

The Use of Creative Arts Therapies for Diagnostic and Therapeutic Purposes

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Abstract

This paper introduces the growing and developing field of creative arts therapies. The authors briefly highlight the common and distinctive characteristics of each specialization, including art therapy, dance movement therapy, music therapy, dramatherapy, and psychodrama. Then, current research is reviewed and a clinical case illustration is provided to clarify and demonstrate the use of creative arts therapies for diagnostic and therapeutic purposes. Finally, the authors describe the Graduate School of Creative Arts Therapies of the University of Haifa in Israel, the unique international masters program and their collaborative academic and research endeavors with partners around the world.

Keywords: *Creative Arts Therapies; Graduate Training; Sexual Abuse; Trauma*

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Introduction

Creative arts therapies (CAT) are healthcare professions that use the creative and expressive process of art-making to improve and enhance the physical, mental, emotional, and social well-being of individuals of all ages. These professions include art therapy, music therapy, dance movement therapy, drama therapy, and psychodrama (Brooke, 2006; Jones, 2005; Karkou & Sanderson, 2006; Malchiodi, 2005). Art therapy is a form of psychotherapy that uses art media as its primary mode of communication - including paint, chalk, crayons, and sculpture - and it is especially valuable for clients who have difficulties expressing themselves verbally. In music therapy, treatments may include creating, singing, listening to and/or moving to music in order to strengthen clients' abilities. Similar to art therapy, music therapy also provides alternative ways of communication for individuals who find it difficult to verbally express themselves. Dance movement therapy is founded on the belief that the body and mind are an interrelated continuum. Through the vehicle of movement and dance, the client can creatively explore and enhance emotional, cognitive, physical and social integration. Dramatherapy is the intentional use of theatrical techniques (such as role-play, theatre games, mime, puppetry, voice work, myth, ritual, storytelling and other improvisational techniques) to facilitate creativity, imagination, learning, insight and personal growth. In a nutshell, whereas in dramatherapy clients typically enact dramatically "distanced" roles and situations (namely, fictional or imaginary), clients in psychodrama typically enact themselves in various life situations (for a comparison between the two methods see Kedem-Tahar & Felix-Kellermann, 1996). Psychodrama, therefore, employs guided dramatic action to examine "real life" problems or issues raised by an individual or a group. Using experiential action methods, sociometry, role-play, and group dynamics, psychodrama facilitates insight, personal growth, and integration on cognitive, affective, and behavioral levels.

Although CAT sessions can be enjoyable, they are not recreational activities or art lessons and clients do not need to have any previous experience or expertise in art. The CAT employ creativity and imagination (that has been found to contribute to coping and problem solving), creation and playfulness (that are associated with growth and vitality), and holism (integration between mind and body) (Knill, Levine, & Levine, 2005; Levine & Levine, 1999; McNiff, 2004). The use of different art mediums, whether drawings or drama, movement or music, enables clients to better express their emotions and feelings, inner difficulties, bypass dissociative mechanisms, strengthen dialogue with the external and internal world, and even encourages verbalization. The use of arts within psychotherapy bridges verbal barriers and promotes experiential insights because it involves the non-linguistic right hemisphere of the brain (Winner, 1982). The creative and expressive process of art making enables the exploration of experiences that are difficult to verbally express for various reasons such as differences in language and culture (Campbell, 1999; Dokter, 1998), communication impairments with clients on the autistic spectrum (Evans & Dubowski, 2001; O'Doherty, 1989), a history of trauma (Banister, 2003; Eaton, Doherty, & Widrick, 2007; Lev-Wiesel, 2005), old age and illness such as Alzheimer (Harrow, 2005), or emotional difficulties: behavioral and interpersonal (Hamamci, 2006; Orkibi, 2010). Creative arts therapists work in a variety

of settings such as hospitals, educational institutions, community mental health facilities, prisons, hospices, day-care centers, and private practices. In Israel, the Creative and Expressive Arts Therapies Association was founded in 1971, and the Ministry of Health has recognized the CAT as a paramedical profession since 1988. These days, the profession of Creative Arts Therapists around the world is facing the challenge of establishing itself as an evidence-based practice; namely, a practice based on a solid body of empirical knowledge, derived from the systematic and rigorous collection of data, which provides evidence supporting the use of specific CAT interventions (see Gilroy, 1996; 2006).

Creative Arts Therapies Research

The field of research in CAT is relatively limited. Most of the studies conducted up until now focused on the impact of CAT in promoting wellbeing and growth in different populations and environments. Our current research focuses on utilizing CAT for diagnostics and therapeutic purposes. Some of the topics our researchers (e.g., Lev-Wiesel, 1998) have examined are indicators of the phenomenon of childhood sexual abuse within self-figure drawings of children and adults who were sexually abused under the age of 14 (see Figure 1). Another example is a study that found the indicators of dissociative identity disorder in self-figure drawing of people who were diagnosed with this disorder (e.g., Lev-Wiesel, 2000; see Figure 2). Another line of evidence-based research focuses on sexually abused children who need to testify in court yet tend to dissociate. Therefore their testimony hinders their case. The theme of a drawing they are asked to draw in front of the juvenile court is “draw what you preferred never had happened.” This was found to bypass the dissociation during testimony (see Figure 3).



Figure 1. A 24-year old female who was sexually abused by her father. The indicators: hollowed eyes, no hands, no lower body, and doubled chin were found to indicate incest.

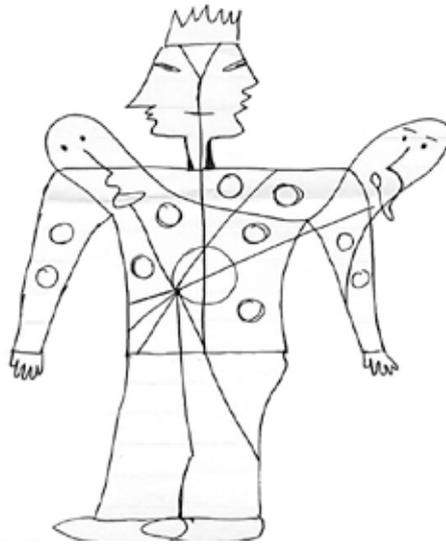


Figure 2. Eight years old female survivor of CSA, diagnosed with DID. Three figures within the self-figure drawing: two figures leaning on the vertical line, while the third figure (head and hair) holds the whole construct together.



Figure 3. Nine years old boy who was sexually abused by his father drew what “he preferred never had happened.”

An Illustrated Case Study

Sue, a teacher, aged 36 and the mother of four children, came to therapy because she felt depressed for no real reason (according to her) (was first published in *Arts In Psychotherapy*, Lev-Wiesel, 1998). Sue was the oldest of three sisters in her family of origin. Her parents were Holocaust survivors. She remembered being physically beaten by both her parents. When asked to specify her bad and good memories from childhood, she refused, rationalizing it by forgetfulness: “I don’t remember. It was a long time ago.” She complained of enduring a strange unresolved fear of entering the bathroom. She could not take a shower with the door closed. Her husband and children knew her fear and accompanied her to the bathroom for years.

Figures 4 through 6 are illustrations of a therapeutic process (thematic drawings) in a 36-years female survivors of sexual abuse. From self-figure drawings, a Kinetic Family Drawings at the age of five, the perpetrator, to growth and healing.

In session one: Sue was asked to draw a picture of herself (Figure 4, left drawing). Sue's view: "This person can't move, she is stuck . . . There are a lot of thoughts that should not be let out . . . I hold something, it's funny, I can't decide if it helps me or not." Then during session two: Sue was asked to draw a scene at home when she was 5 years old (Figure 4, right drawing). Sue's view: "The girl loves her doll... it's the only thing that belongs to her... my father frightens me... mother doesn't help... Why am I wearing sunglasses? I never had any." Figure 5, Sue's view: "That's what I see a monster it's my father... He was raping me in the shower. No one was at home... When I cried later, mom said I was putting the whole family at risk and that I should suffer quietly for he had suffered more during the Holocaust... " Last session (7 months later): Sue was asked to draw herself (Figure 6). Sue's view: "I am much stronger... you see the arrows I have, I can defend myself ... I can talk about what I went through... I know my parents are responsible and should be blamed for what they did... I want to help other girls who are trapped in this hell."



Figure 4. Thematic drawings of the therapeutic process – early stage. Initial Self-portrait left and on the right, a family scene at age 5.



Figure 5. Thematic drawing of the perpetrator – the subject's father.



Figure 6. Self-portrait during the last session 7 months later showing strength and arrows for defense.

Another example of research in CAT is the use of dance and movement therapy (DMT) in populations with chronic physical and mental illnesses (Sherry Goodill, 2006). The Cochrane review has found evidence for the effectiveness of DMT with Schizophrenia and with Depression (Koch, Morlinghous, & Fuchs, 2007; Akandere, & Demir, 2011). A study that explored the use of DMT with revealed that DMT improves verbal abilities of Alzheimer patients (Dayanim, 2009). DMT allowed for an increase in empathy based on the mirror neurons (Federman, 2011). It can be used to enhance a deeper understanding of the emotional world of self and the other, thus it can be used by physicians whose main task is the remedy of their clients.

The Graduate School of Creative Arts Therapies

The University of Haifa is situated at the top of the Carmel Mountains in northern Israel, amidst the Carmel National Forest, with breathtaking views of the Mediterranean Sea. It was established in 1963 under the joint auspices of the Hebrew University of Jerusalem and the Haifa Municipality. In 1972 it gained academic accreditation from the Council for Higher Education as a separate institution, and today it is a fully accredited university under the auspices of Israel's Ministry of Education and the Israeli Council for Higher Education. The University is recognized internationally as an approved site for study abroad, and academic credits earned are transferable to home institutions to be applied toward degree completion. The University of Haifa is also recognized by the UNESCO-based International Association of Universities.

The Graduate School of Creative Arts Therapies (GSCAT) was established in October 2008 as part of the Faculty of Social Welfare and Health Sciences at the University of Haifa. The School offers the only program in Israel that awards a master's degree in Creative Arts Therapies with the following five specialization tracks: Art therapy, dance movement therapy, music therapy, dramatherapy, and psychodrama. Since its establishment, the School has become one of the most popular at the University, with over 400 students currently enrolled.

a. International M.A. Programs

The GSCAT's international master's degree in Art Therapy is a full-time, one-year program designed to prepare professionals to practice in this new and growing field of therapy (<http://cat.haifa.ac.il/>). The program takes place over three consecutive semesters, from October until September. The language of instruction is English. Students complete their academic coursework at the university during the fall and spring semesters. During the summer semester, students participate in a clinical practicum and receive individual and group supervision. Students from countries with which the University of Haifa has an agreement may request to complete their practicum experiences in their country of origin under the supervision of a therapist/supervisor who will be pre-approved by the GSCAT. Upon successful completion of all academic requirements and field training hours, students are awarded a master of arts in Creative Arts Therapies with a specialization in Art Therapy. The clinical experience of trained practitioners, who have worked for some years in art therapy, may be taken into account on a case-by-case basis. We are currently exploring the possibility of opening a Low Residency program designed to suit working individuals and/or established professionals whose practical circumstances make traditional resident program and relocation unworkable. This program may consist of intensive residencies over the course of two summers, online modules via the University's online environment, and practicum experience (field training) in student home communities under the face-to-face supervision of a pre-approved supervisor.

b. International Research and Academic Collaborations

We believe that working together globally is the best way to advance the CAT field. Professors and lecturers at the School have professional relationships with

professors and healthcare practitioners in other countries, including the United States, the United Kingdom, Germany, Spain, Italy, Greece, Singapore, Vietnam, India, China, and Thailand. These relationships lead to research collaborations as well as lecturer and student exchanges.

The School has an electronic journal, *Academic Journal of Creative Arts Therapies* (<http://ajcat.haifa.ac.il/>), and findings from the Creative Arts Therapies Research Center (<http://catrc.haifa.ac.il/>), as well as cutting-edge features submitted by international therapists, are published in the journal. For example, in the National level in Israel, Dr. Hod Orkibi conduct a research with the National Program for Children and Youth at Risk on the contribution of future-oriented positive psychodrama to the positive future and subjective well-being of adolescents at-risk, funded by Alony-Hetz Properties and Investments Ltd. At the international level, Prof. Rachel Lev-Wiesel and Dr. Michal Bat-Or collaborate with Prof. Elias Kourkoutas, Prof. Akis Simos, and Andriani Papadaiki from the University of Crete on the validation of the test “Person Picking an Apple from a Tree” in young children. Another international project is that of Dr. Cochavit Elefant who collaborates with Prof. Christian Gold from the University of Bergen, Norway on an international randomized controlled trial on autism and music therapy. Also in Music Therapy, Dr. Donna Abecasis collaborates with Prof. Javier Corbolán from the University of Murcia, Spain, in the validation of creativity measure for school children.

c. International Summits

Moreover, the GSCAT organizes summits for healthcare professionals from around the world. Some of the summits are held on University of Haifa campus, while others are held outside of Israel. These summits focus on therapeutic techniques in each of the specialization modalities as well as innovative research. Participants enjoy a variety of presentations, workshops and discussion groups. In July 2011, the School held its first International Career Advancement Summit at the University of Haifa campus. The eight-day summit included 22 human-service professionals from India, Thailand, Korea, Singapore, Hong Kong, and China. Participants were introduced to the art of teaching and practicing the CAT. Five days of the summit focused on different modality specializations through oral presentations, experiential workshops, and discussions that were conducted in English by the School’s faculty members who are experts in the different modalities. The offerings included: Multi-Cultural Aspects of Art Therapy; Art-Based Assessments: A Picture is Worth a Thousand Words; Nine Core Processes in Drama Therapy; Dance Movement Therapy with Children; Music and the Mind; and Intermodal Expressive Arts Therapy. During the remaining three days, participants enjoyed an organized group sightseeing tour of Israel’s unique sites, including Jerusalem, the Galilee, and the Bahá’í Gardens in Haifa and Akko.

Recently, five faculty members of the GSCAT conducted extensive series of workshops in the Asian Music and Creative Arts Therapy Summit held from 27 June through 2 July 2012 at Chulalongkorn University (CU) in Bangkok, Thailand. Our future mutual goal in collaboration with CU is to develop a similar CAT

program at CU in conjunction with the GSCAT (joint MA degree and/or training programs), that will eventually become a CAT center for professionals for Thailand and its neighbors in East Asia.

Conclusion

As illustrated above, the field of CAT is growing and developing rapidly. As an interdisciplinary field it allows collaborations between practitioners from medical backgrounds, mental health backgrounds, scientific and humanities backgrounds for the benefit of people who struggle with day to day hardships and those who have experienced severe traumas whether physical or emotional. Arts are universal languages that overcome verbal barriers. As such, CAT can undoubtedly be use globally to also solve interpersonal (micro and macro) conflicts, and thus promote peace.

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