order to determine their contributions to the field of creative arts therapy. The possibility was raised that a theory of aesthetic knowledge could come from creative arts therapy itself, creating a history and branch of philosophy that has not yet been developed. Not only would this benefit the field of creative arts therapy, but it would also serve as a contribution to the fields of both philosophy and psychotherapy.

Acknowledgements

I would like to thank Dr. Susan Amussen, my long-standing Core Advisor, for her collaboration in the initial phase of my journey, for introducing the differences between critical thought and opinions, and for intertwining strands of thought for contemplation. Dr. M. Willson Williams was a source of editorial and administrative expertise, which enabled me to understand the flow of completed research. My Committee, Drs. Julia Beyers, Michael Eng, Sherry Goodill, and K. Mark Sossin, who each contributed their own particular brilliance, were all truly inspiring and helped me to weave many ideas into my thinking and document. Dr. Lynn Kapitan, who was a member of my Committee originally, was equally influential in the earlier stages, and was very much missed when she was no longer an active participant. My Consultants, Dr. Robyn Flaum Cruz and Ms. Rita Reiswig, could reliably be called upon for their particular expertise, as well as for affirmation of my work. Pratt Institute, my scholarly home for 30 years, provided training, collegiality, and the opportunity to formulate and defend my ideas. I would like to acknowledge and thank Pratt for awarding me a Pratt Institute Faculty Development Fund award.

Finally, I am grateful to my children, Emily and Gareth, for their support and tolerance. My husband Geoff offered his unflagging sustenance on many planes, as well as his light and color, even in the darkest of times.

Table of Contents

Chapter I Introduction

Background of the Study	1
Rationale for the Study	2
Research Study	5
Creative Arts Therapy Defined	5
Summary	6

Chapter II Review of the Literature

Introduction	7
Commonalities and Dilemmas within the Creative Arts Therapies	9
The Debate about Aesthetics	12
The Use of Multiple Modalities or Intermodality within Expressive Arts Therapy	21
Differential Properties of Art Forms	26
Integrative Models	32
Developmental Models of Art Forms	34
Psychoanalytic Views of Aesthetics	39
Psychoanalytic Views of Sensory Systems	39
Early Psychoanalysts' View of Art and Aesthetics	41
Sigmund Freud	42
Sandor Ferenczi	46
Otto Rank	47
Ernest Kris	51
Lawrence Kubie	57
Current Psychoanalytic Influences	62
Interaction of Art and Dance within Aesthetics	63
Modernism	67
Dance Aesthetics and Dance Studies	72
Dance Aesthetics as Philosophy	74
Dance Aesthetics as Context	77
Modernist Dance Criticism and Analysis	79

Early Modern Dancers	86
Isadora Duncan	87
Ruth St. Denis	88
Mary Wigman	90
Martha Graham	92
Dance/Movement Therapy Pioneers	93
First Generation Dance/Movement Therapists	94
Marian Chace	95
Trudi Schoop	97
Mary Whitehouse	99
Second Generation Dance/Movement Therapists	99
Elissa White	100
Alma Hawkins	100
Ruthanna Boris	102
Sharon Chaiklin	104
Infant Research	105
Summary	111
Chapter III Research Methods	
Introduction	112
Research Question	115
Research Methodology	116
Description and Definitions of Qualitative Research	116
Combination of Heuristic and Arts-Based Inquiry	121
Heuristic Methodology	122
Phases of Heuristic Research	124
Arts-Based Inquiry	124
Phases of Arts-Based Inquiry	129
Comparisons between Heuristic and Arts-Based Inquiry	130
Research Design	131
Participants	131
Solicitation of Participants	132

Selection Criteria	132
Data Collection	133
Data Analysis	134
Research Ethics	135
Summary	136
Chapter IV Findings	
Introduction	138
Individual Depictions	138
Elizabeth	139
Deirdre	147
Linda	148
Libby	149
Molly	150
Gloria	151
Sharon	153
Beatrice	154
Robert	155
Judith	156
Themes	158
Creativity	158
Uniqueness of Using the Arts in Psychotherapy	158
Commonalities with All Forms of Psychotherapy	159
One Art Form as a Foundation	160
Personal Preferences for Art Forms	161
Correlations and Commonalities of Art Forms	162
Lack of Developmental Progression among Art Forms	163
Differential Properties of Art Forms	164
Aesthetics	165
Choice of Art Forms	168
Exemplary Portraits	170
Linda	170

Gloria	174
Creative Synthesis	177
Summary	180
Chapter V Discussion	
Introduction	182
Relationship of Findings to Academic Literature	182
Creativity	182
Uniqueness of Using the Arts in Psychotherapy and Commonalities with All Forms of Psychotherapy	183
Differential Properties of Art Forms	186
One Art Form as a Foundation and Personal Preferences of Art Forms	189
Correlation and Commonalities of Art Forms and Lack of Developmental Progress among Art Forms	189
Aesthetics	193
Choices of Art Forms	196
Implications of the Study	196
Suggestions for Future Research	202
Limitations of the Findings	207
Conclusion	208
References	
Appendix A Informed Consent Form	223
Appendix B American Art Therapy Association Code of Ethics	226
Appendix C IRB Approval Letter	227
Appendix D Union Institute & University – Protecting Human Subjects and Related Ethical Issues	228

Chapter I

Introduction

Background of the Study

In my clinical work prior to my doctoral studies I noticed several intriguing but puzzling conundrums. As a dance therapist, art therapist, and Focusing trainer, I came to initial conclusions about the use of visual art, dance/movement, and bodily-felt experience in treatment. In working with women who suffer from eating disorders, I noticed that, distinct from their use of and taking pleasure in visual imagery, which is more intact, these women have a paucity of body knowledge available with which to understand the world. Verbal work with regard to the body is often rote or contrived. Their compromised ability to contact and identify feelings located in the body severely cripples their ability to guide their lives in ways other than through a focus on food and body size.

In therapy sessions, I found that dance/movement therapy interventions could address struggles around issues of body size and shape through direct attention to body experience itself. Interventions utilizing a clearly outlined structure were most effective, even if they were nondirective but directed toward embodiment. However, the use of dance or movement was often perceived as threatening. Particularly with patients that had been abused, body issues were too overwhelming to confront directly. The patients did not trust that they could regulate the emotion that they felt. In this instance, artwork helped to construct external body and psychic boundaries as well as to regulate an emotion or an issue, thereby providing containment for the ensuing feeling. With visual artwork, the patients seemed to gain perspective since the art piece was outside of the

immediate experience in their bodies, and they could reflect more easily on their process and subsequent content. In addition, I found that when I began an art therapy group with an intervention that provided grounding in body experience or movement, the visual experience and product was more easily integrated with embodied experience so that the women did not use verbalization to avoid or escape from uncomfortable material. In verbal psychotherapy groups, words often reached a limit concerning subjects that had an emotional component, so I introduced interventions that worked with bodily-felt senses and imagery in order to crystallize and clarify issues via kinesthetic imagery through the use of Focusing (Gendlin, 1981). This enabled the women to effectively link words to bodily-felt experience. In working with different art forms, depth could be facilitated within the therapeutic process, and trust could be established in the therapeutic relationship. In summary, different sensory or artistic information as well as different processes and subsequent related development could be facilitated by the use of kinesthetic experience, dance/movement, or visual art, with each modality addressing a different issue or process (L. Thompson, 2001).

Rationale for the Study

The training I received as a creative arts therapist, in tune with other viewpoints of creative arts therapy, stressed that the creative process is seen to be inherently healthy and forms the foundation of practice. The improvisational nature of creativity provides a structure and flow to experience (Nachmanovitch, 1991). However, unlike some other theoretical stances, the assumption in my training was that creative arts therapy can be used as a primary therapy seen through a psychoanalytic lens that uses art and movement in exploring the therapeutic relationship (Robbins, 1988). Dance, movement, kinesthetic

experience, and visual art produced by patients are explored, as is similar countertransferential imagery experienced by the therapist. The latter illuminates the context in which the patient's work is produced. Of noted importance in my training were the uses of transference, countertransference, and the development of the therapeutic relationship as an integral part of therapy.

Another key ingredient was that process was valued over product so as to emphasize the ongoing nature of therapeutic process. Of course, methods and techniques of dance and art therapy were important, but their use was seen in the context of the evolving process within a session. In this way of working, dynamic material in the here-and-now is explored to see if the therapist is open or closed to the patient. The therapist's emotional availability will inevitably have an impact on his or her ability to receive, reflect, and integrate theoretical and technical material. The aliveness of the therapeutic interaction is a key to whether the therapeutic relationship is working or stagnant. Imagery is used to assess the vitality of the therapeutic exchange and imagery is again used in order to find solutions if they are warranted (Robbins, 1988). Further, visual art, dance, and movement are explored from a *psychoaesthetic* perspective (Robbins, 1989). Methods of formal analysis are used (e.g., Laban Movement Analysis and Art Diagnosis), but visual art and dance, as communication, is what is primarily examined. The art piece or dance/movement communicates with the viewer on a visual, proprioceptive, kinesthetic, emotional, metaphorical, and artistic level. As a testament to the particular strength of creative arts therapy, visual art, movement, and dance can be used to facilitate insight or can remain as evidence of nonverbal, unconscious work.

In this framework that my training provided, no preference was given to art or dance, and no theoretical basis was given as to when art or dance would be used, as these art forms were seen to have no fundamental difference. As I progressed in my work, I had several unanswered questions about the properties of the art forms themselves. It appeared, since aesthetic considerations were said to be the cornerstone of the framework, that the properties of the art forms themselves should be given attention in making decisions for therapeutic interventions. Instead, aesthetics were described in a general sense in order to understand the developing therapeutic relationship only. Minimal attention was paid to a direct dialogue about aesthetics as a field derived from philosophy, or about the practice of creating art. The meaning of the formal properties of the use of art or dance, the patient's experience of a change in materials or forms within these art forms, and how such changes might influence treatment were also not stressed. From my experiences both in treatment and in studying these art forms, I found that the experiences of dancing and of making art were very different from one another, but I could not articulate to my satisfaction what that difference was. Intuition was my guide.

I wanted to delve more deeply into the inherent properties of bodily-felt experience, dance/movement, and visual art. I had been a dancer for most of my life. As I became more educated in visual art and became a Focusing trainer, it became even clearer on an experiential level as well as on a theoretical level that these forms were different in structure. Examples were the permanency of some forms of visual art versus the temporality of dance, or the movement of imagery of the body from an internally derived origin versus the place of dance in choreography or group dance/movement therapy forms.

I also realized in my training that aesthetics had been a misleading term; it had been used as a reference to a pathway to an experiential creative arts therapy approach, not as a theoretical underpinning. It was clear to me that for the advancement of creative arts therapy as a field in itself, not just as a form of verbal psychotherapy with nonverbal and/or creative techniques added to it, creative arts therapy would have to delineate and define itself firmly in terms of the arts. This would entail deconstructing the aspects of my training and applying critical thinking to existing conceptions, including perhaps most importantly modernist myths that artists personally know the truth by examining their own emotional responses to artistic communication and creation.

Research Study

A methodology that presents the possibility of immersion in lived experience within the arts complements my passage into deeper knowledge of the areas mentioned above. Therefore, I used heuristic and arts-based inquiry methodology in combination. My research question is the following: How do therapists make choices about the use of art forms and techniques in creative arts therapy and expressive arts therapy?

Creative Arts Therapy Defined

Creative arts therapy is a way of working with the arts in psychotherapy. Creative arts therapy inclusively refers to the umbrella term of art, dance, drama, music, and poetry therapies, which are each separate branches of creative arts therapy in their own right. Training is done in one chosen art form and is then applied to and integrated with therapy. Therefore, all the creative arts therapies share some basic characteristics based on the use of arts in general terms. Conversely, each subdivision of creative arts therapy has a unique history and way of using its art form, methods, and techniques. Formally,

credentialing is done through separate organizations (i.e., the American Art Therapy Association, the American Dance Therapy Association, the American Music Therapy Association, the American Society of Group Psychotherapy and Psychodrama, the National Association of Drama Therapy, and the National Association for Poetry Therapy), all of which were formed to promote and coordinate the application of their own art form in therapy. The creative arts therapies also have an organization, the National Coalition of Arts Therapy Association, which was formed following a realization that there was a need for creative arts therapies to unify while still retaining their separate identities, thereby defining the substance and underlying characteristics of each as well as the whole (Johnson, 1999).

Summary

In this chapter, I reviewed the progression of my clinical experience and early formulations about the use of different art forms in treatment, specifically bodily-felt experience, dance/movement, and visual art. I briefly reviewed the theoretical implications that arose, the limitations that were presented to me, and the subsequent rationale for my study. I stated the methodology to be used. In Chapter II, I review, organize, examine, and elucidate literature in creative arts therapy and related fields in order to gain a comprehensive understanding of the relatively short history therein that is of relevance to my specific inquiry.

Chapter II

Review of the Literature

Introduction

My focus is on the field of creative arts therapy, in particular, art and dance/movement therapy. Because of my training and clinical experience, I see patterns arise in dance/movement therapy and in art therapy that structure them as separate disciplines. On the other hand, because of the similarities that appear by basing a form of psychotherapy in the arts, these forms of therapy can be seen in relation to each other, or as part of the greater system of creative arts therapy. In many instances, contradictions and numerous examples of confusion and incomplete clarity rise to the surface, reflecting my own personal reason for embarking on this course of study. To achieve greater lucidity, several subjects were chosen as possible areas of investigation. Expressive arts therapy is relevant because of that field's focus on intermodality (i.e., the study of changing from one artistic modality to another). I will focus on what the literature has revealed about differential understanding and application of various art forms within a creative arts therapy context in an effort to understand if different art forms have inherent properties that are unique. I will also focus on various developmental theories that have been put forth in order to see if a hierarchal perspective has relevance. Aesthetics and the investigation of inherent properties of the two art forms of art and dance seem to be important avenues of exploration, especially as a possible source from which to base the increased articulation of the field. I include historical bases of psychoanalytic thinking about the arts as well as modernism in order to situate dance/movement therapy within these influential contexts. Finally, I will briefly examine infant research to explore

empirical possibilities from which to understand nonverbal indices and combinations of sensual systems, especially as they relate to interpersonal relations.

The following computer search engines were used for the literature review: Dissertation Abstracts International, Elsevier/Springerlink, Google Scholar, ProQuest, and PsychInfo. Key terms and phrases included the following: aesthetics, art, art therapy, artistic inquiry, arts-based research, choreography, creative arts therapy, dance, dance/movement therapy, experience, experiential learning, embodiment, expressive arts therapy, heuristic methodology, infant research, intermodal, metaphor, multi-modal, performance, sensory systems, and qualitative writing.

I researched scholars in the fields that I mentioned above. I referred to published books as well as the following journals: *American Journal of Dance Therapy*; *Art Therapy: Journal of the American Art Therapy Association*; *Body, Movement and Dance in Psychotherapy*; *Journal of Aesthetics and Art Criticism*; *Journal of Humanistic Psychology*; *The Arts in Psychotherapy*; *The International Journal of Art Therapy*; *Inscape*; *The Psychoanalytic Review*; *Qualitative Inquiry*; and *Zero to Three*.

Creative arts therapy is approximately 40 years old, taking into account slight differences when individual branches began within the tree of the greater field. Therefore, the following literature review will reflect the relative scarcity of writing within the field as compared to others within psychotherapy. My particular subject matter narrows further the amount of available literature. Therefore, it is sometimes important to include historical threads relevant to my focus that still serve as a germane background for many of the current issues being presently debated today. Every effort has been made to include newer sources, if important to my topic.

Commonalities and Dilemmas within the Creative Arts Therapies

All creative arts therapists agree that creativity and art forms are the cornerstones of creative arts therapy. These elements are what make it unique and what distinguish creative arts therapy from verbal therapy. However, a varied amalgam of art making, perspectives, and assumptions are currently practiced within the field. This has led to questions, tensions, and a search for clearer definitions. What could lead to strength due to the mixture of various strands of knowledge too often leads to difficulty in comprehending one's identity as a creative arts therapist. The following exemplifies the different threads of thought.

Gorelick (1989), in discussing the power of combining art and psychotherapy stated:

The creative arts therapies (CATS) have the vigor of the hybrid. They are a crossroads for interchange of values, forms, and techniques originating in both progenitors. I . . . look at aspects of present and future interchange within and between the arts and psychotherapies. I . . . look *through* metaphor to gain a perspective on the changing face of psychotherapy in relation to CATS, and *at* metaphor itself as the specific change agent that distinguishes the CATS. (p. 149)

Johnson (2009) presented an aligned idea about dualities outside of and within creative arts therapy:

We are a field perpetually at the margin; not only are we placed there by the dominant forces holding sway at the center, but we place ourselves there, between art and health, in the luminal, transcendent, and transitional, spaces between body and mind, observation and action, containment and expression. (p. 114)

Johnson (1999) further stated that while creative arts therapists have predominantly used psychoanalytic formulations as their guiding framework in the past, they have also used sociocultural and neuroscience paradigms within a creative/expressive paradigm, recently adding cognitive-behavioral to their range of approaches. Since these formulations are

borrowed from verbal psychotherapies, Johnson pointed to another duality with which to contend.

This inherent dualism does not necessarily interfere with unanimity in the field. Meekums (2002) called attention to the independent potential of creative arts therapy, stating that dance/movement therapy is a distinct field, and that it is “not simply verbal psychotherapy with movement tacked on. Nor is it dance or movement with verbal psychotherapy added” (p. 13). Robbins (1985) agreed that creative arts therapists are unique in their “sensitivity and training in the area of creativity and aesthetics” (p. 67), and he stated that this is what distinguishes creative arts therapy from other professions. Blatner (1992) also maintained that creative arts therapies are not an appendage to psychotherapy, and that they can open new avenues that verbal therapies cannot.

The vision of the place of experience in the arts, including artistic process, is wide and varied. Schaverien (1999) stressed that it is imperative that art therapists communicate their artistic skill and fluency in art, since this is what makes the approach distinct. This will inevitably influence the type of experience that they offer to patients. The years of experience of being an artist in the studio and a viewer in the art gallery are part of the make-up of the person who is now the art therapist. This will inevitably be part of what communicates to the patient, both on a conscious and unconscious level. Blatner (1992) stressed the idea of *experimentation* in therapy. Leaning on the artist-self of creative arts therapists, he stressed that the artistic process is one of constant alteration, producing a succession of works in progress. Hence a new creative, ongoing, and fundamentally artistic approach is integrated into the patient’s life. Many creative arts therapists hold a firm belief that therapeutic work can transpire primarily on the artistic

level solely (Ellis, 2001; Johnson, 1999; Kramer, 1971) or in conjunction with verbal insight (Naumburg, 1987; Robbins, 1987).

Aldridge, Brandt, and Wohler (1990) felt that by placing creativity at the hub of the profession, creative arts therapists are making a political statement in that “we [creative arts therapists] are saying that what we do is not psychological but artistic, and that the terms we use have their own legitimacy. Our task then is to negotiate those terms among ourselves” (p. 194). They called for a common language among all of the forms of creative arts therapy. This shared language is not based on catharsis but on aesthetics, which they defined as an “articulation of a broad range of feelings” (p. 195). They saw this occurring not via a concrete comparison of art forms or via specific properties of art forms, but on the larger patterns, forms, and similarities of using the arts. They conceptualized three levels in art participation: experience, description, and interpretation. Description, the level that holds the possibility for a common language, is:

pattern and interval, which are based on the logics of time and space. Notions of rhythmic repetition and pattern go hand in hand, one in time the other in space. . . . We can also talk in structural terms of melodic lines or themes, of dynamics and tempo, of articulation and expression, of timbre and tonal changes. In therapeutic terms we have the ideas of form expressed in terms of seemingly random behavior, as loss of coherence in the forming of a piece; initiation and innovation, activity, and passivity; the ability to orientate the form within the prescribed space or time; the relationship between the patient and the therapists [sic]; in the dialogue between the patient and therapist in terms of listening and acting; openness to new ideas. (p. 194)

This type of categorization is based on more generalized patterns that can be discerned among all forms of art and not specific to one art form. Aldridge et al. (1990) proposed a way to look at art processes as applied specifically to the course of artistic patterns of therapy.

The Debate about Aesthetics

It is logical to pursue the idea that if creative arts therapy is a profession in its own right and not just an integration of art disciplines and psychotherapy, then art forms and the use of aesthetics has to be at the cornerstone of a theoretical framework. Following this line of thinking, the centrality of art in all its vectors would be of importance in diagnosing, assessing progress or change, and making therapeutic choices. However, creative arts therapists as a whole are not in agreement about the role aesthetics should play in a theoretical framework or even about how it should be defined. This has been debated from many angles during the profession's relatively short history. Meekums (2002) stated that aesthetics is not emphasized in dance/movement therapy. In contrast, Bacon (2007), who works with performance in dance/movement therapy, stated that boundaries between psychotherapy and dance performance are artificial, suggesting that the question is not an either/or, but is, instead, a Deleuzian both/and. She described aesthetics in dance/movement therapy as a practice that draws upon the training and techniques of dance, which is then integrated with the tools of therapeutic practice. Art therapists initially waged a theoretical battle between *art-as-therapy* and *art psychotherapy* as a theoretical framework. The central issue has been whether art-making is responsible for treatment results via sublimation (Kramer, 1971), or whether art-making is a tool supporting verbal psychotherapy, thereby facilitating insight and making the unconscious conscious (Naumburg, 1987). This split in perspectives within art therapy was advanced by the above-mentioned art therapy pioneers and their supporters. The initial art therapists entered the field often as fiery individuals using their own backgrounds and preferences as a fundamental base to their theoretical frameworks. As

these early practitioners discovered each other and set upon the task of forming a national organization, the competition was fierce (Junge & Asawa, 1994).

Successive generations of art therapists have made an effort to synthesize early theoretical stances and, in this process, art therapists have suggested many solutions. In an empirical study conducted in order to clarify what clinical effects were found to be present in both approaches, Hartz and Thick (2005) found that Kramerian art therapy was found to increase social and group acceptance, while art therapy based on Naumburgian principles increased personal connections and self-disclosure. However, they also used directive interventions with art-as-therapy and nondirective interventions with art psychotherapy, resulting in questions about whether the interventions they used are really indicative of art-as-therapy and art psychotherapy, or whether they instead indicate the effect of the structure of an intervention.

Subsequent to these kinds of questions and arguments, a debate arose as to whether art therapy was an idea or a profession. Reviewing the American Art Therapy Association's 25th anniversary, Ault (1994) emphasized that the early art therapists initially felt the need to form an association based on the centrality of art in the treatment of patients, especially when more traditional modes of the therapy did not succeed. Ault felt that art therapy was "not a profession, but a set of ideas" (p. 252), as advocated by the early founders, noting in contrast that professional needs are necessary for the field to flourish, because, "like all ideas worth their salt though, they would be utilized by others in related professions and even by amateurs" (p. 252). Therefore, Ault felt that standards of practice and educational standards had to be developed, but not at the expense of the principal goals of using art in therapy. Feen-Calligan (2000) agreed that the establishment

of a profession for art therapy is important, but not at the cost of overshadowing the service aspect of the field. She emphasized the centrality of art making in art therapy by calling attention to the importance of teaching students how to make art with others. She held *service learning* as an important place in her curriculum. Other ideas explored were the danger of professionalism (Allen, 2000; Vick, 2000), a feminist aesthetic perspective (C. H. Moon, 2000), and authority versus advocacy (Malchiodi, 2000). The emphasis on professional issues as distinct from the art form itself, taken by some of these authors, does not tackle the fundamental nature of the creative arts therapy process.

One way to begin a discussion on aesthetics in creative arts therapy is to explore the use of metaphor due to its integrative capabilities. Meekums (2002) saw the movement metaphor as essential, overriding any theoretical orientation. Gorelick (1989) emphasized that the metaphor is where aesthetics rest in creative arts therapy. He felt that the creative arts therapist can use a metaphor to capitalize on the inherent hybrid nature of the field by using the therapist's particular background and training as well as the selection of techniques that come from an art form itself or from the composite of mixed origins of the field. Robbins (1980) stated that metaphors link fantasy, dreams, and play with reality. Ellis (2001) differentiated components of the metaphor that occur repeatedly. She understood metaphors to occur between patients and therapists in that they communicate symbolic material from the patients for the therapist to decipher and to act upon in the form of movement-based interventions. Ellis also saw the use of metaphor as a way for patients to explore more adaptive modes of ideas and conduct. Metaphors provide a safe haven from emotions and issues that may be in too raw of a form for a patient to be able to tolerate. B. L. Moon (2007) contended that the use of metaphor,

through visual, aural, kinetic, or milieu forms, is what places art making as a defining force in the field. He devised the term *metaphoretician* to designate how a creative arts therapist “skillfully and spontaneously uses metaphors to uncover and convey truths. A metaphoretician is inclined to speculative contemplation and action in response to metaphors” (p. 9). B. L. Moon saw metaphors as operating on several levels in psychotherapy. They are appealing, thereby facilitating new multilayered responses. They are comparatively indirect and implicit, enabling responses that are tolerable. They allow many responses, strengthening a sense of empowerment in the receiver. Finally, they can inject a sense of pleasure and gratification into the therapeutic exchange, thereby strengthening the therapeutic relationship.

In focusing on aesthetics in the therapeutic relationship, Robbins (1980) explained the following:

A good therapy session contains many of the characteristics of a work of art. Both share a multiplicity of psychic levels and a release of energy that radiates along the axis of form and content. Therapeutic communication, like art, has both a sender and a receiver and is defined by psychic dimensions that parallel the formal parameters through which art is expressed. In any one session, we can detect in patient-therapist communications both verbal and nonverbal cues that can be examined with the artistic parameters of sight, sound, and motion; that is, in rhythm, pitch and timbre; in color, texture and form; and in muscular tension, energy, and spatial relation. . . . This complex field of energy will become transformed during the process of treatment as the perceptual fields of both patient and therapist go through the process of differentiation and fusion, much as the perceptual field of the artist ebbs and flows. (pp. 13-14)

Robbins (1985) further identified aesthetics as being activated in treatment,

with the translation of inanimate form, where words become poetry, movement becomes dance, and drawing evolves into art. . . . [It is] the basic glue in developing a self that maintains connections with the past, present and future. As we experience the inevitable developmental process of growth, we heal our splits, integrate opposites into symbolic form and work towards individualization. When symbolic form includes multiple levels of communication and becomes larger and

more meaningful than its individual parts, we approach levels of aesthetic communication. (p. 66-67)

Robbins stated that the symbolization process takes place in *secondary process*, or conscious levels of thought. He believed that aesthetics, as applied to creative arts therapy, is about beauty, simplicity, and harmony. Therefore, “splits, disparities in opposites . . . overbalances in color or shading, the expansion or contraction in space and the flow and organization of energy” (p. 66) are the hallmarks of pathology. Drawing upon physicists’ understanding of simplicity and harmony as a reflection of the laws of nature, pathology in art veers away from these principles. Robbins drew upon psychologists who are interested in art, such as Ehrenweig, Arnheim, and Kris, who followed a psychoanalytic view that pathologized art. Robbins (1987) also integrated psychoanalyst Winnicott’s *transitional phenomena*, extending it to the idea of a transitional space that exists between therapist and patient. According to this view, the therapeutic relationship is explored for its aesthetic components, and therapeutic transformation happens through the integration of aesthetics into the therapeutic relationship.

McNiff’s (1998) perspective of aesthetics within creative arts therapy also stressed the creative process itself and emphasized how different art forms and their particular characteristics influence and channel different aspects of the therapeutic process. He stated that “all [art forms] will generate information about the total complex of an experience that will never be contained by one form of reference or one way of communication” (p. 125). Following Arnheim’s chain of thought, he was guided by the idea that aesthetic and formal properties have a substantial influence on what the art piece articulates. This, in turn, has a fundamental influence on the effectiveness of the overall

therapeutic endeavor. He stressed that aesthetics is real, palpable, and vivid to the creator and is not, in any way, abstract. He defined *aesthetic significance* as “whether or not the expression of another appeals to the person perceiving it” (p. 172); and he defined *artistic standards* as “one person’s assessment of the value of an other’s expression. Taste, subjectivity, and differences of opinion are assumed” (p. 172). In the latter, McNiff has espoused a Kantian view, believing, along with Gadamar, that it is impossible to have *a priori* judgments and that one’s interpretation of the world is colored by one’s experience and preconceptions.

Franklin and Politsky (1992) examined interpretation and ways of understanding communications of artwork within art therapy. They pointed to discussions in modernist and postmodern thought from the world of literary and art criticism, noting that this important discourse has not filtered into art therapy. In order to keep in step with other fields around the nature of interpretation, attention should be paid to various foundational aspects of the field (i.e., what to analyze, strategies, attitudes, and suppositions), through the possible application of formalism, feminism, Marxism, and deconstruction. The latter, deconstruction, as applied to art therapy, reveals that many interpretative approaches are open to discussion. They all give partial answers, often because they are seen through different lenses. Franklin and Politsky turned to a focus on the client’s work itself, because attention can be centered in “unexpected ways, but the artwork may, in turn, act upon interpretive approaches and compel them to revise their earlier assumptions” (p. 171). A back and forth process may then occur, as projections of the therapist’s ideas are aimed to the art and as, concurrently, the art acts upon the therapist as well.

The client's perceptions are also central. Reflecting current discourse as mentioned above, Franklin and Politsky suggested that a *multidimensional interpretative strategy* can be developed for art therapy. This would include elements of (a) *aesthetic attitude/phenomenology* (suspended judgment, image-centered focus), (b) *formalism* (formal qualities of the art, precise descriptions), (c) *the individual* (psychosocial information, associations, strengths and limitations, a limited focus on pathology), (d) *social and cultural factors* (the therapist's knowledge of possible interpretative strategies that could apply), and (e) *impressions of observations* (openness to continuing exploration and elasticity). The ultimate hope is that "the most successful therapists are those who are able to adjust their personal viewpoints and meet their clients at their model of the world" (p. 171).

Many creative arts therapists have called for a return to their artistic roots (Allen, 1992, 1995; Ault, 1994; Boris, 1992; Kapitan, 2003; McNiff, 1981, 1998; B. L. Moon, 2007, 2008; C. H. Moon, 2002; G. Thompson, 2009; White, 1994), meaning that creative arts therapy comes from and rests on art making or dancing. Allen (1992, 1995, 2008), McGraw (1995), and Timm-Bottos' (1995) support for the open studio approach stems from their disenchantment with the circumstances and relationships that arise in more traditional settings. Allen stated that in an open studio held outside an institutional setting, art making conveys authenticity between people, facilitates possibilities that would be hindered in the context of more "clinical" attitudes, and creates a sense of community that is not possible within an institution. B. L. Moon (2008) also stated that an element of aesthetics in art therapy is found in the use of an artist's tools without fulfilling a directive. He concentrated on developing the art product so that the

patient/client can change through the making of art. He started with making the frame, stretching the canvas, and applying gesso, in an effort to promote self-discipline and to develop concentration. This is done within a relationship that involves teaching techniques of art, support, containment, and mirroring, all of which directly reflect and tangibly work with the client's issues. He described art therapy as *metaverbal*, emphasizing that art therapy is beyond words:

The essence of our work as art therapists is found in our interactions with clients/artists, media, and process. . . . The heart of the profession is experienced in moments that defy verbal description. Our words serve only to verify for the therapist the messages of the interaction and validate for the client that their messages have been heard. . . . In a fundamental and radical sense, I believe the most important work that art therapists do is accomplished without speaking at all. Every time I find myself talking too much in an art therapy session, I worry that I have lost my center both as an artist and art therapist. (p. 56)

Allied to this move to art as the cornerstone, the notion of applying quality of art and art criticism in art therapy has been advanced by some art therapists (G. Thompson, Abbenante, & Chapin, 2008). Kramer (1971) addressed quality in art by identifying stages of art production: precursory activities, chaotic discharge, stereotypes, pictographs, and formed expression. Art produced in the latter is capable of symbolism and feeling, and it conveys a wide span of experience. Henley (1992), in trying to synthesize Kramerian concepts of sublimation within an ego therapy conceptualization with the principles of Art Brut, which eschewed the use of the ego in creation of art, developed the idea of an *aesthetic-therapeutic continuum*. Henley selected three criteria from Kramer's theoretical views on formed expression, the first being *evocative power*. Kramer believed that art should be emotionally exciting, in agreement with the view of Art Brut artists, art historians, and philosophers; however, Kramer further delineated that art should not be raw, violent, or corrupting, in contrast to art that converts this material to something

“more insightful and visually poetic rather than mere provocation” (Kramer, as cited in Henley, 1992, p. 154). Sublimation and more differentiated defenses allow this to occur.

Kramer’s second criterion of *inner consistency* reflects the artist forming a self-alliance despite influences from others, which adheres to similar Art Brut tenets. Henley connected these concepts to art therapy in that patients can create art in a way that reflects who they currently are, rather than striving to represent themselves as being without a disability or illness. Kramer’s third criterion of *economy of means* refers to a stylistic manner that is not overstated or excessive, which uses materials in innovative and original ways. With these goals and methods in mind, Henley (1992) cautioned against the ability of many patients to be able to hold to these standards, stating that in his estimate only 3%-5% of individuals with severe autism, psychosis, and multiple pathologies can do so. When these individuals are handicapped by crisis, subsequent medication, and serious defense maneuvers, the focus should be on establishing trust and safety. As the patient recovers or develops more adaptive functioning, a focus on aesthetic considerations will be more successful. Henley proposed that Art Brut principles can offer guidance at this time, in that “we [creative arts therapists] respect and nurture the client’s idiosyncrasies not as an impediment, but as an element of authenticity and existential truth” (p. 161).

G. Thompson (2009) proposed a concept of artistic sensibility within a *gallery model* of art therapy, the latter of which is the establishment of a permanent exhibition venue for participants. In contrast to an open studio model in which guidelines for art practice are undeveloped, the gallery model inevitably provides the opportunity for a focus on both the process and product of art making. The patients/artists are involved in

the creation of their art (process) and also benefit from the effects and outcomes of having their work develop towards aesthetic realization (product). The cornerstone of artistic sensibility is art making itself and the subsequent context in which the art is shown. This is done within the paradigm of developing an artist identity as a way of being in the world.

Artistic sensibility involves no judgment, does not require conventional notions of beauty, is grounded in the everyday, and strives to maximize potential. It differs from an aesthetic identity, which derives from traditional ways of examining beauty and form from an observer's viewpoint. An artistic sensibility may eventually develop into the larger perspective of an aesthetic identity, which is a broader, more removed, more nuanced view, focused on looking (G. Thompson, personal communication, January 2, 2010). The use of an exhibition format allows the teaching of art practice to take place, facilitates the reception of others' reflections, and provides the provision of caring models, all within a therapeutic milieu. Also important is that the gallery, within its safe haven, provides an opportunity for the newly established artists not to be seen as an "other," with subsequent aspects of pathology minimized both to viewers and to themselves.

The following sections of the literature review canvass a number of areas within creative arts therapy as well as related disciplines. These are offered due to their potential relevance to the pursuit of an expanded practical and theoretical base.

The Use of Multiple Modalities or Intermodality within Expressive Arts Therapy

The combined use of two or more art modalities in therapy is generally called expressive arts therapy, multimodal therapy, or intermodal therapy. For purposes of this

study, the concept of the use of multiple art forms is significant, as the research question was to examine choices of art forms that creative art therapists make. In order to consider multiple facets of this question, this inevitably requires an inquiry into the nature of different art forms themselves in conjunction with clinical issues. Expressive arts therapy was explored in order to offer thoughts into both what occurs when multiple arts forms are used in combination and, perhaps more importantly, how the change of the use of one form is made from one to another.

Expressive arts therapy was initially conceived and referred to by Shaun McNiff as *total expression* from the German word *Ausdruckstherapie* (Knill, Nienhaus Barba, & Fuchs, 2004). These forms of therapy are seen either as the general use of many modalities as a guiding principle or theoretical stance, or as a way in which different art forms can be used in combination as treatment (E. Feder & Feder, 1981). Expressive arts therapy is seen not to favor one modality over another and not to specialize in the training of one modality.

Although a generalist approach is the element that connects all applications of expressive arts therapy, different practitioners develop their own style of working based on their artistic and/or therapeutic history. They usually enter the field with a specialization in one particular modality (Knill, E. G. Levine, & Levine, 2004; McNiff, 2009). The core art form for each individual shares a place within a universal sense of artistic communication. Expressive arts therapists see themselves as “specialists in intermodality . . . grasping the junctures at which one mode of artistic expression needs to give way to or be supplanted. [Therapists have] low skill, high sensitivity” (S. K. Levine & Levine, 1999, p. 12). This last statement reflects that expressive arts therapists are

especially skilled in one modality, do not have to be experts in all modalities, and use all art forms in treatment.

Expressive arts therapy is often couched historically in ancient methods of healing, particularly in shamanistic practices. Speiser (1996) stated that to separate the use of arts in therapy (such as in creative arts therapy) is to put the use of the arts,

at odds [with] the development of mankind . . . where the arts were not separated out and worked in harmony together [since the] arts were connected to one another and to life/survival. Art was born out of necessity – the necessity to express oneself with others in society and share common beliefs regarding existence. (p. 66)

According to Speiser, the use of shamanistic ritual and the worship of deities enabled ancient people to share a common experience and to discover the meaning of life. This gave them a place in the historical context of their society and ancestors, meaning that “one person’s illness put the whole community out of balance and thus the whole community must be involved in restoring wholeness” (p. 62). As in expressive arts therapy, ancient people knew the deepest layers and organization of the psyche through trance and altered states of consciousness:

Like the shaman who is balancing energies and realities, often on the edge of total immersion into altered states of consciousness, the expressive arts therapist is able to create “from the edge” and maintain the delicate balance between symbolic language and group interaction. (Speiser, 1996, pp. 64-65)

Natalie Rogers (2000) also drew upon a historical context from earlier societies in which all the arts were used equally to be “fully functioning and creatively human” (p. xiv), so that relationships could be built between members of their community and nature. She called her approach to expressive arts therapy the *creative connection process*, reflecting the “connectedness of one art form to another” (p. xiv). She emphasized innate creative abilities in humans and the subsequent healing that is enabled

by creative self-expression as well as by an acceptance of a universal consciousness.

Rogers stated the following:

If we have such faith and intention as a collective, as a group, and if we collaborate in an egoless way, we have great impact on each other and the planet. When we can be fully receptive and active at the same time (listening to each other's music and beat while dancing our own dance), we can call in many universal forces: the sun, good will, and love. It is one path to a collective consciousness for the future. (p. xix)

Her theoretical perspective was heavily influenced by her father Carl Roger's person-centered therapy; subsequently, she called her type of expressive arts therapy *person-centered expressive arts therapy*.

The evolution and development of expressive arts therapy occurred as early practitioners saw "one artwork following another in an ongoing succession of creations" (McNiff, 2009, p. viii). The incorporation of other media into the use of existing media happened simultaneously and spontaneously. McNiff noticed that, "I [McNiff] view art forms like persons, each one offering endless variations, but ultimately they are linked to a common creative purpose [which] deepens the range and imagination of expression and my ability to engage the whole person" (p. 3). McNiff found that verbal description was often useful. However, more importantly, resistance decreased when participants were able to shift modalities as an *expressive flow* emerged and a sense of play and surprise was promoted. A more holistic process became apparent, which was part of a "therapeutic community of images and expressions" (p. 149). Recently, Knill, E. G. Levine et al. (2004) have expanded this conception and proposed an aesthetic basis for the field of expressive arts therapy theory.

Expressive arts therapists clearly accept the assumptions that there is no developmental progression to the arts and that art modalities are more similar than

different in their expressive capacity. However, against a background of this integration of the arts, McNiff (2009) also saw distinct and unique qualities of particular art forms created by the intermixing and shaping of one another. McNiff saw the body and kinesthetic responses as a base, with movement being a conduit for all. The breath's rise and fall is the quintessential starting place for this movement. In his sessions, McNiff started with very simple gestures, which are then repeated with the breath's support until a movement progression is accomplished. Gradations created by repetition, including an alternation of movement and rest, create a meaningful sequence that is important to emotional regulation and a sense of well-being. This way of using movement can extend and apply to other modalities, such as using a gesture to paint or draw, or expanding repetition to work with sound, poetry, creative writing, drama, or enactment.

In context of my study, several insights can be gained from expressive arts therapy. Many dance/movement therapists have also made a connection from the roots of their profession to indigenous societies primarily by emphasizing the function of dance in the service of sustaining culture and through the ritualistic and communal properties of group dance. Important to intermodality, changing from one art form was seen to result in decreased resistance to expression. It is noteworthy that expressive arts therapists do not see a difference between art forms. However, McNiff (2009) saw breath and movement as a starting point in working with multiple art forms, reflecting a rudimentary developmental progression. Perhaps most relevant to the question of changing from one art form to another is McNiff's (2009) use of repetitive gradations, which introduces a sense of temporality and rhythmicity to the process.

Differential Properties of Art Forms

Creative arts therapists and expressive arts therapists have explored distinctions between art forms by conducting empirical studies or developing ways of working that incorporate more than one art form in conjunction with each other. While there is not a consensus on the place of specific art forms in development of abilities or in a hierarchy of abilities, there did seem to be some consistency regarding selected aspects of dance and visual art in relation to each other. The immediacy of dance versus the relative permanency of visual art, in addition to the relative safety of art, was specifically mentioned by several authors. The differences on this subject varied more than the commonalities.

Cane (1983), one of the early art therapists, saw movement as integral to art making. She believed that although art may be inspired by feeling and conceived in thought, it is ultimately executed through the body. Thus, the body is the instrument through which the creative process occurs. For this reason, it becomes exceedingly important to observe how the young artist uses his or her body and to determine whether or not he or she is aware of a kinesthetic sense. She noted that one could not draw if the muscles were tight or limp. Her goal was to involve the whole body in art making, not just the fingers or hands, in an attempt to involve the entire person in creative activity. Underlying her beliefs were three areas of kinesthetic functioning. The first was information, held at the time, of a neurological connection from the brain to the shoulder, then to the hand, which served to fulfill expression of the art piece. The second was the ability to contact rhythms centered in the body, which could then inform rhythmic aspects of art. The third was the tactile sense, which was put to most use in contour drawing.

Consequently, she developed a number of movements that were designed to sharpen the power and strength of the muscles, especially using the shoulders, straightened arms, and rootedness of the legs, the latter of which was accomplished through making art at an easel.

In a later empirical study, Chan and Horneffer (2006) found that journaling was more effective than drawing in reducing psychological distress. They attributed this result to the capacity of writing, as opposed to visual art, to make meaning. However, within the structure of their research, there appeared to be an assumption that writing led to the product and visual art supported the process. Also significant was the participants' comfort with verbalization as opposed to drawing. Meekums (2005), studying writing in conjunction with the body, found that creative writing in the context of narrative therapy and assessment could facilitate embodiment. Meekums found that bodily-based sensory experience could be drawn upon to facilitate more affect in the stories that were being told. With trauma patients, writing in this search for increased embodiment was a way to avoid retraumatization in that writing and telling stories verbally could help to regulate experiences of trauma.

Levy (2005) found that the *form* of dance complements the *content* of drama. She saw a unique contribution of dance as being able to release and relieve thoughts and feelings. Drama is able to organize a dance's process and to shape the consequent material around opposite properties through role reversal, role-playing, and psychodramatic techniques. By placing the material into binary form, this leads to the ability to work with conflict. Visual art also has a specific ability to work with conflict and lends itself to making choices. This is accomplished by the selection of material, the

use of rhythm within the piece, and the symbolic content illuminated. Visual art also facilitates the ability to reflect on psychological information in concrete form, so that projections can be seen and reintegrated with greater comprehension. Drama and visual arts offer a form of mediation between dance and words. With visual art, safety is made possible by the restriction of the body's use of upper body, shoulders, arms, and hands, in conjunction with the defined structure of the material on which the art is created (i.e., the paper or the stone).

Sandel and Johnson (1973-1974) conducted an empirical study to assess differential factors that determined benefit from dance/movement therapy and drama therapy. The study centered on measures of age, prognosis, diagnosis, IQ, defensive structures, degree of social organization, and level of general organization. The patients involved were individuals with schizophrenia and character disorders in a long-term residential setting. Dance/movement therapy was conducted in a group format, based on Chacian techniques that mirrored movement to facilitate group cohesion and the development of group imagery. Drama therapy started with similar dance/movement therapy warm-ups and then progressed into the use of group dramatic improvisation, theater games, and other techniques that were suggested by the leader to further therapeutic work, such as role-reversal. In general, dance/movement therapy was shown comparatively to be of most benefit to individuals with schizophrenia as well as to those who were prescribed psychotropic medication. Parameters of motivation, lack of a rigid personality organization, and some ability for expression of feelings made dance/movement therapy a probable therapeutic choice. Drama therapy was shown to be of most benefit to individuals who had high IQ (especially performance IQ) and a favorable

prognosis as well as a higher level of personality organization. Sandel and Johnson understood the above results to stem from the comparatively diminished demands on verbal and social skills that dance/movement therapy allows, in favor of demonstration of feelings. Individuals who profited from dance/movement therapy were those who had rigid defensive structures and/or psychotic features, so they would not be asked to perform tasks that were beyond their abilities. The group leader allowed and invited more undifferentiated expression, which could reach regressed individuals. In drama therapy, individuals with a higher range of defensive structures could enter into more sophisticated interpersonal challenges.

Avstreich and Brown (1979), a dance therapist and an art therapist coming from a psychoanalytic background, made a case that these forms of creative arts therapy are not adversarial to verbal psychotherapy; rather, they in fact facilitate the use of nonverbal and verbal thinking. They differentiated between art and movement work that helps to further verbal work by generating unconscious material from that of therapy that is fundamentally nonverbal. From an ego theoretical perspective, they cautioned against using art and movement as abreaction or acting out; instead, they saw the use of the arts as “provid[ing] tools for affective release and thus increased drive control, but by their very nature they allow the material to emerge more concretely, thereby making it more accessible to the observing ego and increased reality testing” (p. 50). They stated that “Movement may be particularly effective in loosening resistance . . . due to the fact that feelings are so closely connected with sensory experience” (p. 50). Brown and Avstreich (1980) elaborated in a later article that “Art exists and endures outside of the self while dance is a fleeting, yet intensely vivid experiencing within the body. While one has a

timelessness, the other immediacy” (pp. 170-171). Because of the static nature of visual art as a product, the observing ego can be mobilized to suit those patients who need to address impulse control or ego disintegration. In contrast, the mutability and constantly changing quality of movement can possibly create a surplus of anxiety or difficulty in forming a therapeutic alliance. Brown and Avstreich drew upon Fisher and Cleveland’s observations that the body is dually the site of kinesthetic and proprioceptive sensations as well as the visual perceiver itself in facilitating this process.

There are a number of creative arts therapists who have written on the benefit of combining different art forms, but who have not described the potentials and uniqueness of each form. Parashak (1997) described a *multisensory* approach to special needs children in an educational setting. She used movement, art, and music to address different treatment and curricular goals, emphasizing use of the arts that addresses collective cultural goals as well as use of the arts that is in the context of an individual’s development.

Expressive arts therapists have addressed the differential use of artistic form. Lev-Wiesel and Doron (2004) discovered that patients who were allowed to choose between the modalities of art therapy, drama therapy, bibliotherapy, journal writing therapy, and dance/movement therapy were all content with the therapeutic process and outcome. The patients also clearly understood that being given the choice of modality contributed to their fulfillment. The authors felt that being given the choice of nonverbal therapy reduced the patients’ ambiguity, may have increased their feelings of control, allowed them to feel appreciated, and heightened their dedication to therapy. They interpreted their results to mean that with expressive arts it is unclear whether there is a connection

between different art forms used in therapy. Instead, they highlighted the effects of being given the choice of modality.

Hammond-Meiers (2005) conducted a phenomenological study in which the use of both art therapy and dance/movement therapy were explored as a form of expressive arts therapy, concluding that dance/movement therapy helps to define art therapy, particularly through the language of Laban Movement Analysis. This was accomplished through emphasizing embodiment in art through the inclusion of movement, gesture, and posture, helping the participants to “feel their sensed relationship to themselves, through a witnessing connection and moving paint or shaping the art. Felt-art was related to the sensed body-self with proprioceptive awareness or feelings at a body level” (p. 125). Decisions of when and how to integrate art and movement were varied, such as the movement used and discussed in making art, movement used in a dance/movement therapy warm-up at the beginning of the session, or movement of the images. When Hammond-Meiers’s participants used only dance/movement, the work was either verbalized or remained as internal imagery. When greater body attunement or comfort with the therapist was attained, a shift towards art could occur.

McNiff (1998), also coming from an expressive arts therapy orientation, has attempted to articulate what particular art forms specifically contribute to therapy. Similarly to Brown and Avstreich (1980), he also emphasized that the use of visual art leaves a permanent art piece as opposed to dance. He stated further that visual art lends itself to analysis and labeling as opposed to other art forms, which do not do this to the degree that fine art does. However, he also saw the body and movement as a physical underpinning of making art. Because of the tendency and ease in facilitating verbal

processing through visual art, he saw the possibility of “interplay between these mental motivations and the physical ones that appear through contact with the medium” (p. 56).

There is a train of thought that choice of art forms in treatment is guided by the previous exposure or talent of the therapist (Chan & Horneffer, 2006; Levy, 2005; McNiff, 2009; Robbins, 1980). Robbins stated, in addition, that the therapist’s receptivity to the art form that the patient chooses is also an important consideration. Levy acknowledged that a particular choice of art form may reflect the patient’s readiness to work with a particular issue as engendered by the art form’s ability to render and organize that issue.

Integrative Models

Several models have been suggested as a way to provide a context from which to integrate different types of experiences and imagery in creative arts therapy. These models differ from an expressive arts therapy approach in that, in the latter, the significances of the commonalities between art forms are greater than the differences, and in that, in some cases, they are interchangeable. The following integrative models combine different types of knowledge that have singular structures, but the goal is to unite them for higher functioning. Progressive or hierarchical underpinnings are not assumed.

Dosamantes-Alperson (1984) delineated three modes of symbolizing experience. The *enactive* is achieved via muscular body action, gesture, posture, and movement. Sequential and simultaneous information is processed. *Images* are conceived through sensory channels, specifically through simultaneous processing of tactile, auditory, and visual information. In the *lexical* mode, language and words are used to assist analytic

and abstract abilities via sequential processing. Dosamantes-Alperson's goal was to educate, distinguish, and use all three of these modes in order to further the depth of treatment. This entails a "zig-zag manner [in which] clients learn to transform their bodily-felt experience to images and thoughts. The verbal feedback they obtain when sharing their implicit experiences with others in turn, helps to generate new bodily-felt relationships" (p. 271).

Levy (2005) developed a way of using a mixture of the arts, situated in dance/movement therapy as a base. Because her way of working gives a foundation to dance, I am considering it as integrative therapy. She called this way of working *multimodal psychotherapy* or *multimodal dance therapy*, which incorporates the use of dance, drama, visual arts, music, and writing. She, like Chan and Horneffer (2006), McNiff (2009), and Robbins (1980), found that patients choose the modality with which they feel most at ease. At the same time, she felt that different requirements and/or clinical issues call for a unique blend of particular modalities in a distinct sequence.

Huss (2009) noted that the place of art in art therapy is reduced to hegemony, vacillating between its uses in analysis, particularly as a projective tool, and its experiential qualities as a process situated in art making. The result is that art therapy looks to theories outside of creative arts therapy, depends on techniques, divides art and verbalization, or reverts to the age-old art-as-therapy versus art psychotherapy argument. Instead of upholding these divisions, Huss called for an integrative theoretical foundation that capitalizes on the wealth and multiplicity of ideas that have been put forth. To do so, he used Bronfenbrenner's ecological model, which takes into account individual, familial, and cultural layers, all enclosed within widening layers of circles. Each circle

incorporates dynamic, humanistic, systemic, and social areas. Using an artistic metaphor,

Huss explained:

The layering of different theoretical positions – like different shades of cellophane paper, one on top of each other – enables the creation of an individual “mix” of a new, indefinable color, deeper and more dynamic than any single shade of cellophane . . . like art itself, [this model] has the flexibility to encompass and to contain different prisms of personality within a single art process. (pp. 154-155)

Huss stressed that this way of seeing art therapy enables art therapists to view various relevant dynamic aspects simultaneously in a way that does not presuppose they are detached from each other. He saw this as mirroring our postmodern world by addressing varying strands of an individual’s experience and perspective concurrently. This concept of the hybrid nature of art echoes the view proposed earlier that sees creative arts therapy as deriving strength from its hybrid nature.

Developmental Models of Art Forms

Johnson (1999) stated that most creative arts therapists use developmental theories to comprehend the use of the arts in clinical work. He defined developmental theories as those paradigms that have their source in theories of human development, as opposed to stage theories in which sequences of clinical approaches are emphasized. Johnson outlined many ways of viewing the arts in relations to each other, most of which described a progression beginning with music and dance, to visual art, to drama, to poetry, and then to verbalization. However, Johnson made the argument that each art form is based in a corresponding sensory form, the latter of which makes it known through transference of the sensory properties into an external art form. Since the senses are not alterable, there cannot be a developmental progression of the arts in relation to each other. He presumed the following:

The various art forms are developmentally equivalent; that is they cannot be sequenced in one developmental continuum. Development is applicable in the expressive qualities the artist/client brings to the particular media, where what is being represented is either more or less differentiated, complex, accurate, integrated, harmonious, or interpersonal. (p. 173)

Within this stance, Johnson suggested that there is a common developmental process that is enacted within *each* art form, not *between* art forms. This process starts from *entering* the *arts/play* space, which is crossing the threshold into an imaginal realm as a warm-up for what is to come. In *noticing*, a perception is differentiated and attention is brought to it. *Feeling* entails staying with what has been identified. *Animating* permits the feeling to permeate the person's psychic system, dwelling in an embodied form. *Expressing* involves moving the embodied feeling into more expressive form, using art media of any kind. Verbalization of the process can happen at this point, but it should not be considered an endpoint. Instead, if additional material arises, the process should start again within animation.

Schaverien (1999) described two emergent forms of images that occur in art therapy. Schaverien did not see them as necessarily sequential, as they may occur in the same session or jaggedly over time. However, she did present them as reflecting progressive elements of development in treatment. The elements of the images themselves change from qualities of hesitancy and uncertainty to a sense of full involvement of the self in a constructive way. When the latter occurs, it is assumed that a change is made from an internal to an external connection with the image, which reflects a shift from unconscious merging to delineation and separation of the self. *Diagrammatic images* are derived from the maker's attempt to reproduce something the way it literally appears, in a representational fashion. The image itself is usually relatively restricted,

figurative, and detailed. Even with these characteristics of the image, the meaning is not necessarily evident, so the patient needs to explain and further understand the content in words. The patient is interested in the art for that moment and, therefore, usually does not see its importance as something permanent. *Embodied images* are not previously formulated; rather, they start with seemingly random play with the art materials. Through involvement and connection to the materials themselves, more differentiated images evolve. Conscious and unconscious aspects are combined so that the patients may or may not immediately know the image's meaning. The art truly leads the image-making process, relying on the spontaneous and often surprising path of creativity. A transformation of self is possible as the scope of the image expands.

Many authors in the field of art therapy have centered their attention on developmental approaches with children, with the end goal of using art as a means to determine cognitive and emotional growth. Rosal (1996) noted that all art therapists who work in this way assume that making art facilitates normal development. Consequently, they monitor stages of development in art making itself. Growth is facilitated and guided via general interaction with art materials, the choice of particular materials in order to guide development in predetermined ways, the use of art making to stimulate right hemisphere brain functioning, the use of art as another language, or the ability of art to provide a developmental path for symbolic communication. Although developmental art therapists follow programmed tenets, they work in predetermined or spontaneous ways in sessions.

The Expressive Therapies Continuum (ETC) (Hinz, 2009; Lusebrink, 1990) is a framework developed to provide a coherent structure from which to make decisions about

the use of art materials. A hierarchical view of various materials is formulated, so that choices can be made dependent on the appropriateness of their use in phases of treatment. Of particular focus is the ability of each category of materials to address clinical issues through a developmental lens. Materials are categorized according to right and left brain hemisphere functions, which result in levels of *kinesthetic/sensory* (stimulation or discharge of energy), *perceptual/affective* (form begins to emerge), and *cognitive/symbolic* (thinking, sequencing or abstraction). Clients are given materials appropriate to their level of functioning initially, but the eventual goal is to gain the ability to move throughout all levels for optimum health. A creativity function extends through all levels in order to underscore an assimilation of art media with an experiential endeavor. Although the ETC was developed for art therapy, it is also assumed to be applicable to all art forms.

In dance/movement therapy, several approaches have been put forth. Avstreich (1981) framed a dance/movement therapy developmental approach from a psychoanalytic viewpoint, specifically from that of Mahler's ego psychoanalytic viewpoint gleaned from extensive naturalistic research of child development. Avstreich illustrated child and adult work reflecting Mahler's sequential stages as well as organization central to these stages. Avstreich stated that initially, in *symbiosis*, there is minimal or no spatial organization between the mother and child. However, the infant hears the mother's actions and experiences the mother's handling of the child. Thus, some psychological and concrete space is injected within the mother/child relationship. In therapy, mirroring is the primary intervention with which to establish basic trust, attunement, and an intact sense of self within the mother's/ therapist's ministrations, reflecting the mother/infant's development

of a relationship. *Differentiation* coincides with crawling and with the beginning of a sense of separation of the child from the mother. The child pushes against the mother, increasing the sense of body boundaries between mother and child. The child simultaneously develops a beginning sense of self in relation to the outer world. This is further elaborated in the *practicing* phase, where the child is in love with the world, facilitated by walking. Avstreich cited an example of a child's role-playing around issues of aggression in therapy, which led to greater expression of good and bad aspects of her mother, finally resulting in play about normal aggression, mastery, and a sense of place in the world. In *rapprochement*, the child vacillates between venturing out into the world and a need to return to the mother for comfort or *refueling*. A therapist working with this phase must allow the patient to go forth and explore the world while remaining available for comfort, if needed. An intermediate space must be established, such as Winnicott's *transitional space*, which provides a space between the infant's inner sense of self and that of others. Relevant to the need to go back and forth between mother and the world as well as to be comfortable in a space between, Avstreich described a case in which issues of intrusiveness and engulfment were significant.

A developmental model applicable to dance/movement therapy has been presented using the Kestenberg Movement Profile (KMP) (Amigi, Loman, Lewis, & Sossin, 1999; Loman, 1998; Loman & Merman, 1996, 1999). The KMP is a tool that is largely based in Laban Movement Analysis principles, the latter of which describes movement in its own terms. Although the KMP was first conceptualized along Anna Freud's developmental lines in a psychodynamic context, it has been used independently or in conjunction with gestalt, self-psychology, or family therapy. The KMP has evolved

to include nine categories of rhythmic patterns and other related variables corresponding to development, which can be quantitatively analyzed. Therefore, it can be used in diagnosis to determine changes along a developmental continuum and to assess strengths, limitations, and dangers in relatedness. Dance/movement therapy done in this context also tracks age-appropriate ways of using movement through the use of rhythmic patterns, tension flow, shape flow, pre-efforts, efforts, and shaping in planes/directions. Interventions made are based on shifting resistance or defenses in the way of development as well as on identifying and facilitating transitions from one point to another, through movement. The KMP-informed dance/movement therapist uses creative activity grounded in normal development within the context of facilitating trust in an attuned relationship.

Psychoanalytic Views of Aesthetics

Psychoanalytic views of sensory systems. There have been a number of psychoanalytic theorists who have outlined a sensory sequence to development in infants and young children. This is relevant to creative arts therapy if one takes the view that the arts are based in the senses and, consequently, lead to artistic form, as reiterated above by some creative arts therapists. Sigmund Freud (1923/1961) outlined such a sequence of sensory modalities. In his view, the ego is formed from perceptions, which are bodily, visual, and auditory. Freud explained the structure of the ego as a surface resting on the id. He stated the following:

Ultimately [the ego is] derived from bodily sensations, chiefly those springing from the surface of the body. . . . The ego is first and foremost a bodily ego; it is not merely a surface entity, but is itself a mental projection of a surface . . . of the body . . . representing the superficies of the mental apparatus. (p. 20)

In Freud's view, the unconscious also uses different sensory pathways for thought processes and feelings on their journey to becoming conscious. Body experience, which includes two kinds of body perceptions drawing from things touched and things seen, first forms a surface differentiation to the ego. Therefore, a transition between the kinesthetic and visual is suggested in the delineation of two kinds of body experience: that which is known from touch and is internally perceived, including pain, and perceptual information that is gleaned from seeing the body visually. The visual senses are considered to be closer to consciousness; therefore, visual perceptions are more developed perceptions that "form mnemonic residue for things" (p. 14). Freud noted that visual thinking was a "favored method" (p. 14) for many, but he was clear that this kind of thinking is an "incomplete form of consciousness" (p. 14). He saw visual thinking as only conveying the concrete subject matter of things, because "relations between different elements of the subject matter" (p. 14) are not conveyed. However, these theoretical ideas were hypothesized in the context of insight and causality, which were seen as the most highly esteemed forms of thinking, being the goal in treatment. Continuing his sequence, auditory perceptions were seen as more highly developed than visual perceptions, and they even had a special place within the ego, "the cap of hearing" (p. 18).

Spitz (1965) and Rose (1980), in concert with Freud's concentration on sensory systems, saw body and visual experience as arising within a developmental context, resulting in corresponding contact with internal and external domains. Spitz developed a progression from *coenesthetic perception* to *diacritic reception*. Coenesthetic perception is generalized, affective communication between mother and baby via "equilibrium,

tension (muscular or otherwise), posture, temperature, vibration, skin and body contact, rhythm, tempo, duration, pitch, tone, resonance, clang” (p. 135). This can be understood as describing fundamental ways of being and processing on a body and movement level. Diacritic perception is organization that moves towards distance and more secondary process thinking, operates through peripheral sense organs, and is more circumscribed. Diacritic perception can be understood to involve vision and external experience. Spitz saw these two ways of organizing experience as being done via two different sets of muscles and neurological functioning. Diacritic organization clearly evolves from coenesthetic reception and connections between them are never strictly severed. Spitz clearly suggested that the infant first knows the world through kinesthetic experience and movement between mother and child. The infant then turns to the external world, which inherently involves vision. Rose, in integrating art and psychoanalysis, reiterated the psychoanalytic view of the body as the first reality for the developing infant. The body and motor action are the “original set of coordinates to which we continually return and refer . . . as a general schema for the articulation of the world as a whole” (p. 98). In exploring the relation between movement and visual art, he saw the latter as derived from a history of bodily experience, underscoring the subsequent need for visual art to be grounded in body experience.

Early psychoanalysts’ view of art and aesthetics. Today’s psychoanalytic world has been skeptical of creative arts therapy, because the use of the arts has been seen as enactment or as acting out (i.e., not the work of psychoanalysis, which is making the unconscious conscious along verbal lines). Nonverbal behavior is also perceived to be beyond the purview of verbal work and, in fact, interrupts the emergence and course of

treatment (Avstreich & Brown, 1979; La Barre, 2001). However, this doubt and misinterpretation of the use of the artistic process and product has historical roots that go back to Freud himself and his early followers. Therefore, it is useful to trace and explicate the development of thought in psychoanalysis about the place of art, artistic process, and active techniques. Assumptions that creative arts therapists have carried without examination as well as attitudes, both historical and current, of those in other professions towards creative arts therapies are perhaps still affecting the field today. I will focus on the early psychoanalysts, which include Freud himself, those who dissented from him within his immediate circle, and those who came in the second generation of psychoanalysts. This is discussed in detail, as they have been so influential on a majority of creative arts therapists, either directly or indirectly.

Sigmund Freud. Freud admired and perhaps envied artists of any kind, but he enjoyed poetry and creative writing, sculpture and architecture, and painting and music, in that order (E. Jones, 1955). According to Jones, who was Freud's primary biographer, as Freud wrote about art, he was primarily writing about creative writers. However, Freud's appreciation of art was not an aesthetic one as would be seen through the eyes of artists or philosophers. Freud believed that psychoanalysis could examine the manifest content of artwork and interpret the unconscious strivings or conflicts of the artist; however, the source of the artist's creativity was not a psychoanalytic undertaking and should instead be understood by psychologists (E. Jones, 1957). For Freud, art was an endeavor designed to gratify unsatisfied wishes; it was an "intermediate territory between the wish-denying reality and the wish-fulfilling world of phantasy" (as cited in E. Jones, 1955, p. 217).

Freud linked the artist to neurosis, stating the following:

There is in fact a path from phantasy back again to reality, and that is—art. The artist has an introverted disposition and has not far to go to become a neurotic. He is one who is urged on by instinctual needs which are too clamorous. He longs to attain to honor, power, riches, fame, and the love of women; but he lacks the means of achieving these gratifications. So, like any other with an unsatisfied longing, he turns away from reality and transfers all of his interest, and all his Libido too, to the creation of his wishes in the life of phantasy, from which the way might readily lead to neurosis. . . . But the way back to reality is found in the artist thus: He is not the only one who has a life of phantasy; the intermediate world of phantasy is sanctioned by general human consent, and every hungry soul looks to it for comfort and consolation. . . . A true artist has more [ways of gratification] at his disposal. First of all, he understands how to elaborate on his daydreams, so that they lose that personal note which grates upon strange ears and become enjoyable to others; he knows to [sic] how to modify them sufficiently so that their origin in prohibited sources is not easily detected. Further he possesses the mysterious ability to mould his particular material until it expresses the ideas of his phantasy faithfully; and then he knows how to attach to this reflection of his phantasy-life so strong a stream of pleasure that, for a time at least, the repressions are out-balanced and dispelled by it. (As cited in E. Jones, 1957, pp. 409-410)

The artist initially interests, through the subject matter or its beauty, the audience or observer who, in turn, is led from the *preliminary pleasure (Vorlust)* to the *final pleasure (Endlust)* of complete gratification.

Aesthetics, in the sense of contemplation of line, shape, color, and form in pursuit of beauty, is not the subject of psychoanalysis, as Freud saw it. However, Freud did have opinions about whether artists would benefit from analysis, stating that the “nature of artistic achievement is inaccessible to us psychoanalytically” (as cited in E. Jones, 1957, p. 414). Freud thought that aesthetic appreciation as opposed to sublimation is below the unconscious, isolated from instinctual life and thus desexualized. At the same time, the use of artistic materials, such as paint, clay, stone, words, and sound, bring an order to chaos, derived from early infantile experience that is enjoyable but that results in a fixation at the stage of preliminary pleasure described above. Freud stated the following:

It is not out of the question that an analysis results in its being impossible to continue an artistic activity. Then, however, it is not the fault of the analysis; it would have happened in any case and it is only an advantage to learn in good time. When, on the other hand, the artistic impulse is stronger than the internal resistances, analysis will heighten, not diminish, the capacity for achievement. (As cited in E. Jones, 1957, p. 416)

Therefore, the analysis of artists heightens artistic capacities if the artist's drives are strong, but when the motives of an artist is neurotically derived, the analysis addresses the neurosis through sublimation or a return to reality from phantasy (E. Jones, 1957). Freud stated that art was a tool with which to situate oneself firmly in reality. The artist is an introverted individual who is inferior, because his unscrupulous wishes cannot be accomplished in any other way. The link to neurosis is thus easily made but cannot be done without the wishes of his audience. To his credit, the artist has skill and techniques that enable him to disguise the rawness of his instinctual needs.

Ferenczi and Rank were part of the Committee, a group of psychoanalysts in Freud's inner circle that were seen by Freud as those who would ensure that psychoanalysis would survive for future generations. Ferenczi introduced action techniques into psychoanalysis, and Rank introduced a new way of looking at art and at the artist within a psychoanalytic frame. Ferenczi and Rank wrote *The Development of Psychoanalysis* in 1923. This book described many classical psychoanalytic techniques which followed Freud's original thinking. However, they suggested how what we now term *acting-out* would be of value. Freud subsequently incorporated these techniques, which he called *living out* (i.e., to live out their unconscious impulses in action). However, others, including Jones, Abraham, and Rado, felt that Ferenczi and Rank were stating that analysis of these propensities without linking them to historical childhood

sources was adequate (E. Jones, 1957). Eventually, Freud, in a letter to the Committee, clearly stated the following:

[These] happenings – “experiences” cannot be avoided and can be made good use of. In my opinion their description has the shortcoming of not being complete; i.e. they give no account for the changes in techniques with which they are so concerned, but only hint at them. There are certainly many dangers attaching this departure from our “classical technique”, as Ferenczi called it . . . but that doesn’t mean that they cannot be avoided. Insofar as it a question of technique, of whether for practical purposes we could carry out our work in another way, I find the experiment of the two authors entirely justified. We shall see what comes from it. (As cited in E. Jones, 1957, pp. 60-61)

So herein lays the problem: what deviations in technique would be required in the use of action? This is obviously of relevance to creative arts therapists with a psychoanalytic theoretical framework, as that is exactly the question for them as well. What happens when an action is used, in this case, when an artistic process is used or an art piece is made? This debate from 1923 still exists in the New York psychoanalytic community. Many analysts see creative arts therapy as lacking validity, because they see it as based on acting-out. What is difficult for them to acknowledge is that creative arts therapy is a way of working with unconscious material in a nonverbal way, with the same goals of various branches of psychoanalysis. This old argument especially does not hold up under the more recent knowledge gained from neurobiology, infant research, and trauma, which highlights the importance of nonverbal functioning alongside verbal. Creative arts therapists also need to consider whether their theoretical framework ought to respond to an historical component or if the art in itself is a sufficient enough foundation for the field. With this historical context explained, Ferenczi and Rank’s contributions will now be examined.

Sandor Ferenczi. Ferenczi was close to Freud as psychoanalysis was being formulated and developed, and he later made many important contributions to psychoanalytic theory (Stanton, 1991). Germane to creative arts therapy, he developed ideas about active interventions by the analyst within psychoanalysis and also gave support for lay analysis. Lay analysis is important to creative arts therapy, since it opens the way for therapists who are not physicians to be psychoanalysts, as well as being an important link for creative arts therapists who inherently work with active techniques within a psychoanalytic framework. Ferenczi's *active techniques* argued for numerous therapeutic options derived from his exploration of power relations in psychoanalysis. He reasoned that as the analyst is inherently in an authority position, potential abuse is possible. Presumably, the patient comes to therapy wanting answers, but psychoanalytic technique rests on free association and frustration of these expectations. This may be experienced as a detrimental rejection. On the other hand, as the patient naturally regresses within treatment, the patient's independence is compromised, as is the ability to determine his or her own solutions. An active response on the part of the analyst can address this conundrum, which Ferenczi titled *active method*, *relaxation technique*, and *mutual analysis*. This included facilitating positive transference, asking the patient to role-play, and, in general, taking the stance of *mutual aid* (Stanton, 1991). A central technique in creative arts therapy is therefore addressed concerning how the introduction of a technique that calls for action on the part of the therapist and/or the patient affects the therapy in general, especially in context of power relationships.

According to Stanton (1991), this led Ferenczi to see transference and countertransference as inseparable; he saw the traditional balance as altered. This was a

departure from Freud, who felt that all analysts should be analyzed before they started a practice, as they could not help their patients with resistances that they had not sufficiently worked through themselves. Supervision then became indispensable as countertransference was used in the analytic process in a direct way. These issues have been explored in creative arts therapy especially in the context of object relations theory (Robbins, 1987, 1988). Questions have been posed regarding whether to create artwork alongside patients in real time, the use of post-session imagery in order to examine transference and countertransference, and what structures facilitate various types of transference and countertransference.

Initially, according to Stanton (1991),

[Freud] sternly admonished Ferenczi for taking active methods too far, in what he termed “the kissing technique” (*Kusstechnik*), that is, the purported permission for patients to express physical affection to the analyst – as long, of course, as it did not drift into full-scale sexual intercourse. (p. 2)

Ferenczi did not actually advocate kissing his patients, but felt that severely distressed patients sometimes needed to be held and comforted, as this was a humane thing to do. The “kissing technique” was based on a patient’s report, and Freud and Ferenczi resolved this issue, remaining on good terms until the latter’s death. However, Ferenczi’s name and work is still associated with possible abuses of active techniques in psychoanalysis as well as in those therapies based in active intervention, such as creative arts therapy.

Otto Rank. Otto Rank was a poet, novelist, and playwright in addition to being a psychoanalyst. Since he was actively involved in artistic pursuits, it is understandable that he was interested in expanding Freud’s ideas about art and the artist. Rank (1932/1968), in contrast to Freud, stressed that it was important to look at the artist and the artist’s work in order to understand the artist’s character, and that it was possible to do this

within a psychoanalytic frame. He was not so much concerned with interpretation as with the focus on art and the art process. Rank had three main criticisms of Freud's theory. Firstly, he felt that Freud had explained the concept of *aesthetic pleasure* in respect to art, but that Freud's "dogmatism inherent in every mechanistic principle of interpretation [made] no permanent contribution . . . to the science of art" (p. xx); it also offered no place for spirituality. Secondly, he believed that Freud's theory of dreams was artificial in respect to creativity, and he asked the question: Since all people can dream, why can't they all be artists? This certainly is relevant to creative arts therapy, as many creative arts therapists see themselves as artists first and therapists second. Thirdly, he disagreed with Freud's theory that all artistic work originated in the sexual impulse, and he called attention to Freud's lack of explanation as to why an artistic impulse did not lead to sex, but to art instead. Rank stated that "All ideas called in to bridge this infinite gulf – 'compensation,' 'sublimation,' etc. – were only psychological transcriptions for the fact that we have here something different, higher and symbolical" (p. 26), referring to art.

Rank (1932/1968) was particularly interested in investigating the *creative urge* and how this interfaced with the development of personality (i.e., the correlation between the artist and the art product as well as artistic creativity and the art form). His work centered on the conflict or polarities with which the artist contended – those of his own work, the styles (or what he called *art ideologies*, stemming from the culture in which the artist lived), and the subsequent personality development of the artist. These different perspectives pulled upon each other with the ever-present danger that they would diminish each other. However, the goal for the *productive* artist was that there would be an integration of these forces.

Rank (1932/1968) was aware of different epochs and of how art and artists were influenced by the ideology of culture in their particular time. Thus, he emphasized that an interpretation should not be carried over to art,

by which their importance would be reduced to mere psychologizing; but we can only hope for a real step forward in our understanding of art if we can settle more definitely the part played by the creative individual in the collective work. (p. 6)

The artist creates something personal that is also something shaped by his or her culture:

“In any case we can say of all artistic creation that the artist not only created his art, but also uses his art in order to create” (p. 7). For instance, artists of ancient Egypt did not strive for individual expression, but strove rather to be the best within the formula established by that culture. Ancient Greek artists strove for perfection and beauty in their art, which served to represent values of the entire society. During the Renaissance, the strong personality of the artist arose, emphasizing the artist’s own dynamic personality.

Artists from Rank’s time of modernism emphasized individual expression, breaking free of existing cultural standards. From this context, Rank (1932/1968) saw the artist as a genius that is divinely inspired. He believed that art is connected to a search for immortality, as art created “something visible and permanent in contrast to something which was merely thought or felt” (p. 13). Particular art forms also reflect differing concepts of the soul, associating art and religion. Rank felt that art had once fulfilled religion by concretizing an image of the soul, but that with the advent of modernism, the development of art was outside of religion in its desire for individuality and immortality, “bear[ing] the stamp of [the artist’s] own personality” (p. 17). Instead of a concrete image, the individual artist breaks away from the culture to become a representative of an

immortal soul. Thus, an *aesthetic of feeling*, dependent on consciousness of personality, is established.

Rank (1932/1968) proposed the concept of the *productive artist* (i.e., the healthy antidote to Freud's concept of all artists as inherently neurotic). He stated that the artist is caught between the influence of the art ideology (stylistic conventions) of his time and the individualism of his own creativity, which he called the *artist's fight with art*. In order for an artist to find his own individual art expression, the culture must be ready for a new art ideology to emerge. It is up to the artist to gather "the courage, the vigor, and the foresight to grasp the impending change of attitude before others do so, to feel it more intensely, and to shape it formally" (p. 368). The artist then develops a new art ideology for himself, which is difficult, because this involves prevailing over ideas that are valued by the culture. The artist's creative urge is related to his ego "more than the average man, so that . . . he does not practice his calling, but *is* it" (p. 371). The artist is not motivated by the notion of making a living; rather, art is "life itself" (p. 371). This is done with the help of identifications that protect him from isolation. The productive artist turns the creative process into a prolific one, in contrast to the neurotic artist who exhausts his creative process by immersion in the art ideology of his culture, thereby failing to supersede it. The productive artist is able to transfer his self to his work and thereby constructs an art ideology that includes artistic achievement. Art is recognized as a creative act: "The nature of [the artist's] work is not the result of an aesthetic impulse to imitate or of technical capacity, but the precondition of all creation" (p. 377).

Rank (1932/1968) also discussed common difficulties in creating art: the division of attention to simultaneous activities; periods of disappointment, depression, or illness

that are a consequence of the flight from creativity; difficulty in beginning and/or finishing work; fear of life or death; and diversion into cognitive processes in order to improve order and control of psychic organization. In order to escape neurosis, Rank called for a

new formation of personality, which can, however, be neither a therapy of neuroses nor a new psychological art-ideology, but must be a constructive process of acceptance and development of one's individual personality as a new type of humanity, and in order to create the new it will have to give up much that has been received from tradition and become dear to it. This new must first of all be a new personality-type, which may thereafter perhaps find a new art-form suited to it, but in any case will not feel any compulsion to justify its personal impulse to create by starting from the ideology of long-surmounted art-forms. (pp. 391-392)

In summation, Rank (1932/1968) continued the line of thought away from Freud's original conception of art as being inexorably linked to neurosis. Instead, productivity and true statements of the self could be accomplished through the creation of art. Rank introduced productivity and health into the discussion about art and artists, which certainly is a foundation for most theoretical foundations of creative arts therapy. Rank, in the center of modernism, also called for change on a character level, involving deep changes, not just lessening of defenses and changes in repression. Rank centered on the art itself.

Ernst Kris. Kris (1975) developed his ideas about art and artistic creativity from within an ego psychology perspective. This framework focuses on neutralization of psychic energy, which means that drive energy is desexualized and deaggressivized, leading to a cathexis of the ego and subsequent autonomy of ego functions. This is affected by the quality of the object relations. In this process of neutralization, the ego becomes more distant from the id, and the ego's activities are better differentiated. Conversion of id discharges to ego discharges is less evident.

Kris (1975) looked at sublimation in terms of art and creative activity. He specifically focused on the effect that art and other similar activities have on neutralization. He explored how the term *sublimation* had been used to name both *transformations of energy* and *displacements of goal*. He clarified that transformations of energy were more permanent and resulted in investment of the ego with neutralized energy. Sublimation involved displacement of goals, because the latter can take place without energy being neutralized. Therefore, neutralization and sublimation were two distinctive processes. This meant that sublimation could return to its original conceptualization and that, in respect to art, both kinds of energy were useful in the creative process.

Kris (1975) saw success in various modalities of artistic activity as depending on many factors, but most important was that the activity becomes “autonomous . . . detached from the original conflict” (p. 153). He saw *regression in the service of the ego* as being essential in controlling primary process in the creative process. For example, in order to dip into primary process material, the ego allows for a regression that can be easily done and undone. This is accomplished because of the following:

In every process of creation the gradual emergence from conflict plays a part . . . it may be useful to distinguish between the permanent or relatively permanent investment of the ego with neutralized aggressive or libidinal energies on which secondary autonomy in ego functions mainly depends, and the energy flux, i.e. transitory changes in energy distribution and redistribution such as the temporary and shifting reinforcement of sexual, aggressive, and neutral energy as it may occur in the type of any type of energy. . . . The capacity to neutralize can then be viewed as determined by both the reservoir and the flux. Creative individuals may be characterized by a particular span between the two. (pp. 151-152)

Therefore, in creative activity, both the permanent transformation and the transitory changes in energy are inherent in the creative process. Kris observed that defenses

disrupting this process in children were retreating into monochrome drawing after “more or less bold attempts at color mixing” (p. 158) as well as into interruption of work by other distractions, interruption of work when tension arises, and an obsessive/compulsive approach to making art. These defenses can disappear with maturation.

In 1950, Kris (1975) postulated that a similar oscillation between different ego functions also occurred, as directly reflected from reports and observations of creative individuals. An *inspirational phase* was distinguished by effortlessness in delivery of id impulses due to a lessening of the ego, so that the “speed, force or intention with which the preconscious thoughts are formed” (p. 229) is accomplished. The *elaborational phase* is one in which ego controls are reinforced, “work proceeds slowly, cathexis is directed to other ego functions such as reality testing, formulation, or general purposes of communication. Alterations between the two phases may be rapid, oscillating, or distributed over long stretches of time” (p. 229). Therefore, the ego controls regression by shifting cathexis of ego functions, in that they work together or against each other in various combinations. Kris, expanding on Hartmann’s ideas, pointed out that the shift to preconscious thinking, “accounts for some of the extraordinary achievements of mentation” (p. 230). In shifting to preconscious thinking, pleasure accompanies the increased mastery accomplished. This latter point will have special relevance in discussing the work of Kubie later in this document.

In 1953, Kris (1975) further refined his ideas and called his study of creative process and product *creative imagination*. He noted that this applied equally to artists, scientists, and “thinkers.” Subjective experience is involved in all categories of creative imagination, but it also “tends to be infinitely differentiated in intensity and duration and

to appear as an ingredient or accessory in many moods” (p. 473). Three characteristics are most important: individuals are “aware of the limitation of conscious effort” (p. 473); an accompanying feeling is always present, which is most often of a “very high, emotional charge” (p. 473); and problem solving is always a result with “high precision” (p. 473).

In agreement with Rank, Kris (1975) believed that individuals engaged in creative imagination must work with the

demand of the age and the creative effort of the individual must be in harmony with each other; creative imagination can in some measure anticipate the future, but in empty space, out of tune with at least hidden trends, genius will not emerge; his work must fit into the structure of the problems which he solves, with which he struggles and which he modifies. (p. 476)

Although Kris (1975) believed there were many types of creative imagination, he distinguished art as having unique characteristics due to its particular communicative function in society. He delineated three *problems*, the first of which was *thematic generalization*. This pertained to narration, storyline, content, and recurrent themes in art. In psychoanalysis, thematic generalizations were first articulated in the reconstruction of childhood fantasies when in adulthood, especially that of “the hero of miraculous descent, separated from his original parents, adopted by foster parents up to the day in which he splendidly emerges” (p. 479). This type of art form is the link between the individual’s fantasy life and the theme or story, in that it speaks to the members of a society when various stories are told.

The second problem is *emotive or aesthetic potential* (Kris, 1975). This is derived from such mechanisms as repressed elements of dreams that are overdetermined, condensation of thoughts into one, or representation of one thought in various

concealments, all of which form the manifest content of the dream. Kris felt that a similar process happened in the creation of art. However, in art, “what in the dream impresses us as *overdetermination* becomes the *potential* of the artwork” (p. 484), communicating an array of significance.

The third problem is *creative communication* (Kris, 1975), which is a two-part process. This is a similar, but further expansion of his 1950 ideas about the inspirational and elaborational phases. In the first phase, the creator is driven, thoughts and images flow, and unknown things appear:

A thought suddenly flashes up like lightening: it comes with necessity. I have never had any choice in the matter. . . . There is the feeling that one is utterly out of hand, with the very distinct consciousness of an endless number of thrills and titillations descending to one’s very toes. There is a depth of happiness in which the most painful and gloomy parts do not act as antitheses to the rest, but are produced and required as necessary shades of color in such an overflow of light. (p. 484)

The second phase is characterized by “productivity and labor . . . the creator looks at his work, as if were, from the outside, and concentration and endeavor predominate” (p. 484). Kris understood the first phase through a psychoanalytic lens in the following way:

The barrier between the id and the ego has temporarily become permeable. Impulses reach preconsciousness more easily than under other conditions, and their own translation into formed expression can proceed painlessly. Forces previously used for repression are being used by the ego for another purpose. All energy seems to be vested in the process of coming to consciousness. (p. 485)

The elaborational phase then involves shaping of the material contacted in the preconscious. This is where the creator sees it as the audience might, from the outside. However, for the audience, the process is impaired when the witness enters the material too close to the unconscious. Instead, the audience must experience some of the animation and release of tension that follows when unconscious material reaches the

preconscious or conscious. The audience identifies with the artist through “an unconscious process in which the audience becomes in its own right creative by being re-creative. It follows the spell of the emotive potential” (pp. 486-487).

Kris (1975) furthered this argument to associate the therapist with the audience of the art. He stated that art can be part of therapy, either in the form of looking at artwork or creating original art, in order to restore psychological balance. However, he warned against situations in which free association can become too threatening and regression can no longer be controlled. He cited instances of artistic activity being used by pre-psychotic patients, adolescents, or the “insane.” With the latter, he saw art as being an act (as opposed to a sign), pictures become “verdicts,” and creation itself may mean “‘making’ in a literal and magical sense” (p. 488).

Kris’s (1975) delineation of art process and product reflects the work of many creative arts therapists. The patient travels between levels of consciousness, using appropriate ego functions, and the therapist relates to the patients as an artist, concurrently reaching the emotions as well. Kris stressed the importance of the therapist’s countertransference in allowing him to enter into this process. It is also the first suggestion from a psychoanalyst of art itself being involved directly in therapy.

In summation, Kris (1975) stated the following:

It seems that in every process of creation the gradual emergence from conflict plays its part. It may start out in serving a fantasy of the individual, in meeting an individual’s needs, but to the extent that it emerges from conflict, certain properties may be acquired which are akin to, and some of them identical with, gift or skill. I mentioned that themes may be generalized, the emotive potential may grow, and the process of creative communication may be initiated. All that is not only the result of conflict; it is at least due to the integrative, and in this instance autonomous, powers of the ego. (pp. 492-493)

Kris's (1975) model is a further elaboration of Freud's ideas about artists' communication. It is not a conflict model; rather, it involves integration. It is situated in the artistic process because of art's healing processes, which use the ego, mastery, and sublimation. His ideas are reminiscent of the two polarities of Kramer (1971) and Naumburg (1987) in art therapy within the two phases of creativity that he delineates. Perhaps, instead of looking at these two art therapy approaches as right or wrong, it is more useful, as Kris did, to look at them as two approaches balancing and completing each other.

Lawrence Kubie. Kubie (1961) was familiar with the work of two founding mothers of art therapy, Naumburg and Cane, and he published his own theories 10 years later, although there is no evidence that his theories were influenced by the fledgling profession of art therapy. Kubie saw himself as departing from previous analytic positions, noting that Rank, Ferenczi, and Kris had done the same. Coming from psychoanalytic training, he based his ideas on the creative process as follows: creativity and neurosis are universal and they both arise out of normal experiences. His goal was to reexamine the links between genius and insanity as well as between creativity and illness. He stated that creativity neither protects individuals from illness, nor does it cure, stating that we can "dream ourselves into illness quite as often as out of it" (p. 3). He focused on the vulnerability of the creative process, not on creative people themselves. He was vehement in his belief that there is no truth to the assumption that one must be sick to be creative. He also noted that some individuals refuse therapy because of a belief that they will lose their creativity or uniqueness. However, he felt that neurosis is "the most banal

and undistinguished component of human nature” (p. 5), and that, therefore, therapy may or may not remove barriers to creativity.

Kubie (1961) was formulating his ideas in the time of *art for art's sake*, an art movement that was embedded within modernism. However, in contrast to such ideas, Kubie supported the view that one's personal expression is best linked to society and culture in order to advance the human spirit. Presumably, in trying to understand these swift changes in art that often moved from representational to abstract form, Kubie had difficulty reading the humanity and communicative power of these forms of art, which demand a different mode of receptivity. However, this form of art did not ring true to him for the following reason:

To express our own illness is not merely a privilege: it a supreme duty, a calling, and a destiny if the human spirit is to make any significant progress. We must share with others our innermost conflicts in our art, music, literature and science to feel with us. Otherwise the creative spirit will perpetuate in its Science, or in Psychoanalysis, or in one of the many “modern” versions of art for art's sake, or in one of another form of religion; since the neurotic process can misuse all of these. (p. 9)

He believed that individuals must express their psychological struggles in order for creativity to be transformative for the individual and his or her culture. Creativity and neurosis were undramatic parts of the human psyche that could be overtaken or at risk under theoretical or societal influences, such as those named above.

Although he saw the potential for the creative process and art, Kubie (1961) saw it through the psychoanalytic lens of his forbearers. However, he did further thinking about creativity in relation to neurosis in several ways. For example, he highlighted universal experiences of early life, which predated current infant research. The first of

these are the aesthetic differences of early life, such as the world experienced by the infant as

the sharp changes in motion, sound, temperature, and light to which the human infant is incessantly exposed during his days as a Lilliputian is a world of seemingly eternal and Brobdignagian giants. Later come the toddler's encounters with further differences in size, bulk, weight, consistency; and also with the differences between those things which are and are not moveable, which are hard and soft, rough and smooth, sharp and blunt, hot and cold. (p. 13)

Simultaneously, interactions of the inner and outer world via taking things into the body and discovering differences between bodies were seen as the starting point for elementary symbolic potential. Lastly, meetings and partings from strangers and families were considered as were the transitions through various stages of consciousness, notably those of waking and sleeping, the latter of which is later reexperienced as dream-like, symbolic representations. In Kubie's view, all of these components of early life are antecedents of creativity and neurosis, but in contrast to creative arts therapy, they have to be *dissociated* in order for maturation to occur. Creative arts therapists would not agree with this line of thought, as most would feel that the goal of creative arts therapy is to delve into and use nonverbal and creative material.

Kubie's (1961) ultimate goal was to strive for and/or ensure that the creative process resulted in meaning for the individual. This was a difficult process that was hampered by a number of variables. In fact, in many instances, various art forms seemed to diminish one's experience of the truth. However, he saw psychoanalysis as attempting "to strengthen one individual to the point at which he will be able to face and accept the whole truth" (p. 10). Kubie, for all his promotion of the arts, still rested on a verbal frame of reference and clearly did not know how to use art directly. However, he saw its potential:

Health was defined as flexibility in all realms and illness as rigidity: The measure of health is flexibility, the freedom to learn from experience, the freedom to change with changing internal and external circumstances, to be influenced by reasonable argument, admonitions, exhortations, and the appeal to emotions; the freedom to respond appropriately to the stimulus of reward and punishment, and especially the freedom to cease when sated. The essence of normality is flexibility is all of these vital ways. The essence of illness is the freezing of behavior into unalterable and insatiable patterns. It is this which characterizes every manifestation of psychopathology, whether in impulse, purpose, act, thought, or feeling. . . . Any moment of behavior is neurotic *if the processes that set it in motion predetermine its automatic repetition.* (pp. 20-21)

In Kubie's view, this work of health and elasticity arose to the greatest benefit when conscious and preconscious processes in association shaped it. He believed that symbolic processes in consciousness are primarily verbal, examples of which are literal photographs, representational painting, factual stories, or a programmatic dance via sounds, facial expressions, gestures, postures, movements, drawings, and plastic shapes. Their purpose is to convey concordant emotions. Preconscious thought processes are "on the fringe of consciousness," as coined by William James (as cited in Kubie, 1961, p. 24). Further,

The context and goal of our thought flows [from] a process of, automatic . . . selectivity which excludes those meanings which are irrelevant to our central focus: but although we may shut the doors of thought against them, the affects which these fringe meanings evoke remain active. (Kubie, 1961, p. 24)

In Kubie's view, conscious processing is very slow compared to preconscious processing. Illness is produced by prevailing unconscious processes. Words or images are "a front for the unknown" (p. 27) and, in fact, they are not as involved in the unconscious as they are in preconscious and conscious thought. Sensory after-images, visual hieroglyphics, and bodily sensations are subject to condensation and other characteristics of repressed and conflicting unconscious thought.

Kubie (1961) postulated different levels of symbolic functioning. Conscious thought managed symbolic realist functioning, whereas the unconscious was where the distorted, dissociated, and repressed lay. However, the preconscious was where Kubie saw creativity residing. In his view, preconscious material is first unconscious, but once learned through repetition, it becomes readily available, such as through physiological mechanisms or through contemplating a goal. Examples would be being able to step without thinking or talking without having to think about how to enunciate words. Such experiences are stored in entero- and proprioceptive, visual, and other sensory experiences. Therefore, many experiences can be condensed into one symbol, “far more than one can say slowly and precisely, word by word, on the fully conscious level. . . . This is why preconscious mentation is . . . of intuitive creative functions” (pp. 34-35). The preconscious is economical, automatic, and creative, and it uses information directly. However, the preconscious is not only a sensory stream, but it also

accomplishes two goals concurrently: it supplies an endless stream of old data rearranged into new combinations of wholes and fragments . . . and it exercises a continuous selective influence not only on free associations, but also on the minutiae of living, thinking, walking, talking, dreaming, and indeed of every moment of life. (Kubie, 1961, p. 39)

Kubie (1961) also thought that the preconscious functioned in different art forms. Kubie’s contributions to creative arts therapy are threefold. Firstly, he furthered the argument of artists and art-making as healthy and of the creative product as something to be respected and strengthened. In this grain, he saw the creative process as divorced from illness on a requisite basis. Secondly, he saw sensory information as tied to the creative process. Sensory information was linked to basic subjective experience between children and their parents, so that if the arts are formed from the sensory, it is important to trace

the development of sensory systems as they relate to aesthetic communication. Thirdly, Kubie (1961) saw creativity as centered in the preconscious, which is another way of expanding a creative arts therapy psychoanalytic framework.

Current psychoanalytic influences. Following the early psychoanalysts, who were directly in Freud's circle, were a number of analysts who had much to contribute about the role of the arts, aesthetics, and beauty. Winnicott (1971) saw the beginning of creativity as originating in the initiation of illusion. This occurred via the creation of the infant's transitional object, in the psychic space between internal and external reality. The infant created the object, for instance, in a toy or blanket that was imbued with creative meaning. Milner (1957) saw artwork as recovering the lost object, thereby internalizing the object through making art. Bion (1962) defined alpha functions as those related to dreaming, symbol formation, and thought, thereby creating idiosyncratic symbols. This *learning from experience* takes place via an introjective process in which internal objects are modified. Conversely, beta elements are closer to sensory experience and are involved in discharge, not meaning-making. Computation using signs and simple modes of extrapolation facilitates learning about the world through projective and adhesive forms of identification, resulting in immediate and somewhat delusive alterations in a sense of identity. Alpha elements provide a *container* for the rawness of the *contained*. Meltzer (1988) developed a theory delineating health as the ability to respond emotionally to beauty. His ideas were interwoven with a Kleinian understanding of self and object reconciliation; hence, beauty and relationship are intertwined. He saw *aesthetic conflict* as an important developmental task, emphasizing the qualities of the

object, which involves “a capacity to tolerate uncertainty . . . in the passion of intimate relations” (p. 20).

From Freud to the more current psychoanalysts, conceptions of the primacy and place of the arts in psychoanalysis have changed. Generally, the way art and artists have been viewed has been altered from a neurotic process to something bearing great creativity and potential. The psychoanalysts outlined here were all true to psychoanalytic conceptions, but they looked at art from the perspectives of art movements in their times and from those of their particular interests. The variations offered by these early theoreticians offer creative arts therapists much upon which to reflect, both to enlarge our perspectives and skills and to better understand our roots. In many cases, creative arts therapists and those from other professions who regard us have inherited assumptions about the relation between art, creativity, and technique, which has been both positive and negative. In the latter case, it has distracted creative arts therapists from examining aesthetics and the role of art in depth. The following section describes aesthetics as derived from philosophy, specifically concentrated on art, dance, and sensory systems.

Interaction of Art and Dance within Aesthetics

There are a number of philosophers and art critics who focus on the interface between dance and visual art. Susanne Langer (1958) is a modernist philosopher to whom creative arts therapists frequently refer in an attempt to establish an aesthetic foundation for the field. The authors cited here are among those she identified as being the most significant to her who have specifically addressed the relationship between the arts and visual art.

Souriau (1958), also coming from a modernist perspective, decried the dichotomy between the plastic arts as *arts of space* and phonetic and cinematic arts (i.e., music, poetry, dance, and cinema) as *arts of time*. He traced the beginning of this distinction to Kant, who attributed innate forms that linked the sense of space to external senses and the sense of time to internal senses. Souriau agreed that dance and other time-based arts become known in successive moments, but he criticized the view that the plastic arts are seen in their “entirety in a single instant” (p. 123). In painting and two-dimensional work, it is possible to see the work at one time, but a period of contemplation is needed as well. In a three-dimensional piece, one must see the work from multiple angles and perspectives in order to see the complete work and understand the artist’s intentions. Therefore, the plastic arts, too, need successive viewing, as the work “delivers itself little by little in different spectacles which are never simultaneous” (p. 124).

Souriau (1958) also discriminated between psychological time and aesthetic time in the plastic arts. He considered the former irrelevant, while he deemed artistic time as “inherent in the texture itself of a picture or a statue, in their composition, in their aesthetic arrangement” (p. 126). What is inherent time in the art piece reflects an implicit moment or rhythm. The latter is accomplished by recurring reiterations in uninterrupted progressions, not through mental images of action. Souriau saw this as parallel to phrasing (gradated intensity) and tempo (qualitative senses of slowness or speed), all of which derive metaphorically from music.

Sauvage (1958) stated that all art forms have a sense of time, and he agreed with Souriau’s ideas. However, he introduced the concept that time is evoked; that time is communicated by sensation induced in the viewer. This links the visual to the body.

Bayer (1958) furthered Sauvage's thoughts about the relationship between visual art and the body, asserting that "rhythm is the . . . essence of life. It is the law of the Beautiful, and here we find the specific abstraction that we are looking for" (p. 193). He explained that rhythm is attained from both outside perceptions and inner sensations; therefore, "rhythm is . . . at the true intersection of the interior domain and the realm of things" (p. 193). He determined that this is a stage that occurs prior to self and objects. He advocated that visual art not only be viewed, but that it should also be felt bodily in all its qualitative and experiential aspects, such as pulses, paces, accents, and intonations. He also suggested that the way the artist creates a work can be experienced. By merging design and experience, self and object can be discovered. Bayer did not advocate for the activation of emotional moods per se, but he was concerned with finding the form of the feeling, where "psychologism and formalism are reconciled" (p. 199).

In more recent writings within aesthetics, an examination of the relation between visual art, kinesthetic feeling, dance, and other sensory modalities has been conducted. Zuckert (2009) brought attention to but disagrees with Herder's conception of sculpture's uniqueness as originating in its relation to touch, as opposed to vision. As Zuckert noted, Herder believed that all art forms were based in sense experience and he believed that each art form was different, because each depended on different sensory information. In the case of sculpture, individuals learn by actual touch or by imaginative touch, because one cannot understand sculpture without coming into contact with felt experience, which provides a unified experience, as echoed by Souriau. Herder also believed that touch encapsulates proprioception and involves inner experience, reflecting Bayer's evocation of sensory experience. Zuckert pointed out that Herder's ideas derived from a time in

which touch and other bodily sensations were dismissed because they were considered crude, sinful, and/or did not result in cognitive information. Zuckert considered Herder's most important contribution his emphasis on art "preeminently of and for human beings as embodied creatures – [which] is a fruitful, provocative starting point for the articulation of an embodied aesthetics" (p. 285).

In a discipline designated as *somaesthetics*, Schusterman (1999) turned his attention to the body and to embodiment as a focus for aesthetic consideration. He addressed his attention to inner and outer experience, notably the aesthetic promise of the body as grasped by the external senses, but also

the beautiful experience of one's body from within – the endorphin-enhanced glow of high-level cardiovascular functioning, the slow savoring awareness of improved, deeper breathing, the tingling thrill of feeling into new parts of one's spine. (p. 299)

Schusterman embedded his philosophical system in Baumgarten's original theories of aesthetics as rooted in knowledge, virtue, and the good life. Bypassing cultural and religious thinking in Baumgarten's time as well as referring to ancient Greek philosophy, Schusterman took a pragmatic approach, suggesting that aesthetics is lacking in a way to nurture and develop the body. He asked provocatively, "How, in other words, has aesthetics, like philosophy itself, shrunk from a noble art of living into a minor, specialized, university discipline?" (p. 301). He therefore provisionally defined *somaesthetics* as the following:

[It is] the critical, meliorative study of the experience and use of one's body as a locus on sensory-aesthetic appreciation (*aesthesis*) and creative self-fashioning. It is therefore also devoted to the knowledge, discourses, practices, and bodily disciplines that structure such somatic care or can improve it. (p. 302)

Schusterman's (1999) solution was therefore to adjust and train the body for its most effective functioning in order to perfect the body's somatic functioning, including habitual body attitudes. The latter serves to orient individuals to the world in particular ways. The focus is on lived experience, which, if it involves somatic errors, will weaken comfort, health, and functioning. Subsequently, will is affected because of entrenched routine somatic behavior. By addressing improved somatic behavior, thought and pleasure are more easily acquired and hierarchies of power can be addressed. However, all of these actions and goals need to be systematically organized. He suggested body psychotherapy and Eastern practices of body training as a contribution toward the pragmatic side, but obviously dance/movement therapy mirrors his goals and thoughts and could just as easily be applied.

Modernism

Dance/movement therapy and art therapy were born in the time of modernism. Therefore, modernism will be examined in order to explore the roots of these disciplines. The modernist movement extended from the late 1800s to post-World War II. Modernism challenged the philosophical traditions and cultural mores that had preceded it, such as Romanticism, rationalism, and positivism. Setting the stage for modernism were philosophers Ruskin, Hegel, Nietzsche, Kierkegaard, and Schopenhauer, who questioned rationality and certainty. In biology, Darwin's theory of evolution concluded that humans were not unique and that they, in fact, descended from irrational and "lower" forms of life. In political science, Marx espoused contradictions in the economic system of capitalism. In visual art, impressionists took their art out of the studio in favor of *en plein* *ere*, taking the focus off of discrete objects and onto the importance of light. In literature,

the poetry of Mallarme focused on sounds and texture in language, within Symbolism (Gablick, 2004).

Gablick (2004) stated that the industrial age and increased urbanization changed the nature of social life. Every day life changed, as technology and new products that were created as part of the Industrial Age ushered in many new products as part of daily life. Electricity, the telephone, and the automobile changed the tenor and ease of everyday existence. New ways of being with others developed. The sense of time was increased in addition to the speed with which tasks were accomplished. This was often experienced as a disruption of social or work life. Family relations and the nuclear family changed in some sectors of society. Child rearing, largely due to Freud's influence, also changed. Consumer culture was examined and rejected. The pace and way of life was truly different and, for many, this was disturbing and unsettling. A new way of life had to be created in response. The destructive elements of modernism on corporeal existence did not go unnoticed. The body itself was seen to have suffered deleterious effects, from the shell-shocked soldiers in World War II to increasing urbanization and machine-age culture. According to A. Jones (2004):

[This was seen as the] failure of the process of rationalization successfully or fully to contain or regulate human bodies/selves [due to the] tendency in America to forget or repress the organic, the irrational, the disorderly in the rush to celebrate (or on some cases to bemoan) the effects and potentials of machine-age industrialism. (p. 128)

Modernism was forced to overturn conventions in all aspects of life: art, philosophy, commerce, and daily living. Modernists strove to achieve uniqueness, singularity, autonomy, and individual freedom, which produced "uninhibited individualism and endless innovation" (Gablick, 2004, p. 42). Baudelaire addressed this

new change in social life and spoke of modernism's heroism, meaning that the everyday details of modern life could be looked at and made into art; he also addressed the ramifications of increased urbanization on all social classes (Meecham & Wood, 1996).

Because of what was perceived as an increased materialism in the modern age, the early modernists turned away from the world to concentrate on the self and its inner life.

For modernist artists,

if valid meaning could no longer be found in the social world, they would seek it instead within themselves. In the thinking of most early-twentieth-century artists, a work of art was an independent world of pure creation which had its own, essentially spiritual, essence. The artist saw himself as a kind of priest who divined the interior soul, or spirit. (Gablick, 2004, p. 31)

Some modernist visual artists emphasized spirituality in their work, notably Mondrian, Arp, Duchamp, Malevich, Newman, Pollock, and Kandinsky. For Kandinsky, who contacted the spiritual in art in conjunction with music, this was a way to transcend daily life. He felt that art could lead to an enhancement in human souls, which he called the *spiritual triangle*. He saw the artist as a visionary, addressing the horrors of materiality and mass culture. He drew upon numerous sources for the development of his views on spirituality in art, notably theosophy, Blavatsky, and Rudolph Steiner. Kuspit (2003), in speaking of Kandinsky, stated that sensuous aspects of painting were also spiritual, noting the following:

Color and feeling were inextricable: sense experience was spiritual experience and spiritual experience took sensuous form. That is, the external, visible phenomenon of color seemed to be a spontaneous manifestation of the internal, invisible phenomenon of feeling. Feeling needed color to become consummate, and color needed feeling to have inner meaning – to be more than a chemical matter of fact. (¶ 10)

Art was not seen to have to serve any purpose other than its own reality. The self-sufficiency of art was its salvation. Aesthetic experience was an end in itself worth

having on its own account, leading to the concept of *art for art's sake*. For the loyal modernist, the “audience [didn't] really exist [and] creating art was the one act of ultimate freedom that could transcend politics, ambition and commerce” (Gablick, 2004, p. 33). Early modernists, specifically the abstract expressionists, sought to define their identity in opposition “to a society that offered him no role he was willing to accept” (p. 32). However, artists in late modernism (e.g., Frankenthaler, Louis, and Olitski) denied the notion that abstraction had no social stance and only an aesthetic statement to make.

In many cases, art bred mistrust and seemed designed to provoke, disturb, and make people uneasy (Gablick, 2004). In many art forms, this often meant shocking and antagonizing audiences with eccentric and unpredictable effects. Also startling were ideas being developed in psychoanalysis and philosophy. Freud was developing his ideas about the unconscious, such as the irrational and impulsive id as counterbalanced by the rational ego, which together with the superego would allow individuals to live in this new age. Jung's collective unconscious added a sense of primitive man through the ages, which was passed down via different typologies. Modernist philosophy also developed into a larger social movement. Each of the schools within disciplines put forth different methods with which to achieve the broader goals; although they were often contradictory, they all sought universal solutions.

Modern visual art illustrates many concepts that were prevalent in modernist thought in general. In modernist art, many new materials were introduced and new techniques were used (such as collage and assemblage); some work included photographs or imagery from advertising and mass media; some pieces incorporated real objects from the consumer culture, such as everyday rubbish and debris; and some work did not have a

permanent object at all. Modernist artists were reflecting that the modes of representation must change as the worldview had changed. This alteration reflected art's challenge to the changing modern world, the persistence of social inequality, and the way that human life had been changed by technology. It signaled a different response when viewing art. Modern art, then, involved multiple ways of creating and contemplating it (Meecham & Wood, 1996). According to Meecham and Wood,

[Modern art acknowledged the] new kinds of social relations in modern capitalistic society out of which the new commodities are produced and consumed: mass production in factories, and mass urban leisure consumption in music halls, cabarets, bars and shops which grew up at the same time. [This also] involves an ability to grasp the fact that these objective changes in social relations gave rise in their turn to new forms of subjective experience. New forms of self-consciousness, of individualism, were a key aspect of the modern life that began to emerge in western societies. (p. 9)

In making art, a new way of seeing was required, as well as a new way of representation. This included technical innovations as well as a sense of "spontaneous representations of the equally spontaneously and fleetingly felt sensations characteristic of a modern experience" (Meecham & Wood, 1996, p. 11). However, it also had to involve a sense of self-consciousness that the work *was* a work of art that was very real unto itself, not just a narrative or faithful reproduction. This led the way to focusing on the formal elements of art (i.e., formalism, not just content). Tensions eventually arose when it was perceived that the subject matter interfered with the truth of the work as a made thing. This pursuit grew into questions of what kind of truth needed to be conveyed, how it could be expressed, and whose truth it was. Because this new way of looking at and producing art required a specialized knowledge, only a small number of individuals could participate, leading to a new type of artistic community that incurred charges of elitism (Meecham & Wood, 1996).

Abstraction and expressionism were two important forces that were central in modern art. Abstraction entailed that motifs were abstracted from their realistic manifestation and also included nonobjectivist or nonfigurative art, which did not use recognizable form; rather, it used forms that were originally abstract (i.e., geometric or organic shapes or colors). Expressionism focused more on the artist and on what he or she experienced about a subject, emphasizing the individuality and subjectivity of the artist, thereby allowing a more direct expression of the artist's responses to the world. This necessitated that viewing the art piece

becomes a matter of reading, or experiencing, its surface: looking for the slowness of the line relative to the quickness of that one, the smoothness of the curve against the abruptness of that slash, the interruption of this stream by that stab crossing it at right angles. . . . The painting, that is, embodies traces of energy out of which it was made by bearing the marks of the process that made it. We may go on to wonder about the experiences that may summon up such gestures and hence such marks – are they controlled or uncontrolled; if controlled, how is such control won: from what is it won: and so on. (Meecham & Wood, 1996, p. 18)

Although this is a description of a painting, it is not far from the experience of dancing and from the choreographer's process in creating work.

Dance Aesthetics and Dance Studies

Literature in creative arts therapy and aesthetics is heavily weighted towards the visual or plastic arts. In an effort to redress this imbalance, dance aesthetics and studies will receive in-depth attention here. Dance aesthetics will be examined from the perspectives of philosophy, criticism, dance history, and modern dancers themselves.

Dance aesthetics and dance studies are undeveloped fields relative to the study of other art forms for many reasons. The emphasis on words over body has been emphasized in the humanities, leading to greater prestige for literature, art history and criticism, music history and theory, and drama. Dance is a temporal medium, not leaving

permanent traces except in the cases of notation or video. However, notation is a very specialized and time-intensive endeavor and video often affords one view of a dance, hindering the capture of the full dance performance. The study of the humanities in the academic world has focused more on representations of the body as opposed to actual dance and movement of the body, resulting in the “academy’s aversion to the material body, as well as its fictive separation of mental and physical production, [which] has rendered humanities scholarship that investigates the body nearly invisible” (Desmond, 2003, p. 30).

However, since the late 1980s, more attention has been paid to looking at dance as an art form. There is a debate in dance studies about whether to examine formal aspects of dance, treating dance as a discipline that has its own internal definitions and boundaries, or whether to open dance to a multidisciplinary debate and examine it in context, with the benefit of knowledge afforded by other areas, such as culture, psychoanalysis, critical theory, gender, race, class, and body. In the former, a modernist perspective tends to gain ascendance; with the latter, postmodern ideas tend to inform the dialogue (Morris, 1996).

Berleant (2004) looked at aesthetics in relation to differing art forms. He noted that Kant placed the mind at the center of knowledge and subsequently created categories of knowledge about the theoretical (factual), morality (practical), and judgment (aesthetic and teleological). Berleant thought that philosophy emerging from Kant has to be reconstructed, since Kant’s disinterested attitude toward aesthetics “is guided by non-aesthetic considerations” (p. viii). He suggested that what is needed is an *aesthetics of engagement*, including “full perceptual integration in the aesthetic field” (p. viii). While

he acknowledged moral, ethical, and social issues as being imperative in discussions of art, he also stated that the “body and all its senses” (p. viii) must be included and that “aesthetic theory must remain in continuous contact with the directness and authenticity of experience” (p. viii). This certainly calls for an aesthetics of dance. At the same time, Berleant (2004) stated that no one art form can represent all of the arts and that the aesthetics of each is different from the others, varying in practices, materials, perceptual characteristics, presentation, and histories. Aesthetics as a term originally came from the Greek word *aisthetikos*, meaning sense perception, but it has tended to look at visual art and to “intellectualize its concerns, focusing on conceptual problems and on general questions like the nature of art and the criteria of aesthetic judgment” (p. 2). For Berleant (2004), this is a loss of contact with the

experiential grounding of aesthetic theory. . . . This is why the particularities of the individual arts are so important. They bring us back to experience in all its specificity, its unevenness, and its ephemerality. Artistic practice and aesthetic perception are not only a necessary balance to philosophic generality but are, I believe, its proper source. (p. 2)

This paves the way to looking at dance within the range of aesthetic thinking, as dance is based on experience, the sensual, and the temporal, which are all grounded in the body.

Dance aesthetics as philosophy. McFee (1992), a philosopher specializing in dance aesthetics, stated that the goal of dance aesthetics is to understand dance. This understanding should be grounded in philosophy as well as in aesthetic judgments about dance forms that can be considered to be art (i.e., modern dance and ballet). He also included dance criticism as an essential element in this discourse. McFee felt that to articulate aesthetics as applied to dance, two principles must be followed. The first is the *autonomy of aesthetic inquiry*, which requires that the art forms discussed are not

logically equivalent to any non-artistic concepts/statements and that they cannot be reduced to any other method of inquiry. The second is the *reality of aesthetic inquiry*, which states that without these concepts we cannot understand dance, because using other concepts would be extraneous.

It is important not to seek clarity per se, but to investigate the perplexities of a particular issue for a particular audience, thereby looking at contrasts between different concepts that arise in this examination. It is possible to understand a concept without having a perfect definition of it; in fact, terms such as dance, understanding, knowledge, and so forth cannot be simple and clear-cut (McFee, 1992). This means that issues are debated based on where different areas of investigation intersect, noting the differences between them rather than the definition of one or the other.

McFee (1992) stated that aesthetic judgments are not merely subjective, but that they are based on public sharing and debate with regard to artistic reasoning. This introduces a measure of objectivity. However, those aspects of subjectivity that are not objective need to be “public, arguable, amenable to reasoning” (p. 33). McFee cautioned about the “tension between the demand of accountability and the need for the involvement of feelings” (p. 36). It is possible for subjectivity to be only a matter of opinion so that public discussion among those concerned with dance is an attempt to create boundaries around the definitions being created. In order to accomplish this, McFee offered an *institutional account of art*. The work of creating this has several phases. Initially, a work is offered as art; then, the work is accepted by others. In dance, this acceptance would be given by choreographers, producers, dance-theater owners, dance critics, and dance theorists, all of who make up what McFee called the *Republic of*

Art. If this is not successful, the choreographer can wait for posterity, or he may attempt to shape taste by engaging in critical writing until a *critical vocabulary* is established for work and analytical tools become available, so that the choreographer's contributions can be understood. This places considerable weight on theoreticians (i.e., critics, theoretically inclined dancers, dance historians) and has important consequences, such as the establishment of historicism in the field. Dance can then have a historical character, even though the meaning of a work may change with time. Once this has been established, works of art essentially become interpreted objects.

McFee (1992) advanced the dual concepts of the *idea of the artistic* (where one needs to know about form, content, and meaning, and is able to engage in critical discussion, etc.) and the *merely aesthetic* (where one enjoys a piece without particular knowledge of the artistic). McFee stated that it is possible that one sees objects of art or dances differently because of one's knowledge of differential artistic principles, calling for this duality of judgment (not evaluation) versus appreciation. With artistic knowledge, one sees details crucial for meaning and understanding of formal structures. McFee seems to be implying that it is important to have artistic knowledge; otherwise, it is possible that viewers or the audience will not see the artistic, only the aesthetic. The latter is not considered true art.

McFee (1992), in attempting to define what dance is, asked: What makes a particular movement sequence dance, rather than something else? The description of the movement on its own will not answer the question, since no movement pattern will, of itself, be uniquely distinctive of dance. What we experience depends on the concepts we bring to the viewing. A battery of ideas describing artworks appropriately is applicable

only to art forms. His answer to this quandary is that dance is aestheticized movement; however, such movement has to involve a transformation, not only some purposeful or functional movement. One can look at a sporting event from an aesthetic angle, but ultimately the purpose of a sport is to play a game. Context and tradition are essential in defining what is dance and what is not. McFee also advanced the idea that only a dance that can be performed or made can be considered a dance. Creativity and responsibility for one's actions are inherent in what can be classified as dance. Also included is the expectation that dance critics and theorists debate on the relevance and appropriateness of a piece.

That being said, the avant-garde in dance pushed the issue of what dance as an art form is. As with other art forms, traditions and conventions that came before a period in which certain ideas were being explored helped to define the new choreographers' work. In the case of the avant-garde, this was by rebelling against previous work. Therefore, what makes a movement sequence dance is the sense that can be made of it against a background of traditions and conventions, as applied to form and content (McFee, 1992). Tharp (2003) stated this differently: a creative person must be true to one's DNA in order to achieve a creative vision and creative code. This comparison can also apply to a range of work from one artist, as in comparing later works to earlier ones, which clearly happened with the early pioneers of modern dance, notably Martha Graham, who changed her choreography from expressionist foundations to the incorporation of more theatrical elements (Morris, 2006).

Dance aesthetics as context. A different view of dance aesthetics is that it draws upon qualities that are derived from the lived experience of being human, including

biological, historical, and cultural influences. Dance can be considered as a type of nonverbal text. Dance is influenced and imprinted by many factors, including culture, history, gender, and politics, which results in the *con-textualization* of dance. Fraleigh (1999a) agreed with McFee's notion (1992) that dance cannot be exactly defined as it differs from one outlook to another. Instead of subjectivity and objectivity, she brought attention to the many perspectives from which dance can be examined, using Wittgenstein's ideas of *family resemblance* as forming a link for all these different views. She stated, "Dance is aesthetically constructed [meaning that] all forms contain the aesthetic impulses that motivated their creation" (Fraleigh, 1999a, p. 7). She looked to understand dance through phenomenology and consequently saw dance as a subjectively lived experience, based in affective life and sense perception. In her view, creativity is inherent in all dance but also extends through style, ritual, entertainment and theater, play, therapy and healing, and self-knowledge and human development, as well as religion and nature. She defined *intrinsic dance* as pleasurable and therapeutic, stating the following:

Dance is first of all body-for-self. Likewise, the dancer's performance begins with herself. It is she who imbues form, traversing an intentional making and doing that inscribes the movement. . . . She is most concerned with embodying movement holistically, shaping and pouring it through the lived time of her performance. . . . Moreover, it is an aspect of experience perceived *as valuable*. (pp. 14-15)

Fraleigh stated that aesthetic properties belong to the structure of movement, such as qualitative properties outlined by Laban Movement Analysis. These involve movement efforts (weight, time, space, and flow), as well as spatial harmony between points in space and qualities of movement.

Fraleigh (1999b) also thought, along with Berleant (2004), that since dance is a body-based art, Kant's theory of disinterestedness is not relevant. Instead, she thought of "aesthetic perception as active receptivity" (p. 211). A philosopher's task is to "learn what lies beneath the surface of the pond in its inseparability from her own mind, as this may teach her about the larger mind of which she is a part – her boundless thought, her fluid body" (p. 212). Thus, Fraleigh is based more in the sensory and body experience itself, all in context of the areas outside of the body in which a person subjectively comes into contact.

Modernist dance criticism and analysis. Louis Horst (Horst & Russell, 1961) was a musician and composer who was integral to early modern dance. He was an accompanist for the Denishawn dance company until he and some dancers from the company, such as Martha Graham and Doris Humphrey, left to form their own companies. He stayed with Graham for many years, forming a personal and professional relationship with her, and he was professionally involved with Humphrey as well. Horst was a leading figure in defining the evolving form of modern dance.

Horst (Horst & Russell, 1961) did this through the dominant force in art at that time: modernism. He stated that modern dance was rejecting two forms of dance:

the dry technicalities of ballet, and the vague formlessness of the "interpretative" dance. . . . The pioneers in modern dance and their successors recaptured the relation that the primitive has to his body – an intimacy with the muscle tensions of daily movements which have been lost to modern men. . . . It is . . . an inner sensitivity to every one of the body's parts, to the power of its whole, and to the space in which it carves designs. The great quest was to find ways to attain this sensitivity, and manners in which to discipline it for communication. (p. 17)

He noted that the modern dancers of his time did not use elaborate musical accompaniment, costume, or décor. The dances were often solos with simple percussion or other sounds until, gradually, more elaborate theatricality was added.

Horst (Horst & Russell, 1961) recognized that these early modern dancers were developing a new dance form and that “each dancer must largely discover his means of communication for himself. To do this, all his seeing, hearing and thinking must be pointed according to that language” (p. 21). Horst noted that Wigman did not rely on forms traditionally used in dance, but that she sought content instead. Her dances were centered on expression that was individualistic. In keeping with the times, Graham’s dances moved to America’s “pulse”; “It is a characteristic time beat, a different speed, an accent, sharp, clear, staccato” (p. 17). Humphrey’s dances were more theatrical, but were not narrative, “tool[ing] space, dynamics and rhythm . . . mold[ing]” (p. 17) them into a structure. Although Horst advocated for individual authentic expression, he had clear concepts of what form should be in modern dance. Choreography was not an “inspirational experience [but was based on two things], a conception of a theme and the manipulation of that theme” (p. 23). This was done according to distinct rules of composition. He cited Langer’s work, noting that, “Nothing has an aesthetic existence without form [that is] deliberately planned and can be repeated” (p. 23). Instead of being kinesthetic, he felt that the order in dance was a visual one. Seemingly in contrast to his advocacy for primitivism in modern dance, Horst suggested mathematical conceptions of form from the Pre-Classic period (15th through 17th centuries), also using music written for court dances because they were brief and clear. He felt that dancers could easily understand form and “rhythms, tempos and moods” (p. 23), which could suggest a wide

variety of emotional possibilities and prescribe specific moods to these dances. Horst detailed choreographic forms that he felt appropriate to modern dance: ABA and its variations, rondo, archaic (which was based on Greek, Cretan, and Etruscan cultures), medievalism (based on Greek classicism and medieval Christian traditions), introspection and expressionism, cerebralism, jazz, Americana, and impressionism. However, all in all, in line with modernism, it was important to reflect the times and everyday movement of people, so that dancers

abstracted familiar everyday movement. The realistic gesture or posture is taken as a point of departure on which to construct a poetic metaphor. The movement then becomes a symbol and arouses emotion in the audience through recollection – an echo of emotion without the limitation and particular directions that the emotion had in experience. . . . [this response is from the] primitive, intuitive region where lies the whole man. (Horst & Russell, 1961, p. 18)

Harmony and beauty were important, so that dance “offers the special satisfaction that arises when concerted forces of the body and the mind and the intuition are all directed to one act” (p. 143).

Several of Horst’s (Horst & Russell, 1961) choreographic forms held ideas useful to dance/movement therapy. The ABA form had a clear beginning, middle, and end. A theme is stated (A) and then manipulated, changed, and developed. This is akin to a focus on phrasing in dance/movement therapy, as a movement phrase has a beginning, middle, and end. A completed phase has a clear end and reflects a resolution of emotional material. Horst’s emphasis was on strict choreographic form so as to make the work beautiful, harmonious, rational, and clear. Despite Horst’s recognition that modern dance had a jagged edge to it, the form needed to reflect his principles. This is often in contrast to dance/movement therapy, where pathology or difficulty working through an issue inherently makes it difficult to develop the theme or let it evolve and transform. In dance/

movement therapy sessions, the goal is not to return to the initial theme (return to A); instead, it is to bring about transformation and change. However, it is a goal of many dance therapists to expand patients' movement repertoires and facilitate harmonious movement. These potentially conflicting goals need to be examined in order to see how the aesthetic principles of modern dance do or do not apply to work with patients.

Furthering the above thought, Horst's (Horst & Russell, 1961) choreographic form of introspection and expressionism was influenced by Freud's ideas. This form was not intended to express prettiness; rather, the intention was to express the complex inner world of the emotions. It called for new definitions of beauty, the use of the contents of the unconscious, and design that was not harmonious. Horst's form of impressionism was what he thought was the most difficult in choreography. It dealt with fragmentation, movements that interrupted each other, and gestures that broke into each other or were unfinished. Directions were always varied, tempos frequently altered, and dynamics were abruptly changed. Horst (Horst & Russell, 1961) stated, "It arouses an intensity of attention by its very failure to complete, which is hauntingly affecting" (p. 138). These two forms of choreography are an obvious link to movement that is seen in working with individuals with mental illness or psychological turmoil, where the movement is fragmented, discontinuous, and reflective of body splits.

John Martin (Morris, 2006) was a dance critic and writer who helped to define and shape early modern dance. Martin was a dance critic for the *New York Times* and he wrote three influential books. He was a promoter of modern dance as high art. Martin's ideas were more in line with philosophical thinking than with dance composition. In accordance with modernist tradition, Martin believed that the aim of modern dance was

to communicate the expression of psychological meaning, and he “attempted to undermine rationalization through a corporeal intelligence. To this end [he] shared a faith in the dancing body’s ability to demonstrate freedom from systems” (Morris, 2006, p. 65).

Martin’s theory of dance was to “convince readers that all they had to do to enjoy dance was look at it without obstructing preconceptions [and] to convince them of the superiority of modern dance to other forms” (Morris, 2006, p. 65). Martin held the view that the goal of modern dance was to be authentic dance, which had a social purpose. Formalism was “the great destroyer, severing dance’s ties to society and driving artists to an art-for-art’s sake mentality that only reinforced art’s separation from its communal source” (Morris, 2006, p. 66). Art was connected to art *and* life. Martin thought dance was where human life resided, in the body. He saw a strong relationship between movement and psychological functioning, calling this “metakinesis . . . this correlation growing from the theory that the physical and psychical are merely two aspects of a single underlying reality” (as cited in Morris, 2006, p. 67).

A major influence on dance therapists is Rudolph Laban. Laban was a dancer, visual artist, architect, choreographer, and movement analyst. He was born in Bratislava, Austria-Hungary, in 1879. He gave up his family’s aspirations for a career in the military to become a visual artist. Although he studied with Hermann Obrist, Laban also wanted to learn art not from an academy perspective, but from the perspective of abstract art and modernity. Kandinsky and the Dadaists were of special interest to him. Moving later to Paris in 1900, he became steeped in experimental art of the time. While in Paris, he saw Isadora Duncan perform many times. In her dances, he saw the soul awakened in dance,

and, more importantly for his later work in movement analysis, he noticed an ordering principle of the flow of movement. In 1912, he decided to devote himself to movement and dance, supported by his studies of many movement practitioners of movement and dance, including Delsarte, Dalcroze, and *koperhultur* (the culture of the body) (Partsch-Bergsohn & Bergsohn, 2003). From all these influences, Laban

firmly believed in the connection between body and spirit. His conclusion was that the “inner attitude” of the dancer, a phrase he invented, described the dynamic changes in a dancer’s expressive movement. This distinguished the quality of dancing from that of simply moving. Dance need not be an expression of something else: it is by its own nature an entity unto itself. (Partsch-Bergsohn & Bergsohn, 2003, p. 6)

Laban was immersed in modernist concepts, one example being his involvement in the Monte Verità colony in Switzerland. This utopian commune was founded to explore nature, the arts, vegetarianism, and new ideas of sexuality. Psychoanalysis, artists, and intellectuals of the time contributed to the life of this community (ETH, 2006). The philosophy of Monte Verità was in response to the new technological and industrial developments of the modernist age, and it urged its inhabitants to abandon the new materialist society and instead dedicate themselves to art and nature. Laban was asked to direct the School of the Arts of Life, which was mostly centered on dance. Here, he developed his movement scales as a training method, movement choirs that used large numbers of dancers moving in small groups to form a whole, and improvisation, all as methods to explore movement systems and dance (Partsch-Bergsohn & Bergsohn, 2003).

Laban (1974) developed many concepts about dance and choreography. Laban’s development of choreography was called *kinetography*; however, he based his style of choreography on the meaning of the word itself: the designing or writing of circles. He was consistently interested in the study of all phenomena of circles existing in nature and

in life. Laban also developed the concept of *choreology*, which is the study of circles, to be a kind of grammar and syntax of the language of movement. This included the outer form of movement as well as the mental and emotional content. He believed that mind/body, motion/emotion, and form/content are one. *Choreutics* was the practical study of harmonized movement, which entailed “finding its real structure . . . through which movement becomes penetrable, meaningful and understandable” (p. viii). Laban (as cited in Wigman, 1983b) was interested in finding harmony in movement: “The organic combination of [the] spatial directions and their natural three-dimensional qualities led to a perfect harmony. The different movement not only flowed effortlessly from one to another, they seemed to be born of each other” (p. 303).

The aspect of his work that is most concretely relevant to dance/movement therapy and that, in fact, is a required area of study in dance/movement therapy training, is Laban’s system of *effort* (qualities of movement) and *space harmony* (spatial properties of movement and their affinities with efforts). It is an intricate system of movement analysis that can be understood as formalist in nature in that Laban (1974) had devised a way of looking at movement that focused on the elements of movement in their essences:

Form of objects, as well as the shapes assumed by living organisms, wax and wane uninterruptedly. Yet forms of objects and living beings, when in quietude may suggest a “standstill” in the unceasing stream of movement in which we exist and take part. . . . Forms are closely connected with movement. Each movement has its form, and forms are simultaneously created with and through movement. The illusion of standstills creates an artificial separation of space and movement. Seen from such a point of view, space seems to be a void in which objects stand and-occasionally-move. . . . Empty space does not exist. On the contrary, space is a superabundance of simultaneous movements. The illusion of empty space stems from the snapshot-like perception received by the mind. . . . Only when we let the pictures unroll does movement become visible. (p. 1)

He also noticed the way that movement phrases affected meaning: “A movement makes sense only if it progresses organically and this means that phases which follow each other in a natural succession must be chosen. Without a natural order within the sequence, movement becomes unreal and dream-like” (pp. 4-5). Further, movement phrases and qualities extended into the environment:

Space is a hidden feature of movement and movement is a visible aspect of space. . . . To look at movement, one must conceive a three-dimensional model. . . . Movement is living architecture – living is the sense of changing emplacements as well as changing cohesion. (p. 5)

Finally, harmony, beauty, and cohesion were an important part of Laban’s system:

“Equilibrium is not stability but two contrasting qualities of mobility” (p. 6).

Preston Dunlap (as cited in Reisel, 2005), in speaking of Laban’s system, noted that when looking at all aspects of movement in tandem, it is inevitable that movement take on a spiritual aspect. Laban was involved with the Rosicrucians and was on a personal quest for the nature of spirituality and for the spiritual nature of life. He translated his spirituality into the system he created for looking at movement and dance.

Early Modern Dancers

The pioneering modern dancers described below were interested in creating dance as an art form, as opposed to ballet and other forms of dance, seen from the backdrop of history through dance manias, so-called primitive dance rituals, and the questionable morality of dancers in vaudeville. The latter were considered loose and immoral (Franco, 2002). The early modern dancers became feminists, in essence establishing themselves as strong, independent women with values, ideas, and creativity that were uniquely their own. They established a model for female dancers to be equal to men in their creative endeavors as well as in their ability to create dance as a fine art. There were more women

choreographers than men, and, consequently, women dominated the field (Roseman, 2004).

Isadora Duncan. Isadora Duncan, along with Loie Fuller, Ruth St. Denis, and Maud Allen, established a new form of dance that was in rebellion against the dance forms that were in vogue in the early 1900s (Duncan, 1983). Isadora especially railed against ballet, stating the following:

The school of ballet today, vainly striving against the natural laws of gravitation or the natural will of the individual, and working in discord in its form with the form and movement of nature, produces a sterile movement which gives no birth to future movements, but dies as it is made. (p. 263)

Duncan instead looked to the movements of nature, especially the movement of the sea and its waves, the wind, spirals, and circles. Primitive man served as a template: “The movements of the savage, who lived in freedom in constant touch with Nature, were unrestricted, natural and beautiful” (p. 263).

The source of this harmonious movement came physically from the solar plexus but was generated by inspiration from an inner impulse: all of her gestures resembled some natural organic process of emerging, evolving, and growing. “Everything [was] harmonious . . . gestures always spread from the center like a flower unfolding its petals, the arms part from the body first gradually opening the hands and letting the fingers unroll” (Lowenthal, 1993, p. 11). The form of the movement in her dances was “flowing, undulating, giving rise inevitably to other movements. . . . But with its freedoms, its accordance with natural movement, there was always a design too – even in nature you find sure, even rigid design” (Roseman, 2004, p. 79). Duncan (1983) believed that movement should be naturally sequential, leading to more complexity: “The dance should have within them the seeds from which will evolve all other movements, each in turn to

give birth to others in unending sequence of still higher and greater expression, thoughts and ideas” (p. 263).

Duncan thought that her vision of the dance should be expanded from the stage to applications for the betterment of men and woman, especially children. She established several schools for children, as she believed that the natural form of movement she espoused led to the expression of emotion. Fundamental to her concept of a rational world was education that included the dance as an art as well as a language of movement to be studied and applied to the experience of daily life. One begins with the child, Duncan stated, “Let us first teach little children to breathe, to vibrate, to feel and to become one with the general harmony and movement. Let us first produce a beautiful human being” (as cited in Lowenthal, 1993, p. 35). Duncan’s view of primitivism as a model of modern dance, her reliance on natural and organic movement that is derived from an inner impulse, and her belief in the benefits of movement for everyone are all reflected in dance/movement therapy tenets today.

Ruth St. Denis. St. Denis originally studied the Delsarte system, which assigned movements to emotional and spiritual experience or stances. A system of oppositional, corresponding, parallel, and successive movements became the form through which emotional and psychological nuances were assigned to particular movements. In studying everyday movements through Delsarte and in turning away from what she saw as the dehumanization of ballet, St. Denis (as cited in Roseman, 2004) came to see that, “Our disintegration shows in our bodies as well as in our minds. What single act can polarize and focus the forces of life – physical, emotional and spiritual – like the dance?” (p. 98). This led to her conclusion that, “We should regard the dance fundamentally as a Life

experience, as the ultimate means of expression and as not something to be taken on from the outside – something to be painfully learned – or something to be imitated” (p. 10).

Based on her research into dance in the world’s cultures, she used ritual dances for her dance company, Denishawn, created with her husband Ted Shawn. Her dances drew concrete inspiration from dances, costumes, and rituals of cultures, some contemporary to their time (i.e., Indian) and some ancient (i.e., Egypt). Rituals were not important in and of themselves. They were used as a means of approaching transcendent experience so that the dancers and audience could be a part of something larger than themselves and so that they could be given the “opportunity to be lost in the dance – to lose their boundaries while totally immersed in sacred states. Early dance rituals provided form, a container made of human flesh” (Roseman, 2004, p. 9).

St. Denis wanted to create communities for the arts as the “final flower of civilized life” (as cited in Roseman, 2004, p. 104). She felt spiritual and harmonious dance to be healing as opposed to materialist culture and other inferior forms of dance, stating the following:

All children should be encouraged to value the divine rhythms, which pulsate through their radiant bodies. Every grown person should move with dignity and grace. I do not for one minute advocate swinging to the other extreme by making an idolatry and fetish of the body or of the dance. These are not things to worship in themselves or substitutes for the realization of ourselves as primary spiritual beings. What I do advance is that we should bring our entire being – physical as well as mental – in line with divine will. Then the realization of life in its stupendous vibrations of power and beauty may find a pliable, exquisitely tuned instrument through which to reveal itself instead of the dull, insensitive organism that we too often possess. (p. 104)

St. Denis’ recognition of the fragmentation of bodies and of mind/body splits led the way to noticing these same characteristics in psychiatric patients in dance/movement therapy clinical practice. The attention paid to diversity and manifestations of different

cultures are important issues in the treatment of a range of patient populations. The centrality of the transformative potential of movement and inherent spirituality in modern dance still echoes through dance/movement therapy assumptions.

Mary Wigman. Wigman's interest in dance began with her studies with Dalcroze, who devised a system to understand musical rhythms through movement. Dalcroze's codified movements proved to be too rigid for Wigman, so she sought out other instructors (Partsch-Bergsohn & Bergsohn, 2003). In Laban, Wigman (as cited in Partsch-Bergsohn & Bergsohn, 2003) found a kindred spirit, stating, "He was the moving spirit, who opened the gates to a world I had dreamt of" (p. 13). Laban focused on the movement on its own terms and thought music was extraneous to movement. Laban often used Wigman to help develop his system of movement analysis. In 1920, Wigman left Laban to develop her own solo career and school. Wigman did not refer to her way of teaching dance as a technique, but as "dance practice":

Flexibility of the physical body and mental processes carried equal importance. She also introduced an emotional quality to her movement and encouraged her students to find their own individuality – to be themselves, not to copy, but to feel the movement. Her [dance] culminated in group improvisation. Wigman's movements came directly out of her body's breathing. (p. 36)

Wigman's (1983a) philosophy of movement also began in primitivism: "Dancing has existed at all times, and among all people and races" (p. 291). Dance was based on the contacting and transforming of a range of emotions, producing vitality for the dancer. Wigman stated the following:

the man who begins to dance because of an inner urge does so because of a feeling of joyousness, or a spiritual ecstasy which transforms his normal steps into dance steps, although he may not be conscious of this change . . . the dance . . . presupposes a heightened, increased life response. Moreover, the heightened response does not always have to have a happy background. Sorrow, pain, even

horror and fear may also tend to release a welling-up of feeling, and therefore of the dancer's whole being. (p. 305)

In concert with other modernists, Wigman (1983a) felt her dance to be a response to the industrial revolution:

Do we not already speak of the technical age of the machine? And paradoxical as it may sound, between that which we designate as "technical," and that which we call "modern dance," there is a definite correlation which is not fortuitous. It should not be a matter of wonderment or confusion to say that our technical age engendered the dance-motivated human being. When we now consider that the primitive force or rhythm is behind the motor; that every machine breathes and symbolizes harnessed rhythmical force, and at the same time when we recall that the impetus of the dance is also rhythm, we then have a definite foundation, a common nexus between the seemingly opposed expressions of life and forms of art. (p. 306)

Modern dance was to be viewed and performed differently than previous forms of dance, namely the ballet. Needless to say, Wigman (1983a) saw modern dance as the antithesis to ballet. She felt that ballet had reached its pinnacle in development and that, in her time, it had lost its artistic content, because the ballet dancer was a technique, not a conveyer of emotional life. Modern dance was about emotion, for both the audience and choreographer:

The primary concern of the creative dancer should be that his audience not think of the dance objectively, or look at it from an aloof and intellectual point of view, – in other words, separate itself from the very life of the dancer's experiences; – the audience should allow the dance to affect it emotionally and without reserve. It should allow the rhythm, the music, the very movement of the dancer's body to stimulate the same feeling and emotional mood within itself, as this mood and emotional condition has stimulated the dancer. It is only then that the audience will feel a strong kinship with the dancer: and will live through the vital experiences behind the dance-creation. Shock, ecstasy, joy, melancholy, grief, gayety, the dance can express all of these emotions through movement. But the expression without the inner experience in the dance is valueless. (p. 306)

The rooting of dance in primitivism and the transformative power of dance resonate through dance/movement therapy. Wigman (1983a) also espoused the need for

dance to respond to the stresses of materialist culture and of urbanization. These issues led to the focus in dance/movement therapy on psychological adaptations to the stresses of intrapsychic life and the environment. Wigman's centrality of emotionality and inner experience in her dances led dance therapists to facilitate the same with their patients through dance.

Martha Graham. Graham's father was an "alienist," a surgeon specializing in treating people with disorders of the psyche, and he also made connections between movement and personality. He noticed that his daughter spent a lot of time watching people and reading his medical books. Graham stated that he "taught me to look at people's movements as a key to their personalities. He taught me that movement never lies. A man's movements reveal his inner core" (as cited in Roseman, 2004, p. 131). Graham saw a Denishawn performance and enrolled in classes after high school even though her parents and community thought dancing was sinful and sexual. She was a Denishawn dancer for many years until she left to form her own company.

Graham, like all of the modern dancers discussed above, was disturbed by ballet. She developed her own technique in which the center of the body was the pelvis and the torso, instead of the spine, as in ballet. The initiation of any movement was the breath, out of which developed the muscular activity of movement. She thought the dance was eternal and sought to express universal truths of expression. Any feeling could be a subject of a dance, beautiful or ugly, graceful or angular. Bentley (1952/1993), a dance critic of the time, stated the following:

In modern fashion, she brought back into art much of the unevenness of life; hence her syncopated rhythms and spasmodic moves. . . . Notoriously, she is the dancer of the Age of Anxiety. . . . Down to the cerebral nervousities to the primal energies, this is Martha Graham's journey. (p. 202)

Graham (1991) understood that dance and life were inextricably linked, stating the following:

I think the reason dance has held such an ageless magic for the world is that it has been the symbol of the performance of living . . . art is eternal, for it reveals the inner landscape, which is the soul of man. . . . Many times I hear the phrase “the dance of life.” It is an expression that touches me deeply, for the instrument through which the dance speaks is also the instrument by which all the primaries of life is lived – the human body. (pp. 3-4)

At the same time, Graham fostered her uniqueness as an individual:

Then comes the cultivation of the being from which whatever you have to say comes . . . out of a great curiosity . . . there is only one of you in the world, just one, and if that is not fulfilled then something has been lost. . . . It is through this that the legends of the soul’s journey are retold with all their tragedy and their bitterness and sweetness of living. . . . And there is grace. I mean the grace that results from faith . . . faith in life, in love, in people, in the act of dancing. (pp. 4-5)

Graham brought the study of the links between movement and personality to dance/movement therapy’s legacy, including the effects of the modern age on individuals attempting to cope with consequent anxieties. Graham also referred to the primitive soul of man and to the attendant spirituality. Graham fostered a sense of dance as being an individual, unique expression. All of these perspectives are tenets of dance/movement therapy theory and practice.

Dance/Movement Therapy Pioneers

Dance therapists refer to generations according to when they began their training or practice. First generation dance therapists are those who developed the field from their training in modern dance in isolation until they eventually came into contact with each other. Second generation dance therapists studied directly with first generation dance therapists in short-term courses that were offered in institutions, such as Turtle Bay in

Manhattan, and/or in direct clinical practice. Third generation dance therapists are those who studied with second generation dance therapists, usually within an apprenticeship model, before dance/movement therapy programs were established in educational institutions. While first and second generation dance/movement therapists are a small group in number, a selected few are described in the following section in order to demonstrate common as well as unique paths that were taken in creating the field. Also discussed, making the case that dance/movement therapy is a modernist endeavor, is the effect of modern dance's tenets on dance/movement therapy and on the dance/movement therapists who drew from their background in modern dance.

First generation dance therapists. Chaiklin (as cited in Levy, 2005) described the development of the first generation dance/movement therapy pioneers:

In order to trust the validity of [their] discoveries and theories, there was a strong need to discount or ignore others on similar paths. There may be several explanations for this, but it takes a great deal of strength and strong ego to tread where others have no understanding and offer little support....Likely each pioneer had a different attitude or self-doubt, but the need for totally believing in one's work was paramount to innovation. None of those mentioned made any real effort to communicate with each other. In looking at the work of these pioneers many years later, it is notable that each therapist had a different aspect of theory and technique to offer and none seemed to contradict any of the others. Each understood through her body the power of dance, having used it in varied ways. Because of their different life experiences, each found the psychological theorists they preferred or with who [sic] they were more familiar and therefore described their findings using different words or focused on different parts of the therapeutic process. (p. 152)

The first generation dance therapists clearly were modernists in their sense of the importance of the individual and of personal expression. For many years, each of these dance/movement therapy pioneers worked in isolation, not needing an audience. Their work was done with themselves as the primary authority until shortly before the formation of the American Dance Therapy Association in 1966, which some resisted

initially. The similarity of modernist dance principles to dance/movement therapy foresaw many foundations of dance/movement therapy as a fledging profession. Dance/movement therapy was posited on the idea that individuals seeking relief or resolution from troubling psychological struggles could do so from finding their own expression through dance and movement. Expression and content was the goal, not particular steps or techniques and certainly not expertise.

Marian Chace, one of the founding mothers of dance/movement therapy and a dancer with Denishawn, saw dance as communication and as a way to increase socialization. Trudi Schoop, another founding mother, used everyday movement, fine tuned from her career as a mime. She based her therapeutic technique on exaggerating and capitalizing on posture, gesture, and body attitude in order to make contact with patients and as a means of changing psychological patterns embedded in the body. Mary Whitehouse explored the inner impulse, authenticity, subjectivity, and the impact of the audience (witness) on the mover in dance/movement therapy. All dance therapists work from the belief that dance is a language of its own, that by looking at the everyday movement of patients, the dance therapist can learn their “language,” and that movement and dance can be a potent vehicle of emotions. The following is a look at several first generation dance therapists in conjunction with their dance training and history. This is offered as a way to begin to situate dance/movement therapy in modernism.

Marian Chace. Chace was a member of the Denishawn dance company for many years. She toured with the company and eventually opened a Denishawn school in Washington, DC. She noticed that some of her students were clearly not going to become modern dancers, but were receiving some other benefit. She began to conceptualize that

dance could be used to benefit individuals on a psychological level. One of her students was also in therapy with a psychiatrist from St. Elizabeth's' Hospital. After hearing about the benefits of Chace's teaching, this psychiatrist asked her to work in the back wards of the hospital. The patients had all been institutionalized for many years, and since this was before the use of psychotropic drugs, many of them were mute and unable to socialize in any way. Chace (1993a) noticed the following:

Everyone responds to rhythmic sound more actively than by merely hearing it. While one is listening, his body tends to feel a desire to move in rhythm to the sound. This rhythmic action in unison with others results in a feeling of well-being, relaxation and good fellowship. Even primitive man understood that a group of people moving together gained a feeling of more strength and security than any one individual can feel alone. (p. 196)

Chace (1993b) further described her groups in the hospital:

It is on the ward that one begins to understand why primitive tribes ascribe "magic" powers to rhythmic action in unison. As John Martin, dance critic of the *New York Times* says, "When we see a body undergoing muscular exertion we are naturally to feel it in our own musculatures. . . . This leads naturally to actually dancing in a ring with him, executing the same steps that he is executing." (p. 200)

This reference to primitive man's use of dance and the positive benefits of dancing in a community with others has remained a tenet of dance/movement therapy.

Chace (1993c) referred to her work in modern dance as it applied to work in dance/movement therapy:

The contemporary dance has consciously concerned itself with an attempt to understand the response of the body to inner emotions. It has also developed varying techniques to channel these movements into direct expression. The term "basic dance" has been coined to differentiate it from the artificial and elaborate forms of dance which depend upon physical *tours de force* as a means of entertainment, rather than communication. The acutely ill, regressed schizophrenic patient is largely cut off from the means of communication which are open to others in his environment. He makes use of his body action to convey his emotions. Stripped of usual repressions of our word-centered culture, he is able to use his body with extraordinary directness and clarity in dance forms

which are often closely parallel to those of the modern dancer, both groups make use of symbolization in body action. While the modern dancer uses them for communicating an idea to a participating audience, and the schizophrenic patient uses them for giving expression to autistic emotion, they both arrive at remarkably similar forms. (p. 236)

Chace saw the use of dance as communication and socialization in a way that was radically different from ballet, as it applied to her work with severely ill hospitalized patients.

Trudi Schoop. Schoop (1974) was a well-known Swiss pantomime who eventually settled in California. Because of her artistic sensitivity to others, she was asked to work with hospitalized psychiatric patients, and she consequently developed her distinctive way of conceptualizing and practicing dance/movement therapy. Her initial attitude was that of rebelling against ballet:

Ballet is not specifically designed to influence the dancer's mind. . . . The dancer can only express his individuality within the confines of these set configurations. It must have been necessary for Nijinsky to suppress his emotional conflicts in order to achieve his incredible technical skill. A life of training and performing must have allowed him precious little opportunity to show who he *really* was or what he was *really* feeling. Three *tours en l'air*, brilliantly executed, could never provide a release from his anxieties or a solution to his personal problems. . . . He had to deny "the human" in order to become "the dancer." (p. 153)

Schoop saw in ballet a restriction of the psyche that was not in tune with individual expression and psychological health: "[My dancers] aren't concerned with any preconceived dance combinations. They create their own forms to express their own feelings. Each individual makes his own uniquely personal statement – emotionally as well as motionally" (p. 154). Her way of using the individual's movement de-emphasized the lack of formal technique, thereby allowing expression as well as a sense of individuality and subjectivity to be paramount.

An important part of Schoop's (2000) theoretical framework was the concept of the *Ur experience*. *Ur* is a German word that was translated by Schoop as cosmic, universal, or transcendent. The *Ur* principle is "the eternal, ongoing process of cosmic order and harmony. It describes *energy*: the vital force which keeps the whole universal complex on the move" (p. 91). *Ur* also describes unlimited extensions of time and space, which are aligned with human primordial existence. At the same time, humans have to deal with their individual existence on earth:

He is born into a special human environment – time-limited, space-limited, energy-limited – with a particular pair of parents, and in association with a particular culture of race. Behind him (and before him) lies his evolutionary process on this planet. . . . Within the given set of circumstances, he grows and forms his individual biography. . . . And I don't have to tell you how difficult it is to be an individual! . . . somehow different from others . . . no other person can ever really know him, understand what his particular self feels like. I believe this sense of loneliness is common to us all. (p. 92)

Schoop was speaking from the perspective of modernism's focus on universals, primitivism, individualism, and the loss of community that comes from urbanization and the industrial age in which transcendence and transformation are needed. She also spoke to the change in the pace and quality of life brought in by mass culture and technology:

We've divided time neatly into centuries, years, months, weeks, days, hours, minutes, seconds. The creation of the coo-coo clock is an ironic salute to our sense of humor in the face of time-anxiety. It is a metric system to structure time in our way. . . . Maps and charts define the borders. (p. 92)

To address these forces of modern life, Schoop (2000) stated that dance is the answer. Initially, her dance/movement therapy practice emphasized mind and body splits, but she later came to see that there is a mind/body unity. She worked with hospitalized psychiatric patients' affective and physical splits in their bodies in order to work towards

a more holistic functioning. She saw two tasks for dance therapists: the expression of inhibited or denied feelings and the arranging of these feelings into artistic form.

Mary Whitehouse. Whitehouse studied intensively with Mary Wigman in Germany and was greatly influenced by Martha Graham. She also underwent a Jungian analysis, which led her to see added symbolism in dance. Eventually, she came to see that what she was working with was *movement*, as opposed to dance, the latter of which denoted a finished product to her. She called her work *movement-in-depth*.

One of the concepts she developed was kinesthetic awareness, which developed a sense of the body distinct from verbal knowing. She felt that this led to subjectivity, as one moved in particular ways, culminating in a personal identity for the mover.

Whitehouse is most known for her creation of Authentic Movement. The word *authentic* was originally coined by John Martin in response to watching Wigman perform (Levy, 2005). Authentic Movement is a form of movement practice that differentiates between *deciding to move* and *being moved*. The former reflects movement done in everyday life and social situations, and the latter is derived from an inner impulse to move. Inherent in this form is a witness who does not interpret, but who creates a safe space for the mover and who shares her personal sense of the movement. Whitehouse came from a modernist perspective in her formative years, extending principles of authenticity and subjectivity into dance/movement therapy thought and practice.

Second Generation Dance/Movement Therapists. As mentioned above, second generation dance/movement therapists furthered the work that the original dance/movement therapists had begun. Although tending to be loyal to their original teachers, they were also responsible for expanding the field in theoretical and practice-based

endeavors, forming a professional organization and starting more formal training opportunities. They led the way for the third generation of dance/movement therapists who are coming into the vanguard in the present time.

Elissa White. White called for dance/movement therapy to gain a place in the dance community and bemoaned the fact that the dance world did not know enough about dance/movement therapy. Her most influential dance teacher was Francis Allis, who had studied with Kurt Jooss and Laban. Allis' classes stressed the dance's ability to facilitate emotion. White noted that Chace's ability to use dance, especially her improvisational and choreographic skills, was the foundation of her dance/movement therapy theory and technique. Chace's sessions used dance so that verbalization was largely superfluous. She stated that in dance/movement therapy, "these dance elements are our uniqueness and vitality. If we lose them we lose our identity" (White, 1994, p. 10).

White was aware of the cultural aspects of dance as they influence dance/movement therapy. She suggested that dance/movement therapy is not recognized because it is a woman's profession and that this, in turn, reflects the position of women in society and in mental health. White called for a rediscovery of the tenets of modern dance due to the fear that dance was being submerged by psychotherapeutic theory. She emphasized the nonverbal nature of dance/movement therapy and cautioned against the use of verbalization if it detracted from the essential nature of dance. White also brought attention to gender and diversity issues, injecting postmodern thinking into the discussion.

Alma Hawkins. Hawkins studied modern dance with Hanya Holm (a student of Wigman) and Doris Humphrey at Bennington College. Her particular approach to dance/

movement therapy came from her studies in dance/movement therapy with Mary Whitehouse, her study of aesthetics with Langer and Arnheim, and her involvement in theories of creativity under the tutelage of Harold Rugg. She also studied neurobiological correlates of movement with Ornstein as well as Focusing with Gendlin, which added a way of working with bodily-felt experience in the humanistic tradition. Hawkins (Leventhal, 1984) believed the following:

There is an inherent talent and creativity residing within each individual, waiting only to be guided and untapped. She . . . dedicated her life to the art of dance with the belief that there is no swifter, truer way for an individual to reach his/her fullest growth potential. (p. 7)

As Hawkins was developing her approach towards dance/movement therapy, she wanted to work with “pure movement” (Leventhal, 1984, p. 8) (i.e., formal elements of dance, such as time, space, and energy, as opposed to dance technique). She did not rely on a psychotherapeutic perspective taken from verbal psychotherapy; rather, she looked to

the movement experience, how basic it is to our biological development and how movement is related to the creative response that the human being makes to life . . . change and growth take place as a person begins to see his situation in a different way, begins to get insight, sees new relationships, see self/environment in a new way. (p. 9)

Hawkins saw the use of dance in dance/movement therapy and in choreography as being the same process: contacting inner sensations and imagery, allowing that imagery to form through a creative process, and then externalizing the movement by creating a new experiential synthesis (Leventhal, 1984). Each individual will have his or her own way of accomplishing this. The therapist must facilitate this through empathy, creating a safe environment, and, if needed, through helping the patient to identify his or her

experience. The therapist's actions are in the aid of the patient finding his or her own deep authentic involvement in that process.

Hawkins (Leventhal, 1984) did notice a *developmental flow* to the creation of form in dance/movement therapy. The initial contact with authenticity is a *fragment* of short duration, and further,

as the individual grows in ability to maintain the inner oriented process, the movement happening is sustained over a period of time. Gradually there is a development in motifs and qualities. [The movement] progresses toward an "organic form." [The individual is able] to create movement patterns and forms that are more universal in nature. (pp. 11-12)

Hawkins focused on authentic individual expression and on the universal organic form of movement, which are important doctrines of modernism. She also stressed the development of formal properties of dance/movement and the use of pure movement that does not require the use of verbalization.

Ruthanna Boris. Boris, in contrast to other second generation dance therapists, came from a ballet background. However, she was part of Balanchine's company, which incorporated modernist elements into ballet. She also was concerned about what she perceived to be the lessening of dance in dance/movement therapy. She studied with Marian Chace and wondered how Chace would be affected by this trend:

I often wonder what Marian would feel, and what she might think about the current erosion of dancing in dance/movement therapy practice and the current investment of time and energy dance/movement therapists are making in the byways of the verbal mental health modalities. I expect she would feel much concern about it, to put it mildly. . . . I wonder how she would evaluate the loss of nonverbal communication between therapist and patient/client in the case of those who are verbally accessible? . . . I am not certain that she would agree with a process that appears to be changing dancing into talking. (Boris, 1992, p. 12)

To counteract such concerns, Boris stated, “It is not too late to reclaim our heritage in dancing . . . let us think together about moving dancing out of the shadow of neglect into the light of our full attention” (p. 12).

Boris (1992) felt that the advent of dance/movement therapy training in academic institutions was destructive to the field, as she believed that the dance is ignored in academia. She stated, “The danced expression and the verbalized expression are not, and can never be, the same thing” (p. 13). According to Boris, dance is primary for the following reasons:

Dancing taps into the fibre of our being, engages the entire nervous system, thus brings us into contact with our own 4th and 5th dimension, which are not of earth, but are of spirit. That is why dance is the original, the primary art – the first art that comes from within the person. . . . Marian Chace remains the primary *dance* therapist. The heritage we have received from her is the map of the way to wholeness of ourselves. There will always be those who do not wish, or cannot bear, to go there. Be that as it may, we are all people, not words about people; we all emanate from a personal inside. (p. 13)

Boris (1992) also spoke about the strength of taking dance/movement therapy to all people:

The first time I stood in the Chacian circle I understood that when people are moving and dancing in rhythm together it is actually an extension of what is happening inside each individual person. Isn't that the magic of dancing with others? Isn't that what primitive people experienced and why they keep on doing it? Isn't that what engulfing industrial, intellectualized attitudes dishonor, and call a “frill” on the edges of society? (p. 14)

She continued, addressing the range of dancing:

There *are* groups of dancing people all over the world; some dance on plains, on mountains, in valleys, in meeting halls, in granges, in city streets, in country lanes, in theatres, and in any place at all where there is space to gather. These are all probably healthier people than they would be if they did not dance often, long, and habitually. (p. 14)

Boris (1992) supported modernist ideas such as dance being created for the dancer alone and not for the audience, individualism, taking the arts to the masses, primitivism, and the effects of industrialism. In her view both of her teacher, Chace, and of the technique that Chace developed, she talked of the primacy of the individual, which makes the process of communication possible with others.

Sharon Chaiklin. Chaiklin studied modern dance with Bessie Schonberg and Ilise Schaumann, the latter of who studied with Wigman. She learned dance/movement therapy from Marian Chace through whom she received “a profound sense of the relationship of therapy to dance” (Lundberg, 1985, p. 8). Chaiklin was important in establishing the American Dance Therapy Association at a time when dance therapists were a small group working in isolation. This was done from an arts perspective. Although Chaiklin had integrated many disciplines in her work as a primarily Chacian therapist, she stated, “I feel we need to keep coming back to the most potent source we have, the dance. We don’t have to apologize for that. Each time I come back to the dance, I feel refreshed, strong, powerful” (as cited in Lundberg, 1985, p. 16). She saw the process of dancing and dance/movement therapy as being the same: “The process and how you do it is the same, you still have to find it within you, a place where you are going to begin to move from, where you are going to start moving and allow it” (as cited in Gallo, 2006, p. 54). Chace, like other second generation dance therapists, stressed the primacy of dance and the parallel process in dance and dance/movement therapy.

A connection has been created, linking dance aesthetics and dance studies to the modernist dancers. Pioneering dance/movement therapists were trained in this artistic tradition. It was inevitable that they would create a field that was rooted in modernism, as

they sought to address their artistic view to mental illness. Dance/movement therapy is now in the position in which the third generation has achieved prominence. By tracing successive generations of dance/movement therapists, questions and challenges that face the current generation can be put in context. From the knowledge and respect for what came before, existing tasks can be undertaken.

Infant Research

So far in the literature review, debates pertaining to creative arts therapy have been reviewed, with regard to both theoretical frameworks as well as the nature of art forms and their relationship to each other in practice. In addition, avenues for possible amplification of aesthetics and critical thinking as a way to extend the foundations of creative arts therapy have been offered. The following venture into infant research is one that is different from the ways in which creative arts therapists have typically looked for theoretical and technical understanding. Infant research is a burgeoning field that investigates nonverbal child development and communication from an empirical viewpoint. Since many creative arts therapists work from the assumption that early relationships and learning affect later functioning and relationships, the field of infant research adds another dimension to creative arts therapy's theoretical base. Practically speaking, in these times of evidence-based practice, creative arts therapists are being asked to provide this information for job creation, licensing, and credentialing. This section will briefly review literature containing information that adds significance to sensory development as well as to the subsequent sequencing of experience, concepts of self, and relationships.

As stated previously, early psychoanalytic theorists looking at self and other experiences tended to emphasize a sequential development of sensory capacities. Although there is some recent neurobiological evidence showing that sensory modalities have a developmental progression from smell and tactile senses to kinesthetic and movement, followed by visual abilities (Schore, 1994; Tierney & Nelson, 2009), most empirically derived studies from neurobiology and infant research points the way to simultaneous and overlapping ways of interaction between sensory capacities. This has an effect on the formation of different aspects of self and other.

It is now clear, contrary to traditional psychoanalytic theory, that infants are not blank slates; in fact, they organize information from the first days of life and perhaps prenatally. This information is used in ensuing development (Brooks & Meltzoff, 2005; Gergely & Watson, 1999; Meltzoff & Moore, 1983; Stern, 1985, 2002; Tierney & Nelson, 2009; Wright, 1991). Adult treatment can be guided by this knowledge (Beebe, Knoblauch, Rustin, & Sorter, 2005; Beebe & Lachman, 2002). This means that previously held views on the formation and working of dynamic internal structures can be reviewed. Neurobiology and memory research combined with infant research shows that nonverbal thinking is just as important and relevant as verbal thinking, and that, in fact, both operate in infants and children through adulthood (Bucci, 1997, 2002; Pally, 2000; D. Siegel, 1999). Tierney and Nelson (2009) stated that prenatal processes are determined by genetics, while in the postnatal period, experience becomes important. Brain research shows that “development is a hierarchical process of wiring the brain, in that higher level processes build on a foundation of lower level processes . . . language development depends critically on sensory and perceptual development” (p. 13).

Therefore, experience is an intersubjective process dependent on the active infant in relationship with the environment. This has relevance for the particular use of the nonverbal in creative arts therapy, since the arts specialize in nonverbal communication.

Stern (1985), applying such ideas to the development of the self, proposed four senses of core selves that are organized around different capacities of the developing infant and that rely on the use of different and developing sensory capacities. The first is the *emergent self* in which beginning consciousness is organized, specifically that of an embodied mind. This level of consciousness is “not self-reflective, it is not verbalized, and it lasts only during a present moment that corresponds to ‘now’” (p. xvii). Input from the body, most importantly from internal sensations, is paramount, including:

momentary states of arousal, activation, tonicity . . . the things the body does or must do to permit, support, amplify (etc.) the ongoing mental activity (perceiving, thinking, etc.) such as postures formed or held, movements (of the eyes, head, or body), displacements in space, and contractions and relaxations of muscular tone. (p. xvii)

This corresponds to Stern’s (1985) concept of the vitality affects, which are modulations of experience organized in clear temporal phrases. Next, Stern’s sense of a *core self* is organized around self-continuity. This sense of self is organized by synchrony and mirroring. The *subjective self*, which begins around 9 months, is when intersubjectivity and affect attunement are refined. From 9 to 12 months is when the infant discovers locomotion, the world of others, and the external environment in a more direct way. The infant’s use of kinesthetic motility is complemented by a delight in visual exploration. Stern’s final sense of self is the *verbal self*. These senses of self are not linear and do not disappear with age; all function concurrently, giving credence to the notion of simultaneous processing.

Stern's (1985) delineation of core senses of self uses elements that also describe the interaction of dance in conjunction with a visual sense. Stern's descriptions of progressive and simultaneous use of sensory functioning in the development of different core selves could easily be translated into elements of artistic form that are used by creative arts therapists. The emergent self is similar to that state from which movement or art arises, is not amenable to words, and relies on the kinesthetic and bodily movement. It is similar to the early psychoanalysts' concepts that art originates in the unconscious or preconscious, as well as to modernist dancers' or artists' belief that art should well up from individual and primitive expression. The core self relies on mirroring and synchrony, which is the one of the basic tenets of dance/movement therapy, as it helps to establish and affirm a sense of self in conjunction with the attunement of another. The subjective self occurs at a time when locomotion makes exploration into the world outside the primary caregivers possible, facilitated by the interaction of bodily-based and visual knowledge. This echoes philosophers' and art critics' forays into the interaction of dance and visual art, emphasizing the possibility of integrating aesthetics and more empirical findings. The verbal self entails self-reflection and critical thinking which can help to further the refinement of artistic work.

Work in the field of intersensory redundancy operates according to the thesis that the brain organizes each sensory modality separately and with great specificity, despite everyday human experience that contradicts this (Lewkowicz & Lickliter, 1994). Developmental psychologists have debated where in the brain and when in development this is accomplished, but they are now in agreement that intersensory correspondence (i.e., the ability to transfer information from one sensory modality to another) is available

to the infant in the first few hours of life. In addition, research indicates that modalities are located and bound together at multiples sites in the central nervous system and are influenced by lower and higher origination in the brain. Therefore, each modality depends on other modalities (i.e., vision uses auditory and somatic experience as well as visual).

Crossmodal correspondences are conceived of as *amodal* and *intermodal* (Lewkowicz & Lickliter, 1994). Amodal correspondences share a range of sensory experience within a common property, such as degrees of intensity from brightness to loudness, and are not specific to one sense modality. Therefore, amodal correspondences are conveyed redundantly across multiple sensory modalities (Flom & Bahrick, 2007). Infants are hardwired to receive information in one sensory form and, from the first days of life, they can translate it into another sensory modality (Stern, 1985). Intermodal correspondences are composed of multimodal perceptions that are innate or learned (Lewkowicz & Lickliter, 1994). The latter can be further broken down into bimodal (two sensory modalities) and unimodal (one sensory modality). Initially, amodal perception is dominant in infants, followed by their ability to discriminate bimodal and then unimodal perception. At 4 months, infants are only able to discriminate bimodal perception (audiovisual); at 5 to 7 months they can discriminate both bimodal and unimodal. Within the latter time period, the infant is able to discriminate unimodal only in auditory at 5 months and in both auditory and visual at 7 months, such that there is a sequence to the use of sensory capacities within unimodal perception (Flom & Bahrick, 2007). Overall, there is a progression from the ability to understand the world through multiple modalities, followed by the increased facility to use two and then one sensory modality.

These competencies are all linked to the ability to discriminate affect. In fact, infant and mother pairs have been shown to use modalities differently. For instance, the use of gaze, touch, vocal quality, and facial movement vary, depending on the mother's depression (Beebe, Jaffee, Buck, Chen, Cohen, & Blatt et al., 2007; Beebe, Jaffee, Buck, Chen, Cohen, Feldstein, & Andrews, 2008). Beebe, Jaffee, Markese et al. (2007) found that combinations of direction of visual gaze, face, and vocal affect (defined as the movement of the face and visuality), infant touch, maternal touch, and spatial orientation (defined as movement towards or away from the mother) were shown to make distinct contributions to different attachment styles. Due to the tracking of different modalities,

this proposition becomes far more specified . . . emphasizing the analysis of separate communication modalities. To understand the role of emotion in the origins of insecure attachment, all modality systems are essential, because each modality provides a different analysis and memory of the world. . . . Emotion is simultaneously one of the separate systems among many, and at the same time, may modulate the other modality systems, potentially increasing memory for emotionally intense events. (p. 136)

This study also shows that *intermodal discrepancies or conflict* within various sensory modalities is an important element in negotiating different affective states and in establishing distinct relationships. These studies point the way for creative arts therapists to pay attention to and make therapeutic decisions as to the use of art forms. When modalities are in conflict, relationships will be affected negatively. Choice of modalities, singly or in combination, is shown to be important. Subtle variations in nonverbal interactions, shown in slow motion film through which these studies were done, clearly show the connections and disruptions of the flow of relationship. Beebe and her co-researchers' empirical studies are unmistakably helpful to treatment in creative arts therapy, as they contend with and make visible the nonverbal underpinnings of early

relationships between infants and caregivers. This information corresponds to the use of artistic forms in treatment of clients at any age.

Summary

The literature review has focused on what creative arts therapists have formulated as well as on how they practice historically and to date. Areas of past and current interest to creative arts therapy were addressed, such as commonalities and differences as well as developmental, differential, and integrative approaches to art forms. This was punctuated by an exploration of expressive arts therapy theory as a means to examine intermodality, so as to contribute to an understanding of how the combination of art and dance/movement therapy can be delineated. The contribution of other related disciplines that had specific relevance to this study was explored. Special attention was paid to aesthetics, from the fields of creative arts therapy, philosophy, and modernism. Dance was emphasized in order both to fill a gap in the literature at large and to introduce a foundation for dance/movement therapy that can be used in the future. Empirical knowledge in infant research was noted in order to reinforce and broaden knowledge from the examined fields. The next chapter will outline the design of the research study and will discuss it, including the rationale for using a combination of heuristic and arts-based inquiry.

Chapter III

Research Methods

Introduction

E. V. Siegel (1984) and Johnson (1984) concurrently asked questions about the future of creative arts therapy and offered challenges to their respective fields. In large part, their queries and calls to arms are even louder today. The validity of the field of creative arts therapy, which often affects employment and the scope of practice, is increasingly being sought based on quantitative and evidenced-based research. However, it is not clear, as was outlined in Chapter II, that there is a consensus among creative arts therapists themselves about what the focus and foundation of the field should be.

Siegel (1984), an early dance/movement therapist, described an important dilemma, which is easily applicable and transferable to all forms of creative arts therapy.

It is quoted at length in order to illustrate the directness and poetry of her words:

Dance-Movement Therapy . . . stands in the professional world among therapies as a very young, healthy adult, ready to conquer with skill, enthusiasm, and strength many areas that other therapies have eschewed. It is not uncommon today to find dance-movement therapists in mental hospitals, clinics, and special schools who can enter the universe of this autistic child and that schizophrenic adult with compassion and insight. But, after the conquest has been made, what happens? Is there a predictable course of treatment events? What is it that the dance-movement therapist contributes beyond the immediate event of making contact? There are those who argue that it is enough in itself to facilitate body contact with the touch-me-not aspects of the autistic client, or to loosen the rigidity of catatonia in a circle dance. No doubt this is true on some level. But all too often the touch-me-not child returns to his or her environment still untouchable by any but the dance-movement therapist and the catatonic resumes a retreat behind the incontrovertible walls just as often when a particular “dance lady” is not available.

Does dance-movement therapy, then, commit the same folly as many a brilliant young adult in the first glow of autonomy? Does it promise what it cannot deliver? Or is there some health-giving magic in—what? The process of creating a dance? In the fact that the client and therapist engage in the same process at once? In moving itself? One could speculate in this vein forever and

come up with part answers that fit individual situations. What is needed instead is a coherent structure that allows for the formulation of predictions in treatment that can be validated by the client's subsequent behavior. (p. 1)

Johnson (1984) pointed out that in order to guide practice, creative arts therapy primarily relied on theories from other forms of psychotherapy. He was troubled that if creative arts therapists used these theories, it would not help form theoretical foundations that could define the depth and breadth needed. Conversely, he asked what has been communicated about the uniqueness of creative arts therapy to other professions engaged in psychotherapy at large. He stated, "Unless we are capable of answering these questions, we can be considered no more than an extension of the great tide of psychotherapy into yet another area of experience" (p. 210). Johnson's hope was that if creative arts therapy could establish its own substantive foundation, "contributions of this kind emanating from our field will ensure a significant role for the creative arts therapies in the healthcare professions" (p. 211). In accompaniment for such a scenario, he called for the development of different roles other than that of clinician within creative arts therapy. Johnson, also quoted at length here in order to capture the passion and poetry of his argument, stated:

We need to embrace a definition of a creative arts therapist that can be an administrator, researcher, lobbyist, or scholar, and still be a creative arts therapist. Otherwise, we will maintain ourselves in a dependent position vis-à-vis these other functions, which are currently held by other professions. Perhaps we cling a bit too much to the view that we are the empathic, nurturing, and creative clinician, who is misunderstood, put down, and controlled by the cold, distant, and rigid psychiatric administrator or researcher. Students in other fields are told that they have a number of equally legitimate options for their career: research, clinical work, administration. Students in our field need to have these options, too, and to be encouraged to take them if they are interested. We need to legitimize the full range of roles: clinicians, teachers, researchers, inspirationalists, theoreticians, fund-raisers, and administrators; and create a diversified professional community characterized by mutual respect and unified purpose. (p. 212)

In determining the base and scope of creative arts therapy, an increased focus on aesthetics, sensory systems, and infant development can broaden nonverbal and artistic foundations within creative arts therapy, which can lead to several possibilities for answering Siegel's and Johnson's questions. Early theorists in psychoanalysis who examined self and other experiences tended to emphasize a sequential development of sensory capacities linked to different functional capacities. Recent, more empirically derived research from infant research points in the direction of simultaneous and ever-overlapping aspects of interaction between self and other as well as towards a progression of the number of modalities used. With the assumption that art forms are developed from sensory attributes, it is not clear if the use of different art forms follows a clear progression or whether the combination (i.e., crossmodality) is more dominant. As discussed in the previous chapter, infant research has also shown that infants develop sensory capacities that lead to interpersonal abilities in a sequence, from the use of many modalities to the increased ability to differentiate the specific use of one modality. Earlier generalist ways of knowing are replaced with precise and detailed knowing via one modality. Expressive arts therapy is a multimodal, generalist way of using the arts in therapy that specializes in the transitioned use of one artistic form to another. Forms of creative arts therapy are the detailed and exclusive use of one art form. It is an interesting to contemplate the possibility that these tendencies apply to an underlying difference between creative arts therapy and expressive arts therapy.

This has led me to wonder about different avenues. What sense can be made of the contrast and contradictions between empirical and experiential formulations? Can the use and timing of developmental sequences contribute to the understanding of the

differential use of artistic modalities in creative arts therapy, as determined by the connection between psychological and developmental issues on sensory, aesthetic, and content levels? Are there prototypical developmental issues related to art and dance/movement therapy? Is there a developmental sequence to bodily-felt dance/movement and visual art experience? What relevance does the combination of art forms have in creative arts therapy and what combinations are most effective as per clinical issues? Are there parallels and/or connections between the use of expressive arts therapy and the use of creative arts therapy, as shown by early development of sensory capacities and, hence, nonverbal ways of knowing the world?

The larger and overarching question is how these theoretical formulations, influenced by empirical evidence, can be applied directly and advantageously to form a theory and practice of creative arts therapy. However, the initial research has not been done in order to answer this question, which would gather information about the range of what creative arts therapists do in practice. The gap in knowledge is that which gathers therapists' view of their treatment practices, considering varying theoretical formulations and uses of specific art forms. Interdisciplinary aspects of creative arts therapy can be explored with the assistance of expressive arts therapists' knowledge, since they often focus on the use of the arts in tandem. It follows that helpful information can be gained from examining creative arts therapists' and expressive arts therapists' choices of art forms and subsequent clinical process.

Research Question

How do therapists make choices about the use of art forms and techniques in creative arts therapy and expressive arts therapy?

Research Methodology

As stated above, I am interested in discovering how creative arts therapists work in their practices, theoretically and concretely. I am also interested in knowing more about the scope of knowledge and practice in the larger field of creative arts therapy at the present time, which will lead to the delineation of larger themes as well as to specificity about what modalities are associated with specific kinds of experiences. For this piece of research, I studied phenomena and contextual meanings developed by art therapists, dance/movement therapists, and expressive art therapists. I have chosen a qualitative methodology, as I am interested in conducting a naturalistic study rather than in proving or disproving a hypothesis. I have chosen to use heuristic methodology in combination with arts-based methodology as methods within this qualitative inquiry, both of which are especially suited to creative arts therapy. These types of research are designed to answer questions from direct, lived experience; one based on self-dialogue in conjunction with co-researchers and the other based on the aesthetic. The following description of qualitative research supports my choice, specifically related to the arts. A justification and subsequent description of qualitative research is viewed from aesthetic perspectives as well as through therapeutic lenses.

Description and Definitions of Qualitative Research

Pidgeon and Henwood (1997) traced three historical roots of qualitative research according to approaches to epistemology. The first is positivism, which assumes that scientific knowledge is a direct reflection of objects in an empirical world. The second epistemology is the consideration of social biases, such as, “a whole host of individual and social biases [that are] likely to deflect the process of knowledge generation,

producing alternative (incorrect) representations of the object of study” (p. 247). The final epistemology is constructivism, which examines how knowledge defines or constructs the ways in which objects are represented, meaning that they cannot be known directly. A development under the umbrella of constructivism is relativism, which takes the position that there is no true or better representation, as all are relative to one another.

The latter two epistemologies led to the formation of qualitative research methods in psychology. According to Pidgeon and Henwood (1997), Dilthey, writing in 19th century Germany, supported the position that the physical and human sciences should be studied in different ways. This was due to his concern that experimental psychology treated the human sciences from a reductionist appraisal of human consciousness. Allport, in 1962, put forth the perspective that the uniqueness of individuals should be studied alongside information gained from linear personality dimensions. Harre and Secord, in 1972, argued that behavioral sequences do not allow for the richness in everyday action. Reason and Rowan, in 1981, advocated for the examination of the flow of experience, which is especially relevant to the field of creative arts therapy (Pidgeon & Henwood, 1997).

Denzin and Lincoln (2003) stated that the emerging field of qualitative research is difficult to define for the following reasons:

[It has] no theory or paradigm that is distinctly its own. . . . Nor does [it] have a distinct set of methods or practices that are entirely its own. . . . Each [method of qualitative research] bears the traces of its own disciplinary history [so that] these separate and multiple uses and meaning of the methods of qualitative research make it difficult for researchers to agree on any essential definition of the field, for it is never just one thing. (pp. 9-11)

That being said, Denzin and Lincoln offered a definition of qualitative research:

Qualitative research is a situated activity that locates the observed in the world. It consists of a set of interpretive, material practices that make the world visible. These practices transform the world [and] each practice makes the world visible in a different way. (pp. 4-5)

Qualitative research involves an interpretive, naturalistic approach. This means that qualitative researchers study things in their natural settings, attempting to make sense of or to interpret phenomena in terms of meanings that people bring to them. According to Denzin and Lincoln, qualitative researchers emphasize the socially constructed nature of reality, the relationship established between the researcher and the individuals studied, and the context of the study. Denzin and Lincoln further stated that this can be done using a variety of methods, including field notes, interviews, conversations, photographs, recordings, and memos to the self. This attempt to incorporate multiple methods serves as an “alternative to validation [that adds] rigor, breadth, complexity, richness, and depth to any inquiry” (p. 8).

However, it must be noted that all qualitative methods seem to have consistency or similarities in their methodologies, such as using words and phrases for data analysis and letting the data guide the analysis. Otherwise, the research would be an opinion or personal reflection. Subjectivity, the hallmark of qualitative research, has to also be grounded in a systematic, rigorous method of analysis.

Especially pertaining to the field of creative arts therapy, Denzin and Lincoln (2007) explained and grounded qualitative methods and the quest for validity via an aesthetic process and metaphor, in particular, a montage. A montage is a cinematic way of editing that forms something new from various parts, creating a new gestalt. This process allows the assembled factors to be seen and experienced simultaneously, “into a meaningful whole, as if in a glance, all at once” (p. 6). Denzin and Lincoln also used the

metaphors of a quilt maker and a jazz improviser, again reflecting an integrative artistic process. They stated the following:

Multiple perspectives materialize, which can function as triangulation, in order to work towards validation. Each of the metaphors “works” to create simultaneity rather than the sequential or linear. Readers and audiences are then invited to explore competing visions of the context, to become immersed in and merge with new realities to comprehend. (p. 8)

Richardson and St. Pierre (2008) disagreed that the basic artistic form of a triangle is an apt one. Richardson suggested that the form and metaphor of a *crystal* is more accurate, especially to bring postmodernism into the discussion. In her methodology, she stated the following:

We do not triangulate, we crystallize. . . . I propose that central imaginary for “validity” for postmodern texts is not the triangle—a rigid, fixed, two-dimensional object. Rather the central imaginary is the crystal which combines symmetry and substance with an infinite variety of shapes, substances, transmutations, multidimensions, and angles of approach. Crystals grow, change, and are altered. . . . Crystals are prisms that reflect externalities and refract within themselves, creating different colors, patterns, and arrays, casting off in different directions. What we see depends on our angle of repose. . . . [This way of working in qualitative research] without losing structure, deconstructs the traditional idea of “validity”; we feel how there is no single truth, and we see how texts validate themselves. Crystallization provides us with a deepened, complex, and thoroughly partial understanding of the topic. Paradoxically, we know more and doubt what we know. Ingeniously, we know there is always more to know. (pp. 478-479)

Denzin and Lincoln (2003) outlined five ways that qualitative and quantitative research differs. The first is that quantitative research derives from a positivist tradition, assuming that there is a reality or truth to be studied and verified based on cause and effect. Qualitative research, as discussed above, is based on postpositivist assumptions that truth is gained from many perspectives and can only be seen in context. Other differences are qualitative researchers’ acceptance of postmodern assumptions and methods, their belief that qualitative research can get closer to an individual’s experience

and perspective, and their confidence that they can examine the constraints of everyday life, including the value they place on rich (i.e., thick) description. Richardson and St. Pierre (2008) used poststructuralism to guide qualitative research, since it stresses multiple viewpoints and professes to examine particular phenomenon in a particular context. In their article, Richardson and St. Pierre stated, “There is no such thing as ‘getting it right’, only ‘getting it’ differently contoured and nuanced” (p. 478). This type of research does not attempt to address all that surrounds a study, but only that which comes from a particular and personal set of information. The result aims to communicate in a more engrossing and communicable style as well as a way of writing by way of favoring both process *and* product. Towards that end, one of the criteria Richardson and St. Pierre used to evaluate work is *aesthetic merit*, as defined by an invitation for interpretive responses and a text that is “artistically shaped, satisfying, complex” (p. 480) and engrossing. The criteria Richardson and St. Pierre set provide two channels of communication: science and creative arts, to form a *social science art form*.

As a cautionary tale, Silverman (2004), himself a qualitative researcher, highlighted elements that need clarification in qualitative research. He felt that the consideration given to lived experience, perspectives, and points of view need to be examined in more detail. He questioned whether researchers *themselves* unduly define the subjects’ experience. This obviously has parallels to therapeutic practice and, in fact, he stated the following:

Put at its starkest, must qualitative research privilege “experience” and “feelings” when in so doing, it is responding to the same imperatives as a soap opera or a therapy session? . . . There is of course, an obvious response to my rhetorical question, not necessarily. (p. 345)

Silverman (2004) was not considering research *as* therapy, but he was challenging Western values of expression per se and the results that inevitably mirror these assumptions. Silverman's answer to this dilemma was to be aware of the "romantic auspices of some interview studies" (p. 360) that do not focus on observation of behavior. In using interviews, focus groups, and diaries as data, he warned against "the assumption of a stable reality or context . . . to which people respond [and] the gap between beliefs and action, and between what people say and what they do" (pp. 360-361). Silverman appears to be reminding qualitative researchers to analyze data with its uniqueness always in mind despite the similarities with other qualitative methods on a larger level, so that the data speaks its own message and does not get lost in the researcher's interpretation and prejudices.

Combination of Heuristic and Arts-Based Inquiry

I have chosen a combination of heuristic and arts-based methodologies with which to complete my research. Heuristic research focuses and enlivens lived experience. In my case, it will be used to reflect the experiences of the co-researchers and mine with regard to decisions that creative arts and expressive arts therapists make, including the choices related to art forms. In creative arts therapy, choice is partially based on theory and clinical knowledge. However, because that choice is fundamentally grounded in the use of art forms, creativity, and improvisation, arts-based research also has to be utilized. If heuristics is the sole methodology used, the researcher runs the danger of concentrating on the verbal aspects of therapy, even though heuristics leaves ample room to use the arts in several stages of the heuristic process. Concentrating on knowledge originating in the intellect and verbal knowledge might overshadow the type of communication and

knowledge that is situated in metaphor and feeling that the arts can bring. Conversely, with the exclusive use of arts-based research, one can also run the risk of not communicating the results of the research from the intellect (Blumenfeld-Jones, 2002). By combining them, a balance is achieved, alongside the richness that results from combining verbal and nonverbal information. This is a process that is reflective of creative arts therapy.

McNiff (1998) and Hervey (2000, 2004) have noted many similarities between arts-based and heuristic research, both by implication and through direct observation, which give good reason for combining these methods. In particular, McNiff has spoken of the similarities between working with the artistic process and the heuristic process. The transitions between heuristic phases mirror the unexpected, unpredictable, and uncertain moments of artistic transformation. Both methods are dedicated to working with data in a direct way, with the intention of the direct communication of the data. In arts-based research, the data are specifically the art and images; however, in heuristic research, there is room for using the arts in all phases. In contrast to heuristic research, McNiff has cautioned against researchers focusing on themselves and their own subjective experience. Instead, he has stated that the primary center of attention should be on art-making and subsequent imagery.

Heuristic Methodology

Echoing the nature of qualitative research described above, heuristic inquiry seeks to capture, recreate, and describe the experiences of individuals (Moustakas, 1990); in particular, it seeks knowledge that is “at the heart and depth of a person’s experience” (p. 38). Many modes of awareness and levels of consciousness are used to gain this

knowledge, including perceptions, senses, tacit knowledge, self-dialogue, intuition, indwelling, focusing, and an internal frame of reference. However, the impetus for the evolution of this quest is from the researcher's exploration of his or her own internal questions, dialogues, and eventual processes of discovery. This is a personal journey that is sought by the researcher's rigorous and systematic investigation in conjunction with the participants chosen to contribute to the journey. Moustakas (1990) described this in vivid terms:

Essentially in the heuristic process, I am creating a story that portrays the qualities, meanings, and essences of universally unique experiences. Through an unwavering and steady inward gaze and inner freedom to explore and accept *what is*, I am reaching into deeper and deeper regions of a human problem or experience and coming to know and understand its underlying dynamics and constituents more and more fully. The initial "data" is within me; the challenge is to discover and explicate its nature. In the process, I am not only lifting out the essential meanings of an experience, but I am actually awakening and transforming my own self. (p. 13)

Douglass and Moustakas (1985) considered this method to be guided by the researcher's passion for the subject. The researcher chooses this methodology, because the researcher's question revolves around a personal involvement. Its underpinnings are also congruent with human science, though in a very particular way. They chose a metaphor that echoes the artistic process to explain it:

Just as the artist must control the use of color and shading in painting a sunset, so must the heuristic inquirer discipline the quest for knowledge, in precise and exact terms. When to probe deeper, when to shift the focus, when to pause to examine inmost layers of meaning, when to reflect, when to describe—all are considerations of timing and attunement that demand a disciplined sensitivity if the nature and essence of an experience is to be revealed. (p. 41)

The researcher is encouraged to ground the investigation in his or her own process, all the while encountering and noticing along the way. Methods and procedures may change as the study unfolds, all in the service of where this path of self-discovery leads the

researcher. Validity is assumed when the data is saturated (i.e., repeated meanings gained from experience are found from creating stories, dreams, and images, and co-researchers agree that their words and expressions have been caught by the researcher). This process, paralleling the creative and artistic process, is accomplished through distinct phases.

Phases of heuristic research. Six phases are used to conduct the heuristic process (Moustakas, 1990). The *initial engagement* emerges from a powerful appeal to the researcher's interest. The researcher's history, self, and personal relationships are significantly involved. Eventually, a question is shaped and produced. *Immersion* occurs when the researcher "lives the question in waking, sleeping, and even dream states. Everything in his or her life becomes crystallized around the question" (p. 28). The researcher seeks out anything that will help him or her increase knowledge and experience, including people, readings, professional venues, or nature. *Incubation* occurs when the researcher steps back from active involvement in the immersion phase and involves him or herself in other areas or rest. *Tacit knowing* or intuition is working out of conscious awareness just as actively and productively as in the other phases. *Illumination* surfaces from the previous phase on a conscious level, with the effect of correcting distortions and accumulating new meanings in order to create connections and themes not seen before. This process cannot be forced but happens organically, in conjunction with reflection. In *explication*, the researcher adds considerable detail, providing broad and thorough understanding, which signifies that a complete description can be made.

Arts-Based Inquiry

There are many terms that refer to research using the arts as a significant and fundamental tool, including: *arts-based research* (McNiff, 1998), *arts-informed inquiry*

(Knowles & Thomas, 2002), *arts-based inquiry* (Finley, 2008; Mullen & Diamond, 2002), and *artistic inquiry* (Diaz, 2002; Hervey, 2000, 2004). For the purpose of this dissertation, arts-based inquiry will be used, as it appears to be the term that is used most frequently in referring to conceptions of using the arts in research. Arts-based inquiry is also allied with postmodern thinking, which is associated with current conceptions about research in general. The injection of postmodern views is reflected in Richardson and St. Pierre's (2008) discussion about multiple perspectives afforded by the use of aesthetic metaphors of the crystal, as discussed above, and in Richardson's (1997) applications of situated subjectivity using *writing as a way of knowing*.

Arts-based inquiry can involve any art form, can be used in a variety of places and contexts, or can focus on a particular way of communicating information, such as performance, improvisation, role-playing, *body narratives* (Snowber, 2002), and *ethnodramas* (Mienczakowski, Smith, & Morgan, 2002). It can derive from educational sources (Diaz, 2002; Mullen & Diamond, 2002; Snowber, 2002), ethnography (Diaz, 2002; Mienczakowski et al., 2002; Richardson & St. Pierre, 2008), or as an attempt to bridge art and science (Diaz, 2002).

Arts-based inquiry can be used in the service of postmodern political activism. This is an attempt to provide a viable way of presenting understandings gained without exploitation of the subject, creating distance, or reducing hierarchy between the researcher and those in the community. Mullen and Diamond (2002) considered arts-based inquiry as postmodern, "individual stories of coming to 'a-wake(n)' from the trance induced by transmissive forms of empirical research to the wide-awakeness of arts-based inquiry" (p. 138). Finley (2008) stated that social science research is always

moral and political, but this characteristic can be addressed by capitalizing on skills that are especially facilitated by the arts. Richardson's (1997) interest in using writing as a form of research is meant to make democracy a greater force in the lives of individuals and their communities by tackling racial, indigenous, queer, feminist, and border studies. This results in multiple discourses and a narrative turn in sociology. Diaz's (2002) description of postmodern artistic inquiry is one in which

meaning is constituted discursively in the intersection of self/subjectivity and the social relations of society. Meaning is temporally located, and always being contested, negotiated and transformed, while appearing to be the same. The different discursive fields of art and research employ different ways of making meaning of the world, of constructing reality. [Researchers] are negotiators of meaning and translators of experience. (p. 148)

As will be made clear from the research design of this study, described later, this emphasis on self and subjectivity, the temporal meaning of things, and negotiation and meaning-making between researcher and co-researcher particularly suits my research, which is based on a combination of heuristic research and research using the arts.

The banner of arts-based research is that it can both investigate and communicate in nonverbal ways, often contributing to ways of knowing by adding to verbal understanding. As an example, Bagley and Cancienne (2002) felt that their use of performance, including speech and movement, helped to represent all facets of their data. One audience member noted that inclusion of *voices* of the participants (i.e., actual parts of transcripts) "made the content of the data presentable and discernable to the audience in a way that could not have been achieved by a more bounded representational form" (p. 17). The use of concurrent clear body movement facilitated a related understanding of an array of emotions. Another audience member noted how the timing of the content of the words juxtaposed with the aesthetics of the flow of the words shaped his understanding.

The authors felt that empathy within the audience was increased with the use of both nonverbal and verbal modes. The feedback from the audience clearly showed the strengths and differences between nonverbal and verbal conveyance of knowledge.

McNiff (1998), an art therapist, developed his ideas about arts-based research from his belief that creative arts therapists should use the arts in all aspects of their work, including knowledge of the therapist's self, theory, and practice. A "trust in the intelligence of the creative process and a desire for relationships with the images that emerge from it" (p. 37) is the foundation. Since this is distinct from verbal psychotherapy, creative arts therapy is not seen as adjunctive, but as having something to offer all other types of therapy. Consequently, McNiff stressed the following:

[Arts-based research provides] a restoration of the place of creative enchantment within our lives. Our research activities can document the non-linear and precarious ways of creative transformation. There are ways of investigating the "magic" of creation within the scholarly tradition of aesthetics which speaks of a process being "seized" by a sublime experience, an insight, or a turning point in expression. Art-based research offers us the chance to work with all of our expressive and cognitive faculties. (pp. 43-44)

Arts-based research is still systematic and rigorous, but it is conceived with the elements above, not with traditional scientific and positivist methods. The arts can be used in all aspects of research design, including methodology, data collection, and analysis. The "structural elements of [all] aesthetic expressions" (McNiff, 1998, p. 97) are central, because "all [art forms] will generate information about the total complex of an experience that will never be contained by one frame of reference or one way communication" (p. 125). Art objects, imagery, aesthetics, and the creative process are all fundamental elements of arts-based research.

Hervey (2004) has outlined the applicability of artistic inquiry to dance/movement therapy. She stated that artistic inquiry is appropriate if the research "is about inner

experiences of clients or therapists, and if the resulting data is expected to be rich in emotional, intuitive, imaginal, or embodied content” (pp. 191-192). She pointed out that while many of the same values of artistic inquiry are consistent with qualitative research, artistic inquiry is distinct, marked by the centrality of imagery, the authentic expression of the artist, ambiguity, trust in the creative process, and the uniqueness of every study. Hervey also, like McNiff, saw artistic inquiry as using art making in an essential way in research design, data collection and analysis, and the presentation of the finished product. The entire research process is systematic but guided in a fundamental way by creativity and aesthetic principles.

The question of artistic skill involved in doing arts-based inquiry is an important one. Kerry-Moran (2003) noted that many arts-based researchers are not artists, which brings into focus researchers’ abilities to determine good arts-based inquiry. For those who are not artists, this does not mean that the art produced in the research does not communicate the results, especially when they are presented in a way that cannot be communicated in words. However, Kerry-Moran suggested that it is useful to differentiate between process, in which data are gathered, formed, discovered, and questioned, and the product, in which the data are presented more formally in an artistic configuration. In this way, the question of “good” arts-based inquiry can find a place in the former, as can the artistic skills of a researcher. Kerry-Moran also emphasized a collaborative model in which those with different abilities can discuss and contribute their knowledge both in the development of arts-based inquiry and to particular research projects. Mullen and Diamond (2002) observed that the use of the arts is furthered by the increased participation that can occur if participants are not required to be skilled:

We are released from the pressure of having to act or draw like fully accomplished artists. Instead, we only need to hang-out/in with our authentic experience and to represent it in whatever ways we can, drawing breath, courage, and inspiration from each other. (p. 140)

Finley (2003) argued that, “Making art is passionate, visceral activity that creates opportunity for communion among participants, researchers, and the various shared and dissimilar discourse communities who are audiences of (and participants with) the research text” (p. 288). Therefore, her logic has led her to recommend that the art form chosen should be contextualized to include the use of outsider art as well as folk and popular cultural art forms. Her goal has been to use “great artistry in experiences of passion, communion, and social responsibility” (p. 294). These perspectives are ones that are espoused by many creative arts therapists and applied to the use of arts in therapy.

In addition, Finley and Knowles (1995) asked if the audience has to be *aesthetically literate* in order to recognize the value of qualitative research that is based on aesthetic knowledge, but they also expressed concern that to do so is elitist or classist. Extending the metaphor of who the audience is in arts-based inquiry, Finley and Knowles asked if qualitative researchers can be seen as art critics. Finley and Knowles also asked if arts-based inquiry is diminished because it is taken out of the studio or negatively influenced by academia (Finley & Knowles, 1995; Sullivan, 2004).

Phases of arts-based inquiry. While McNiff (1998) was clear that he does not want to outline particular stages of arts-based inquiry, preferring to rely on the creative process, Hervey (2000) did suggest phases. Her six phases are an amalgam of her investigation into creative process, especially related to artistic practice. *Inception* occurs when a “compelling curiosity or disturbance about an idea makes its dawning” (p. 61). A question does not emerge at the beginning of this exploration, but it occurs as this phase

proceeds. In *perception*, the researcher searches for input from the outside and becomes immersed in the exploration:

This phase is equivalent to gathering data, but in artistic inquiry is distinguished by perceptual openness and a kind of relational dialogue with the sensory data during which the consciousness of the artist/researcher is changed by the perceptions. This change may be very gradual, as so much information is absorbed indirectly and stored as tacit knowledge, only to rise to consciousness when it can no longer be ignored. (p. 61)

The *inner dialogue* corresponds to data analysis in that the stimuli are comprehended and grasped. Yet, since it is done with artistic underpinnings, this may be an unconscious or conscious process of “not knowing how it will proceed or how the data will change the artist/researcher and the research question in the process” (Hervey, 2000, p. 62). *Illumination* is “more a moment than a phase . . . most apt to occur during time of relaxed surrender of ego-driven action” (p. 63). This burst of conscious awareness is more likely to emerge after a period of intense work with the data, but it can be experienced at any time as sentience or aliveness. In the *expression/formation* phase, the researcher conveys the significance or conclusion of the study, imparting this information to others in a way that is required of artistic concerns and/or by the supporting institution. The *outer dialogue* ensures that the work is communicated to the outside world, normally via publication or via presentation at a conference.

Comparisons between heuristic and arts-based inquiry. There are some striking similarities between Moustakas’s (1990) phases of heuristic research and Hervey’s (2000) phases, particularly in the first two of each. Moustakas’s first stage of initial engagement and Hervey’s first stage of inception are strongly related in that they describe the emergence of a passionate idea or interest. In heuristic research, however, this pursuit is directed to the self, resulting in a question. In arts-based inquiry, the quest

is focused on artistic data and does not necessarily result in the formation of a research question. Moustakas's second stage of immersion and Hervey's second stage of perception bear some resemblance to each other in the ways that the researcher begins to investigate his or her topic consciously and unconsciously. The researcher ventures from an internal musing to increased knowledge of the outside world. Artistic inquiry stresses the use of artistic and sensory data in this process.

The rest of the phases note similar functions but place them in different stages. For instance, Moustakas's (1990) stage of incubation, in which the researcher uses tacit knowledge and intuition in an apparent stage of rest, is referenced in Hervey's (2000) inner dialogue and in illumination. In these phases, respectively, Hervey acknowledges the transition that can occur between intensity of work and a moment of knowledge or truth as well as the unknown path that the knowledge will take. Moustakas's explication phase is one in which detail is added to the study, which corresponds again to Hervey's illumination phase in which the researcher moves into detail, knowledge, and truth. Moustakas's creative synthesis is when the essence of description is made about the study, allowing for a wide array of means, including the arts. Hervey did not stress the descriptive aspects; instead, she emphasized, in the expression/formation and outer dialogue stage, the need to communicate the conclusions of the study in the context of a greater professional world. For my study, I have created a synopsis of the functions outlined in heuristics and arts-based methodologies, detailed in the data analysis section.

Research Design

Participants. I conducted 10 interviews with creative arts therapists and expressive arts therapists who were credentialed by their respective professional bodies.

Four were dance/movement therapists; of the four, two used visual art in treatment and two were also credentialed expressive arts therapists. Five co-researchers were art therapists. Of these five, two used dance and/or movement in treatment, two were also credentialed expressive arts therapists, and one was trained in the Expressive Arts Continuum. One co-researcher was a credentialed art therapist, a credentialed dance/movement therapist, and a credentialed expressive arts therapist.

Solicitation of participants. To find co-researchers, I searched the membership directories of the American Art Therapy Association, the American Dance Therapy Association, and the International Expressive Arts Therapists Association. I also contacted therapists who have been known in the field, who have contributed significantly to scholarly writing in the field, or who were recommended by colleagues. They were contacted by telephone or email. The co-researchers were informed before the interview that they would be discussing their observations about choices of art forms during their professional careers. The interview script was sent to them before the interview so that they could organize their thoughts prior to the interview. The informed consent form was also sent before the interview so that it could be reviewed.

Selection criteria. For the creative arts therapists, I approached (a) those who were dually credentialed in art and dance/movement therapy, or (b) those who were art or dance/movement therapists and had training in or used other art forms, preferably art or dance. I looked, in general, for more experienced creative arts or expressive therapists, since they were most likely to be able to describe their clinical choices in detail based on their experience (Weiss, 1994). Consequently, the co-researchers were older than the general population of creative arts or expressive therapists at large, based on their

experience in the field and/or on the time it may take to become dually credentialed (especially in the case of creative arts therapists). Nine of the 10 participants were women, because creative arts therapists and expressive arts therapists are predominantly women. Nevertheless, every effort was made to find a diverse gender pool. The proposed participants were not members of a protected population. As I am a professor in the Creative Arts Therapy Department at Pratt Institute, I did not interview any current students, since their relationship with me could have influenced their responses.

Data Collection

Each co-researcher was interviewed individually. Interviews were done in person when possible; otherwise, they were done over the telephone. The interview was either videotaped or audiotaped. Patton's *general interviewing guide* (Moustakas, 1990) was used, drawing upon a set of issues or topics to be explored as the interview evolved. This was designed so that patterns might eventually be discerned. General observations about the differential use of artistic modalities were elicited to include:

1. What art forms do you use?
2. Which of the following influences decisions in using art forms: intuition, instinct, instillation of hope, inspiration, facilitating safety or containment, development of the therapeutic relationship, facilitation of an experiential process, knowledge of artistic techniques, knowledge of clinical knowledge or theory, or others?
3. Is process, product, or a combination of the two most important? How and when does the use of this change?

4. How does an image that is vague and murky develop into something that is more meaningful, rich? What/how do the formal properties of the art form contribute to this process?
5. When/how did it occur to you that more than one art form would be useful?
6. What do specific modalities lend to clinical process?
7. What facilitates shifts or transformations?
8. Does the use of a particular art modality/modalities change with particular psychodynamic issue? If so, how and in what order?

Data Analysis

The outlines of heuristic research and arts-based methodologies as well as the ways in which they coincide, overlap, and add to each other are important if one is to integrate both of them in one research design. I used principles of both heuristic research phases and arts-based stages and incorporated them in the data analysis. The principles that emerged from the combination of heuristic research and arts-based methodologies were the following:

1. Initial excitement and urge for knowledge
2. Gathering and dialoguing with data
3. Respite in the implicit
4. Return to the explicit
5. Insight and comprehension
6. Description and communication

In my written analysis, I used Moustakas's (1990) way of systematizing and imparting the analysis of data (i.e., *individual depictions*, *composite depictions*,

exemplary portraits, and the final *creative synthesis*). Individual depictions are an amalgamation of verbatim or poetic excerpts of the transcribed interview and other data, such as journals, diaries, and personal documents. A composite depiction becomes apparent through rapt engagement in all contributions and experiences of all co-researchers together. Characteristic features, essences, and fundamental themes are identified and described through the elicitation of words and phrases from the transcripts. Exemplary portraits return to the individual co-researchers, but at this time, they include demographic and autobiographical information gained during the interviews. The exemplary portraits focus on the co-researcher's particular experience of or about the subject matter of the entire study. The exemplary portrait provides a summary of individual detail in context of the core themes found in the composite depiction. The last stage of data analysis is the creative synthesis, which makes a final statement answering the researcher's questions with the help of the co-researchers, thereby describing the essence of the study.

All stages of heuristic analysis can be created in a context of verbal and/or aesthetic form (Moustakas, 1990). In my process, I used kinesthetic knowledge, dance/movement, visual art, video and creative writing throughout the data analysis, all in the service of creating an aesthetic context. I emphasized the specific use of these are forms in order to understand the essences of the individual depictions.

Research Ethics

Since I knew the identity of the participants, confidentiality was maintained by using pseudonyms for all co-researchers in this study. Results of the study, including all collected data, will be published but will not include any identifiable references. The co-

researchers read and signed a written informed consent form (see Appendix A) prior to their participation. I ensured that the participants took part in this study freely by following the description of the study as outlined in the IRB proposal and by explaining co-researchers' rights, including their ability to withdraw from the study at any time for any reason. They were all adult professional therapists, so the possibility of them being coerced was minimal. This research was conducted in accordance with the American Art Therapy Code of Ethics (see Appendix B). The research protocol was reviewed and approved by the Union Institute & University Institutional Review Board before it was conducted (see Appendix C). In addition, all guidelines of the Union Institute & University "Protecting Human Subjects and Related Ethical Issues" were followed (see Appendix D).

In writing the individual depictions, I chose to convey the essence of the co-researchers' interview content in words, since I was primarily interested in theoretical material used in practice. I felt that the words would be able to glean this material more directly and in greater detail. I selected two or three areas that I thought were either communicated clearly or expressed uniquely. I edited their words for increased clarity, flow, and communication of their statements. Individual depictions were sent to all co-researchers so that they could verify the essence of the material and edit or add subsequent thoughts.

Summary

Descriptions of the larger context of qualitative research were made, emphasizing the aesthetic underpinnings. A justification of my choice of heuristic and arts-based inquiry was described, and the methodologies were written in detail. Data collection and

analysis procedures were outlined, and a discussion of research ethics was offered. The next chapter will present the findings of the research study.

Chapter IV

Findings

Introduction

The data analyses are from the 10 co-researchers described briefly in Chapter III. In the interviews, these art therapists, dance/movement therapists, and expressive arts therapists further described themselves as coming from a number of theoretical perspectives: humanistic, psychoanalytic, Jungian, gestalt, developmental, cognitive/behavioral, solution-focused, integrationist, eclectic, phenomenological, and postmodern. Intermodal Expressive Therapy and the Expressive Therapies Continuum were specific perspectives within expressive arts therapy and creative arts therapy that were influential to some. Several of the therapists specifically attributed Arnheim, Gendlin (Focusing), Hillman, Laban (Laban Movement Analysis), Piaget, and Yalom as contributing significantly to their theoretical ideas.

Individual Depictions

The following 10 individual depictions were analyzed from both heuristic and artistic inquiry perspectives. In accordance with heuristic methods of data analysis, the data was gleaned from direct transcriptions of co-researchers' interviews. In an effort to begin to form meaning from the data while keeping the immediacy of the transcripts, the individual depictions were organized by topics that emerged, each of which was distinct, clear, or unique. Artistic inquiry data and data analysis were used to shape the material selected from the transcripts. Artistic inquiry data analysis is only documented in this section of the PDE for Elizabeth, the first co-researcher. For this particular example of artistic inquiry, I used the aspects of bodily-felt experiences derived from Focusing, in

combination with dance improvisation. The result was my experience of the interview, put into artistic form. Three levels were reflected: my somatic and artistic response to the interview, my verbal description of that response (in italics), and a reflection done afterwards of the elements communicated (in bolded text). All names of co-researchers have been changed.

Elizabeth.

Intermodal transfer. *One modality often facilitates a flow to the use of the other arts; the use of a different art modality can also amplify the other and the client's experience. When an issue needs more clarity, you can go for more depth by transferring modalities, which utilizes the richness of new creative exploration and perspective. When I guide a client in shifting modalities, they tend to own the work in a different way (i.e., a "different perspective"). In a way, it's about repetition. You find a piece in the art, then you find a piece in the movement, and you find another piece in the psychodrama. That helps them integrate multiple perspectives within themselves. If one explores the work from different angles, that repetition and reinforcement is a way in to deeper understanding.*

Sometimes, the modality helps me to know how far to take it. My expectation is that the intermodal transfer will deepen the work and come to a new perspective, but sometimes it doesn't. Sometimes I know through asking the person I am working with. I can then see where the client feels safe to go, or where they feel led towards. Letting them choose has to do with giving them leadership and finding their own direction. It is always based on the client's needs and goals.

Properties of different modalities. *In trying to find a voice, I would use psychodrama. That doesn't mean I can't do that through art, or through movement. It's like cutting the onion, or peeling the onion, like Carl Rogers said. Cutting the onion is like psychodrama, and peeling the onion is starting with really basic movement, or really basic images, not sophisticated or developed art therapy tools. The latter would be more like cutting a quadrant of the onion. It's taking somewhat of a risk, but not the whole risk. I think modalities have different kinds of power. Psychodrama is "cut through" power—it's the onion right in half, in the sense that it opens up, it's very translucent. I don't think that art is always that translucent. I think that it holds the story and it's your story. I think movement evaporates. You can't claim it and get it back quite as much. It becomes more of a gut sense and involves trying to put words to something that's gone. For me, that's why I would transfer modalities, because it is important to find a way to ground what a client is working on, a way to hold onto it. Sometimes the body isn't the best way for them to hold onto it. So they might need to have it*

in an image, or have it in a line that speaks more to the path of how they traveled or where they traveled within their process.

It's harder for people to be a gentle witness of their body. They live in their body, there's some degree of alienation and there's some degree of judging the self. I think sometimes the distance of the art permits people to use it as a mirror to re-own aspects of self. Movement helps them to attach back to it, to integrate the split-off parts of self.

Use of artistic feedback from the therapist. *Expressive arts therapists use a tool called artistic feedback, as written about by Paolo Knill in "Minstrels of Soul." Artistic feedback is when the clinician offers back a creative response. Reflecting on someone's movement, I would offer them back the gift of story, with a new ending. A psychodrama gift might be a new ending to an old story. I might listen to their narrative and say, "I'd like to gift you back the story and offer you a new piece." Alternatively, I could make an art image that's a response to the client's image. As expressive therapists, we use these tools to ground their sharing, but also to give perspective to how I, as a clinician, am holding the story, as well as giving them another perspective related to their story. It is another form of intermodal transfer. It's the most powerful part of the work. It's unbelievable, to offer the client a gift back. They're longing for feedback. When you can bear witness to their story, reflect it back, they can see themselves in your reflection. They can feel that you really get it. What's important is the empathic resonance of how you get it. They feel so deeply validated and connected. Traditional therapy doesn't have the depth of coming from multiple angles. These tools offer multiple perspectives.*

Artistic inquiry.

I start seated. From a bodily-felt sense, I feel a bubbling line in my upper chest.

I'm not clear if it is excitement-a "good" excitement or too much stimulation? I am having trouble concentrating. I am getting a headache on the left side of my head.

Will the entrance into the emotional arena and contacting the process of a session be painful? Will it be useful and motivating, or over-stimulating and dangerous?

My arms start moving upwards, hands clasped, and arms straight. They move all the way to a vertical position above my head. Following this upward movement further, I stand up, with my arms remaining overhead.

My shoulders are very heavy. It's not clear whether to stay with this heaviness or to let it release. I feel a move towards a release, but at the same time, find myself holding on to the release. The heaviness is very tired and it is hard to maintain this position. It feels like this is Elizabeth in some way, holding all this. I want to release it. I feel like I can't breathe.

It is difficult for the therapist to contain and painful feelings and for their patients; "hold the story" for them. At the same time, this could represent the patient's dilemma of exploring the resistance by

“working though” it via the development and evolution of movement, or avoiding the resistance by not by avoiding the natural flow of this exploration by staying with it in time.

My breathing is labored.

It's getting worse. However, I have a strong instinct to hold on to this.

The patient is tending towards waiting for materialization of content to develop, by letting awareness heighten in the body or development of movement to come about.

I breathe out and notice the heaviness is starting to move. My thumb is taking my arms further down.

I realize if I take down my hands, I will lose my connection to my body. My spine is all discombobulated, all disconnected.

The resistance (as embodied in the heaviness) could be protecting against a fear of lack of embodiment or body integrity, which would result in an inability to “stand on one’s feet.”

I’m starting to shake.

I’m assuming this is what it takes to be a therapist, to “hold the story.” But I’m also wondering if it’s also the patient; how hard it is to hold the story for the patient herself or himself. I really want to release my arms, because I know I can do it intentionally, but . . .

Resistance could take the form of moving with a conscious decision, therefore omitting an embodied artistic process.

My arms are moving down by themselves. My shoulder is releasing a little bit.

It’s the upper part of my arms that are killing me. I feel that I anticipate that when this movement continues, and I let down my arms, my arms are going to still hurt.

By exploring what is embodied, changes starts to happen organically.

What has been resisted is an element of hopelessness, a lack of belief on the patient’s part that this can change, or end satisfactorily.

My arms start to move down.

Nothing is going to do any good. It feels like this is happening, because my elbows are not moving.

Further exploration of embodied hopeless transpires.

My left hand drops, giving into weight. My arms widen, and my elbows ease slowly down. My hands are drooping, and not initiating movement. They look lifeless.

From this position, I feel like a chicken, whose wings have been clamped.

As the exploration of the resistance and resisted continues, an awareness of a lack of initiation and an inability to act develops. A theme of being bound and unable to act arises, demonstrating that artistic form is being more fully established, helping to more clearly define the issues.

My upper arms move so that they fall straight down to the elbow, following the side of the body. My lower arms are up reaching up to the shoulders, hands drooped in front of the shoulder.

Even though the pain, the burden has been changed. But I can't spread my wings.

The pain remains, but the sense of being burdened lessens. The development of embodied issues start to change.

My left arm starts to move farther down.

I'm wondering if my word "chicken" means cowardice.

In the process of putting words to feelings, the embodiment of these issues continues to change. Internalizations are perhaps surfacing. The issue of "spinelessness" returns and is further developed. It is clear how fear accompanies this exploration.

Both arms release. My hands stay up vertical with my shoulders, with drooping hands emphasized.

My hands feel like bird feet. I'm getting scared now. It's something about those feet. It's really scary. I'm going to have to watch my own fear, my terror.

Issues of loosened boundaries and contagion arise, perhaps also reflecting the extreme difficulties encountered in reaching more frightening and disturbing part of the "story."

I take a deep breath, followed by a sigh of relief.

It feels like I got through that, but I could easily feel that fear again.

Trust arises after survival of that experience; however, it is not complete.

My weight starts shifting backwards and forwards, originating in the legs.

I'm shifting my weight. I didn't do that. I feel a real sense of disappointment about that interview. I know that when I read it, there's important material. There's something about how the words reflect jargon as part of this experience. I don't want that jargon attached to me. That's scary. I'm getting scared now. I have to keep my mind in the moment, not with all these horrible things that go wrong. Just stay with what's happening. It has to be a slow process. I have to keep reminding myself to take it slow. Elizabeth said that too. So I have to take it slow too. Yeah. Shifting back and forth on my feet seems to make it safer. Grounded. Feet on the floor, like Elizabeth said. This other part is not safe at all. I have to watch my fear. Stay in the moment. I can hardly wait until this is over.

An unconscious, creative or resilient force surfaces, revealed in the sense of the "dance moving itself" which yields further definition of internalizations. The word "jargon" reflects a yearning on the part of the patient for authentic contact and a need to be held in an intersubjective context. Perhaps this reflects past experience of disappointment when that did not occur. Even though this material is hard to tolerate and perhaps dips into trauma, some reflection is possible. This is an example of the artistic process helping to define and reflect on the emotional material simultaneously, notably when it is understood that the word "jargon" is a metaphor, not a characteristic of the actual interview.

I feel my eyes release some tension. My lower arms and hands move down. I take a deep exhalation of breath. My arms and hands inch down.

All kinds of words that I can't make out and say. I'm going too fast. Don't jump to conclusions.

Some affect regulation has occurred, signaled by the release in the body, opening the way to new material that is not easily grasped.

The ability to stay with the exploration of the resistance in this instance is being used to further the therapeutic process.

My hands keep moving until they reach down to my hips.

Good. Now, my arms are down far enough that I can play around with my grounding more directly.

A new sense of being in the world is explored.

Tension releases in my arms and hands. My weight shifts in all directions, originating from my body center. My head rolls.

I can play around with my back, including my whole spine.

A larger repertoire of movement is attained, which reflects the use of greater psychological options and/or greater mind/body connections.

The theme of "spinelessness" is being addressed from this new vantage point, facilitated by increased body integrity.

I move with smaller, more subtle weight shifts, in all parts of the body. My entire body undulates, beginning in the sagittal plane. My movement then increases in the parts of the body the movement includes, as per the speed with which they are done. Eventually the movement flows from head to toe. Deep breathing accompanies this long progression. The movement in my arms expands.

There's a "start-stop" located in my spine, but this bird-like movement in my arms can work with this.

The tension in the arms that was present in the beginning now helps the spine and all that it embodies, perhaps reflecting that the beginning resistance has been transformed and can be of use. The "start-stop" suggests that this resistance, in the forefront, reveals the resultant dilemma of what can be surrendered or transformed to further the integrity of the body/mind. The increased range of movement is part of the development of movement that can make this possible.

The movement in my arms expands to include movement in the vertical and horizontal plane, introducing curvilinear movement. I move my legs for the first time, changing directions, and moving in the space of the room in small ways.

This is familiar. Go back. Too familiar. Jumped too fast.

In this process, fear enters in response to entering new territory, skipping a more natural development of movement. This evolution of movement is too fast to be of use, as it misses too many important steps in the process.

My movement becomes smaller, stroking, smoothing, and soothing, taking place in the front of my body. I breathe deeply. This movement slowly moves upward, ending in small circling above my head. The movement slows and my arms lower. I take a strong, grounded stance. The movement of my arms moves in

towards the center of my body, as I start to gently sway from right to left, initiated from my legs. My hands start to move in and out of a cupping movement, following by a repetitive movement in my hands that curls in and releases out.

I need to move side to side, because I need my left leg to be strong and grounded. (I have arthritis in my right hip, and use the left leg to compensate.)

Self-soothing movements are followed by movement that flows from the periphery to the center of my body. This and the release in the hands and the breath seem to shift the focus (i.e., the development of the movement has been successful). Perhaps the cupping movement is a symbol of something held or contained. Issues of strength and competence are lodged in my own body's strengths and weaknesses as somatic countertransference that is helpful to understand the ensuing process.

The movement becomes stronger and more expansive. This includes my arms as well as the entire body, where the swaying is verging on a swing.

Changing a little bit; little bit onto my right side.

I use the weak and compromised part of my body as a way to “tell the story” on another level. The use of this metaphor, grounded in the physical body, makes it safer. The story is one of doing therapy, and all that it entails, from the perspectives of patient, therapist and the use of artistic elements and form.

The swing of the arms is moving upward, until the arms are fully moving to their upward range, followed by a downward recovery crossing my chest. A strong foot movement by the right foot makes a loud, forceful tap with the rhythm of the arms when they move outward. These movements increase significantly in tempo, become smaller in motion, but gaining in intensity. The tapping extends to both feet, with the right one making slightly less noise. The focus of all movement energy is towards the ground.

(Speaking in rhythmical symmetry with the rhythms of the body) . . . the left heel on the right (unintelligible).

Strength and assertion are incorporated in the body. The use of repetition and strong rhythms help to articulate these issues.

My hands release energy towards the floor, in conjunction with the strong rhythm of the movement. The movement in the rest of the body seems to be waning in energy.

It seems important to keep it simple.

Release is part of the recovery cycles, articulated by clear phrasing that has a beginning, middle and end. This “simplicity” is in part, due to gathering up disparate elements into a complete statement. The sharpened focus enabled by using less of the body facilitates this process.

My hands release energy more emphatically, by using quick strength at the end of the phrases. My hands move up, in front of my body center.

Feels like I have some musical instrument, an oboe. My hands are playing the notes.

The phrasing is further expanded by the addition of the metaphor of playing an oboe.

I start whistling two repetitive notes, while still moving my hands in a way that releases energy. I am still swaying with both of my feet strongly tapping the floor. My hands move down in front of my body center, then move up next to my neck, where the movement, the tapping and the whistling become significantly more quiet. My hands move in, gently and involving a small range of movement.

Both feet are doing the tapping. I need some balance.

The introduction of another music form (i.e., whistling) expands the process of resolution, recovery, regulation and/or homeostasis.

My swaying and tapping increase slightly.

It's scary because I just let up (right) my hip. Find it again.

A small regression into the resistance occurs, this time followed by a reflection, that provides a simple corrective path. Another solution to following is to go back in the development of the movement, and re-start the evolution from where the process was disrupted.

The movement slows gradually until I'm barely moving, so that I can incorporate both of my legs and hips into the movement. My repetitive, soothing notes continue, and the movement seems to take on this character as well.

Back to the left hip (laughing).

Acceptance of the resistance and the issues that occur, accompanied by expression of affection toward the self.

My arms drop down in a sweeping, releasing motion. The dance is done.

From an initial stance of fear, both of delving into painful issues and of what may ensue from that process, the “story of therapy” on which Elizabeth focused was told. As the therapist contained and held the patient, initial resistance was explored. Clarity of content and some resolution followed. Various artistic elements were used in this process. The body itself was used as a symbol. Embodiment and the split of mind and body reflected some integration of conscious and unconscious process. The use of metaphor increased safety and signaled increased sophistication of expression. The evolution of artistic process was crucial to tracking and guiding therapeutic process. In movement, where issues were embodied, parts of the body became either fully or minimally integrated in relation to each other. The evolution of movement itself, including resistance to that development, cessation of movement, and completion of phrasing

underlined working through as well as finding new ways of relating to inner struggles and to their articulation.

By exploring a body-based experience of patterns of movement, an examination of resistance could be specifically addressed. Common patterns of resistance in movement were initially seen in alterations of flow that “skipped” prematurely to the next element in a phrase, characterized either by timing that did not facilitate the evolution or emergence of material relevant to the mover or by a retreat to routine patterns of movement that did not allow new solutions to form. To address this resistance, which was shown through the elements of dance, the mover could instead play with time by paying minute attention to gradations in movement, waiting for a more organic emergence of content or returning to the point in the movement at which the flow had been disrupted. Therefore, psychological resistance could be seen and explored directly in movement, specifically in terms of basic elements of dance aesthetics, including flow, phrasing, and familiar patterns of the mover.

As is hopefully clear, I used the analysis outlined above to help shape and form parts of direct transcript that were selected for the heuristic analysis. I found myself switching from bodily-felt experience to dance improvisation throughout. I found that this facilitated multiple perspectives. In particular, I found that safety was underscored and that it pointed the way to evolution of clinical exploration. Dance and bodily-felt experience worked together to prevent the “evaporation” of dance/movement experience in that staying with a bodily-felt experience allowed movement to develop organically out of kinesthetic grounding. Verbalizing simultaneously helped me to be a “gentle witness” of my body, thereby integrating “split-off parts of self.” Using all of the above

elements in addition to the video of my process allowed me to give myself “artistic feedback” and to explore “the story” from the perspectives of therapist and patient.

Deirdre.

Choice of art forms as determined by clinical issues. *One of my patients wasn't a dancer, but liked to dance. She wanted to show me a dance that she liked. It was a challenge; she wanted to know if I could go with her to the different parts of her psyche that she wanted to go to within herself. She wanted to lead me, so I followed her. For her, it was really about “would I accept all of her?” “Could I think outside the box like her?” “Could I take it?” It was important in terms of her allowing an attachment.*

I usually can work with art with anyone, but the clients who are more regressed tend to do movement or body-based stuff. The latter are in such a primal place that it's one of the only ways clinical material can be accessed. I attempt to get clients to connect words with feelings in movement. One client I worked with had dissociated her early childhood. When the therapy started to progress, she wanted to do a more traditional psychoanalysis; however, she needed to look. She needed to be in tangible contact. Traditional psychoanalysis was too depriving and sent her to a paranoid state. Some clients need eye contact, especially traumatized people. I focus on eye contact when I'm working with someone who's verbal and is very aware of my physical responses. Otherwise, they lose themselves. One of my clients needs to feel like I'm managing her case properly. Her transference has to do with having to placate or reciprocate [with] me.

Developmental progression. *If there is a progression, for me, it's movement, to art, then words. Art development coincides with cognitive development, as evidenced by art developmental drawing. It's a part of learning the world; they go together.*

Aesthetics. *I'm not sure what is meant by aesthetics. I never thought about it, quite honestly. I can see the value in helping a client learn how to do art. The ability to do more formally sophisticated work coincides with more psychic integration.*

If I'm going to interpret the artwork, I look at light, form, color, the materials used, as well as content. The content is a picture of a something. The unconscious communicates so much in terms of space, where things are placed, the line marks. I think the structural elements are all important.

Even if the client doesn't think it's true, the picture is talking. It will give information about what the unconscious may not be willing to know yet. I want them to stay with the phenomenology, because it usually gets to a deeper experience. Otherwise, they're too many steps ahead of themselves. They're doing the interpretation rather than letting the art speak to them via their own interaction with it.

Differences between dance and art. *Dance is a felt experience in the body. This enables one to be able to see others' bodies and have some sense of what's going on, just from looking at their bodies. For me, that extends to knowing what I feel in my body when I'm moving certain ways. I would say it tunes into earlier body states, the preverbal. The people I use movement with are usually two types: highly intellectualized clients, and those who are operating on such a primitive level that they can't use words. In art, one is beginning to create an object outside, so there's an expression of one's energy and internal state, which is being turned into an external object that can then be related to. In my experience, artwork is often ahead of people, in respect to how they think of themselves and their life. It may improve before they do, or decompensate before they do. I think the psyche expresses what it is and it intercommunicates. I think there is part of us that is wiser than our personal ego.*

Linda.

Grounding in one art form. *I'm seeking to facilitate a full whole person engagement. When I do art, I'm seeing it as a dance/movement therapist a lot. The kinesthetic is guiding me primarily, because I am more kinesthetic than anything else. I'm movement-based, and body-based. The body is what links it all together for me. My choices have more to do with what the movement's going to facilitate than it has to do with visual images, since art isn't my primary medium. Even when I choose art, I am thinking of what movement will be created.*

Intimacy of the body. *I think there's no way to get away from the body as being an intimate experience, even if you're moving by yourself. Movement brings you intimately to your body or the body of others. It's the embodied experience. When I'm moving it's an intimate experience within me, and with my sensations and my kinesthetic sense. It involves my sweat, my heat, my warmth, my muscles, and my skin. My whole sensory experience is at least touched on by movement to some extent. When I'm moving with a group, and I have the group's experiences, it can be overwhelming for some of the group members. To be in your body as a live flesh creature, with other people in the room who are having that same experience, is a very intense experience. Intimacy is bound to be about humanity, humanness, aliveness, vitality, flesh, sensuality, and breath. There's just no way to deny it when you're moving.*

The influence of clinical needs on choice of art forms. *When I was working with people with addictions, they were uncomfortable moving together in an expressive way. The dance or movement flew out of their bodies and it was just gone. They could deny they participated in it. They said it was merely fun to them. However, to engage them in an art medium facilitated an expressive process together. I used art because it created an object, a third object. The art made it tangible. It took the focus off their bodies and they could then focus on meaning-making.*

In art, the body disappears. It relieves some body-based discomfort. I think that people become almost disembodied when they do art, or the whole body focus is just on parts of the body, such as the hands and eyes, hands and arms.

The rest of the body is not visible. When making art, there's a table between me and the clients, and they don't have to deal with most of the body. This results in less intense feelings and emotions.

I found that you couldn't push them too far into discomfort or they would just shut down; they just wouldn't cooperate. I had to move them gently into new uncomfortable areas. Art let me do that. Art also let me help them physically move in a way, through the use of the art materials. Various media engaged them in different ways physically. Then there was an image. We could work with the metaphors in the image, or associations, or the fantasy – whatever the meaning of the image was. However, my initial purpose was to get them in their bodies and engaged as a whole person.

There was an underlying fear around intimacy: being close to each other, moving in unknown ways, how they might interact, or how might they see each other. If they were to move expressively, what would that mean about them, and their sexuality? They defended against all these issues by not moving at all. This surfaced by the use of control in general, as well as resistance to be expressive in an authentic way, for fear of how it might expose them.

Libby.

Expressive therapies continuum. *The Expressive Therapies Continuum (ETC) was developed with a hierarchy of development in mind. An infant is born with kinesthetic and sensory ways of interacting with the world. They don't have much ability for understanding emotion, and their cognitive abilities aren't fully developed yet. As a child develops, the kinesthetic sensory way of interacting with the world begins. As they receive information from others, they find means of expression that are more formed, and that are not so random. They also are able to express affect in a more formed way. Emotion and form emerges, which is the perceptual affective level of the continuum. As cognitive developments occurs, and as people begin to develop fully, in terms of language and being able to represent things symbolically, then the cognitive symbolic level of the continuum appears. Creativity exists at every level of the ETC. Someone who is really in a fully creative moment is often accessing all of their abilities, on all of those levels.*

All of us have a preferred mode of interacting with the world. It may be that a writer is manifesting more creatively at the cognitive symbolic level, or a dancer is manifesting more at the kinesthetic sensory level. A lawyer probably walks through the world with a much more cognitive base. With that lawyer, it may be safest to start with him in his cognitive place, because that's where he feels safe. However, we're eventually going to help that person access affect through all levels.

For instance, with a child struggling with movement, the therapist would consider the possibility that if some other level of skill was developed further, might the child then be able to have a better sense of, or a better way of managing, their kinesthetic interaction with the world? A decision may be made to help that child find more form, perhaps through particular materials in art that have inherent form qualities. For instance, wood by its very nature has form

already, whereas a pool of paint has no form. You have to give it form. In dance, the decision may be How do we help this movement come into form? A dance therapist may go either to form, or to that kinesthetic place with a child. In the latter, she would begin right where that kinesthetic movement is, or by being with the body and how it is moving, and then help that child find a particular kind of form in the dance process.

Art skills. *The more we know our art form, the stronger we are in our discipline. As an art therapist, the more I am versed in my art form, across materials and in depth within any given material, the more skilled I am in taking that art form into my work as an art therapist and facilitating it with people. I would say the same for dance and music. Not that one has to be a fine artist, but one should have experience with art materials. For instance, if I want to take someone to a place that has form potential, I can give him or her clay. If I want to loosen it up, I can talk about adding water to that clay. If I want to structure it more, I can introduce tools. However, if I am not comfortable with clay, that is a whole arena that I cannot take clients to.*

Clinical vignette. *I worked with a Down's Syndrome boy. He was very hyperactive and in the session, he chose paint. I gave him a small amount of paint and a small piece of paper. I offered him smaller paper rather than larger paper to decrease the amount of potential energy, just by the very nature of what was available to him. I offered him one color of paint, and he chose red. He started painting on the paper and then starting painting on the table. If I had let him continue, he would have painted the entire room. He had no sense of any kind of boundary at all. I realized that the paper or painting surface needed to be even more boundary-determined for him. The next time he came to a session, I let him know that he could paint as much as he wanted, but that he had to stay inside of a box. He painted until the whole inside of the box was covered with red, and then pushed it aside and moved to the next one, and the next one. Suddenly there were boundaries. I was attempting to take his kinesthetic energy into a little bit more form, to the perceptual level. I was actually helping him contain the paint. This happened literally, but also metaphorically, in that it helped him to contain some of the excess fluidity of his movement.*

Molly.

Differences between dance/movement therapy and art therapy. *The access to feelings, the felt experience, is so much in the body. The avoidance of going to uncomfortable felt experience is pretty common in most people. Movement feels very direct to people, and they are self-conscious. I think that when you're in a movement state, you can be very internal. Art externalizes it. Art takes the imagery out of your body/mind into the space around you. There is something about art that takes it out of that internal state and not yet into the verbal. Art is more two-dimensional and so for some people it is less threatening. The flat visual image is an additional way to shape or frame or create an outlet of inner*

experience. It's still a nonverbal imagistic state, metaphoric, symbolic state. Art feels like it is another way of accessing the places that movement accesses in a different medium, so that it gives people more options.

Sometimes for people that are not as open to movement, the drawing and then moving can be helpful. The drawing is a bridge towards going into the depth experience of moving, which is threatening to many people because it's so direct. If they are avoiding difficult feelings, the drawing can make it a little bit safer. It's external; it's on a piece of paper, not inside the body.

Attraction towards art forms. *Different people have different access to different modalities, just by their very nature, their defensive structure, their character structure, their personality, or their temperaments. I don't know if they are born artists or dancers. They have histories and affinities instead. This is because of their defenses, because of who they are, the summation of what they're born with, and their history and their associations to each modality. For instance, there are people who might be born artists, but they had a parent who was an artist, so they have different associations to a medium that might make them not want to do it, or make them contemptuous toward it. They may feel competitive about it, or self-conscious, so as to not be as the parent. Each modality has different associations for different people and I don't think you can reduce it to one reason.*

Clinical example. *I have a client who is very talented in art. He has a lot of physical and sexual inhibitions. He really wanted to move because he thought I wanted that, in the first year. I witnessed the depth of his shame, of being seen. With art, he minimized the impact of what he drew while I would ask him to free associate. There is so much in his drawings. Sometimes it's what just took place between us, and sometimes it's his inner experience. I can look at the drawing and I see the subtext. He was talking about X and the drawing is really about Y, Z, and A-V! All the while I am watching his gestures and his body. Movement for him is a nightmare. Moving is like asking him to "free up." He has a harsh superego and thinks that I have an expectation of how he's supposed to move. It's torture for him, but his drawing . . . it flows. Drawing is a wonderful opener for him. It opens to his unconscious, whether he lets himself look at what he's created and sees it, or not. He can discover the unconscious material with art, and then the deep-seated experience in movement.*

Gloria.

Creativity and change in creative arts therapy. *I'm very interested in what people start to do differently in their lives, the millimeters of what they start to do in the community, or the world at large. Hopefully there's some correlation with the work that they've done in art therapy that brings that about in the world, taking new opportunities, or just moving more. This doesn't mean necessarily that they've come to terms with an issue. It's changing the conditions to stimulate improvisation. You gain a kind of a confidence and trust by actually improvising.*

It's the bedrock. If I was a performer, or an actor, or a professional dancer, it would look very different than the way I do it.

Art therapy in the community. *I entered art therapy because I was very interested in grass-roots community movements. I was interested in art myself, and this was just a vehicle for my own artistic expression. It was also a lovely medium in which to work with people, and to come into places that were quite hidden in society.*

I celebrate seasonal events or use festivals to bring about some awareness in the environment. I do a lot of community artwork as well as a lot of movement outdoors. People just improvise with movement, but they have no expectation that that's what they're going to do. They always think it's going to be something about the environment and art, a kind of singing, movement, and dance; improvisational movement in public spaces. I always come at it as an art therapist.

I focus a lot on using the natural environment or natural materials. I look a lot at environmental artists. It's easy to clearly communicate to people about this; even very young children can understand. I do think it's very interesting what people will create in different aspects of the garden. Sometimes I leave things outside, like piles of organic materials, natural materials. It could be stones, sticks, earth, plants, moss, clay, lichen, leaves, and various other forms of organic matter. I don't have a script. I don't know what's going to happen. It could flop, because you don't know the group and they don't know what they're expecting. They just kind of show up in a park and they think they're going to do something around nature. They end up doing processions and dancing through the park. I think that's an incredible thing that they are able to do.

Movement within art therapy. *I do think there's a strong correlation between art therapists being very aware of movement in the body and bodily-felt sensation. To make art you have to move; you are moving the body to create. It's not that movement and art are separate. However, I'm not facilitating the movement. I'm allowing opportunities for greater physical expression. The urge to move from personal experiences (in an instinctual or impulsive way) can contribute towards the development of improvisation as a medium of personal expression.*

Improvisation is also a vital tool for mediating encounters within the world-at-large. Experimenting with spontaneous movement (within the making of art, and also during the course of enacting the art within the art therapy studio) can encourage one's personal capacity to improvise within day-to-day situations.

I think that a lot of very subtle experiences can be missed if you do not look to see how people are creating, how they are manipulating materials, how they are using the space of the room, and how they're using their body. If someone's just working at a table, do they have to use the table to work on, or can they be lying on the floor? Can they be working off of the wall? Are there more three-dimensional materials that they can create in a three-dimensional space? I give feedback about what I see in terms of them moving around the whole room, at the point it seems like there are changes in their body posture or energetic changes: how they are working, the times they are really working quite

vigorously, the times they feel quite tired. I also use props that you can wrap on your body, or can make three-dimensional spaces to crawl into and crawl out of. The room is the larger canvas of the art therapy. The art therapist feels that the postures, the affects, the energy changes, and the way that the art materials are handled are important.

I love the idea of creating conditions in which people can experiment within the entire studio space within art therapy, and to move and map out expression in the entire context of that environment. I encourage the making of installation spaces for people to move into, and to enter the environment of their art. This is a means of stimulating bodily experience, but also ideas and emotions.

Sharon.

Development of modality preferences. *I didn't grow up as dancing. I was a tomboy. I just felt good playing kickball, softball, baseball, climbing trees, and so I was in my body. But I do remember having to go to take ballet and tap classes. I couldn't identify with the tutu thing and the shoes. I was shy. In dance, people stare at your body. Art felt safe to me.*

In college, I did connect through the art in a deeper way, and then I could know who I was. I didn't grow up in a family where I could feel really safe and have my internal world mirrored and reflected back. I had to protect myself. When I saw a visual image inside, I could witness it and could create it. With art, I did my own mirroring and that gave me the safety. Then I could go out into the world, I could go out into movement, or I could go out into psychodrama. I could share who I was. I knew how to do that for myself.

When I was learning Focusing, I got a felt-sense image in my body, or word, or phrase, and then I would talk about it. I felt like I knew this already. I think everything about Focusing – especially the Focusing attitude – is about bringing that sense of inner attention, which Gendlin calls being friendly to, being accepting of, or all of that, and sitting with something. That attitude of being kind inside, or loving kindness, is another way of feeling safe inside that I could do for myself. Focusing actually connects with art, movement, sound, or any modality. The felt-sense comes in the form of one or two modalities, but there's a dominant one. If I really look at the visual image, or sense that image, there's movement in or sound in the image. I can sense the words of it.

Lack of developmental pattern of art forms. *In some way, I feel that movement and the body is so primitive. Even in our development, the body, sensation, or movement must be first (i.e., the rhythm and the heartbeat). Most importantly I think it does vary by a person's tendencies. I don't think I would see a pattern, really. I think if I saw a pattern it might be based on how I'm inclined, what I see first, versus which is really there first. I think different people have different inclinations. For me, if someone had tried to work with me with the body first, I don't think that would have worked. I think that I needed the distance, but maybe other people need to work on the body. So, I think it's individual.*

Choice of modalities. *In making choices of modalities with higher functioning patients, it may be that as patients are talking, I start to notice there's an edge, there's something they're starting to feel. Starting with Focusing I say, "Breathe into it, and keep it company. Notice what it is and notice what's in the body. Notice the whole feel of it; see if there's an image or a word or a phrase, or a gesture or sound that comes, that matches that inner felt sense." If they get a visual image, then I suggest that they create art. If they get a gesture or sound, I ask what movement or sound it wants to make. The patient makes the choice, or they indicate the choice. I think it's such a delicate process in terms of listening. It just feels natural, to support the flow. Otherwise you could stop it. The therapist is helping the felt-sense to take shape and to take form. Gendlin says keeping company with. That's what it feels like, keeping company with them. You're with them and a step ahead of them. I'm aware of the nonverbal indicators and the patients are not necessarily. I'm then supporting that nonverbal life so that it has a way of expressing itself, and going forward.*

Beatrice.

Similarities of art forms. *I don't see the art forms as separate, I see them as interconnected. I also don't see much difference between the modalities. I can describe elements in someone's artwork and I can see what's similar in their movement. For instance, if someone's art has a lot of fragmentation, I can see fragmentation in their movement. The same ways that dance therapy works are the same ways in which art therapy works, and the same ways in which enactment works.*

Use of multiple modalities. *My primary identity has always been as a dancer. I've danced since I've been a little girl. But I remember the first class that I did using multiple modalities. We closed our eyes and put pen to paper. The teacher spoke about how painting comes from breath, and how that any movement you do on paper is alive with breath. It then very quickly moved from breathing, to moving, to using sound, and to taking it out into space. Whatever process we were engaged in, we always processed it with art materials. We always took it into enactment. It was a natural progression.*

I use more than one modality in order to reach everybody. I can't paint, but I have certain skills in photography that I'm quite skilled in. But, I realized early on in my early work with children in classrooms that I couldn't reach every child unless I had a variety of ways of going about doing it. I think what I liked about intermodal work from the very beginning is that if one avenue or approach didn't work with an individual or group, that you try something else and something else would work.

Facilitating the therapeutic process. *I don't think theoretically in choosing interventions. The craft is deciding where to go moment to moment, using the structure that you begin to put into place. I don't think of it as much as an intermodal transfer. It's more like Authentic Movement, in that one has an*

impulse and the impulse starts the movement, but then it often doesn't go in the direction that one thinks it is going to go. At some point one has to surrender to the process until something else begins to happen.

I'm not equally skilled in all of the modalities, but I have enough of a comfort level in all of the forms. I can facilitate a process that allows people to express themselves in a way that makes them sensitive.

I like working with resistance, whether it's coming from transference or countertransference or whether it's coming from a group. One of my colleagues always said "conflict defines." I'm very comfortable with conflict.

Form. *When I look at final products, made by those who have skills in different art forms, I think somebody from the outside wouldn't see much difference. I think that's because of their immersion in the form. The forms that we use in the arts are structures for getting at that internal process of that individual, or the process of a group, or a moment within a large group. The modalities work powerfully, in that they give form and crystallization to ideas and to things that aren't otherwise being expressed.*

Robert.

Commonalities and variety among the arts. *I have always embraced all of the arts. It never made sense to me to silo the arts in therapy. I'm after the commonalities . . . what unites, the common pulse, and sense of purpose and safety that it can bring. Yet the strongest group is the one that most thoroughly individuates all the different members in its commonality, in its love, and in its holding of everybody. I'm always working from similarity. However, every art form contains the other. There is an absolutely necessary place for the other senses and the endless variations of expression. What I'm always trying to emphasize are those bases that hold everything, and then hold infinite variation, style, and idiosyncrasy.*

The danger of dualistic thinking. *The similarities go with the differences. Many art therapists think in dualisms and I try not to do this. It really is a pervasive sensibility in our era, where all we do in identity politics is look at differences rather than similarities. The hierarchical thinking of developmental thinking is a danger, because it's so heavily biased. It's not reliable. The world is not linear.*

The emergence of painting from movement. *My core method is generally to paint and to approach painting as movement. When you paint, you move. Movement is the basis of all the arts, I'd say. Painting is arguably more of, or just as much, a kinetic art than it is a visual art. As a painter, I paint better if the gesture is the dominant aspect. Of course the eye is an ally, but what we've done by calling it visual art is that we do not acknowledge a profoundly kinesthetic dimension. I emphasize interplay between the canvas, the paint, the brush, the body. As with a dancer, the painting process also connects with it the floor, the space. It's in me and outside of me.*

I do all kinds of things to help people if they're feeling stuck. I might have them move, make a painting in the air with their bodies, or sometimes just go right to the canvas or paper. In my groups, the most routine thing that I do is to interpret paintings through movement.

I don't tell people what to paint or how to paint. I do the simplest possible things. I keep saying the simpler, the deeper. I do encourage variation. I try to get people out of the head and into the body so people can respond and not be dominated by their own control towers. My job is to energize the environment and the space, and then to energize the person's expression, realizing that it has intelligence. I always try to keep this circulation of creative energy going through responses so that we've set up a basic structure, which is painting, and then maybe responding to painting through movement. In my experience, supportive structures and a sense of order creates safety and boundaries. It creates a sense that I am holding the space for people. They have a person who gives them a response, but we don't talk. We talk at the very end. Talking too much can severely restrict creative discover and experimentation.

I love movement because there's risk. There's the unknown. There's uncertainty. There's tremendous resistance. Resistance is the gateway; resistance is telling you where you need to go. Resistance is good, because when you realize you're OK, then you can deal with it better. Then, when you accept it, you move – you can work. It's often grounded in what they're uncomfortable in. I've worked with particular art forms simply because they arouse my deepest resistance and feelings of doubt (i.e., voice). I'm not about doing sadomasochistic expressive arts therapy. I want people to feel confident. I try to lovingly embrace the areas of discomfort, because those are the areas of depth and learning.

It's a discipline to approach the painting as movement, and then of course, respond visually and shape an image, shape a composition. It is important not to lose touch with the formative movement. I often see people moving beautifully and then, they freeze; they start to think too much. The normal human tendency, in my experience in the visual arts, is to think about it before you do it. So, everything I do tries to relax that inevitable tendency while embracing the mind and thoughts as less dominant allies. I am after improvisation, creativity, and spontaneity, and then reflection.

Judith.

Creativity. *Creative arts therapy is self-selected and it's people who have something there – a creative spirit, a willingness to play, who enjoy being a little bit silly. My groups are more playful. It has to do with a kind of contagion, getting some kind of rhythm, going as opposed to sitting still, and then trying to launch into a therapeutic discussion. It's often like going back into a past body memory that is familiar and pleasurable for them.*

Distinctions between dance/movement therapy and other creative arts therapies. *Dance is using your own body and not creating any other product outside of the dance. Dance is always in the body and art is outside the body. To create art*

outside and apart from your body, even though you might experience some body sensations while you're creating it, it's still very, very different. Dance is very transitory. When it's over, it's over. You can have a really great experience in movement, but then you don't have it anymore; whereas I have some sculptures that I can look at anytime, and either enjoy or criticize. You're creating a piece of artwork that's out there for you and the world to see. It's for myself, for me to see, but then also other people see it and react to it. I think it's more the tangible, versus the intangible.

I started organizing client art shows where the patients could sell things that they made. It was very, very validating. They really loved doing that. People were amazed at what they created. It changed the way that some people viewed the mentally ill person. It happens more in art, because a lot of the movement is not seen. When I did movement sessions with people, regardless of the setting, it was usually behind closed doors, and it was an internal group experience. It was not something that was shared. However, when I did use performance, it was very exciting. It was very validating. To be up and doing this in front of other people and to have them appreciate it at whatever level . . . it was very empowering.

In all the creative arts therapies, you have people read their poetry, people display and sell their art, and there are a lot of theatrical performances in the context of therapeutic drama therapy. There are many, many drama therapy programs where they do performances on therapeutic issues. In music therapy there's also musical performance, but in dance therapy, there's very little if any dance performance by clients. The emphasis is on the here and now.

Diversity in creative arts therapy. *Most of the people, I have a couple of exceptions, can't "really dance." People don't really want to see that. You have to make it so that people have a successful experience and you're not asking them to do something they can't do. People would be uncomfortable, looking at performances or exhibitions because of their own discomfort with that, just the way that the public is intolerant of old dancers, in the US. I remember when Martha Graham was still performing in her 80s or 70s, and the public did not like it. But in Japan, old dancers are revered and respected. People are much more tolerant of unusual art because of their own internal process, and it's easier on a comfort level to put an exhibition of art together. Outsider art is more established than outsider dance.*

I think that a lot of people feel uncomfortable and threatened by moving within their own bodies. I still have some colleagues who are very good therapists, they've been in the field a long time, but they're scared to move a muscle, so they don't feel comfortable trying to get their clients to do that. It has to do with certain stereotypes about psychotherapy. Also, there are several factors influenced by the male-dominated medical hierarchy. I know a male doctor who teaches mindfulness. It's still being in the body, but it's a different kind of being in the body. Patients are attracted to the doctor aspect, an authority component. There aren't many men in the field of creative arts therapy, as well.

Themes

Creativity. Creativity was believed to have been the basic form and forum for the work in creative arts therapy. The particulars and mediums that facilitated the creative flow were not as important as the immersion in all of its elements, either simultaneously or in vital relationship to one another. Key elements were synergistic and liberating, in that creativity was heightened when all abilities were accessed and put into motion together. Subsequently, improvisation was considered to be a central skill, and it played a guiding role. Beatrice, who was a dance/movement therapist and expressive arts therapist, described the process of facilitating creativity in her practice:

You start a structure, and pay attention to the cues that you get. For example, you notice that people are beginning to fall asleep. That becomes a cue that it's time to move it into something more embodied. I have a number of options at my disposal in terms of the structure that I can use. But, for me, the craft is deciding where to go moment to moment with whatever the structure you begin to put into place.

Many co-researchers found that creativity opened them and their patients up in significant ways, offering an expansion of possibilities, a new sense of aliveness, and a way to build capacity and resilience in their own and in others' lives. The whole person could be reached. Judith, who is a dance/movement therapist, described it as the ability to "engage . . . a creative spirit, a willingness to play. It's going back into a past body memory that was pleasurable." The ability to take the increased resources gained through the use of creative forays into patients' lives outside of therapy sessions was considered to be a fundamental goal of creative arts therapy.

Uniqueness of using the arts in psychotherapy. The co-researchers credited the use of the arts as contributing to therapy in several ways. The arts were seen to be able to reach certain areas that words could not. Judith recounted observing a group led by a

verbal therapist that was like “pulling teeth.” The arts led especially to a heightened experiential quality and/or to an expanded feeling level. This contributed to the deepening of the work. The way the work unfolded and the conversations that were pursued were often surprising to both co-researchers and patients. Deirdre stated that this was in part because the artwork was “often ahead of people . . . it may improve before they do, or decompensate before they do.” The co-researchers found that new possibilities were continually engendered. Through the use of metaphors and art making within the therapeutic process, words could be attached to experiences that could not be accomplished before, and the use of words used as a defense was minimized.

The co-researchers observed that they did not have to be in the role of an authority figure. Gloria suggested that the creative arts therapist could instead exude “a certain confidence about one’s presence and subjectivity” that made the therapeutic relationship safe. Elizabeth stated that one of her patients, through the use of the arts, “had the comforting she never had. Then the words I was beginning to say after this began to mean something and make sense.” Therefore, this security resulted in a process in which the therapist did not have to prescribe the events of the session, because the actual production inherent in the art making took the place of that function. Although the co-researchers thought that the creative process had much to do with this, they also acknowledged that verbal therapists who had and who used an integral sense of creativity could accomplish some of the same results.

Commonalities with all forms of psychotherapy. In counterpoint to encountering uniqueness in the use of creative arts, the co-researchers also found many similarities in conjunction with other psychotherapies. Facing risks, uncertainty, and the

unknown were important factors for all therapists. The basic process of becoming aware of pain and suffering of some kind, coming from a state of diminished awareness, led to recognition through therapeutic action. This did not necessarily occur through insight, but also through identification of the feeling or problem, acknowledgement of the dynamics producing the distress, or realization of the problem. A shift in feeling then occurred, producing alleviation or contentment. Co-researchers mentioned therapeutic goals that were similar to all therapists, such as a shift towards the ability to make changes independently and the ability to self-soothe. The need to study subtext was considered important. In creative arts therapy, that would refer to the artistic product. Libby and Sharon noted the need to study the disciplines of art forms, just as verbal therapists study the disciplines of using words in therapy. Deirdre and Molly, who worked within a psychoanalytic frame, found that resistance, transference, countertransference, and working with the unconscious were a foundation of the work. The necessity to study the history of the field and inspirational figures was considered a requirement.

One art form as a foundation. Elizabeth, Deidre, Linda, Sharon, and Libby found that they were influenced and guided by the art form they initially learned and were trained in prior to education in creative arts therapy and/or expressive arts therapy. This early concentration formed a primary identity (i.e., as a dancer or visual artist) into which they incorporated another art form. Most felt that it was a natural progression to integrate the use of another art form, but they were clear that their early experience functioned as the psychological and artistic origin of their therapeutic work and aesthetic perspective. These co-researchers noticed that their work was heightened and broadened through this process and that this was beneficial to their work. Elizabeth emphasized that

she saw everything through the body, and, in her perspective, the body linked other art forms together. However, she also realized that with her sculpture, her focus on bodies was a “way back” to her original artistic identity and a more integrated sense of the arts. Linda, who was originally a dancer, viewed visual art through the eyes of a dance/movement therapist in that she considered what kind of movement art materials would elicit. Gloria, an art therapist, found that, in addition to the making of visual art, she expanded her work to include the possibilities of using space in the room, ways in which participants were using the body in the creation of visual art, including manipulation of materials, and the impact of energetic or postural changes of the body in making the art. Robert noticed that his art was more successful if it included gesture and movement because of the kinesthetic properties of visual art.

Personal preferences for art forms. All co-researchers stated that they had started with involvement in a singular art form. Because of the design of this study, it was either visual art or dance. Two co-researchers often stated that this was because “it felt like me” or because it was “the trunk of my tree,” whereas other forms did/were not. The attraction was also based on internal safety, a sense of inner balance, a way to contact hidden parts of their personalities, and familiarity or natural artistic skill with the mediums. Some co-researchers were affected by their teachers, who either inspired or drove them away. For some who began with visual art, reasons for aversion to dance included that they felt uncomfortable with others looking at their body, which elicited body discomfort or shame, and that they were not extroverted enough or had shy personalities. Deirdre said she did not like the lifestyle of a dancer, with its unrelenting

travel, hardship, and poverty. One, who was originally a dancer, was not stirred by visual imagery.

In suggesting art forms for their patients, many co-researchers noted that it was sometimes the case that a patient would have no interest in a particular art form. Some co-researchers found that some art forms were “meaningless” to patients because, as Deirdre stated, it was “not their medium.” The co-researchers felt, in this instance, that it would be the therapist’s need for the patient to use a specific art form that, in some cases, could inform the therapist’s comfort in facilitating intimacy or the use of other materials. It was acknowledged that creative arts therapists needed to feel comfortable with an art form in order to use it, but not at the expense of the patient.

Personal preferences for certain art forms were recognized as a factor in using art forms, originating from several possible sources. As Beatrice stressed, it may be safest to start in a preferred mode, but eventually it would be necessary to help an individual access their affect further. For her, the question centered on the route an art therapist, as opposed to a dance therapist, would take in order to alleviate resistance. The creative arts therapist would need to know how to “push beyond familiarity with the materials, and the medium and all my ways of working.” Molly stated:

Different people have different access to different modalities just by their very nature, their defensive structures, their character structure, their personality, or their temperaments. It’s the summation of what they’re born with, their history, and their associations to each modality.

Correlation and commonalities of art forms. Many co-researchers, notably the expressive arts therapists, spoke of their desire, right from the beginning of their training, to combine all of the art forms. It did not make sense to them to separate art forms in the service of expression, and, in fact, the co-researchers found the combination of art forms

to be wonderfully rich, fluid, and enjoyable. The expressive art therapists echoed that “one art form contains the other,” meaning that inherent properties were transformed between and among different art forms, coming from an interplay between materials and the use of them. This assemblage resulted in the ability to translate content across art forms; for instance, if one could an overarching property see, such as psychic fragmentation in art, fragmentation in movement could also be detected. This would increase the ability to assess clinical issues. Some co-researchers were then led to primarily look at similarities between art forms and eschew “developmental thinking, hierarchy, and biases.” Artistic skill was not an issue, but “commonalities, infinite variation, style, and idiosyncrasies” were.

Lack of developmental progression among art forms. Related to some co-researchers’ views of commonalities among art forms, a theme appeared centered around a belief that there was not a developmental progress to art forms. This was often because they saw all art forms as being interchangeable and inseparable. However, the subtext of their comments often revealed that clinical issues were most important, such as fear, trust, very early intimacy issues, reintegration of parts of the self, reclaiming parts of the self, or relationships with the outside world. Generally, these co-researchers did not compare art forms, but instead chose an art form that processed the material; their assessment of the success of that choice came from the response from that patient that followed. They did not see themselves as facilitating the use of a particular art form as much as allowing greater opportunities within the use of a single or all art forms. The goal was to “further the process, whether it’s deepening or lengthening. It’s going to vary from person to person if you use more than one modality . . . it can create more depth in the process.”

Differential properties of art forms. Many co-researchers spoke of art forms in terms of the differences they have in relation to each other. It was commonly expressed that dance and movement were temporal and that they were therefore, in most instances, relatively intangible. The co-researchers' experience with using movement and the body was that it often made their clients uncomfortable, especially if movement or dance were used to work with clinical issues of intimacy, trust, and fear. Because the artwork was produced externally to the body, this made the creation of visual art safer for many clients. When a "third object," as Linda called it, was created between the artist and his or her feelings, the focus could be taken off the body if being in the body was threatening or too painful. Visual arts created a permanent object, generating possibilities for revisiting the meaning inherent in the work as well as for receiving validation from others. The significance created in the art piece could be reflected back and integrated within the client in a more conscious way. Elizabeth described the developmental ordering of art forms in the following way:

I think modalities have different kinds of power. Psychodrama is 'cut-through' power; it's the onion right in half. In the sense that it opens up, it's very translucent. I don't think art is always that translucent. I think that it holds the story and it's your story. I think movement evaporates. You can't claim it and get it back quite as much. It becomes more of a gut sense and trying to put words to something that's gone.

Another co-researcher, in describing the advantages of both art and dance, stated:

Art, whether it was two-dimensional or three-dimensional, felt fairly static. Even in three dimensions, it still felt that we could experience, or understand [the clients'] experience in a two-dimensional way. As soon as we took it into movement, we really were in three-dimensional space, we could really see all the way around this particular feeling that they were taking into movement, [even if it was] a particular line quality. The moment it is taken into movement feels like we have much more information, more quickly, in time.

Because of these differences, some co-researchers saw a developmental progression to art forms. Movement and dance were first, followed by visual art, and then verbalization. This was, on one level, based on an assessment that movement was more preverbal, primitive, or fundamental. As Libby emphasized, “An infant comes in with kinesthetic and sensory ways of interacting with the world.” Visual art was less so, as it created an external object. Verbalization is the backbone of language. On another level, Libby, Deirdre, and Molly integrated their knowledge of working with either dance or art in conjunction with developmental knowledge about acquisition of art skills or cognitive abilities.

Clinically, the co-researchers generally noticed that in working with the body or dance a creative arts therapist has to personally develop the skills to create a felt experience in her own body. In doing so, she would be able to feel what the client is feeling through knowing it herself in a session. In working with art, the internal sense of a client and therapist is shifted from an internal state to an external one.

Aesthetics. The co-researchers offered several definitions and ways of using aesthetics in creative arts therapy, many of which seemed to be separate entities not necessarily related to each other in a consistent perspective. Two co-researchers did not define what aesthetics meant to them or in relation to their work.

Individuals were not expected to be “artists” in order to remove the chance that clients’ art and, by implication, clients themselves were less than presumably healthier people. It was felt that instead of giving the highest credence to the quality of the work, it was more important that the work be shown and not hidden so that the art/self could be “celebrated and honored.” Further, it was important to steer away from goals of

perfection. Art did not have to be good art, as the art world would define it; rather, it had to correspond to the therapeutic goals of the client and to the stage of treatment.

Therefore, the therapist had to be alert as to what to offer the client on a psychological level while engaged in the art-making process. This could range from empathy and support, in order to not overly control the process, to an intervention of guiding a floundering client, which could include addressing psychological issues.

It was also felt that attention should be paid to the process of art making itself, what Gloria called “tracking the making.” This could involve observing how the person engaged with the materials over time and could even involve taking photographs of the evolving work. The space in which the art was created could be included as well. It could also entail asking what the piece needed, including content, gestalt exercises in which the client would become an aspect of the piece, a phenomenological focus, and work with archetypes or interpretations.

Some offered teaching or skill building in art techniques, especially if the client needed these skills to contain feelings or provide psychological boundaries. Most of the co-researchers were skeptical of focusing on skill if it interfered with psychological process. Beatrice said that if

someone from the outside looked at a finished piece, you wouldn't see much difference. It's their immersion in form [coming from their connection to their own experience]. It's like the crystallization of a process that cuts into form that is so authentic, so grounded in the totality of that person's being. The proficiency of the form has become irrelevant. It's the engagement in the moment. I guess that's what makes us different from artists.

The art piece was not considered important in itself but as a way into the person. For these creative arts therapists, this lack of technical skill extended to themselves as

they felt that they did not have to have developed mastery of their chosen art form in order to facilitate the process for the client.

Sharon and Libby saw the value to be had from technical skill focused on finding form and making it evolve from the artistic process. This was seen to spring from ways in which form could come into being through creativity and spontaneity, attention to developmental aspects of art properties, and a lifelong dedication to the discipline of their chosen art form. They felt that the more they knew about their art form, the more they could know about their branch of creative arts therapy, which would result in being able to offer more in-depth treatment.

Choice of movement or visual art mediums in a session was made in order to provide the easiest access for clients so that they could maintain interest and engagement. However, some co-researchers did look at formal properties of the art pieces (i.e., how it was constructed, balance, color, qualities of movement, etc.).

Comments were made on two aspects of the art world. Firstly, the use of art criticism was looked upon with wariness because it was associated with personal criticism, especially as many of the co-researchers had experienced psychological distress in their own art or dance training. They did not want the damage they had suffered to be applied to their clients, and they worried that it would obliterate safety and trust that had been established. The importance of feedback, in contrast to “critique” was enumerated. This feedback had to be done in a therapeutic relationship in which trust and safety had been established. Secondly, in a more positive light, it was felt that established artists could be used for inspiration and guidance and could serve as conduits for the examination of cultural traditions.

Choice of art forms. Many of the findings coalescing to the formation of this theme overlapped with the *differential properties of art forms* theme. In the latter, co-researchers discussed features of art or dance that would necessitate the use of one or the other. For instance, if dance made the client uncomfortable because of issues of intimacy, then art was found to provide safety and more availability for forays into new ways of interacting. In addition to the factors described above, co-researchers saw choice in art forms made via and in accordance with several sources: the client, the goals of treatment, the therapeutic process, and the structure of the directive or the creative arts therapist's decisions. General goals in choosing art forms were to deepen the therapeutic process, thereby assisting shifts in clinical work to occur. This would finally lead to the emergence of new perspectives on an issue salient to the client.

A few co-researchers mentioned intuition as being a starting point for choosing an art form. Elizabeth defined intuition in the following way: "I start to notice there's an edge, there's something there. I notice a feeling starting to come up. My role is to help it take shape and take form." However, when a shift in the client's nonverbal energy occurred, the therapist would have to choose whether to facilitate and further the client's process away from the prior material because it was a healthy development or whether to encourage the client to stay with the phenomenological experience or sense memory prior to the shift. With the latter, there was a possibility that resistance was surfacing and could be explored on that level. If the shift was excessively sudden, time was needed to change from images, feelings, or insights that were murky to something comprehensible. The creative arts therapist was seen to be in a relationship with the evolving material of the client but a step ahead at the same time, meaning that the creative arts therapist was in

empathic connection but was also using her or his clinical knowledge to guide the process.

Often, choices of an art form were sought that would serve as a counterpart to a clinical issue. For instance, Deirdre mentioned two clients with which she chose to move gently, face-to-face. This suited one client because she needed to know that she could trust her therapist and that her therapist was managing her case properly. Another client also needed eye contact, because, due to the trauma she had suffered, she could only feel safe knowing what was occurring in her environment as well as exploring more protected but intimate ways of relating.

Within the art form chosen, structure was discussed as a salient issue. For instance, individuals with schizophrenia in a psychiatric inpatient facility were assessed as needing a high degree of structure within the directive given. This was believed to provide greater internal psychic structure. In another circumstance, a higher functioning individual could be guided through the use of different degrees of structure to integrate modes of kinesthetic experience, affective form, and cognitive awareness.

Patients were sometimes seen to make their own choice of art form, managed by the creative arts therapist's observations of cues within the client's process. When clients would arrive at a clear image, gesture, or sound, the therapist would then respectively guide them to use visual art, dance, movement, or music to further develop their work. Another way to give the client the choice was to simply ask what the client's preference was.

Limitations to the art form chosen were recognized if the client refused the therapist's choice, or if the richness of the therapeutic process did not develop, signifying

that the choice of art form was not ideal. Fluency in an art form might allow the client's resistance to remain entrenched, because artistic skills could help aid evasion of new clinical information. In that case, the choice of another art form would facilitate elements of surprise and spontaneous creativity to support more in-depth work.

Exemplary Portraits

The following two exemplary portraits describe the individual experiences of two co-researchers pertaining to this study, specifically with regard to how they embody core themes found in the composite depictions. Bolded words serve as a guide to identify themes. Italicized words are direct or paraphrased quotations derived from the co-researchers' interviews.

Linda. Linda, an experienced dance/movement therapist and expressive arts therapist, started her career initially as a dance/movement therapist, because she felt that dance was a “strength,” or **personal preference** of hers. However, right from the beginning, she found that she was interested in all varieties of **creativity**, stating, “I just wanted to facilitate people’s creative process. I had a sense that it didn’t really matter what the medium was; that the creative process was the same.” She found herself using dance, music, and visual art in a very conscious way, because she saw them as distinctive mediums. For instance, she paid attention to what moods the music would enable, and she used the Kestenberg Movement Profile to clarify rhythms in music. She also kinesthetically focused on the music by tuning into the responses in her own body so that she could know what a particular movement was going to produce in her clients. Thus, she was able to see and act upon the **correlations and commonalities between art forms**, gaining knowledge of an issue through multiple art forms and using this ability to

work on an issue through multiple modalities. She saw them as inseparable and therefore saw a **lack of developmental progression among the art forms** that she was using. This theme noted a tendency not to use developmental theories, but to look at clinical issues as a subtext. Art forms were selected that would help to process and further those issues. In speaking about her work with individuals with addictions, she stated the following:

I don't think developmentally that often. I think more in the moment. I think fear is the initial thing, whether it's fear of not making a perfect product or fear of being seen, or fear of intimacy or fear of not being safe. Fear is what they come into the room with – uptight, nervous, fearful, anticipating, what am I going to have to show – OMG she's going to make me talk again. Whatever it is, they come in with that nervousness. I felt like my task was to help them get over that and into something safe and comfortable. They come into the room and then move into something more creative and more conscious. . . . Actually, now that I am talking about it, I did think developmentally because I did think that trust was the core issue.

She saw relationships existing among art forms, especially visual art, through the lens of **dance as a foundation**:

When I do art, I am thinking of the movement that has to take place. I'm seeing it as a dance/movement therapist. The visual art has more to do with what movement it's going to facilitate, than what it has to do with images. I might choose finger painting compared to pastels, because it's messy, a little sloppy, and loose. It creates a very different response than a pencil that requires control; it's neater, narrower. Art media that engages a group together, like building a group sculpture all together, requires physical interaction, moving around each other, using the space together.

She also noted that movement and music influenced each other. If using live music, the music would influence the movement emotionally, resulting in the movement changing the music. In addition, the use of an instrument engaged the body on a somatic level in qualitative ways by the very fact that the body had to be used for the instrument to be played in different timbres, phrases, and so forth.

At the same time, **choice of media** was based on the **differential properties of the art form** that she chose. In working with individuals with addictions, she found it very difficult to facilitate movement or embodiment because of issues of intimacy, trust, impulsivity, and homophobia. With impulsivity, the temporal nature of dance emphasized their difficulties in this area: “It flew out of their bodies and it was just gone. They could deny they did it. It was just fun.” With homophobia, working with bodies more directly aggravated their fear: “I think there’s no way to get away from the body as being an intimate experience, even if you’re moving by yourself. Movement brings you intimately to your body or to the body of others.” This was a foreign experience for her clients, or one that was not normally socially acceptable. Therefore, homophobic responses would arise as a defense. Intimacy would arise out of body and movement:

It is an intimate experience. It's the embodied experience. There's just no way to deny it when you're moving. I am a living, breathing, sweating, smelling creature; you just can't get away from it. My whole sensory experience is at least touched on by movement to some extent. When moving in a group, it can be overwhelming or overstimulating. I think to be in your body as a live creature, embodied in your flesh, with other people in the room who are having that same experience is very intense. With a clinical population, if they have any self-awareness, they are likely to feel this "bodiness." It's uncomfortable for many, many people. Movement is just not movement, it's the body, and it's the medium.

However, she could make expression, interaction, and meaning possible through the use of visual art, because a psychological and/or physical entity was created outside of the body. By this means, a rudimentary sense of embodiment was constructed as well. For instance, the muscularity needed to work with clay facilitated a direct sense of their experience in their bodies:

In art, the body disappears. It relieves body-based discomfort. I think that people become almost disembodied when they do art sometimes or the whole body focus is just on the hands, or maybe eyes and arms. The rest of the body is let off the

hook or it's under the table and disappears, literally—it's not visible. There's a table between me and you; one doesn't have to deal with most of the body.

Linda observed that the emotions associated on the periphery of the body were less intense. This decrease in feeling would be useful in maintaining defenses that were needed during those times. If pushed too far, the clients would numb themselves: “They just wouldn't cooperate. I had to move them gently into new uncomfortable areas. Art let me do that. Art let me get them ‘moving’ in a way.”

Linda used certain media that were easier to use and less skill-based. Favorite media were finger paints, stick sculptures, junk sculptures, or plasticene as opposed to drawing materials, which she found elicited issues of talent or proficiency:

I was hard to get over that hurdle of “I can't draw; I don't know what to do.” The goal was to get the focus off the product, to get involved. They could focus on the product later, once they got over that hump of their fear. The unfinished work eventually became a valuable product, just as much as sitting down and making a very careful picture. It didn't seem to matter. What they made was still rich in metaphor. They were as proud of it as if it was a polished work. Maybe more so, because they would not be concerned about the product being perfect, if they were trying to do a portrait let's say. We could work with this issue, but that would be the only issue, over and over and over again. I felt that we needed to get over the fear of the product so that we could get into something else, or we would be working on day after day of “I can't draw, this is no good, forget it.”

Linda felt that emphasizing skill would have echoed their fear of movement and escalated their extreme discomfort of expressing per se. With these beliefs and forms of practice, Linda was working with **aesthetics**, as outlined by the co-researchers. She described an emphasis on not steering the patients towards the pressure of being an artist, working to minimize perfection, choosing media that were manageable so that the clients could maintain engagement, and offering empathy and support based on clinical issues.

Overall, Linda was referring indirectly to the **uniqueness of using the arts in psychotherapy** because of the distinct approaches and subsequent information that could

be gained by the use of music, dance, movement, body, and visual art. She worked within the goals of all methods of psychotherapy, in that she worked with presenting problems and, eventually, with mitigating those problems. In her case, she used creative techniques, but **commonalities with all forms of psychotherapy** were present.

Gloria. Gloria received a B.A. in political science, an M.A. in psychoanalytic studies, and a Ph.D. in philosophy before she received a certificate in art therapy. Cultural studies were woven into all degrees and training. She studied Authentic Movement for many years, which is a form of movement centered on an inner impulse. She also studied Butoh dance in Malaysia and Japan, which emphasized a performance art component.

Her attraction to Butoh was expressed in the following way:

They were representing the body in different ways; they worked publicly on sidewalks and street corners and in shopping malls, just to represent the body differently. They wanted to intersect these public thoroughfares where people would be distracted from their own bodily experience. They weren't in costume, but dressed normally. They weren't in the usual white.

These fields of study set the stage for integrating many art forms within creative arts therapy, but in a particular and unusual way:

I look at installations. Maybe they're single pieces of paper or single or three-dimensional objects, but somehow they're worked into some kind of a gathering of pieces. People might bring in props to work with, and move in some way, through poetry, creative writing, voice—using their body.

Her work with installations expanded into environmental celebrations commemorating seasonal events or using festivals to bring about some awareness of the environment. This brought her work outdoors. She focused on using nature, the natural environment, or natural material.

The positioning of art forms within a communal politically and culturally charged perspective is in part based in a **correlation and commonality of art forms**. Her

inclination to combine several art forms reflects a view of a **lack of developmental progression among art forms**. Gloria does not see art forms as separate but as part of a unity. In her work, they are ingrained with one another. She deliberately adds one art form to another in ways that feel safe for participants:

I love the idea of creating conditions in which people can experiment within the entire studio space within art therapy—map out expression in the entire context of that environment. I always think of it as an enactment. I like people to periodically enact their artwork, creating inflations, creating some piece that incorporates the body and moving the art therapy artworks into some kind of assemblage.

Creativity is a foundation seen through the lens of improvisation in art and movement:

I always felt that improvisation in art therapy, improvisation with the body, is a resource, a way for people to build capacity and resilience in their lives. I always think of the possibilities of opening up life experience or experimentation, using whatever they choose to do with that, any kinds of new learning. I always use the word “routes”; any new routes that they take that are different in their life.

Related to the theme of creativity, she stresses the use of possibilities that can be pursued, leading to change in accordance with the theme of **commonalities with all forms of psychotherapy**:

I look for anything that goes out of a particular routine, that’s very comfortable, something that starts to change, even in a very small way. Hopefully there’s some correlation; the work they’ve done in art therapy brings those changes into the world. I’m always looking for signs of what is coming back to life.

As a way of integrating **aesthetics** into her work, she investigates the methodologies of plant artists, walking artists, land artists, and environmental artists. These artists provide a way to efficiently and plainly communicate with their participants, including young children. As an example, she looked to Richard Long, a walking artist. He makes objects composed out of materials he finds along his path, makes lines with his

feet to create drawings, or uses words to illustrate his journey. Gloria is in line with the co-researchers who felt that choice of materials should be accessible, with minimal emphasis on skill-based media. She gives great importance to following the process of art making, including how the evolving artwork moves through the space, whether it is outdoors or in a studio. She watches for very subtle and minute changes, making notes, looking back at the artwork over a period of time, or photographing the journey of the work. In this way, artwork is reviewed from different perspectives and in the context of other artworks. Thus, the art making achieves a momentum. She considers work to be on an everlasting continuum, never achieving a final resting place:

So, on the one hand, there are review sessions, but on the other hand, there is the idea of assembling an environment. The participants are surrounded by a whole collection of artworks and then they can decide what they want to do within that milieu. I'm very interested in the environment that the work is surrounded by. There are so many levels that you can create within an environment.

Still pertaining to aesthetics, Gloria is not concerned with whether or not verbal links are made. Artwork can remain on a nonverbal level. In fact, Gloria is wary of the application of her scholarly training and of selected artists' writings to art therapy, as they might contribute to the closing of physical or psychological possibilities within the participants. She sees more promise in postmodern and phenomenological stances, as they open up potential in participants. Except with her experience in Butoh, she also mirrors some co-researchers' beliefs that training in art is not necessary for creative arts therapists. In contrast to many of the co-researchers, she thinks that the artwork done by her participants would appear unlike that of trained artists if they had more formal education in fine art. However, since her work is primarily outside of a traditional therapy context, artwork done without training enhances the effect.

In Gloria's environmental work, she does not work directly in a therapeutic context, so she does not intend to interpret, cure, or heal the individuals with whom she works per se. This reflects the theme of **uniqueness of using the arts in psychotherapy**, in that, as the co-researchers noted, creative arts therapists do not have to assume the role of an authority figure. This theme points to the ability of the art-making process to guide the course of the session, which Gloria also stresses.

Gloria sees **one art form as a foundation** for her, namely visual art. She does not feel comfortable using all art forms, such as music and drama, so she instead invites those who are skilled in these forms to work alongside her. She integrates creative writing and poetry as well as creating artist's books. She is also aware of the movement necessary to make art, especially the movement that takes place filling and interacting with the studio space in which the art is created. She is attentive to the temporal nature of movement and the permanence of art, noting the **differential properties of art forms**. She is aware of **personal preferences for art forms**, both for herself and others. She does not use art forms haphazardly but chooses them because she likes them herself:

I'm not good at drama therapy, which is a big leap for me. People have a choice whether they're going to work with an art therapist. If I'm working with an art therapy student, I would include drama in art therapy and the student would decide whether they like that or not.

Again, this is all configured within the context of improvisation and the generation of something new:

Particularly in community arts and a lot of the movement in public spaces, I find that I'm never telling people what to do, but kind of exuding a certain faith in people. We produce.

Creative Synthesis

Oh, what a journey it's been!

*All of my co-researchers, co-conspirators, co-splunkers
Delving and scaling the heights
To dig and rummage, through and around
This field of ours*

*Common streams and tributaries flow deeply among us
Inner shifts
Inner and outer stories
Our clients are
Dis-owned, dis-embodied, dis-turbed, dis-tressed, dis-carded,
But then a (moment) leads to
Re-awakening, re-attunement, re-membering, re-claiming*

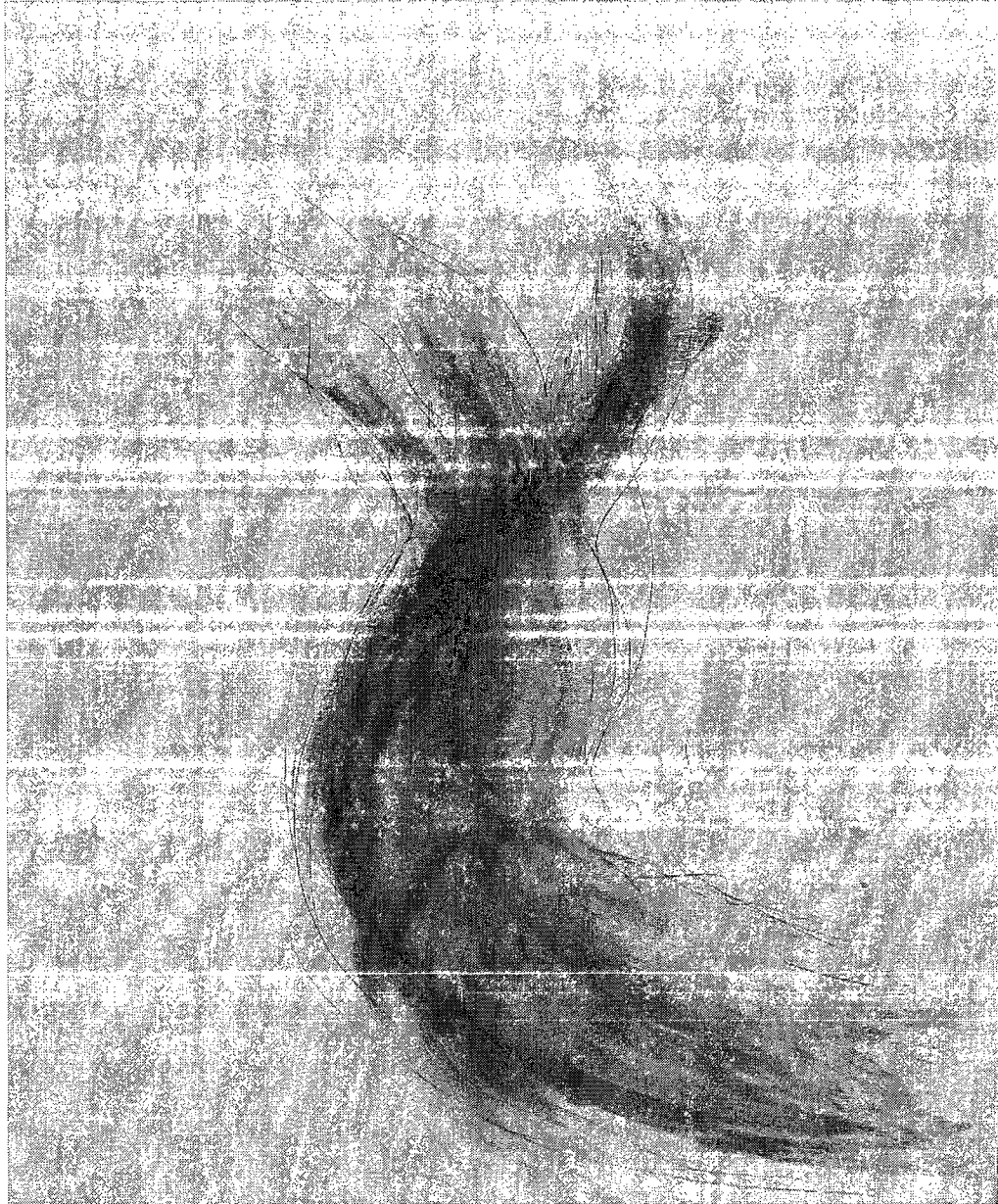
*As I ask questions of my fellow passengers
I ask more of myself
Separate but equal?
Tracking a sequence?
Where does the art live?
How does the art live?*

*They answer –
It's in the process
It's about the creative flow
It's in respect
It's about trust
It's in relationship
It's about you
It's in you
It's about risk
It's in the uncertainties
It's about the uniqueness of art
It's in the art form itself
It's about what we have in common
It's in the common translation
It's about what I find a home in
It's how the art forms differ
It's how they don't
It's how we are artists
It's how we aren't
It's how we teach
It's how we guide
It's how we engage*

*So I turn to the art –
As I start to move, a sense of excitement wells up
A young energy that never dies, always fresh*

*Leading the way easily
Still excited after all these years
I sit back, quiet, breathing deeply
My head falls back, getting stuck in that familiar pattern
A literal and metaphorical pain in the neck
Take it slow, don't get pressured
All you have to do is guide/hold your head UP!
My arms glide up with strength, and
curl into circle eights, some
reflecting infinity
Slightly violent, but
perhaps just impactful
My shoulders join in everlasting promise, and
invite a damaged hip
Both hips join to shift the weight of my body back and forth
Until strength is gathered
I begin to march
I open to more gentleness, stopping and shifting
My hands unwrap and stretch
Seeking a perimeter
Moving towards each other
Meeting, creating a strong connection through space
They are in place, in space with each other
Made of silver, pliable, reflective, but immutable steel*

*I found a new sense of self
and a broadened, more enlightened source
Sustained by a widely expanded community
You know
Knowledge is not all gained in writing*



Summary

All co-researchers emphasized personal and unique aspects of using the arts in psychotherapy. In the process of writing the individual depictions, meaning from the data began to form. This level of knowledge, in turn, resulted in cumulative themes, which were then illustrated and reframed by two individual co-researchers in the exemplary portraits. Each level of data analysis revealed different information, resulting in well-

rounded answers to the research question. Heuristic and arts-based methodologies were not only used as formal research methodologies but also served as conduits through which to process, present, and elucidate the results of the study.

Themes were Creativity, Uniqueness of Using the Arts in Psychotherapy, Commonalities with All Forms of Psychotherapy, One Art Form as a Foundation, Personal Preferences for Art Forms, Correlations and Commonalities of Art Forms, Lack of Developmental Progression among Art Forms, Differential Properties of Art Forms, Aesthetics, and Choice of Art Forms. In the next chapter, the findings will be discussed as related to the extant literature reviewed in Chapter II. Limitations to the interpretation of the findings will be discussed, and suggestions for future research will be made.

Chapter V

Discussion

Introduction

In this chapter, I will review the core themes in light of whether they fortify, elucidate, explain, or draw a distinction in juxtaposition with the scholarly literature. Relevance to the research question was of import in this examination. Implications of the study and suggestions for future research will also be outlined, and assumptions, limitations, and conclusions will be presented.

Relationship of Findings to Academic Literature

Core themes were organized according to their singularity or their relationship to each other. These included (a) creativity, (b) the polar relationship between *uniqueness of using the arts in psychotherapy* and *commonalities of all forms of psychotherapy*, (c) *differential properties of art forms*, (d) the relatedness of *one art form as a foundation with personal preferences for art forms*, (e) *lack of developmental progression among art forms* in tandem with *correlation and commonalities of art forms*, (f) *aesthetics*, and (g) *choice of art forms*. All themes clearly generated future areas for investigation, which will be discussed in the Implications of the Study subsection.

Creativity. Creativity served as an undercurrent to the conception of creative arts therapy for both co-researchers and authors in the literature. It served as the gateway and basic assumption for knowledge and articulation of theory and practice. The belief in empowerment and resiliency that can result from the creative flow and from immersion in artistic play was unanimous. Absorption in a synergistic process transcended the use of particular techniques, structures, or art materials.

Uniqueness of using the arts in psychotherapy and commonalities with all forms of psychotherapy. These two themes can be seen to function as different ends of a polarity. The core theme of the *uniqueness of using the arts in psychotherapy* highlighted the distinguishing characteristics of the application of the arts in psychotherapy and especially spoke to the ability of the arts to reach and express parts of the psyche that verbalization could not. The co-researchers thought this especially pertained to emotion or experience in its various manifestations. They noted that this was an opportunity to access and deepen therapeutic work through the considered use of metaphor, artistic process, and the art product. Defensive structures were minimized through less dependence on verbalization, in conjunction with a therapeutic relationship engendered by art production that lessened authority issues. The core theme of *commonalities with all forms of psychotherapy* served to balance the uniqueness of using the arts and was noticed to forge a link between creative arts therapy and other forms of psychotherapy. Similar goals and processes were seen to occur in creative arts therapy and in psychotherapy, in general, such as the ability to face and stay with the unknown or pain, which gave way to eventual shifts toward affect regulation or new inner organization. Many co-researchers acknowledged, as do psychotherapists of any persuasion, that study of pertinent disciplines, selected theoretical frames, leaders in the field, and history of their fields were necessary and enlightening.

In the scholarly literature, as described in Chapter II, creative arts therapists as authors also understood that the arts are seen to define the field in many ways. They noted the hybrid nature of the field. This amalgam was inherited both from theoretical stances and traditions of practice outside of their own field and from attempts to clarify

these same stresses and challenges from within the field (Johnson, 1999). In the latter, the emerging nature of creative arts therapy as a field in its own right can be seen to be a particular strength, adding to its vitality. On the other hand, it can also be confusing in that it is sometimes difficult to unearth the essence of creative arts therapy, particularly when ascribing to it only a cumulative vision of other perspectives and stances (Gorelick, 1989; Huss, 2009). Nevertheless, there are many acknowledged similarities, such as in the possibility of a shared language (Aldridge et al., 1990) and in how creative arts therapists see themselves as unique in relation to verbal therapy through their use of the arts. In the history of creative arts therapy, these debates have often been contentious or helpful, depending on how far the field was stretched in various directions. The present time is more amenable to expanding possibilities, including making links from one theoretical stance to the other.

In the literature review, one can discern many threads of discussion suggesting ways to determine shared attributes among the branches of creative arts therapies in relation to each other. Healing of divides and laying the groundwork for a unified set of related and coherent areas was seen to further the definition and articulation of the uniqueness of the field. These centered on the hybrid character of creative arts therapy (Gorelick, 1989; Johnson, 1999, 2009), which led to related forays into the direct application of developmental (Avstreich, 1981; Hinz, 2009; Johnson, 1999; Loman, 1998; Loman & Merman, 1996, 1999; Lusebrink, 1990; Rosal, 1996; Schaverien, 1999), integrationist (Dosamantes-Alperson, 1984; Huss, 2009; Levy, 2005), or differential theories in creative arts therapy (Avstreich & Brown, 1979; Cane, 1983; Chan & Horneffer, 2006; Hammond-Meiers, 2005; Lev-Wiesel & Doron, 2004; Levy, 2005;

McNiff, 1998; Meekums, 2005; Parashak, 1997; Sandel & Johnson, 1973-1974). The investigation of intermodality within expressive arts therapy investigated connections among art forms (E. Feder & Feder, 1981; Knill, E. G. Levine, et al., 2004; Knill, Nienhaus Barba, et al., 2004; McNiff, 2009; Rogers, 2000; Speiser, 1996). The investigation into various ways of thinking about aesthetics helped clarify what is unique about the use of art in creative arts therapy (Franklin & Politsky, 1992; Henley, 1992; Kramer, 1971; McNiff, 1998; C. H. Moon, 2000; Robbins, 1985; G. Thompson, 2009; G. Thompson, Abbenante, & Chapin, 2008). Political inclinations were discussed in order to differentiate creative arts therapists from other psychotherapists (Aldridge et al., 1990; Johnson, 1999), leading to the discussion in art therapy about whether that branch of creative arts therapy was an idea or a profession (Allen, 2000; Ault, 1994; Feen-Calligan, 2000; Malchiodi, 2000; C. H. Moon, 2000; Vick, 2000). Discussions more rooted in the arts considered ways in which being an artist influences the tenor of a session and the manner in which artistic experience filters the therapist's presence or interventions (Schaverien, 1999). In such discussions, the inherent nature of an artistic process then becomes a template for how the session is conceived and implemented (Aldridge et al., 1990; Blatner, 1992; Ellis, 2001; Johnson, 1999; Kramer, 1971). The search for enduring lucid patterns molded in the arts takes the place of momentary catharsis, resulting in a "common language" for the arts (Aldridge et al., 1990). In focusing on patterns based in the arts, two patterns were identified that were stable across time and resilient within the art form itself. These included (a) a process common among all art forms as art treatment unfolds (Johnson, 1999), and (b) types of images that have various structural differences (Schavarién, 1999).

The co-researchers noticed commonalities between all forms of psychotherapy, acknowledging that they shared similar generalized goals for treatment. They further discussed examples of the processes needed to achieve these goals and of integrating basic tenets of one's profession. Co-researchers themselves stated that they used a variety of theoretical frameworks, including humanistic, psychoanalytic, Jungian, gestalt, developmental, cognitive/behavioral, solution-focused, integrationist, eclectic, phenomenological, postmodern, intermodal expressive therapy, and the expressive therapies continuum, mirroring their wide-ranging theoretical influences that have been integrated within creative arts therapy. This reflected the co-researchers' interest and application of a broad range of common therapeutic perspectives. Authors addressed this, specifically and in detail, in an attempt to explicate the close application and theoretical integration of a particular theory (Naumburg, 1987; Robbins, 1980, 1985, 1987, 1988, 1989; Siegel, 1984).

Differential properties of art forms. This core theme spoke to the essential and distinct properties that art forms possess. Since this study focused on art and dance/movement therapists, the findings were related primarily to those two therapeutic modalities. The co-researchers saw dance/movement as more internal, primitive, and temporal. These characteristics contributed to an intangible nature of dance and movement. Dance and body experience were observed to be able to elicit more feeling; therefore, these art forms had the potential to be threatening, overwhelming, or overstimulating. Clinical issues most commonly elicited were those of trust, intimacy, and fear, as well as the subsequent ramifications surrounding these issues. In contrast to dance, the co-researchers saw visual art as external and tangible. Visual artwork

possessed more psychological distance because it was outside of the body. Creating more permanence, visual art allowed clients to re-examine and return to their art as well as to evoke more validation from others. Clinical issues most elicited via visual art, in comparison to dance/movement, were those of safety, due to the ability to literally take feelings outside of the body and to lessen overstimulation. Some but not all co-researchers saw a developmental progression to the arts, most commonly from body and movement, to visual imagery, to verbalization.

In the literature review, conflicting perspectives came from diverse fields. Creative arts therapists' writing also noted the temporality of movement, which led to a brief, powerful experience, in contrast to the relative stability of visual art, which was outside of the body. The latter was seen to address ego deficiencies and strengthen ego functions; however, dance could create an excessive anxiety that could undermine the development of a therapeutic relationship (Brown & Avstreich, 1980). Other creative arts therapists noted that visual art needed movement and a kinesthetic sense in order for it to be successful (Cane, 1983); drawing was effective with the use of visual arts (Chan & Horneffer, 2006; Meekums, 2005); form and content were different for art forms (Levy, 2005); and art forms facilitated different functions (Sandel & Johnson, 1973-1974). A combination of art forms were seen to be effective (Hammond-Meiers, 2005; Parashak, 1997).

Philosophers and art critics saw this very differently. Rhythmicity and a temporal dimension were seen to be inherent in visual art from many sources. Visual art requires consecutive, multiple phases of viewing, either in looking followed by contemplation or in the necessity of viewing the work from multiple angles in order to see the entire piece

(Bayer, 1958; Souriau, 1958). Temporality is induced in the viewer internally on a kinesthetic level in addition to a visual one (Bayer, 1958; Sauvage, 1958). Internality and externality in visual art were not seen to be so clearly demarcated, in that sculpture is based on touch, either real or imagined (Zuckert, 2009). A call was made to conceptualize aesthetics as mutually drawing upon inner bodily knowledge as well as external perceptual information (Schusterman, 1999). Rhythm, therefore, was associated with psychological and formal properties of the art form, seen through the lens of both somatic and visual practice.

Two other fields support the positions taken by philosophers and art critics. From the world of dance and movement analysis, movement and space were seen to be inextricably linked; one cannot exist without the other (Laban, 1974). Infant researchers, examining mother-infant interactions, saw the latter as a “dance” and as a choreographed exchange. In their view, movement, intermingling with visual development, contributes to caregiver-infant dyads as a way to form healthy relationships and attachments (Beebe, Jaffe, Buck, Chen, Cohen, Blatt, et al., 2007; Beebe, Jaffe, Buck, Chen, Cohen, Feldstein, et al., 2008; Beebe, Jaffe, Markese, et al., 2007; Beebe, Knoblauch, et al., 2005; Beebe & Lachman, 2002; Stern, 2002, 1985).

Creative arts therapists see more of a clear delineation between dance and visual art. Expressive arts therapists do not see such a clear difference because of the explicit use of all art forms compounded with their view that all art forms can contain and work with similar clinical material equally.

The co-researchers clearly and strikingly agreed on the same differential properties of art forms. Philosophers, art critics, dancers, and infant researchers saw

important links, associations, and parallels between dance/movement and visual art. Perhaps, since creative arts therapists primarily identify with their own arm of a larger umbrella, they are not predisposed to look at other art forms. However, many of the co-researchers were expressive arts therapists, who inherently use all art forms in treatment. Using their own disciplines as a primary orientation, philosophers, arts critics, and infant researchers did not see such a clear demarcation; they instead spoke to more subtle dimensions between visual art and dance.

One art form as a foundation and personal preferences for art forms. These core themes are interrelated, in that they speak of the relationship between the artist's identity as influenced by the artist's initial experience with one art form and the subsequent use of this art form in treatment. Both themes are based in their original identification with one particular art form. The first theme grounded the co-researchers' own psychological and artistic origins in response to both how they created their art and how they made their therapeutic decisions. The second theme articulated the co-researchers' psychological components that led to the identification itself. This included aversion to and inspiration from important figures and a brief mention of issues of safety and endangerment. One co-researcher noted that it was of import that creative arts therapists have skill and familiarity with other art forms in order to effectively further the therapeutic process when a patient may prefer to use a particular art form outside of the therapist's expertise. The issues delineated in these themes were not discussed in the literature, either from creative art therapy or related disciplines.

Correlation and commonalities of art forms and lack of developmental progression among art forms. *Correlation and commonalities of art forms* referred to

co-researchers who preferred to use all available art forms due to their observations of increased expression as well as increased depth of the therapeutic process when they did so. This theme also contained the thread that clinical issues could be perceived similarly in various art forms, since there was a conviction that all art forms were related on an important structural level. Closely related, the core theme of *lack of developmental progression among art forms* developed the view that art forms were not in a developmental relationship in relation to each other, since they were exchangeable and united with each other. Choice of art forms was not based on a comparison; instead, a successful selection was based on the outcome. However, upon examination of clinical vignettes in the raw data, clinical issues could be seen to correspond to particular art forms.

In contrast, many creative arts therapists in the literature found a developmental approach useful. A group of approaches included those who worked from a frame based in child development (Avstreich, 1981; Loman, 1998; Loman & Merman, 1996, 1999; Rosal, 1996). Art therapists saw art as a means within which to ground a developmental approach by paying heed to art forms, art materials, and differing forms of representing art imagery (Hinz, 2009; Johnson, 1999; Lusebrink, 1990; Schaverien, 1999). Predictable sequences that occur in treatment were also proposed as a guide, based either in sensory systems that lead to distinct expressive art forms (Johnson, 1999) or in structural bases of images (Schaverien, 1999).

The early psychoanalysts saw the arts or the artistic process as following a developmental progression in many ways. Underlying normal functioning, the use of perceptual systems was noted. A developmental sequence was formulated that began with

bodily responses, progressed to visual perceptions, and ended with hearing (Freud, 1923/1961; Spitz, 1965). Words and images were seen to be aligned with both preconscious and conscious thought. Sensory imagery (including visual and body sensations) was linked to unconscious conflict (Kubie, 1961).

In the artistic process, phases were also delineated. The first phase was one in which the creator was seized by inspiration in a rush of productivity, requiring that the art-making took on the nature of abandonment of one's normal way of being in the world. The second phase involved a time of relative reflection in a time-intensive way so that the product could be refined in accordance with the artist's wishes and skills. This sequence was seen to arise from unconscious to conscious processes (Kris, 1975). This progression was echoed by Hawkins's conceptions of dance/movement therapy described above (Leventhal, 1984).

The early psychoanalysts also addressed the relationship between art, creativity, neurosis, and health. Freud saw artists as finding a solution to sources of neurosis, often cast in an unflattering way. Art was not the result of a creative undertaking. The analyst's focus was on the interpretation of the unconscious and the journey from fantasy to reality. Freud thought that psychoanalysis was not appropriate for artists in most cases, except when artistic desire was stronger than resistances (E. Jones, 1955, 1957). Freud did not consider art to be the purview of psychoanalysis, from an aesthetic viewpoint. As psychoanalytic thinking evolved over time, the artist was seen as less neurotic and more creative, moving from representing the seedier elements of society to being on the vanguard and performing an inspirational or valuable function (Kubie, 1961). The

importance of creativity in healthy functioning for non-artists was emphasized (Bion, 1962; Milner, 1957; Meltzer, 1988; Winnicott, 1971).

The relatively new field of infant research has addressed the nature of a developmental progression, based in perceptual and sensory systems. A clear progression has been observed empirically, beginning with the use of movement and different combinations of body actions. This is followed by synchrony and mirroring with different sensory capacities. Locomotion then leads to contact with the external world and ends in visual exploration. In addition to this developmental process in which core selves also operate simultaneously (Stern, 1985) is the finding that the brain organizes sensory modalities separately and in great detail (Lewkowicz & Lickliter, 1994). The ability to transfer information from one sensory modality to another, known as crossmodal or intersensory correspondence, is available to the infant from the first few hours of life.

With these core themes, potential correlations can be seen to exist across many disciplines. As an example, art forms were seen to be fashioned from sensory systems, from a creative arts therapy perspective (Johnson, 1999), and psychoanalytic investigations found a relationship between aesthetic and sensory components (Kubie, 1961). Some philosophers and art critics also promoted the idea that each art form originates from a particular sensory experience (Berleant, 2004; Zuckert, 2009). Infant research supported the view that sensory modalities work in combination with each other, either in a progression, separately, or simultaneously, based on rudimentary biological principles (Lewkowicz & Lickliter, 1994; Stern, 1985). Psychoanalysis and infant research showed how sensory systems form psychological systems and ways of relating, both using similar sensory and aesthetic components. Universal encounters with aesthetic

properties in the search for the relationship between art and neurosis (Kubie 1961) and infant research (Stern, 1985) outlined sensory systems that formed important senses of self. The psychoanalytic forays described above attempted to find a place for artistic experience and creativity within mental health; infant research investigated early experience and healthy development in infants, using aesthetic variables. The above supports the theme that the co-researchers formulated: that there is a commonality among art forms but not among the developmental nature of art forms. Creative arts therapy writers did support the latter. Of particular note is that the co-researchers did not draw upon history of psychoanalytic thought, aesthetics, or infant research to inform themselves about these issues.

Aesthetics. The co-researchers varied significantly on what they considered to be aesthetic practice and concerns. This wide range of definitions included the process of art making itself, the client's involvement with the artwork, the teaching of technique, the formal properties of the work, looking to established and inspirational artists, or finding an art material or process that would facilitate commitment or enthusiasm. Two of the 10 co-researchers stated they did not use aesthetic principles to guide them in their work. Words used to describe aesthetic properties in the context of their work included: content, psychoanalytic principles, art as coming from the unconscious, the creative process, spontaneity, impulse, play, process over product, and intuition.

There was a strong feeling among many co-researchers that client artwork should not be held to the standards of professional artists in order to avoid marginalization of the client. This arose from a fear that lack of skill would be equated with the personal worth of the client. Therefore, these co-researchers emphasized that communication of merit

about the clients in regards to their artwork as opposed to focus on the quality of artistic process or product was most important. In many cases, this entailed the involvement of a clinical element over aesthetics or artistic value. There was considerable conviction that technical skill was equally not required of creative arts therapists, as this did not detract from the therapy process. The internal process was more important than a skill or the creation of a fine art piece.

Creative arts therapists in the literature suggested several inroads to make this possible. The definitions for aesthetics were varied in the creative arts therapy literature. Metaphor was frequently mentioned as a way to incorporate and integrate disparate elements (Ellis, 2001; Gorelick, 1989; Meekums, 2002; B. L. Moon, 2007). Generalized patterns across all artistic forms could be seen as a way to feature an aesthetic view (Aldridge et al., 1990; Ellis, 2001). The concept of the therapeutic relationship and the viewer was extended to be an integral part of aesthetics (Robbins, 1980). The artist's tools, including performance, training, and skill were debated (Ellis, 2001; Henley, 1992; Kramer, 1971; B. L. Moon, 2007). Modernism, postmodernism (including all the vantage points that this art movement entails), and art criticism were suggested as valid methods for creative arts therapists (Franklin & Politsky, 1992; Henley, 1992; G. Thompson et al., 2008). A call to revisit artistic roots was made (Allen, 1992, 1995; Ault, 1994; Boris, 1992; Kapitan, 2003; McNiff, 1995; B. L. Moon, 2007, 2008; C. H. Moon, 2002; G. Thompson, 2009; White, 1994). The latter was seen to lead to ways of forming artistic sensibilities and identities for clients in order to remove stigmas surrounding mental illness (Henley, 1992; B. L. Moon, 2007, 2008; G. Thompson, 2009). These attempts,

although worthy of consideration, were scarce in relation to writing in the field as a whole.

Philosophers and art critics explored this material in depth. The attainment of skills was addressed and seen to enable meaning and comprehension of formal structures, so that distinctions could be made between art and the merely aesthetic (Berleant, 2004; McFee, 1992). Arts-based researchers also debated this subject, questioning the ability to express a high degree of content without skills in both the artist and the audience (Finley & Knowles, 1994; Kerry-Moran, 2003), while, on the other hand, supporting the value of minimized technical skill in order to reduce anxiety and thereby facilitate expression in the artist (Mullen & Diamond, 2002). From an academic viewpoint, questions arose as to how arts-based knowledge could be accepted and survive in an academic environment (Sullivan, 2004).

The early psychoanalytic theoreticians were significantly influenced by modernism (Kubie, 1961; Rank, 1932/1968), as were philosophers and art critics (Langer, 1958; Souriau, 1958). Modern dance critics and historians spoke of incorporating the sense that the “primitive” had to one’s body, bemoaning the loss of embodiment that modern times created. This was a very individualistic way of finding an inner muse. Modernism incorporated normal or common movements of the times, which eventually become a moving allegorical symbol, eliciting emotions in the audience that were familiar to them (Horst & Russell, 1961). Modernism, focusing on the external properties of an art piece, would reflect and bear a special relationship to the inner feeling (Kuspit, 2003). Due to the upheavals of the time, art reflected the inner world, especially ways in which individual lives were changing, and it subsequently produced an increased

emphasis on experiential aspects of the new way of life. Dance/movement therapists were clearly using modernist principles as guiding principles in discovering and evolving dance/movement therapy.

Choices of art forms. Motivations and reasons for choosing art forms followed many of the guidelines that the co-researchers described in discussing differential properties between visual art and dance. Other decisions were based on clinical issues in general. The therapist's intuition was mentioned as a starting place that would develop into pathways determined by the patient's capacities and ways to further their process. The structure of a directive was important in reflecting and supporting the patient's inner organization. As examples, lower functioning patients were acknowledged as needing more structure, and higher functioning patients were seen as able to take part in the decision-making process. The literature review provided more detailed information about influences on choices, but this was provided by a few writers who noticed art forms in conjunction with each other.

Implications of the Study

If the co-researchers' responses are viewed beside the literature review, one can see agreements or contradictions between the two sets of knowledge. An accord shows an area of established principles in the field. Where there is incongruity or ambiguity, this points to challenges for the field of creative arts therapy to address. I will address each of the themes, as grouped above, in an examination along these lines.

It was agreed that Creativity, as discussed by both the co-researchers and the literature review, is a foundation of the field. There was no substantial difference in this

conviction. This reflects that *creativity is an established principle of creative arts therapy*.

Uniqueness of Using the Arts in Psychotherapy was discussed by the co-researchers, in terms of both the introduction of the artistic process and art production as well as the mark it left on psychotherapy. In the literature review, creative arts therapists discussed the many and detailed residual effects of the hybrid nature of creative arts therapy, including influences from outside of the field. This worked towards a clarification of the use of artistic practice and towards the articulation of different aspects of arts therapies. The scholars in the literature used more far-reaching sources than did the co-researchers. In Commonalities with all Forms of Psychotherapy, the co-researchers discussion was more generalized, with no sources used outside of creative arts therapy. The literature review, in general, focused on the integration of theory and practice, using authors in creative arts therapy. The lack of clarity in both of these themes serves to link them together in their common difficulty in defining creative arts therapy. *This lack of critical reflection reflects the quandary of the field in articulating how the implementation of the arts affects the treatment process, while remaining a valid form of psychotherapy. This reveals the strain to delineate a singularity within the relatively new field of creative arts therapy, including the incorporation of disparate elements. This indicates a challenge for the field.*

Differential Properties of Art Forms were seen consistently by the co-researchers, in respect to dance and visual art. The ramifications of the temporal and intangible nature of dance were clearly contrasted with the perceived externality and permanence of visual art. Only a few co-researchers saw an overlapping developmental progression between

dance and visual art. This closely held demarcation was seen to some extent in the literature review, but creative arts therapy writers also saw aspects of dance and visual art as parts of each other, as art forms. Philosophers, art critics, as well dancers and movement analysts, saw rhythmicity and temporality as an essential underpinning of both art forms. Infant researchers noted the use of the visual perception and of movement inextricably communicating information from the first days of birth, providing an ontological base for human development. The contrasts between the sources of knowledge were clear, in that the co-researchers did not incorporate information from relevant outside fields. *Since the fields mentioned above hold the possibility of contributing intriguing and illuminating knowledge, through which creative arts therapy could broaden its philosophical, aesthetic, and empirical bases, this presents a challenge for creative arts therapy.*

Issues of identity with an art form were expressed by the co-researchers, forming the closely related themes of One Art Form as a Foundation and Personal Preferences for Art Forms. The salient difference between the two was in how one's identity as an artist is formed in reference to treatment or in the formation of the identification with the chosen art form, respectively. Of note are the comments that one co-researcher made surrounding the limitations of one art form in helping to facilitate, reach, or take advantage of specific possibilities that a specific art form could offer. This subject was not discussed in the literature at all. Since differential properties of art forms were clearly recognized and delineated, as described in the previous theme of Differential Properties of Art Forms, this is a negation of the co-researchers' experience and observations. It could be that the co-researchers were describing a lack of comfort or readiness to use an

art form that was not well known to them or outside of their primary identification. This could also stem from resistance or countertransference to the art form itself on the part of the therapist, which could unfortunately prove to not be of help to the patient. *Since there is a disparity between the co-researchers' lucidity about different functions engendered by dance and visual art and their personal identity with an art form, this is a challenge for the field to address.*

Correlation and Commonalties of Art Forms and Lack of Developmental

Progression among Art Forms were closely related to each other. The former reflected the view that all art forms were connected on a structural and clinical level, and the second pointed to the conclusion that art forms could not be placed in a developmental relationship. Despite this voiced content, some unstated implications could be detected from the co-researchers about the relationship of clinical issues to the use of particular art forms. In the literature review there were many instances of creative arts therapists that worked from a developmental frame using manifestations of art forms or sequences arising in therapeutic experience. These were rooted in sensory systems or artistic imagery. Early psychoanalysts, infant researchers, philosophers, and arts critics also saw sensory systems as a developmental base for art forms, sometimes extending the progression to include verbalization. The early psychoanalysts also framed the artist's mental health as progressing along many dimensions of neuroses and health. This clear difference between the co-researchers and the literature review could have been partly due to expressive arts therapists' philosophy of all forms as being equivalent. However, it is also evident that the co-researchers were not addressing the considerable number of creative arts therapists who were working within a developmental approach. *In order to*

address this opposition between ideas within creative arts therapy and use of knowledge from fields that have investigated these matters in depth, creative arts therapy needs to inquire into this contradiction.

In addressing Aesthetics, the description by the co-researchers varied greatly or was negated in practice, using terms that did not necessarily coalesce. The co-researchers were primarily concerned with naming and categorizing aesthetics in their practices. Creative arts therapists in the literature advanced this more literal explanation and suggested avenues for advancement of understanding aesthetics in the field by attempting to define the role of aesthetics in terms of both metaphor and patterns common among all art forms. They noted the use of aesthetics in terms of the therapeutic relationship, as defined by grounding in the arts, or in the context of philosophy, art history, or art criticism. However, the number of creative arts therapists writing about aesthetics was relatively small in relation to other subjects in the literature at large. In the literature outside of creative arts therapy, philosophers addressed aesthetics as being rooted in traditional notions of beauty and the essence of art forms and as being informed from the realms of traditional and postmodern thinkers in aesthetic theory. Art critics and art historians examined dance and visual art in the realm of modernism, which is especially relevant to creative arts therapy, since the field first emerged during that time in history. The early psychoanalysts discussed art in terms of the artist's self and the goals of treatment. Researchers based in artistic inquiry entered a discourse about the presentation of their data as art and debated the importance of skill in both researcher and viewer. It is clear that the above fields have an established history. This includes the time honored and newly found scrutiny from philosophy as well as the multifaceted reflections of art

history, which illuminates the past in context of the present. Art criticism can help to contextualize this examination of the arts.

This raises questions of how aesthetics should be expanded and applied within the field of creative arts therapy. In the latter, critical assessment is lacking and has not been applied. For instance, Kant, Schopenhauer, and others, within a traditional aesthetic lineage, have been referred to in the art therapy literature in order to advance aesthetic thinking. However, art therapists have not critiqued the use of these philosophers as to the specific applicability of their ideas in the use of art in therapy. This leads to another question as to what aspects and trains of thought in aesthetics would be most appropriate for creative arts therapy. My dissertation emphasized philosophy; however, it is worth contemplating whether the separate field of creative arts therapy should adopt traditional aesthetics or whether it should look to more recent models. In keeping with postmodern thought, the sovereignty of philosophy's relationship to the aesthetic in creative arts therapy may need to be reconsidered. The deconstruction of ideas inherent in postmodernism could help give rise to a theory of aesthetic knowledge which would come from creative arts therapy itself. This would place the lack of aesthetic theory, as found in the descriptions of the co-researchers, in a different light. Perhaps the co-researchers did not discuss the lack of traditional thinking in aesthetics overtly because they thought of aesthetics and practiced the use of it in a different way (i.e., not in terms of traditional philosophy, but in terms of the influence of therapy). This opens the possibility that creative arts therapy could create a history and branch of philosophy that has not been developed, perhaps resulting in an allied definition of what art is. Not only would it benefit the field of creative arts therapy, but it could also serve as a contribution

to the fields of both philosophy and psychotherapy, in general. In summation, multiple strands of thought, including traditional views, postmodern views, and a contribution from creative arts therapy itself could be advanced. The option of addressing the imbalance of writing about aesthetics by creative arts therapists can be remediated by a consideration of the wide range of writers cited in the literature as well as from the vantage point of creative arts therapy itself. *The expansion of the use of aesthetics presents a necessary challenge, which would strengthen the field as being firmly rooted in the arts.*

Suggestions for Future Research

Detailed suggestions for future studies were given in the section above. In addition to these, there are several related offshoots that could be of benefit to creative arts therapy.

In pursuit of the advancement of theory, singular theoretical perspectives used by the co-researchers, such as person-centered, psychoanalytic, and solution-focused frameworks, could be investigated in their particular application to creative arts therapy. Since psychoanalysis, in particular, is used by a majority of creative arts therapists, various outgrowths and aspects of psychoanalytic theory could be explored as well. Psychoanalysts in the past and present have been interested in the relationship between artistic process and health, which could provide insights for creative arts therapy. Creativity, mental illness, and health could be studied in greater detail, either as a historical study or as a theoretical perspective to consider for one's work. An understanding of historical ramifications within psychoanalysis that influence creative arts therapy today could be explored in order both to contradict forces that prevent

creative arts therapy from being accepted within the psychoanalytic domain and to increase creative arts therapists' ability to disseminate their knowledge of working with the nonverbal.

As emphasized above, aesthetics could be considered for future studies in many ways, including contributions from philosophers, arts historians, arts critics, and artists, as well as drawing upon traditional and newer conceptualizations. Temporality and rhythmicity underlie both art and dance; therefore, an increased understanding of the interplay between the two in art and dance might advance the application of these art forms to treatment. Performance art also inherently uses a combination of art and dance, so this art form could be considered as well, since it is not used widely.

Modernism could be studied in order to reflect upon the foundations of creative arts therapy, including techniques and foundations of modernism as they still appear in clinical technique. Since this is the age of postmodernism, it would be wise to consider and formulate postmodern applications to creative arts therapy. Additional advanced studies could be conducted using applications of multiculturalism, diversity, feminism, and the able-bodied. My co-researchers were all North American in origin, predominantly female, able, Caucasian, and middle class. They were not new to the field. *Studies done with groups other than these might yield different results.*

Since my study only involved dance/movement and art therapists, similar studies could be done with other branches of creative arts therapies (i.e., drama, music, and poetry), or with expressive arts therapy. Knowledge about intermodality could be expanded as applied to the combination of specific modalities by qualified creative arts therapists.

Embodiment was referred to numerous times in the text of my PDE, without a definition or context being offered. Delineations of this concept are numerous, and they differ depending on the discipline of origin. Koch (2006), a dance/movement therapist, provided an outline of embodiment theories summarizing this interdisciplinary focus. She has suggested that embodiment theories could form a reciprocally mutual relationship with creative arts therapy, each contributing to the other. Specifically, Koch surveyed what has ensued from philosophy, primarily using Merleau-Ponty's phenomenological focus on perception and action as well as his disavowal of a Cartesian mind-body split. She especially focused on how this line of thought has influenced anthropological, linguistic, and psychological contexts. Within the latter, she examined cognitive and neurosciences, social and language psychologies, and clinical psychology. She suggested that future research in embodiment within creative arts therapy could focus on the basic dimension of motion, body memory, and gender. Koch concluded that the research she surveyed points to the unity and relationship of mind and body, which results in a "living inseparable whole" (p. 26).

Others who examine embodiment from a phenomenological, lived body experience paradigm are dancers as well as scholars from within dance studies and dance criticism. Fraleigh (1987) saw the body as, "*lived* as a body-of-action . . . human movement is the . . . realization, of embodiment" (p. 13), stressing the role of movement in embodiment. Fraleigh saw the essence of movement's temporality as contributing to a unified and articulate body-self. Lepecki (2004) spoke to *presence* within the body. He stated that the attention to presence in dance within critical theory arose from an interest in a split between mind and body. A lack of embodiment can occur repeatedly because of

dance's ephemeral nature. Numerous instances of presence are *dis-embodied*, because of the inherent experience of a movement passing in time, only to be replaced by another movement experience. McKendrick (2004) spoke of a *temporal rupture* of dance manifesting in two ways. The first is the notion that past, present, and future cannot be experienced at the same time, as only the present can be experienced in a given moment. The second is stillness, which, by contrast, creates an order in the dance itself, demarcating all experiences of time in an overarching sequence and evolution of movement. McKendrick can be seen to have defined embodiment in further suggesting that in order for the dancer to inhabit movement, the dancer "intensifies the dance with more than action . . . occupies a place [and] seductively draws us precisely by refusing closure [intimating the movement's] inexhaustibility" (p. 149). These dance scholars have stressed the structure and nature of movement itself in context of both the ebbs and flows of embodiment as well as the loss of that embodiment.

Bloom (2006) referred to herself as a movement psychotherapist, reflecting her quest to integrate movement and psychoanalysis. She is also a Certified Movement Analyst, trained in Laban Movement Analysis (LMA). She was influenced by Esther Bick's concept of the *second skin* (the infant's way of containing and addressing primitive fears on a direct body level) as well as by Bonnie Bainbridge Cohen's concept of embodiment as a way to balance and manage inner sensations and outer perceptions. Bloom used LMA with actors to lead them to feel "inside the skin" (p. 41), thereby understanding a character from their own "felt experience" (p. 41). These studies led to Bloom's definition of embodiment as the "tendency towards balance and integration of the different aspects of the self—sensory, emotional, and mental—within the containing

confines of the bodily structure, bounded by the skin and responsive to internal and external stimuli” (p. 5). She saw embodiment as the integration of numerous parts of the psyche contained within the body on a more permanent basis. In contrast, movement includes gesture, posture, position, and movement through space, the felt-sense of stillness, as well as movements that occur between others. Bloom thought of embodiment more in terms of an inner psychic phenomena, distinct from elements of movement.

Other psychoanalysts are examining embodiment from the aspect of the analytic relationship and what transpires within it. La Barre (2005, 2008) has looked at movement from a micro-processing lens, grounded in an integration of Laban’s principles and methods known in infant observation. In addition, she has drawn upon Kestenberg and Sossin’s conception of body attitude, which is also grounded in Laban’s system. Kimble Wrye (1998), working within a relational model and also influenced by information from infant observation, stated that, “Embodiment, viewed with the realm of transitional phenomena, invites us to awaken our senses, and own sensual responses to our patients’ material, to help us attune as well to the rich data with the realm of body talk” (p. 97). Shaw (2003) also defined embodiment as lying within a lived-body perspective, but he brought specific attention to the embodied aspects of the therapist. He challenged the premises of somatic countertransference, which is frequently used in dance/movement therapy. He objected to the belief that the therapist’s somatic responses should always be attributed to the patient in the context of transference and countertransference. He saw this as leading to the objectification of the patient. Instead, he suggested that the therapist’s bodily responses should be part of an empathic, intersubjective exchange, in which the therapist’s lived experience can be shared, creating a narrative between

therapist and patient. All three psychotherapists have stressed the subtle interactions between patient and therapist: La Barre, via a detailed sequencing of movement, described in a system of movement assessment; Kimble Wrye issued a call to arms for analysts to draw upon the wealth of material emanating from body experience in relation to their patient; and Shaw cautioned about the origins and nature of that experience.

The contributions by these authors raise intriguing questions concerning embodiment. Is embodiment experienced primarily in terms of fairly static phenomena within a psychic container, or can embodiment be seen to include interactive and qualitative aspects of movement *within* the body, which is also a contained system? What is communicated with regard to the relationship between lived-experience and communication within the therapeutic relationship? How can aesthetics contribute to the conception and application of embodiment within creative arts therapy, specifically regarding the nature of the art form of dance? Further studies in embodiment could examine these questions as well as help to further define embodiment in depth, especially from an interdisciplinary focus.

Limitations of the Findings

As mentioned above, co-researchers came from a select group predominantly of similar class, gender, race, and ethnicity. This was not by choice per se, but reflects the field in general. By design, the co-researchers were only art, dance/movement, or expressive arts therapists. Their underlying preferences or experiences, positive or negative, with their chosen art forms or cultural experience might have affected their responses during the interviews.

A possible bias could be that I knew of or knew personally (to varying degrees) many of the co-researchers, again partly due to the small numbers of creative arts and expressive arts therapists in the field.

Artistic inquiry data and data analysis were offered in detail for one co-researcher. This was a source of richness, contributing to both the explanation of how the heuristic data was selected for individual depictions and by the added perspectives known through artistic inquiry. Replicating this data analysis for more or for all of the co-researchers would have added to the individual depictions in general. This would have illustrated more clearly how heuristic and artistic inquiry methodology could be used in combination.

Conclusion

Before I began my doctoral work, I observed that the art forms that I utilized (i.e., kinesthetic imagery, dance, and visual art) could yield different information within the practice of creative arts therapy. In many cases, verbal language was an important link to insight or a hindrance to learning via the arts. I wanted to know more about the specific use of these three aesthetic forms, in the service of concomitant clinical information. Alongside this quest, I also wanted to investigate the literature that would support, expand, and illuminate my clinical experience.

I chose a descriptive study and selected to focus on other creative arts therapists' use and choices of art forms. I wanted to know what *was* (i.e., what is the state of the field?). My research question was: *How do therapists make choices about the use of art forms and techniques in creative arts therapy and expressive arts therapy?* I chose to include expressive arts therapy, due to its particular focus on intermodality.

As my research progressed, I understood that a frustration with the field of creative arts therapy was also fueling my research. I felt that creative arts therapy was caught in a generational as well as a noetic and artistic obstruction. The field was at a point in its development where certain foundations, principles, and methods of practice had been established, but it was now a time for the current generation, which was coming of age in its own right, to address areas that were pushing for definition.

From an examination of the core themes expressed by the co-researchers in relation to the scholarly literature, several pathways emerged that could be utilized in the further development of creative arts therapy. Creativity was an established general principle, underlying and supporting the introduction of the arts in psychotherapy. However, all other core themes pointed to challenges for the field in its innovative attempt to use the arts to address psychological process and change. Firstly, the stringent demarcation of dance and visual art by the co-researchers interfered with three areas of potential growth: the use of available knowledge from other fields, an examination of how the artist's personal identification with art forms influences treatment, and intelligibility of developmental progressions among art forms. Secondly, the rudimentary launch of the use of aesthetics in creative arts therapy delayed the fundamental magnitude that this could have in articulating and providing a detailed and well-founded articulation of the use of the arts in psychotherapy. There is a need to demonstrate a justification for creative arts therapy; otherwise, the potency and potential of the field is not established. The basic premises of the field are diminished. Lastly, the answer to my research question was not well understood by the co-researchers and by the literature in creative

arts therapy. The lack of specificity in response to the question was due to the need to resolve the above contradictions first. This is my generation's task.

References

- Aldridge, D., Brandt, B., & Wohler, D. (1990). Toward a common language among creative arts therapies. *The Arts in Psychotherapy, 17*, 189-195.
- Allen, P. B. (1992). Artist in residence: An alternative to “clinification” for art therapists. *Art Therapy: Journal of the American Art Therapy Association, 9*(1), 22-29.
- Allen, P. B. (1995). Coyote comes in from the cold: The evolution of the open studio concept. *Art Therapy: Journal of the American Art Therapy Association, 25*(1), 250-259.
- Allen, P. B. (2000). Is art therapy an idea or a profession? *Art Therapy: Journal of the American Art Therapy Association, 17*(3), 164.
- Allen, P. B. (2008). Commentary on community-based art studios: Underlying principles. *Art Therapy: Journal of the American Art Therapy Association, 9*(1), 22-29.
- Ault, R. (1994). In search of the wisdom of a vision: How will the profession of art therapy change in the next 25 years? Responses by past award winners. *Art Therapy: Journal of the American Art Therapy Association, 11*(4), 251-253.
- Avstreich, A. (1981). The emerging self: Psychoanalytic concepts of self development and their implications for dance therapy. *American Journal of Dance Therapy, 4*(2), 21-32.
- Avstreich, A., & Brown, J. J. (1979). Some aspects of movement and art therapy as related to the analytic situation. *The Psychoanalytic Review, 66*(1), 49-68.
- Bacon, J. (2007). Psyche moving: “Active imagination” and “focusing” in movement-based performance and psychotherapy. *Body, Movement and Dance in Psychotherapy, 2*(1), 17-28.
- Bagley, C., & Cancienne, M. B. (Eds.). (2002). *Dancing the data*. New York, NY: Peter Lang.
- Bayer, R. (1958). The essence of rhythm. In S. K. Langer (Ed.), *Reflections on art: A source book of writings by artists, critics, and philosophers* (pp. 186-201). Baltimore, MD: John Hopkins Press.
- Beebe, B., Jaffe, J., Buck, K., Chen, H., Cohen, P., Blatt, S., . . . Andrews, H. (2007). Six-week postpartum maternal self-criticism and dependency and 4-month mother-infant self- and interactive contingencies. *Developmental Psychology, 43*(6), 1360-1376.

- Beebe, B., Jaffe, J., Buck, K., Chen, H., Cohen, P., Feldstein, S., & Andrews, H. (2008). Six-week postpartum maternal depressive symptoms and 4-month mother-infant self- and interactive contingency. *Infant Mental Health Journal, 29*(5), 442-471. doi: 10.1002/imhj
- Beebe, B., Jaffe, J., Markese, S., Buck, K., Chen, H., Cohen, P., . . . Moore, M. S. (2007). *Microanalysis of mother-infant interaction at 4 months predicts 12-month attachment*. Manuscript submitted for publication.
- Beebe, B., Knoblauch, S., Rustin, J., & Sorter, J. (2005). *Forms of intersubjectivity in infant research and adult treatment*. New York, NY: Other Press.
- Beebe, B., & Lachman, F. M. (2002). *Infant research and adult treatment: Co-constructing interactions*. Hillsdale, NJ: Analytic Press.
- Bentley, E. (1983). Martha Graham's journey. In R. Copeland & M. Cohen (Eds.), *What is dance? Readings in theory and criticism* (pp. 197-202). New York, NY: Oxford University Press.
- Berleant, A. (2004). *Re-thinking aesthetics: Rogue essays on aesthetics and the arts*. Burlington, VT: Ashgate.
- Bion, W. R. (1962). *Learning from experience*. London, England: William Heinemann.
- Blatner, A. (1992). Theoretical principles underlying creative arts therapies. *The Arts in Psychotherapy, 18*, 405-409.
- Bloom, K. (2006). *The embodied self: Movement and psychoanalysis*. London, England: Karnac Books.
- Blumenfeld-Jones, D. (2002). If I could have it, I would have. In C. Bagley & M. B. Cancienne (Eds.), *Dancing the data* (pp. 90-104). New York, NY: Peter Lang.
- Boris, R. (1992). Marian Chace annual lecture: Not only as love. *American Journal of Dance Therapy, 14*(1), 11-18.
- Brooks, R., & Meltzoff, A. (2005). The development of gaze following and its relation to language. *Developmental Science, 8*(6), 535-543.
- Brown, J. J., & Avstreich, A. (1980). On synchrony. *The Arts in Psychotherapy, 16*(3), 170-171.
- Bucci, W. (1997). *Psychoanalysis and cognitive science: A multiple code theory*. New York, NY: Guilford Press.
- Bucci, W. (2002). From subsymbolic to symbolic—and back: Therapeutic impact of the referential process. In R. Lasky (Ed.), *Symbolization and desymbolization: Essays in honor of Norbert Freedman* (pp. 50-74). New York, NY: Karnac.

- Cane, F. (1983). *The artist in each of us* (Rev. ed.). Craftsbury Common, VT: Art Therapy Publications.
- Chace, M. (1993a). Dance therapy at St. Elizabeths. In S. Sandel, S. Chaiklin, & A. Lohn (Eds.), *Foundations of dance/movement therapy: The life and work of Marian Chace* (pp. 196-198). Columbia, MD: The Marian Chace Memorial Fund of the American Dance Therapy Association.
- Chace, M. (1993b). Opening doors through dance. In S. Sandel, S. Chaiklin, & A. Lohn (Eds.), *Foundations of dance/movement therapy: The life and work of Marian Chace* (pp. 199-203). Columbia, MD: The Marian Chace Memorial Fund of the American Dance Therapy Association.
- Chace, M. (1993c). The power of movement with others. In S. Sandel, S. Chaiklin, & A. Lohn (Eds.), *Foundations of dance/movement therapy: The life and work of Marian Chace* (pp. 234-245). Columbia, MD: The Marian Chace Memorial Fund of the American Dance Therapy Association.
- Chan, K. M., & Horneffer, K. (2006). Emotional expression and psychological symptoms: A comparison of writing and drawing. *The Arts in Psychotherapy*, 33(1), 26-36.
- Denzin, N., & Lincoln, Y. S. (2003). Introduction: The discipline and practice of qualitative research. In N. Denzin & Y. S. Lincoln (Eds.), *The landscape of qualitative research: Theories and issues* (2nd ed., pp. 1-45). Thousand Oaks, CA: Sage.
- Denzin, N., & Lincoln, Y. S. (2007). Introduction: The discipline and practice of qualitative research. In N. Denzin & Y. S. Lincoln (Eds.), *Collecting and interpreting qualitative materials* (3rd ed., pp. 1-44). Thousand Oaks, CA: Sage.
- Desmond, J. C. (2003). Embodying difference: Issues in dance and cultural studies. In J. C. Desmond (Ed.), *Meaning in motion: New cultural studies of dance* (pp. 29-54). Durham, NC: Duke University Press.
- Diaz, G. (2002). Artistic inquiry: On lighthouse hill. In C. Bagley & M. B. Cancienne (Eds.), *Dancing the data* (pp. 147-161). New York, NY: Peter Lang.
- Dosamantes-Alperson, E. (1984). Experiential movement psychotherapy. In P. L. Bernstein (Ed.), *Theoretical approaches in dance-movement therapy* (Vol. II, pp. 257-291). Dubuque, IA: Kendall/Hunt.
- Douglass, B. D., & Moustakas, C. (1985). Heuristic inquiry: The internal search to know. *Journal of Humanistic Psychology*, 25(3), 39-55.
- Duncan, I. (1983). The dance of the future. In R. Copeland & M. Cohen (Eds.), *What is dance: Readings in theory and criticism* (pp. 262-264). New York, NY: Oxford University Press.

- Ellis, R. (2001). Movement metaphor as mediator: A model for the dance/movement therapy process. *The Arts in Psychotherapy*, 28, 181-190.
- ETH. (2006). *History of Monte Verità*. Retrieved from <http://www.csf.ethz.ch/about/history>
- Feder, E., & Feder, B. (1981). *The expressive arts therapies*. Englewood Cliffs, NJ: Prentice-Hall.
- Feen-Calligan, H. (2000). Professing the creative process while striving to maintain ideals. *Art Therapy: Journal of the American Art Therapy Association*, 17(2), 82-86.
- Finley, S. (2003). Arts-based inquiry in QI: Seven years from crisis to guerilla warfare. *Qualitative Inquiry*, 9(2), 281-296. doi: 10.1177/1077800402250965
- Finley, S. (2008). Arts-based inquiry: Performing revolutionary pedagogy. In N. Denzin & Y. S. Lincoln (Eds.), *Collecting and interpreting qualitative materials* (3rd ed., pp. 95-114). Thousand Oaks, CA: Sage.
- Finley, S., & Knowles, J. G. (1995). Researcher as artist/Artist as researcher. *Qualitative Inquiry*, 1, 110-142. doi: 10.1177/107780049500100107
- Flom, R., & Bahrick, L. E. (2007). The development of infant discrimination of affect in multimodal and unimodal stimulation: The role of intersensory redundancy. *Developmental Psychology*, 43(1), 238-252.
- Fraleigh, S. H. (1987). *Dance and the lived body: A descriptive aesthetics*. Pittsburgh, PA: University of Pittsburgh Press.
- Fraleigh, S. H. (1999a). Family resemblance. In S. H. Fraleigh & P. Hanstein (Eds.), *Researching dance: Evolving modes of inquiry* (pp. 3-21). London, England: Dance Books.
- Fraleigh, S. H. (1999b). Witnessing the frog pond. In S. H. Fraleigh & P. Hanstein (Eds.), *Researching dance: Evolving modes of inquiry* (pp. 188-224). London, England: Dance Books.
- Franco, M. (2002). *The work of dance: Labor, movement, and identity in the 1930s*. Middletown, CT: Wesleyan University Press.
- Franklin, M., & Politsky, R. (1992). The problem of interpretation: Implications and strategies for the field of art therapy. *The Arts in Psychotherapy*, 19, 163-175.
- Freud, S. (1961). *The ego and the id* (Rev. ed., J. Riviere, Trans.). New York, NY: W. W. Norton. (Original work published 1923)

- Gablick, S. (2004). *Has modernism failed?* (Rev. ed.). New York, NY: Thames & Hudson.
- Gallo, C. (2006). *The influence of modern dance on Chacian dance therapy* (Unpublished master's thesis). Pratt Institute, Brooklyn, NY.
- Gendlin, E. (1981). *Focusing* (Rev. ed.). New York, NY: Bantam Books.
- Gergely, G., & Watson, J. S. (1999). Early social-emotional development: Contingency perception and the social-biofeedback model. In P. Rochat (Ed.), *Early social cognition* (pp. 101-136). Hillsdale, NJ: Erlbaum.
- Gorelick, K. (1989). Rapprochement between the arts and psychotherapies: The metaphor the mediator. *The Arts in Psychotherapy, 16*, 149-155.
- Graham, M. (1991). *Blood memory*. New York, NY: Washington Square Press.
- Hammond-Meiers, J. (2005). *A phenomenological study in art and dance/movement therapy: The experiences of women in a group* (Unpublished master's thesis). Vancouver Art Therapy Institute, Vancouver, Canada.
- Hartz, L., & Thick, L. (2005). Art therapy strategies to raise self-esteem in female offenders: A comparison of art psychotherapy and art as therapy approaches. *Art Therapy: Journal of the American Art Therapy Association, 22*(2), 70-80.
- Henley, D. (1992). Aesthetics in art therapy: Theory into practice. *The Arts in Psychotherapy, 19*, 153-161.
- Hervey, L. W. (2000). *Artistic inquiry in dance/movement therapy: Creative alternatives for research*. Springfield, IL: Charles C. Thomas.
- Hervey, L. W. (2004). Artistic inquiry in dance/movement therapy. In R. F. Cruz & C. F. Berrol (Eds.), *Dance/movement therapists in action: A working guide for research options* (pp. 181-205). Springfield, IL: Charles C. Thomas.
- Hinz, L. D. (2009). *Expressive therapies continuum: A framework for using art in therapy*. New York, NY: Routledge.
- Horst, L., & Russell, C. (1961). *Modern dance forms in relation to the other modern arts*. Brooklyn, NY: Dance Horizons.
- Huss, E. (2009). "A coat of many colors": Towards an integrative multilayered model of art therapy. *The Arts in Psychotherapy, 36*, 154-160.
- Johnson, D. (1984). Establishing the creative arts therapies as an independent profession. *Arts in Psychotherapy, 11*, 209-212.

- Johnson, D. (1999). *Essays of the creative arts therapies: Imaging the birth of a profession*. Springfield, IL: Charles C. Thomas.
- Johnson, D. (2009). Commentary: Examining underlying paradigms in the creative arts therapies of trauma. *The Arts in Psychotherapy*, 36(2), 114-120.
- Jones, A. (2004). *Irrational modernism: A neurasthenic history of New York Dada*. Cambridge, MA: MIT Press.
- Jones, E. (1955). *The life and work of Sigmund Freud: Years of maturity 1902-1919* (Vol. 2). New York, NY: BasicBooks.
- Jones, E. (1957). *The life and work of Sigmund Freud: The last phase 1919-1939* (Vol. 3). New York, NY: BasicBooks.
- Junge, M., & Asawa, P. (1994). *A history of art therapy in the United States*. Mundelein, IL: American Art Therapy Association.
- Kapitan, L. (2003). *Re-enchanting art therapy: Transformational practices for restoring creative vitality*. Springfield, IL: Charles C. Thomas.
- Kestenberg Amigi, J., Loman, S, Lewis, P., & Sossin, K. M. (Eds.). (1999). *The meaning of movement: Developmental and clinical perspectives of the Kestenberg movement profile*. New York, NY: Brunner-Routledge.
- Kerry-Moran, K. J. (2003, March). *Valuing, evaluating, and re-viewing the aesthetic*. Unpublished manuscript. Retrieved November 15, 2009, from <http://www.coe.iup.edu/kjkmoran/kjkm.htm>
- Knill, P. J., Levine, E. G., & Levine, S. K. (2004). *Principles and practice of expressive arts therapy: Toward a therapeutic aesthetics*. London, England: Jessica Kingsley.
- Knill, P. J., Nienhaus Barba, H., & Fuchs, M. N. (2004). *Minstrels of soul: Intermodal expressive therapy* (2nd ed.). Toronto, Canada: EGS Press.
- Knowles, I. G., & Thomas, S. M. (2002). Artistry, inquiry, and sense-of-place: Secondary school students portrayed in context. In C. Bagley & M. B. Cancienne (Eds.), *Dancing the data* (pp. 121-132). New York, NY: Peter Lang.
- Koch, S. C. (2006). Interdisciplinary embodiment approaches: Implications for creative arts therapists. In S. C. Koch & I. Bräuninger (Eds.), *Advances in dance/movement therapy: Theoretical perspectives and empirical findings* (pp. 17-28). Berlin, Germany: Logos Verlag Berlin.
- Kramer, E. (1971). *Art as therapy with children*. New York, NY: Schocken Books.
- Kris, E. (1975). *Selected paper of Ernst Kris*. New Haven, CT: Yale University Press.

- Kubie, L. S. (1961). *The neurotic distortion of the creative process*. New York, NY: Noonday Press.
- Kuspit, D. (2003). Reconsidering the spiritual in art. *Blackbird*, 2(1). Retrieved from http://www.blackbird.vcu.edu/v2n1/gallery/kuspit_d/reconsidering_text.htm
- Laban, R. (1974). *The language of movement: A guidebook to choreutics*. Boston, MA: Plays.
- La Barre, F. (2001). *On moving and being moved: Nonverbal behavior in clinical practice*. Hillsdale, NJ: Analytic Press.
- La Barre, F. (2005). The kinetic transference and countertransference. *Contemporary Psychoanalysis*, 41, 249-279.
- La Barre, F. (2008). Stuck in vertical: The kinetic temperament in development and interaction. *Psychoanalytic Dialogues*, 18, 411-436.
- Langer, S. K. (Ed.). (1958). *Reflections on art: A source book of writings by artists, critics, and philosophers*. Baltimore, MD: John Hopkins Press.
- Lepecki, A. (Ed.). (2004). *Of the presence of the body: Essays on dance and performance theory*. Middletown, CT: Wesleyan University Press.
- Leventhal, M. B. (1984). An interview with Alma Hawkins. *American Journal of Dance Therapy*, 7, 5-14.
- Levine, S. K., & Levine, E. G. (1999). *Foundations of expressive arts therapy: Theoretical and clinical perspectives*. London, England: Jessica Kingsley.
- Lev-Wiesel, R., & Doron, H. (2004). Allowing clients to choose their preferable nonverbal therapeutic modality. *The Arts in Psychotherapy*, 31(4), 262-269.
- Levy, F. J. (2005). *Dance movement therapy: A healing art* (2nd ed.). Reston, VA: American Alliance for Health, Physical Education, Recreation and Dance.
- Lewkowicz, D., & Lickliter, R. (Eds.). (1994). *The development of intersensory perception: Comparative perspectives*. Hillsdale, NJ: Lawrence Erlbaum Associates.
- Loman, S. (1998). Employing a developmental model of movement patterns in dance/movement therapy with young children and their families. *American Journal of Dance Therapy*, 20(2), 101-115.
- Loman, S., & Merman, H. (1996). The KMP: A tool for dance/movement therapy. *American Journal of Dance Therapy*, 18(1), 29-52.

- Loman, S., & Merman, H. (1999). The KMP as a tool for dance/movement therapy. In J. K. Amighi, S. Loman, P. Lewis, & K. M. Sossin (Eds.), *The meaning of movement: Developmental and clinical perspectives of the Kestenberg Movement Profile* (pp. 211-234). New York, NY: Brunner-Routledge.
- Lowenthal, L. (1993). *The search for Isadora: The legend and legacy of Isadora Duncan*. Pennington, NJ: Dance Horizons.
- Lundberg, S. (1985). An interview with Sharon Chaiklin. *American Journal of Dance Therapy*, 8, 5-16.
- Lusebrink, V. B. (1990). *Imagery and visual expression in therapy*. New York, NY: Plenum Press.
- Malchiodi, C. (2000). Authority or advocacy: Art therapy in service of self or others? *Art Therapy: Journal of the American Art Therapy Association*, 17(3), 158-159.
- McFee, G. (1992). *Understanding dance*. London, England: Routledge.
- McGraw, M. (1995). The art studio: A studio based art therapy program. *Art Therapy: Journal of the American Art Therapy Association*, 12(3), 175-178.
- McNiff, S. (1998). *Art-based research*. London, England: Jessica Kingsley.
- McNiff, S. (2009). *Integrating the arts in therapy: History, theory, and practice*. Springfield, IL: Charles C. Thomas.
- Meecham, P., & Wood, P. (1996). Modernism and modernity: An introductory survey. In D. Liz, T. Jackson, M. Masterton, P. Meecham, & P. Wood (Eds.), *Investigating modern art* (pp. 1-34). New Haven, CT: Yale University Press/The Open University.
- Meekums, B. (2002). *Dance movement psychotherapy: A creative psychotherapeutic approach*. Thousand Oaks, CA: Sage.
- Meekums, B. (2005). Creative writing as a tool for assessment: Implications for embodied working. *The Arts in Psychotherapy*, 32(2), 95-105.
- Meltzer, D. (with Williams, M. H.). (1988). *The apprehension of beauty: The role of aesthetic conflict in development, art and violence*. Perthshire, England: Clunie Press.
- Meltzoff, A. N., & Moore, M. K. (1983). Newborn infants imitate adult facial gestures. *Child Development*, 54, 702-709.
- Mieczakowski, J., Smith, L., & Morgan, S. (2002). In C. Bagley & M. B. Cancienne (Eds.), *Dancing the data* (pp. 34-52). New York, NY: Peter Lang.

- Milner, M. (1957). *On not being able to paint*. London, England: William Heinemann.
- Moon, B. L. (2007). *The role of metaphor in art therapy: Theory, method, and experience*. Springfield, IL: Charles C. Thomas.
- Moon, B. L. (2008). *Introduction to art therapy: Faith in the product* (2nd ed.). Springfield, IL: Charles C. Thomas.
- Moon, C. H. (2000). Art therapy, profession or idea? A feminist aesthetic perspective. *Art Therapy: Journal of the American Art Therapy Association*, 17(1), 7-10.
- Moon, C. H. (2002). *Studio art therapy: Cultivating the artist identity in the art therapist*. London, England: Jessica Kingsley.
- Morris, G. (Ed.). (1996). *Moving words: Re-writing dance*. London, England: Routledge.
- Morris, G. (2006). *A game for dancers: Performing modernism in the postwar years, 1945-1960*. Middletown, CT: Wesleyan University Press.
- Moustakas, C. (1990). *Heuristic research: Design, methodology, and applications*. Newbury Park, CA: Sage.
- Mullen, C. A., & Diamond, P. (2002). In C. Bagley & M. B. Cancienne (Eds.), *Dancing the data* (pp. 133-146). New York, NY: Peter Lang.
- Nachmanovitch, S. (1991). *Free play: Improvisation in life and art*. New York, NY: Putnam.
- Naumburg, M. (1987). *Dynamically oriented art therapy: Its principles and practice*. Chicago, IL: Magnolia Street Publishers.
- Pally, R. (2000). *The mind brain relationship*. New York, NY: Other Press.
- Parashak, S. T. (1997). The richness that surrounds us: Collaboration and community for art therapy and art education. *Art Therapy: Journal of the American Art Therapy Association*, 14(4), 241-245.
- Partsch-Bergsohn, I., & Bergsohn, H. (2003). *The makers of modern dance in Germany: Rudolf Laban, Mary Wigman, Kurt Jooss*. Hightstown, NJ: Princeton Book Company.
- Pidgeon, N., & Henwood, K. (1997). Using grounded theory in psychological research. In N. Hayes (Ed.), *Doing qualitative analysis in psychology* (pp. 245-273). East Sussex, England: Psychology Press.
- Rank, O. (1968). *Art and artist: Creative urge and personality development*. New York, NY: W. W. Norton. (Original work published in 1932)

- Reisel, M. (Producer/Director). (2005). *Laban's legacy: Rudolf Laban and his language for human movement* [DVD]. New York, NY: The Laban Project.
- Richardson, L. (1997). *Fields of play: Constructing an academic life*. New Brunswick, NJ: Rutgers University Press.
- Richardson, L., & St. Pierre, E. A. (2008). Writing: A method of inquiry. In N. Denzin & Y. S. Lincoln (Eds.), *Collecting and interpreting qualitative materials* (3rd ed., pp. 473-500). Thousand Oaks, CA: Sage.
- Robbins, A. (1980). *Expressive therapy: A creative arts approach to depth-oriented treatment*. New York, NY: Human Sciences Press.
- Robbins, A. (1985). Working towards the establishment of creative arts therapies as an independent profession. *The Arts in Psychotherapy*, 12, 67-70.
- Robbins, A. (1987). *The artist as therapist*. New York, NY: Human Sciences Press.
- Robbins, A. (1988). *Between therapists: The processing of transference/countertransference material*. New York, NY: Human Sciences Press.
- Robbins, A. (1989). *The psychoaesthetic experience: An approach to depth-oriented treatment*. New York, NY: Human Sciences Press.
- Rogers, N. (2000). *The creative connection: Expressive arts as healing*. Ross-on-Rye, England: PCCS Books.
- Rosal, M. (1996). *Approaches to art therapy with children*. Burlingame, CA: Abbeygate Press.
- Rose, G. (1980). *The power of form: A psychoanalytic approach to aesthetic form* [Psychological Issues Monograph No. 49]. Madison, CT: International Universities Press.
- Roseman, J. L. (2004). *Dance was her religion: The spiritual choreography of Isadora Duncan, Ruth St. Denis and Martha Graham*. Prescott, AZ: Holm Press.
- Sandel, S., & Johnson, D. (1973-1974). Indications and contra-indications for dance therapy in a long-term psychiatric hospital [Monograph No. 3]. *American Dance Therapy Association*, 47-64.
- Sauvage, M. (1958). Notes on the superposition of temporal modes in works of art. In S. K. Langer (Ed.), *Reflections on art: A source book of writings by artists, critics, and philosophers* (pp. 161-173). Baltimore, MD: John Hopkins Press.
- Schaverien, J. (1999). *The revealing image: Analytical art psychotherapy in theory and practice* (2nd ed.). London, England: Jessica Kingsley.

- Schoop, T. (with Mitchell, P.). (1974). *Won't you join the dance? A dancer's essay into the treatment of psychosis*. Palo Alto, CA: National Press Books.
- Schoop, T. (2000). Motion and emotion. *American Journal of Dance Therapy*, 22(2), 91-101.
- Schore, A. (1994). *Affect regulation and the origin of the self: The neurobiology of emotional development*. Hillsdale, NJ: Lawrence Erlbaum Associates.
- Schusterman, R. (1999). Somaesthetics: A disciplinary proposal. *The Journal of Aesthetics and Art Criticism*, 57(3), 299-313.
- Shaw, R. (2003). *The embodied therapist: The therapist's body story*. London, England: Routledge.
- Siegel, D. (1999). *The developing mind: Toward a neurobiology of interpersonal experience*. New York, NY: The Guilford Press.
- Siegel, E. V. (1984). *Dance-movement therapy: Mirror of our selves: The psychoanalytic approach*. New York, NY: Human Sciences Press.
- Silverman, D. (2004). *Qualitative research: Theory, method and practice* (2nd ed.). Thousand Oaks, CA: Sage.
- Snowber, C. (2002). Bodydance: Enfleshing soulful inquiry through improvisation. In C. Bagley & M. B. Cancienne (Eds.), *Dancing the data* (pp. 20-33). New York, NY: Peter Lang.
- Souriau, É. (1958) Time in the plastic arts. In S. K. Langer (Ed.), *Reflections on art: A source book of writings by artists, critics, and philosophers* (pp. 122-141). Baltimore, MD: John Hopkins Press.
- Speiser, P. (1996). *The development of an expressive arts therapist as a paradigm for the development of a field* (Doctoral dissertation). Available from ProQuest Dissertations and Theses database. (ATT No. 9629565)
- Spitz, R. (with Cobliner, W. G.). (1965). *The first year of life: A psychoanalytic study of normal and deviant development of object relations*. New York, NY: International Universities Press.
- Stanton, M. (1991). *Sandor Ferenczi: Reconsidering active intervention*. Northvale, NJ: Jason Aronson.
- Stern, D. (1985). *The interpersonal world of the infant: A view from psychoanalysis and developmental psychology*. New York, NY: Basic Books.
- Stern, D. (2002). *The first relationship: Infant and mother*. Cambridge, MA: Harvard University Press.

- Sullivan, G. (2004). *Art practice as research: Inquiry in the visual arts*. Thousand Oaks, CA: Sage.
- Tharp, T. (2003). *The creative habit: Learn it and use it for life*. London, England: Simon and Schuster.
- Thompson, G. (2009). Artistic sensibility in the studio and gallery model: Revisiting process and product. *Art Therapy: Journal of the American Art Therapy Association*, 26(4), 159-166.
- Thompson, G., Abbenante, J., & Chapin, M. L. (2008). *Utilizing art critiques for empowerment: An art committee presentation*. Panel presentation at the 38th Annual Conference of the American Art Therapy Association, Cleveland, OH.
- Thompson, L. (2001). Integration of art, movement, and verbal processing with women in an eating disorders program. In S. Riley (Ed.), *Group process made visible: Group art therapy* (pp. 209-220). Philadelphia, PA: Brunner-Routledge.
- Tierney, A. L., & Nelson, A. N. (2009). Brain development and the role of experience in the early years. *Zero to Three*, 30(2), 9-13.
- Timm-Bottos, J. (1995). Artstreet: Joining community through art. *Art Therapy: Journal of the American Art Therapy Association*, 12(3), 184-187.
- Vick, R. (2000). The idea and profession of art therapy. *Art Therapy: Journal of the American Art Therapy Association*, 17(3), 165-167.
- Weiss, R. S. (1994). *Learning from strangers: The art and method of qualitative interview studies*. New York, NY: Free Press.
- White, E. Q. (1994). Dance/movement therapy: Always a showcase, never a star. *American Journal of Dance Therapy*, 16(1), 5-12.
- Wigman, M. (1983a). The philosophy of modern dance. In R. Copeland & M. Cohen (Eds.), *What is dance? Readings in theory and criticism* (pp. 305-307). New York, NY: Oxford University Press.
- Wigman, M. (1983b). My teacher Laban. In R. Copeland & M. Cohen (Eds.), *What is dance? Readings in theory and criticism* (pp. 302-305). New York, NY: Oxford University Press.
- Winnicott, D. (1971). *Playing and reality*. New York, NY: Basic Books.
- Wright K. (1991). *Vision and separation: Between mother and baby*. Norvale, NJ: Jason Aronson.
- Zuckert, R. (2009). Sculpture and touch: Herder's aesthetics of sculpture. *The Journal of Aesthetics and Art Criticism*, 67(3), 285-299.

Appendix A

Informed Consent Form

Prospective Research Subject: Read this consent form carefully. Ask as many questions as you like before you decide whether you want to participate in this research study. You are free to ask questions at any time before, during, or after your participation in this research.

Project Title: Artistic Choices in Therapeutic Practice: The Use of Modalities in Creative Arts Therapy	
Principal Investigator: Laurel Thompson	Organization: Union Institute & University
Location of Study: Variable depending on interviews	Telephone #: (718) 852-3965

Purpose of This Research Study

You are being asked to participate in a research study designed to study the choices that creative arts therapists and expressive arts therapists make in their therapeutic practices. Specifically the study will focus on the differential use of art modalities, such as visual art, dance/movement, and bodily-felt senses. The research will study these modalities alone and in combination. I will be the researcher as part of a Ph.D. program at Union Institute & University in Cincinnati, Ohio.

Procedures

You will be asked to describe a case in which you chose to use a single or multiple art modalities. We will engage in a conversation about the case during or after your description. This interview is expected to take 1 or 1 ½ hours. The interview will be audio-taped and/or videotaped.

Possible Risks

There are no known risks involved in this study.

Possible Benefits

There are no direct benefits to you, besides possibly discussing a case with a fellow therapist. Hopefully, there will be benefits to the fields of creative arts therapy and expressive arts therapy, and the patients that engage in these types of treatment, in that there will be increased understanding of the use of art modalities in therapy.

Financial Considerations

You will not receive any financial compensation for your participation in this research. No costs are expected from participation in this study.

Treatment for Adverse Effects

This study involves no risk.

Confidentiality

Confidentiality will be maintained by using pseudonyms for all subjects in this study. Clients' names will not be disclosed. All data will be retained for a minimum of three years as required by the IRB and then destroyed.

Your identity in this study will be treated as confidential. Results of the study, including all collected data, may be published but will not give your name or include any identifiable references to you. However, any records or data obtained as a result of your participation in this study may be inspected by the persons conducting this study and/or Union Institute & University's Institutional Review Board, provided that such inspectors are legally obligated to protect any identifiable information from public disclosure, except where disclosure is otherwise required by law or a court of competent jurisdiction. These records will be kept private in so far as permitted by law.

Termination of Study

You are free to choose whether to participate in this study. You may also choose to withdraw from the study at any time. You will not be penalized if you choose not to participate or choose to withdraw. You will be provided with any significant new findings developed during the course of this study that may relate to or influence your willingness to continue participation. In the event you decide to discontinue your participation in the study, please notify Laurel Thompson, 359 Pacific Street, Brooklyn, NY 11217, (718) 852-3965, lmwillow@pratt.edu (researcher) or Dr. Willson Williams, 2712 Herradura Road, Unit E, Santa Fe, New Mexico 87505-6803, (505) 989-4868, WillsonWilliams@Hotmail.com (core faculty) of your decision so that your participation can be terminated in an orderly fashion.

If you withdraw from the study, all audio- or videotapes will be destroyed. All data collected on, about, or by a participant will be destroyed and not used in the data analysis or writing of the findings if the participant withdraws.

After the Study is Completed

If requested, a copy of the audio- or videotape will be provided.

Resources

Any questions you have about this study will be answered by Laurel Thompson, 359 Pacific Street, Brooklyn, NY 11217, (718) 852-3965, lmwillow@pratt.edu (researcher) or Dr. Willson Williams, 2712 Herradura Road, Unit E, Santa Fe, New Mexico 87505-6803, (505) 989-4868, WillsonWilliams@Hotmail.com (core faculty).

Any questions you may have about your rights as a research subject will be answered by the IRB Coordinator, Union Institute & University, 800-486-3116, ext 1153.

In case of a research-related emergency, call Laurel Thompson, 359 Pacific Street, Brooklyn, NY 11217, (646) 403-6856 and/or Dr. Willson Williams, 2712 Herradura Road, Unit E, Santa Fe, New Mexico 87505-6803, (505) 989-4868, WillsonWilliams@Hotmail.com (core faculty).

Subject and Researcher Authorization

I have read and understand this consent form, and I volunteer to participate in this research study. I understand that I will receive a copy of this form. I voluntarily choose to participate, but I understand that my consent does not take away any legal rights in the case of negligence or other legal fault of anyone who is involved in this study. I further understand that nothing in this consent form is intended to replace any applicable federal, state, or local laws.

Signatures

Participant Name (printed): _____

Participant Signature: _____

Date: _____

Principal Researcher's Name (printed): _____

Principal Researcher's Signature: _____

Date: _____

Appendix B

American Art Therapy Association

Code of Ethics Regarding Research Ethics

Effective Date: August 6, 2009

8.0 RESPONSIBILITY TO RESEARCH PARTICIPANTS

Art therapy researchers respect the dignity and protect the welfare of participants in research.

8.1 Researchers are guided by laws, regulations, and professional standards governing the conduct of research.

8.2 To the extent that research participants may be compromised by participation in research, investigators seek the ethical advice of qualified professionals not directly involved in the investigation and observe safeguards to protect the rights of research participants.

8.3 Researchers requesting participants' involvement in research inform them of all aspects of the research that might reasonably be expected to influence willingness to participate. Investigators take all reasonable steps necessary to ensure that full and informed consent has been obtained from participants who are also receiving clinical services, have limited understanding and/or communication, or are minors.

8.4 Researchers respect participants' freedom to decline participation in, or to withdraw from, a research study at any time with no negative consequences to their treatment"

8.5 Information obtained about a research participant during the course of an investigation is confidential unless there is authorization previously obtained in writing. When there is a risk that others, including family members, may obtain access to such information, this risk, together with the plan for protecting confidentiality, is to be explained as part of the procedure for obtaining informed consent.

Appendix C

IRB Approval Letter



UNION INSTITUTE & UNIVERSITY

August 14, 2008

Ms. Laurel M. Thompson
359 Pacific Street
Brooklyn, NY 11217

Dear Ms. Thompson:

Your proposal has been reviewed and approved by the Institutional Review Board.

IRB ID: IRB 00368
Human Subjects Project: *Artistic Choices in Therapeutic Practice: The Use of Modalities in Creative Arts Therapy*

Project Purpose: PDE Research Study

Approval Start Date: August 14, 2008
Approval Expiration Date: August 13, 2009

As you conduct your research project, please keep in mind the following:

- The IRB will conduct an annual continuing review process. You will receive notice of the continuing review **two months** prior to the expiration of IRB approval. You must respond to this notice even if your study is completed.
- If you decide to make changes prior to or during your project, you must request IRB approval of the changes well in advance of implementing them.
- If any unanticipated events occur, you must notify the IRB Coordinator within 48 hours. If any subjects have an adverse experience as a result of participating in your project, you must suspend it and notify the IRB Coordinator immediately.
- Finally, please notify the IRB Coordinator when you have completed your project, including recruitment and all data collection.

On behalf of the IRB and the university, I thank you for your efforts to conduct your research in compliance with federal regulations for the protection of human subjects.

Best wishes for the success of your research project.

Sincerely yours,

A handwritten signature in cursive script, appearing to read "Mary Ginn".

Mary Ginn, Ph.D., Coordinator
Institutional Review Board

c: Dr. Willson Williams, Core Faculty
Dr. Patricia Brewer, Associate Dean

Appendix D

Union Institute & University Protecting Human Subjects and Related Ethics Issues

Ethical Commitment

Union Institute & University is committed to ongoing dialogue about the ethical foundations of all forms of research and scholarly inquiry. Protecting human participants and animals in research is one particularly important and visible dimension of ethical inquiry.

Basic Policy

The Doctoral Committee acts as the review committee for the protection of human subjects and animal subjects, used in research, and other ethical concerns. Adjunct faculty bring to the committee the community's views on human subjects, animal use, and related ethical issues, while Union Institute & University core faculty and second core represent the University's perspective on such issues. Peer committee members share an interest in ethical inquiry that further informs human subjects and animal use concerns.

Policy Rationales

Specific policies and procedures for the protection of human subjects and animals vary by fields of inquiry. Learners and their committees should be guided by the professional standards of disciplines and professions most clearly related to their doctoral fields of specialization. For example, learners in the School of Professional Psychology will be guided by the standards of the American Psychological Association. Learners in health sciences will be guided by the standards of health researchers, associations, and institutions most closely related to their areas of interest and inquiry.

Implementation of Policy

Where doctoral work involves human and/or animal subjects, the Learning Agreement must include a section that explicitly addresses procedures for the protection of research subjects. That section should address any risks to research participants, Informed Consent (see "Sample Informed Consent Form," next page) confidentiality, and any other ethical or human subjects' matters normally addressed within the disciplines or professions most closely related to the learner's area of inquiry. Research involving animals would similarly address ethical issues bearing on animals as research subjects and explicitly specify conditions of care, quality of life, and long-term consequences of the research for the animals studied.

Exceptions

On rare occasions, a learner's Doctoral committee cannot serve as the institutional committee for the protection of human subjects. For example, a learner's research may be funded by a federal agency that requires review by an institution-wide committee. Under such conditions you may request that the Dean convene a special Union Institute & University Committee for the Protection of Human Subjects. The request should include

a rationale for an institute-wide committee and detail the human subjects or animal protection issues involved, and the disciplines and/or professions whose standards would govern those issues. The Dean would then appoint an appropriate committee. Such institution-wide committees are expected to be rare and will only be convened when there are compelling reasons why your Doctoral Committee cannot function to review procedures for the protection of human subjects. Lack of committee expertise is not a compelling reason, since learners are expected to form a committee with the expertise needed to review all major components of the proposed program.

Learners may also use established human subjects or animal protection committees in other institutions. Learners with affiliations or adjunct faculty with other universities, research institutions, or clinical settings may find that the established committees in those settings can fulfill review functions for protection of human subjects and/or animals.