



Chapter One

What Is Expressive Arts Therapy?

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Expressive arts therapy—the purposeful application and integration of art, music, dance/movement, dramatic enactment, creative writing, and imaginative play—is an action-oriented and sensory-based form of psychotherapy. While talk is still the traditional method of exchange in psychotherapy and counseling, practitioners of expressive arts therapy know that individuals have different styles of communication. Some are more visual, others more tactile, and still others use movement and gesture as a form of expression. With the increasing recognition of body-based methods for regulation and recovery, expressive arts therapy is becoming part of the continuum of somatic practices in work with traumatic stress, attachment problems, addictions, and other health challenges. Because expressive methods emphasize implicit, embodied experiences that may be difficult to express in talk therapy, many practitioners now turn to these methods to help individuals quickly communicate relevant issues.

This chapter introduces readers to expressive arts therapy as a unique form of psychotherapy and an approach to facilitating health and well-being. For expressive arts therapists, I hope this chapter will expand your vision for practice and inspire new ways to define your work. If you are a therapist who uses art-based or play-based strategies as adjuncts to treatment, this chapter will broaden your perspective on the value expressive arts can add to your approach through what we know from the fields of neurobiology, somatic psychology, resilience, and creativity and imagination. If you are new to expressive arts therapy, then this chapter will help you understand the foundations of this field and why you should consider including it in your work with individuals of all ages.

EXPRESSIVE ARTS: THE ORIGINAL “PSYCHOTHERAPY”

It may seem bold to open this chapter by stating that expressive arts may very well be “the original psychotherapy,” but the foundations of this approach existed long before we arrived at what we now call psychotherapy, particularly by Western and Eurocentric definitions. Before language emerged as the dominant form for addressing the distress of mind and body, humans used expressive approaches, including the arts, as integrative forms of emotional and even physical treatment. These intuitive strategies for health and well-being historically emerged as ceremony, enactment, performance, image making, and ritual and included synchrony, entrainment, rhythm, touch, and other forms of individual and community engagement for the purpose of healing. The integrative synergy of expression, based on cultural traditions and recognized thousands of years ago, particularly in response to grief, loss, and trauma, forms the foundation of contemporary expressive arts therapy (Malchiodi, 2020). The arts are repeatedly cited as ways humans make experiences and events special and address disaster and traumatic events, and they are intentional forms of prevention, repair, and restoration. These practices are not simply ancient underpinnings of contemporary psychiatry, psychology, and counseling; they remain at the core of psychotherapeutic treatment for numerous cultures and communities throughout the world.

Child psychiatrist and researcher Bruce Perry (2015) summarizes these ethnological findings from a modern-day, neurobiology-informed perspective: “Amid the current pressure for ‘evidence-based practice’ parameters, we should remind ourselves that the most powerful evidence is that which comes from hundreds of separate cultures across the thousands of generations independently converging on rhythm, touch, storytelling, and reconnection to community . . . as the core ingredients to coping and healing from trauma” (p. xii). Similarly, de Boton and Armstrong (2013) note the continual role of art in mediating human psychological shortcomings, restoring equilibrium and aspects of the self that can be sensed but not articulated.

The formal rise of the arts in psychotherapy began as far back as the 1930s, fueled by both theories of rehabilitation and the arts themselves. The idea of using the arts as an adjunct to medical treatment emerged in the period from the late 1800s to the 1900s alongside the advent of psychiatry. During this time, the movement to provide more humane treatment of people with mental illness began, and “moral therapy” included patient involvement with the arts. While late-19th-century programs were transitory, the ideas behind them resurfaced in the early 1900s. Applications of music as therapy can be found following World War I when reports circulated that “miracle cures” were reaching patients through music when they responded to nothing else. During the early 20th century, practitioners became interested in the use of art in treating patients with severe mental illness, including how dramatic enactment and role

play manifested emotional change. As a result, the fields of sandplay, sandtray therapy, and play therapy emerged. Because there were many patients for whom the “talking cure” was impractical, the arts therapies were gradually incorporated into treatment at hospitals, both as activity therapies and as experiences with psychotherapeutic benefits (Malchiodi, 2007, 2020).

MAJOR INFLUENCES IN THE FIELD

Expressive arts therapy as a formalized field emerged in the latter part of the 20th century. In contrast to individual applications of image making, vocalizations, movement, enactment, or storytelling within the context of psychotherapy and counseling, expressive arts therapy is most commonly understood as the use of more than one art form, consecutively or in combination. In other words, one form of expression may dominate a session, or multiple forms may be introduced in work with a child, adult, family, or group.

Many practitioners contributed to the development of the field of expressive arts therapy, including the authors of this book. Others have added depth and breadth to the concepts of expressive arts, but largely through its oral history or philosophical explorations of human expression rather than through psychotherapeutic applications. A significant part of integrative arts-based approaches has also emerged outside the traditional “psychotherapy session.” These contributions include forms of social action and healing engagement within communities and cultures (described later in this chapter).

Three individuals in particular have had a lasting impact in defining theory and practice within the published literature: Natalie Rogers, Paolo Knill, and Shaun McNiff. Each has influenced the major principles and concepts that form the foundations of expressive arts therapy as a unique domain and methodology.

Natalie Rogers: The Creative Connection

Natalie Rogers is an early proponent of expressive arts as a humanistic form of psychotherapy. She defines expressive arts therapy as “uses of various arts—movement, drawing, painting, sculpting, music, writing, sound, and improvisation—in a supportive setting to facilitate growth and healing.” As Rogers states, “It is not about creating a pretty picture. It is not a dance ready for the stage. It is not a poem written and rewritten to perfection” (1993, pp. 1–2). Rogers also speaks of a *creative connection* between the arts, referring to the use of intuitive expression through different media, individually or in combination. In contrast to diagnostic practices, expressive arts therapy is a humanistic experience that capitalizes on both the imagination and the integrative possibilities inherent to the arts. The goal is to enhance the interplay of the arts to support self-exploration and to “connect” to oneself through arts-based experiences.

Rogers's approach to expressive arts therapy was greatly influenced by her father, Carl Rogers, who is widely known for person-centered counseling, which emphasizes the therapist's role as empathetic, open, caring and congruent. The person-centered philosophy includes the premise that all individuals are capable of manifesting growth and have an innate capacity to reach full potential in life. Therefore, person-centered expressive arts not only summarize Natalie Rogers's approach to therapy, but also her own experience of personal integration via the arts and the philosophy she inherited from her father. In sum, she opened up a conversation within the fields of expressive arts therapy, psychotherapy, and counseling about the integrative nature and purposeful interplay of various arts-based media for emotional reparation, health, and well-being.

Paolo Knill: Intermodal Transfer

Paolo Knill conceptualized an expressive arts practice known as *intermodal expressive therapy* (Knill, Barba, & Fuchs, 1995). Knill initially trained as a musician and an engineer, and later became involved in developing the field of expressive arts therapy as a professor in the United States and Europe. Among other contributions, he originated the concepts of *intermodal transfer* (the shift from one art form to another) and *low skill–high sensitivity* (competence in artistic expression in all individuals, regardless of skill or formal training in the arts; Knill et al., 1995, pp. 147–153). Additionally, the idea of *crystallization* emerged from Knill's teaching and work. In brief, crystallization refers to how various sensory experiences can crystallize into art expressions through expressive arts therapy. For example, sound becomes music; image becomes a drawing, painting, or sculpture; movement becomes dance, and so forth.

Shaun McNiff: Totality of the Arts in Therapy

Shaun McNiff (2009) is widely recognized for promoting "all of the arts" as a meaningful and effective therapy and as an integrative method for engaging "the whole person in the therapeutic process" (p. 3). Over several decades, he established many of the contemporary educational foundations in the field. Primarily a visual artist and art therapy educator, McNiff proposes that the connectedness of the arts in psychotherapy provides the necessary dynamics for personal growth and well-being, and he more accurately addresses the totality of the senses: gesture, body movement, imagery, sounds, words, and enactment. In sum, drawing on a number of available creative processes is fundamental to meeting individuals where they are in their own healing, according to McNiff.

The principles and concepts Rogers, Knill, and McNiff formulated became starting points for the evolution of expressive arts therapy in the 21st century. Each underscored the interplay of the expressive arts as a key factor in supporting

more authentic expression in psychotherapy. As psychotherapy continues to expand into new terrain, including neurobiology and somatic psychology, these foundational principles are now informed in more expansive and far-reaching ways. The next section discusses how these principles were expanded in order to provide a contemporary and practical framework for applying expressive arts therapy with individuals and groups.

EXPRESSIVE ARTS THERAPY: A PALETTE OF POSSIBILITIES FOR RESTORATION OF THE SELF

Expressive arts therapy may include several types of expression simultaneously, or movement from one expressive form to another, depending on the needs of the individual or group. The multidimensional, multimodal, and multisensory qualities make it possible to support reparation, recovery, and restoration of the self in a variety of ways. One goal of this book is to introduce readers to the many ways that this approach supports health and well-being, and the methods for integrating various forms of expression within a psychotherapeutic session.

One way to understand the multiple possibilities of expressive arts therapy is through the characteristics that differentiate it from more language-based psychotherapies. These characteristics include (1) letting the senses tell the story, (2) self-soothing mind and body, (3) engaging the body, (4) enhancing nonverbal communication, (5) recovering self-efficacy, (6) rescripting the dominant narrative, (7) making new meaning, and (8) restoring aliveness (Malchiodi, 2020). Each of these is explained below and in more detail throughout this volume.

Letting the Senses Tell the Story

Neurobiology has taught us that we need to “come to our senses” in developing effective components for psychotherapy for both mind and body (Malchiodi, 2020). For example, traumatic stress reactions are not just a series of distressing thoughts and feelings. They are experienced on a sensory level by mind and body, a concept now increasingly echoed within a variety of theories and approaches. We know now that these “memories” are more sensory, implicit, and perceptual and that traumatic experiences may not always be encoded as explicit memory but may rather be stored as nonverbal, sensory fragments (Lanius et al., 2005; van der Kolk, 2014).

Possibly the most compelling reason for the use of the expressive arts in psychotherapy is the sensory nature of the arts themselves; their qualities involve visual, tactile, olfactory, auditory, vestibular, and proprioceptive experiences. The arts are also believed to predominantly access the right side of the brain and implicit memory because they include a variety of sensory-based experiences, including images, sounds, tactile, and movement experiences that are related to

right hemisphere functions (Malchiodi, 2020). The qualities found in arts-based expression are thought to tap these memories of events (Malchiodi, 2012; Steele & Malchiodi, 2011), allowing the senses to “tell the story” of individual experiences via an implicit form of communication.

Two key concepts involving the senses are foundational to expressive arts: exteroception and interoception. *Exteroception* is sensing external stimuli through the five senses (sight, hearing, touch, smell, and taste). These senses are useful in identifying elements of the environment, including safety. Exteroceptive experiences are found throughout all applications of the expressive arts because they involve the senses. Each art form is multisensorial; for example, music therapy involves not only sound, but also vibration, rhythm, and movement. Dramatic enactment may include vocalization, visual impact, and other sensory qualities. Dance/movement encompasses a variety of body-oriented sensations. Art-making is not limited to images; it may include fine or large body movements, various smells of art media, and tactile sensations such as fluidity, stickiness, dampness, hardness, softness, or resistance.

In contrast, *interoception* is the perception of internal body sensations (pulse, breathing, pain). It is related to less tangible but identifiable perceptions of internal mood or “gut feelings” experienced within the polyvagal system (Porges, 2012) as well as general “felt sense” (Gendlin, 1982) within the body. The arts themselves include interoceptive moments; when listening to a particularly powerful piece of music or viewing a dance performance or artwork, people often report “being moved.” In other words, these are internal feelings not easily articulated with words.

Self-Soothing Brain and Body

One of the first things I noticed in work with children and adults who were exposed to interpersonal violence was how they physically responded to art making and play activities. While these individuals often remained hypervigilant or withdrawn during therapy sessions, they also actively sought ways to self-soothe, a response we now commonly refer to as *self-regulation* or *affect regulation*. I saw children find relief in simply watching paint disperse in a jar filled with water, while others seemed to lose themselves in creating repetitive patterns while drawing, doodling, or scribbling. Expressive arts and play activities also served as a form of brief dissociation from anxieties or fears for both children and adults. In most cases, it became a refuge and respite through rhythmic kinesthetic, sensory-based experiences.

Purposeful applications of expressive arts therapy support self-regulation, and for this reason, they are often used to help individuals reduce hyperactivation and the stress responses that result from traumatic events. They can be combined with other standard approaches. For example, expressive arts therapy has

been combined with mindfulness-based practices to induce and deepen relaxation (Rappaport, 2014), capitalizing on breathing, mindfulness, and movement. In brief, most expressive arts therapy sessions integrate rhythmic breathing, mindfulness-related practices, and other calming routines into overall intervention, particularly when working with individuals who have experienced traumatic events (Johnson, Lahad, & Gray, 2009).

Individuals in treatment often note that the structure, containment, and grounding qualities provided by expressive arts feel “safer than words.” In contrast to asking individuals to revisit distressful events and emotions that the mind and body try to avoid, expressive arts interventions generally seek to establish an emotional distance from traumatic memories, prioritizing a sense of safety. For example, dramatic enactment and imaginative play capitalize on distance, allowing the therapist to help participants explore problems or distressing emotions through metaphor rather than through reality; the simple act of drawing provides a way to make tangible a sensation or feeling, placing outside oneself on paper. These approaches can support self-regulation by giving individuals ways to separate from what is going on internally while experiencing a pleasurable or novel creative experience.

Engaging the Body

While some therapists believe that body-based techniques are useful adjuncts to treatment, many now view the body as central in the process of reparation and restoration of the self. In the 1970s, Ogden (Ogden, Minton, & Pain, 2006) started to focus on the individual’s dissociations from their bodies and their emotions, and developed a specific approach to help individuals identify somatic reactions such as body numbing and inhibitions in movement. More recently, Menakem (2017) underscored cultural and social justice implications for body-based frameworks, focusing on somatosensory experiences.

The idea of talking about the body’s experience has been considered a novel approach to treatment within the continuum of psychotherapy, particularly in the treatment of traumatic stress. In contrast, expressive arts therapy has consistently made the body’s experience central in both theory and practice. It consistently involves *responding* with the body in some way with implicit communication via arts-based approaches. For example, art forms like dance and drama obviously include physical movement, but we also sense something in our bodies when we create visual art, play a musical instrument, engage in creative writing, and even when we look at an artwork in a museum, listen to music, or read powerful prose or poetry. Kossak (2015) refers to this phenomenon as *embodied intelligence* and includes it as one of the foundations of expressive arts therapy. The term *embodied* refers to the body-centered intelligence that informs one of what one knows and experiences in the environment. Gardner (1993) identifies

a similar *body-kinesthetic intelligence*, and dance/movement therapist Whitehouse (1995) adds that the body ultimately is a source of memory storage, emotions, and associations to oneself, others, and the world.

The same self-soothing qualities of expressive arts described in the previous section also serve as forms of embodied intelligence, reintroducing individuals to how the body communicates sensations and emotions. These body-based experiences may come in the form of anchoring and grounding, transcendence, and peak moments of achievement or focused awareness and presence in the moment where there is a full sense of engagement. In brief, expressive arts therapy naturally shifts individuals from being “in their minds” to being more fully in their bodies. In cases where individuals are immobilized due to unresolved distress, arts-based methods can also facilitate a reconnection with the body.

Enhancing Nonverbal Communication

The practice of psychotherapy is historically based on talking to resolve distress and crises. This tradition goes back to Freud and his contemporaries who proposed that psychological distress was best resolved through the patient’s detailed verbal descriptions of upsetting experiences and through clearly recalling the memories of what initiated the distress. In contrast, there is one common observation individuals make about the limits of language when it comes to expressing psychological distress: they say, “If I only could tell you about it with words,” “I don’t know how to describe it,” or “Words are not enough to say what I want to say.” Van der Kolk (2014) found that the language area of the brain is impacted in many cases of posttraumatic stress. This inability to express oneself through words seems to occur when articulating “what happened” is overwhelming or reactivates trauma reactions. Talking may also bring about powerful sensations of shame in those individuals whose experiences provoke guilt or embarrassment. Speaking about these perceptions does not necessarily provide experiences of self-repair for all individuals. Individuals may even fear rejection or additional shaming from those who hear their stories, despite their simultaneous need to be validated for what they have endured and survived.

One key advantage of the expressive arts is the ability to circumvent the limits of language and to provide additional channels and opportunities for communication when words are not possible. In this sense, these approaches offer the possibility of externalizing implicit experiences without words. Creative expression also serves as a nonverbal means for “breaking the silence” (Malchiodi, 1990, 1997) and for “telling without talking” (Malchiodi, 2008), for those individuals who cannot speak publicly about their experiences for various reasons.

Expressive arts can support nonverbal externalization of implicit memories or feelings in many ways. Through art making, for example, trauma memories can be communicated through the creative process of making or constructing an image or object. There is also some emerging evidence that creative activities

may actually stimulate language. Drawing, for example, facilitates children's verbal reports of emotionally laden events in several ways: reducing anxiety, helping the child feel comfortable with the therapist, increasing memory retrieval, organizing narratives, and prompting the child to tell more details than in a solely verbal interview (Gross & Haynes, 1998; Lev-Weisel & Liraz, 2007).

Recovering Self-Efficacy

An overarching goal of psychotherapy is to help individuals transform feelings associated with "what happened" in the past to a here-and-now focus. Emotional distress, physical illness, and other challenges can rob one of a sense of confidence, not only at the very core of who we are, but of what we can eventually be, achieve, and enjoy. Therefore, supporting personal empowerment and mastery are essential to enhancing resilience, reinforcing an internal locus of control and belief that one can successfully address new challenges (Malchiodi, 2015).

Any effective intervention helps individuals to regain a feeling of vitality and self-efficacy. The expressive arts are action-oriented, experiential approaches that capitalize on active participation necessary to recover experiences of pleasure and joy as well as a sense of mastery and self-efficacy. For example, art making, even in its simplest sense, can involve arranging, touching, gluing, constructing, painting, forming, and many other active experiences. Music not only includes listening, but also making sounds, singing, or playing instruments; dance, drama, and just about all forms of play emphasize movement, physical involvement, and active relationships with props, the environment, and other individuals. With reference to dramatic enactment, Haen (2015) shares that children who are struggling to express themselves "begin to speak when given a character to play; kids unable to talk about their past trauma . . . express it through roleplay" (p. 249). Similarly, play therapy is predicated upon providing children with experiences that encourage mastery through toys, props, games, and other creative materials and media. These are experiences of empowerment, a term used to describe a sense of personal self-efficacy as well as within a larger social context, including community and society (Herman, 1992).

Rescripting Dominant Narratives

Eventually revising or "rescripting" dominant narratives is part of most forms of intervention. In most cases, the goal of expressive arts therapy is to help individuals alter distressful and challenging life stories through revising aspects of events, perceptions, and memories. For example, art and play-based approaches emphasize the child's capacity to create and explore personal stories through use of images, toys, puppets, and other props. With the therapist's facilitation, the child gradually restructures, reframes, and revises the trauma narrative. Similarly, drama enactment uses role play and other techniques to help individuals

act out various aspects of experiences and perceptions, with a goal of changing perspectives and promoting new, healthier endings to problem-laden narratives.

While the expressive arts are action-oriented and hands-on by nature, they are also experiences that emphasize spontaneity, flexibility, and problem solving. Essentially, all expressive arts embrace the use of imagination as a core experience in the therapeutic process. While many prefer the word “creativity” in describing expressive arts therapy, it is actually the use of imagination that informs theory and practice. By definition, creativity occurs when self-expression is fully formed and achieves a novel and aesthetic value. In contrast, imagination is really what is at the center of most arts-based sessions; participants may not always make art, music, or movements that would be considered creative or fully formed expression, but they are encouraged to engage in imaginative thinking and to pretend when it comes to dramatic enactment or play. In this way, individuals not only verbally rescript dominant narratives, they can also actively practice novel behaviors and corrective experiences.

Imagining New Meaning

Humans naturally want to attach meaning to their experiences, including traumatic events that often seem meaningless, pointless, and random. When we see a painting in a gallery or even a cloud formation in the sky, we tend to want to make sense of it, associate a theme or subtext to it, or interpret its significance. This form of making meaning may tell us a lot about our own worldviews and how our minds work, but in psychotherapy, making meaning also takes on a slightly different importance, one of bringing together painful and senseless events and experiences.

Expressive arts therapy provides a unique opportunity for making meaning within psychotherapy. It not only allow us to re-author the dominant narrative of trauma events, but also to transform them into tangible, sensory-based expressions that have the potential of transcendence (Malchiodi, 2016). When making meaning is successful, it often manifests as a creative expression of health and well-being, and a new and inspirational story of why one’s life has been altered but not broken. For some individuals, arts such as painting, creating music, dance, or drama become experiences to be witnessed by others, reaching well beyond the treatment room and allowing them to return to their community to reengage with significant relationships and life in new ways.

Restoring Aliveness

The success of any therapeutic work is intricately connected to how our interventions restore a sense of *aliveness* in individuals, especially those who are experiencing traumatic stress. By aliveness, I mean not just existing and surviving, but living life with vitality, joy, and connectedness. For example, traumatized

individuals may report feeling the opposite of what aliveness feels like in body, brain, and mind, responding with freeze responses and dissociation, disconnecting from others and the environment, and essentially feeling cut off from any sense of joy or vitality. For others, hypervigilance, panic, or anger dominate, cutting off a capacity to play or experience pleasure. If one is afraid of everything and is numb or is held captive by anxiety, one cannot feel fully alive in one's body.

My impressions about why aliveness is key to the reparative potential of the expressive arts come not only from working with traumatized individuals, but also directly from my own body-based experiences. As is true of many people, there are certain pieces of music that always sends chills throughout my body no matter how many times I hear them; live theater has a similar impact on me, sending surges of vitality throughout my body. I experience similar sensations through painting, singing in a group, dancing with a partner, engaging in play with others, or being part of a performance. While neuroscience can verify feelings of arousal that are related to aliveness, people engaged in the arts anecdotally provide many more important details, reporting instances of transcendence, connectedness, affirmation of life, and states of energetic flow. These are qualities that reflect internalized sensations of animation, vigor, and passion; they are affirmations of life.

The expressive arts have a unique role in restoring a sense of vitality and joy in traumatized individuals because aliveness is not something we can be "talked into"; it is experienced in both mind and body and particularly on a somatosensory level. At the same time, we do not know the exact mechanisms for how the enlivening qualities of the expressive arts come about, how they circulate between individuals, groups and communities, or even how to adequately describe or evaluate them. While aliveness can be experienced in each of the arts, it is most evident in expressive arts groups where there is collective energy among members. It is a type of energy circulation found in singing, dancing, performing, art making, and even laughing together. It is similar to the interpersonal momentum found in team sports where connection with others impacts player performance. In the arts, individuals are influenced by the energy of the group, making possible creativity, imagination, and play that are not always possible in isolation. It is a synergy that takes on a life of its own, with one expressive movement, gesture, image, or sound leading naturally to others.

THE RESTORATION IS IN THE EXPRESSIVE ARTS RELATIONSHIP

In addition to the unique characteristics outlined in the previous section, expressive arts therapy provides a distinctive value-added component to treatment: supporting restorative relationships through the senses. Several of these concepts of expressive arts therapy as a "co-regulatory" intervention are explained

here, and attunement through arts-based approaches is explored in more depth in Chapter 4. For the purpose of this brief section, three areas are highlighted: interpersonal neurobiology, polyvagal theory, and mentalization.

Interpersonal Neurobiology

When we think about the centrality of relationship within the context of psychotherapy, the concept of *interpersonal neurobiology* (IPNB; Siegel, 2012) is now a common denominator in most discussions. IPNB is an overarching theory that focuses on how social relationships shape how our brains develop, how our minds perceive the world, and how our bodies adapt to stress throughout the lifespan. IPNB is grounded in evidence indicating that the brain is capable of change, especially through positive attachments and relationships, which may be relevant to trauma recovery and other conditions that were once believed to be irreversible. Siegel (2012) cites the importance of “critical micromoments” of interaction with clients that include the client’s tone of voice, postures, facial expressions, eye contact, and motion that he believes provide clues to the individual’s psychobiology. These sensory-based cues become particularly important in identifying and formulating strategies for therapy, including expressive arts therapies (Malchiodi, 2020).

Expressive arts approaches address IPNB principles in two additional ways. First, they encourage the individual to be *active* within the therapeutic process rather than a passive recipient, reinforcing mutual interaction between the individual and therapist. Second, while listening is a key component of talk therapy, expressive arts therapy provides experiences that are *witnessed* because implicit, sensory-based, and often tangible communications are central to each session. The therapist takes on the role of a witness that is not only authentically interested and attentive to the individual’s arts-based communications, but also provides unconditional positive regard for these creative expressions.

Polyvagal Theory

Polyvagal theory (Porges, 2012) is another concept that is increasingly being applied in integrative arts-based approaches (Malchiodi, 2020). Polyvagal theory informs the *social engagement system*, a specific neural circuit found only in mammals (Gray & Porges, 2017). These physiological, biological, and neurological processes guide interactions with the environment via the vagus nerve, a nerve that runs from the brain through the heart, lungs, and digestive track in the body. The sound of a voice or facial expressions communicate an individual’s physiological state to others; for example, a high-pitched voice might convey anger, fear, or distress, causing others who hear it to feel unsafe and become concerned. Additionally, internal body awareness influences how individuals track, respond, or engage with others; in particular, people who are impacted by traumatic events

may feel disconnected from this ability to sense what is going on with their bodies or, in contrast, feel a perpetual state of fear.

Many of the principles and practices found within the expressive arts support social engagement and build the sense of safety within relationships necessary for trauma reparation. For example, the concept of “kinesthetic empathy” proposed by dancer and dance therapist Marion Chace (in Reynolds & Reason, 2012) describes the nonverbal, sensory-based expression of empathy between therapists and clients. This is demonstrated through mirroring and attunement in dance and movement (Gray & Porges, 2017); sounds and musicality; becoming the “third hand” to support art making (Kramer, 1986); and a variety of kinesthetic and sensory actions such as prosody, gesture, and facial expression. Other practices are found in expressive arts approaches that support experiences of safe social engagement. These practices include entrainment (rhythmic gestures, movements, sounds, music, prosody, and breathing) and grounding (establishing self-regulating rituals through creative arts). These approaches are particularly useful with trauma survivors, who may benefit from down-regulating hyperactivation or shifting away from states of dissociation. Therapist-initiated sensory-based interventions in treatment can teach and reinforce such self-regulation that are necessary for the development of reparative interpersonal relationships.

Mentalization

Mentalization, a term coined by Peter Fonagy and Mary Target, is another framework relevant to relational work and expressive arts approaches. Fonagy uses this term to refer to the ability to see oneself from the outside and others from the inside (Allen, Fonagy, & Bateman, 2008). He proposes that this capacity is connected to empathy, self-regulation, self-preservation, expression of affect, self-efficacy, impulse control, and understanding how actions impact others. Being able to mentalize is thought to reduce the impact of traumatic stress; additionally, early exposure to developmental and interpersonal trauma may compromise mentalization. Early childhood adversity is a challenging aspect in applying mentalization when individuals have learned to turn off their thoughts when traumatic stress is activated, making it difficult to mentalize because of highly emotional states.

Mentalization is developed, at least in part, through the capacity for imaginative play, a necessity when engaging in expressive arts. Verfaillie (2016) notes that “arts therapists who work with clients with attachment problems, children with developmental problems . . . will find points of reference in the concept of mentalization” (p. xv). In relational work with trauma, Bateman and Fonagy (2006) frame expressive methods as alternative ways of promoting mentalization, allowing what is internal (experience and feeling) to be communicated externally (placed outside the self). “An aspect of the self is outside and so less dangerous, controlling and overwhelming. Feelings become manageable and

the understanding of oneself and others is more tolerable” (p. 174). All forms of expressive arts can be adapted to support mentalization; the experiences of using colors, shapes, and lines in a drawing or musicality to communicate the feelings of another individual are essentially expressive arts-based mentalization exercises.

Mentalization is really a stance (an art) as opposed to an actual technique (a science) when it comes to addressing trauma: “The patient has to find himself in the mind of the therapist and, equally, the therapist has to understand himself in the mind of the patient if the two together are to develop a mentalizing process. Both have to experience a mind being changed by a mind” (Bateman & Fonagy, 2006, p. 93). This stance reflects the key principles embedded in applying expressive arts to relational work—the therapist follows the individual’s pace and is curious, sometimes playful, and often active in motivating the individual’s creativity and imagination. When engaged in imaginative play, individuals are invited to mentalize through taking on others’ perspectives, thoughts, and feelings, particularly within the process of dramatic enactment or role play. For example, puppet play is natural mentalization strategy with children; with adults, facilitating the role play of a person who may have a different personality or quality than the individual is another strategy to support mentalization. Haen (2015) suggests the psychodrama technique of doubling to encourage mentalization: participants are asked to speak as if they are another individual in order to give voice to something that individual is feeling or thinking. Haen gives this example: “an avoidant child might say, ‘I’m not talking today.’ When group members double, with permission of the child, they stand behind the child and say things like, ‘I’m bored,’ or ‘I’m afraid to talk,’ or ‘I’m not sure I like this group.’ The child is then encouraged to share with the group which doubles came closest to articulating his true feelings” (pp. 246–247). According to Haen, dramatic enactment may be the most effective expressive arts approach in tapping mentalization as a way to help traumatized individuals safely explore intrapersonal (self) and interpersonal (others) experiences.

EXPRESSIVE ARTS AS SOCIAL ACTION AND HEALING CENTERED ENGAGEMENT

Most of the earliest expressive arts practitioners emerged out of the countercultural climate of the 1960s and 1970s in the United States; they were naturally drawn to work in mental health in part out of a desire to be agents of social change, action, and justice in their communities. Natalie Rogers (1993) expanded person-centered therapy principles of the time period and emphasized that the creative process is inherently linked not only to social action, but also to growth, health, and resilience, concepts resonant with healing-centered engagement. As expressive arts continued to expand into the realm of psychotherapy, Rogers and

other practitioners brought conceptual frameworks that included community and social action into the constructs (Heinonen, Halonen, & Krahn, 2018).

As a field, expressive arts therapy has also rejected the idea of the therapist being the sole expert, placing the individual engaged in creative expression as the authority or, at the very least, as co-creator. Stephen Levine (in Levine & Levine, 2011) observes that expressive arts therapy is an “experience that gives participants an experience of their own capacities for action” (p. 28), reflecting the central role of individual choice and mastery, and resonating the experiences that so many trauma survivors have lost because of the situational and marginalizing conditions in which they find themselves.

Because expressive arts have been applied not only within the context of psychotherapy, but also arts in communities, the role of place—environment, setting and way of life—is another concept central to practice. Not all of my work as a psychotherapist has taken place within an office or clinic walls, and occasionally I have had to strategize how to apply the arts in nontraditional ways. These settings have included church communities, tribal lands and reservations, disaster sites, and neighborhood centers. In these situations, it is impossible to ignore the role that social issues play in how expressive arts are provided. In addition to mental health professionals, there are also a variety of paraprofessionals who apply the principle of expressive arts to transformational work within communities and society.

The concept of *healing-centered engagement* (Ginwright, 2018) expands the scope of expressive arts therapy into the area of social justice and humanism. A healing-centered approach is holistic, involving culture, spirituality, civic action, and collective healing. This approach views mental illness not simply as an individually isolated experience, but rather highlights the ways in which healing can be experienced collectively. The term *healing-centered engagement* thus expands how we think about responses to trauma and offers a more holistic approach to fostering well-being. This concept is part of a growing realization that mental health challenges are not just individual experiences, but collective ones that take place within the context of a complex environment. For example, how trauma is perceived by an individual is impacted by overarching dynamics and conditions, including socioeconomic status, gender, disability, and race, among other factors. Reparation of the impact of trauma does not solely occur in a therapist’s office or treatment facility; it is really only completed through what Herman (1992) identified as a return and reintegration within one’s community. Until social conditions are safe, allow individuals to thrive, and provide environments for successful reintegration into one’s community, any trauma-informed intervention will remain incomplete. All efforts to move away from “what’s wrong with you” to “what happened to you” remain limited when it comes to the larger societal and political issues that impact many individuals’ experience of traumatic events.

Healing-centered engagement brings together both social justice principles and another, more difficult domain to articulate— intersectionality. By its most

basic definition, intersectionality is the interconnected nature of social categorizations such as race, class, and gender as they apply to a given individual or group, and is defined as creating overlapping and interdependent systems of discrimination or disadvantage. This is a current area of focus in not only expressive arts therapy, but also in the wider realm of psychotherapy, emphasizing the centrality of these two concepts in work with individuals of all ages (Malchiodi, 2020; see Chapter 8, this volume, on trauma-informed expressive arts therapy, for more detail). Like all practitioners, expressive arts therapists are conscious of the multiple intersections of issues and dynamics that impact an individual client such as racism, sexism, ableism, classism, prejudice, and gender, as well as hunger, homelessness, poverty, and even environmental stresses, including climate change. When individuals exist within toxic systems, dynamics, and living conditions, arts-based strategies cannot truly be effective if these issues are left unacknowledged. While it makes sense that therapists continue their dedication to resolving symptoms (anger, anxiety, fear), healing-centered engagement moves the pendulum toward a focus on strengthening what supports well-being (hope, imagination, trust, aspirations), inclusive of social justice issues and intersectionality. Ultimately, it shifts the perspective from “what happened to you” to “what’s resilient about you.”

CONCLUSION

When introducing expressive arts therapy to individuals who wonder if they can be creative or even imaginative, I explain one core principle. It is true that each of us probably has different capacities for creativity, but we all can be expressive in one way or another, and there are many ways of being expressive. This concept is the foundation of this practice, making it accessible to children, adults, groups, and communities. It is a way to help people discover forms of expression that are self-regulating, engage in enlivening self-exploration, communicate challenging sensations and experiences in reparative ways, and ultimately support recovery by imagining new meanings. These concepts are explained and demonstrated in more detail through frameworks for practice, methodology, and case examples in subsequent chapters.

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