

Perspectives on the Use of Art Expression in Treatment

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Abstract:

The art making process offers an effective role in healing and recovery from stressful life experiences. Therapeutic art making functions to document an individual's perceptions and experiences, to engage in self-expression and to communicate about the effects of stressful life experiences including trauma. Drawing on contemporary and historical evidence, the presenter views the process of art making for psychological healing and recovery from trauma within varied social and cultural contexts.

Introduction:

Good morning. I am pleased and honored to offer my presentation to you this morning. I thank Dr. Peg Levine for this opportunity to participate in this International Morita Therapy Congress. I hope that I will add to the understanding of the value of incorporating art making as an integral part of intervention.

Since August 2006 I have been teaching various subjects in art therapy and serving as director of the Counseling Psychology: Art Therapy Program at the Adler School of Professional Psychology.

As an art therapy practitioner and educator, I have worked in different parts of the US and other countries. My own theoretical foundation is within the psychodynamic model that over the years has been influenced significantly by feminist and multicultural theories and models of psychological intervention. When I joined the faculty at the Adler School in Chicago, I was given the opportunity to learn much more about the work of Alfred Adler and his followers who founded the Adler School in Chicago more than 40 years ago.

In this presentation I will draw on contemporary and historical evidence on the use of art making for psychological healing. I will compare tenets of Adlerian therapy to Morita Therapy; and I will offer examples of the process of art making as healing within varied cultural contexts

A. I want to begin my presentation with an explanation about art therapy as the predominant medium of intervention. As I understand, in Morita Therapy art making is encouraged/can be encouraged as part of stage three of traditional Morita Therapy practice and can be incorporated in other modes of Morita Therapy that may be found in outpatient treatment.

1. I will draw on contemporary and historical information on the use of art making for psychological healing that include therapeutic art making that functions

- to 'engage life forces'

- to document an individual's perceptions and experiences
- to engage in spontaneous and purposeful expression
- to communicate about the effects of distressing life experiences including trauma and life experiences for those surviving violence

2. As some of you here today may know, art therapy, as it is practiced in various forms – especially since it emerged as an interdisciplinary field beginning around the 1940s – and in some places much earlier. Art therapy combines methods, skills and theories in fine art and theories of creativity with methods, skills and theories in psychology. Visual artists, occupational therapists, nurses, psychiatrists and psychologists in different countries recognized that there is a strong connection between visual art as a form of creativity AND psychotherapy as a method of psychological and behavioral intervention to facilitate healing and change. They saw, as art therapists do today, that the process of creativity is similar or related to the process of psychological change.

- a) Definition of art therapy - makes use of *any form* of visual art to engage in a process of creative self-expression through metaphors, symbols and imagery that represent the art maker's life experiences, thoughts, feelings, dreams or memories as an individual perceives them.
- b) Art therapy can be used for personal growth, therapeutic interventions (e.g. community art-making group that facilitates improvement in relating to others, cooperative problem solving) as well as prevention of developmental, emotional, psychological or physical/medical issues, problems, conditions or disorders.
- c) Versions of Art Therapy
 - 1) Art therapy as a diversion or diversionary therapy
 - 2) Art therapy as an adjunct to treatment or adjunctive therapy
 - 3) Art therapy as a primary therapy
- d) Art as therapy in settings outside clinical practice
 - 1) Studio art therapy - outside a clinical setting such as storefront studio for the homeless - or within psychiatric hospital 'art room'
 - 2) Community art therapy – for example, mural projects for specific groups such as adolescents engaged in art making in a community center or with a community-based organization
 - 3) Art as therapy to build/rebuild cultural identity – for example, in drug & alcohol treatment programs to connect or reconnect with cultural symbols, practices
- e) Art therapy in the treatment of trauma within clinical practice and as studio art therapy, community-based art therapy, or therapeutic art making to build/rebuild cultural identity.

- Art as therapy & the other creative arts therapies created a breakthrough in the treatment of the acute and long term effects of trauma - from effects of child abuse and domestic violence, for veterans and civilians affected by war, and for those who have experienced natural disasters

f) Four categories of information are gathered from the beginning of contact with participants when they engage in individual, family or group art psychotherapy or as a therapeutic intervention.

These categories are:

- 1) Art materials presented by the practitioner and directive given to the client(s);
- 2) 'Art maker's'(client or art making participant) choice of art materials and process of art making including how art materials used, formal elements of art product, stage of graphic development represented (Lowenfeld & Brittain, 1982), engagement in art making process according to the Expressive Therapies Continuum (Hinz, 2009; Lusebrink, 1990);
- 3) 'Art maker's' verbal description of art process and art product, narrative or story presented by art maker about the art product;
- 4) Art therapist's responses to art maker's process, product and responses to art making process, product and verbal interactions with art therapist (including description of art making process and product and narrative about the art product).

B. Tenets of Adlerian therapy that have both differences and similarities to Morita Therapy

1. As Dr. LeVine informed us yesterday, Morita, Freud and Adler were contemporaries living and working in different parts of the world who developed theories for understanding human functioning and methods of providing psychological interventions -

As Dr. LeVine stated, Dr. Morita brought Morita Therapy to rural communities. At the same time, Adler brought /models of intervention and education into communities.

These two models distinguish their work from that of Freud and his followers who incorporated psychiatric treatment within a medical framework.

2. Alfred Adler's theory of Individual Psychology is the 'doctrine of the unity of the personality'

Main tenets of Individual Psychology – and as you will see, you may recognize similar or related views on living including problems of living as well as differences between Morita Therapy and Individual Psychology

Conception of oneself and the world:

- We are influenced not by facts, but by our own interpretation of facts

- Everyone possesses an 'idea' about him/herself and the problems of life – a life pattern.
- Human beings have compulsion to maintain life
- All living things move, and every movement must have a goal; thus all actions have a goal
- A person is Mind + Body with no separation (mind = thoughts and feelings)
- 'Actions are the only safe guide for understanding the personality.
- Adler acknowledged the contribution of Freud regarding the concept of the 'unconscious' although as he stated, 'the unconscious is not some weird power as represented in psychoanalysis'
- Rather, 'the unconscious embraces all emotions, wishes, inclinations for which people will not be responsible, or which they will not admit they have, or in order evade responsibility

Social interest:

- human beings need to exist with close contact with others/ live in community
- Social interest is the expression of our capacity for give and take – not just about our sense of belonging

Life Plan and Lifestyle:

- Heredity and environment influence character – and it is the child's interpretation of these experiences that influence/affect character development
- Character is a manifestation of a certain plan that a child has evolved and will adhere to for the rest of life
- By 4 to 6 years a child has developed a definite character
- Out of an individual's life plan develops the lifestyle that characterizes him and everything that he does

Birth order:

- The order in which a child is born into his/her family is relevant to the development of attitude and character
- parents do not treat each child alike

Tasks of Life:

- (1) Friendship/living in community
- (2) Love/ intimate connection
- (3) Work – contributing to the welfare of others

- And, thus, all questions of life can be subordinated to the three major problems of life (1) living in community, (2) work, and (3) love

- 'All human suffering originates from the difficulties that complicate life tasks'

Feelings of inferiority:

- 'Mankind suffers from a realization of the biological inferiority of the human race' This leads to formation of groups and to development of intellect, and has lead 'man' to compensatory achievements which he found in religion and in art.

- *Inferiority complex*: - a term in common use today in western world and in Adler's view, this inhibits development

'As soon as an individual inferiority feeling is established, development of the social interest is impaired. And, it should always be remembered that the inferiority feeling is a faulty self-evaluation.

- *Neurosis* develops from a crisis
(Ansbacher & Ansbacher, 1956; Dreikurs, 1950/1989)

In Adlerian therapy examples include art making in Adler play therapy, drawing 'early recollections' can provide information for the practitioner'. By examining these early memories and looking for patterns, the Adlerian play therapist begins to comprehend children's attitudes toward themselves, their relationships with other people, and their views about the world' (Kottman, 1995)

In Adlerian art therapy, Sadie Dreikurs incorporated the 'carousel drawing' done as part of group activity. This aided the therapist's and the group participants' understanding of ways an individual functions within a group process. (S. Dreikurs, 1986)

Judy Sutherland continues to teach about the use of the 'Bird's next drawing' as way for the therapist and client or group participants to understand influences of birth order and early recollections about the role in their family (Kerr, Hoshino, & Sutherland, 2007).

C. A look at some similarities and comparisons between Individual Psychology and Morita Therapy. With acknowledgement that this presenter is not an practitioner of Morita Therapy nor an expert in Individual Psychology, these comparisons are presented. I invite the Morita Therapy practitioners and researchers to draw their own comparisons that hopefully are inspired by the information offered in this presentation.

1. To begin, both Morita and Adler identified connection between mind and body really as one, not separate. This concept is quite different from western theories of psychology in which the mind is viewed as quite separate from the body until fairly recent times. According to Dreikurs (1950/1989) (see Noda, 2000), Adler stated that the person is mind + body with no separation (and that mind = thoughts and feelings). "Morita equalized the power/influence of body and

mind when assessing patients' wellbeing...in Morita therapy, body=mind returns to a natural state (LeVine, in press).

2. A similarity in understanding the human condition is found between Morita Therapy and Adlerian therapy. As LeVine (1993) states, "Morita considered the cause of suffering to be the person's desire and attachment to illusion. One fact of the human condition is that all existence involves suffering." Dreikurs (1950/1989) states that Adler wrote 'All human suffering originates from the difficulties which complicate life tasks [work, community and love]'. It appears that Morita and Adler recognized that individuals live in communities and that problems of life emerge within the context of community.

3. While Adler identifies 'instincts' that influence character, stating that 'man has an instinct for self-preservation and continuing the human race' (Dreikurs, 1950/1989), "Morita observed the natural, human self-protective 'desire for life' as a motivational construct for effective human existence' (LeVine, 1993). These statements appear to reflect similar concepts about human beings' urge to maintain life.

4. However, as an apparent distinction between these two theories, it is relevant to note the differences in perspectives on behaviors. One of the dynamics in Adlerian Therapy is that all behavior is purposeful (Dreikurs, 1959/1989). This appears to be a different perspective/tenet of Morita Therapy in which there is recognition of 'cause and effect' in all behaviors/actions (LeVine, 1993).

5. Regarding the treatment process, it appears that both Morita and Adler saw treatment as a process of education (Sansone, 2005; Dreikurs, 1950/1989).

6. My remarks above looking for comparisons between theory and practice of Adler and Morita is merely cursory and very incomplete. However, I would hope that this brief comparison would inspire others to examine the work of each of these contemporaries who both were founders of early theories about understanding how and why human beings function as they do.

D. Examples of the effective use of the process of art making as healing within varied cultural contexts (from my experience and with faculty and students at Adler School)

1. Description of the community-based therapeutic art project in the Englewood neighborhood of Chicago

Team Englewood is a community-based organization that invited the Adler School Institute on Social Exclusion to collaborate on a project to address the significant problem of gun violence within the Englewood neighborhood (suburb) that is primarily an African-American community. This community for years has experienced the most deaths and injuries by gun violence among adolescents and children in Chicago. In response to this dire problem Team Englewood developed an eight week program for male adolescents that met once a week in July and August 2009.

As part of this project four second year graduate art therapy students and two faculty in the Adler School Counseling Psychology: Art Therapy Program participated as part of this collaboration between the Adler Institute on Social Exclusion and Team Englewood.

Each week Team Englewood brought in educators, church ministers, physicians and mental health practitioners to provide information and stories about the effects of gun violence and the community's need for gun violence to stop. The therapeutic art groups met after these education sessions as a means for the teenage boys to process these meetings and their own experiences of gun violence as both victims and perpetrators.

The group members kept journals in which they made drawings and wrote about their reactions and recollections of their own experiences within their community. In addition they engaged in group art making activities with the final goal to create a painted mural that has been displayed in the Englewood community center.

Today I want to show you the early group 'billboards' that the participants made and the final mural on which all of them worked under the guidance of an artist who lives in this community. In my view, this project is a good example of the use of art making in community that is therapeutic to improve cooperation among the participants, to change in attitudes regarding their own individual behaviors, and to develop new problem-solving skills.

1) Billboards were drawn by three small groups of participants with support by the Adler students and faculty. These billboards were created after the participants attended a talk by a man in his 30s who lives in Englewood and uses a wheelchair as a result of being shot when he was a teenager who was both a 'gun user' in a gang and a victim of gang violence. He gave graphic descriptions of how his injuries have affected his life. He described how he learned to adjust to his disabilities while he was in jail for committing crimes with the use of his gun. Two of these murals are (a) 'Guns don't make a man', (b) 'Don't shoot, I want to grow up'. [See powerpoint slides # 3 and # 4]

2) The final mural was completed over more than one session. The community artist helped the participants create a theme for the mural: 'Put down your guns and pick up your [paint brush, books, tools to build garden tools, etc]'. As reported by one art therapy student, the participants worked hard to make their billboard 'really good'. There was a lot of bickering (complaining) about who could do it best. However, for the final mural there was much less bickering and real evidence of cooperation. None of the participants had used paints before and they stated that they really liked this new experience. It appeared that there was less focus on boundaries among the participants in comparison to the first group meetings. And, social interest increased among all of the group participants. [See powerpoint slide # 5]

2. On therapist self-care and self-reflection

- Art therapists utilize their own art making to attend to their own responses to providing art making as therapy in working in clinical setting and other therapeutic art making efforts.

- In the Adler School art therapy program students learn from the first day of classes about using the Daily Drawing Journal as an integral part of their course learning experience. This DDJ is incorporated into most of the art therapy classes. When students are participating in the art therapy practicum (placement) during their second year of this course, they work in a clinical setting 15 to 20 hours each week. In addition, each student is provided supervision in the practicum setting along with a two hour practicum seminar held once a week at the School by our faculty.
- Our students utilize *Response art making* – as part of their learning experiences and present examples of their response art as part of their practicum seminar weekly sessions. Here I present examples by our students along with their own narrative about this experience.
- Our art therapy instructors recognize the value, really the necessity of utilizing our own art making as a way to understand our clients and our own reactions to what clients present as problems in living.

(a) First example: Image and the narrative prepared by this student whose practicum has been at a local children's medical hospital: "This drawing is a reflection done after an art therapy session with a four year old male client with leukemia who is currently in the middle of treatment after relapse. My drawing is done with water soluble oil pastels which I chose also in reaction to the session. I started by drawing the waves, or the 'river' as he had drawn during the session, then I added the boat, then the sun, and finally the wind. The boat appears to be blowing away, but as I was drawing this, I noticed it is blowing the 'wrong way' as the wind is pushing it the opposite way. The sun is meant to be the client who is extremely cheerful and seems to make everyone around him smile. I also initially drew the boat with the idea that it was the client and his ongoing struggle with his illness. However, it seems more likely that the boat is representative of me and my conflicting reaction to spending time with such an energetic seemingly normal child who has such a serious life threatening illness. For me this drawing represents turmoil and feeling overwhelmed despite the warmth of the client."

[See powerpoint slide # 6]

(b) Second example: The image and narrative prepared by this student whose practicum has been at a local outpatient counseling program for children and adults who have experienced sexual assault/sexual abuse: "The client is a 24 year old white female receiving counseling for several sexual assault experiences. The drawing that I, the clinician, drew was a response to a session in which the client made art about her current emotional state. She drew a fire with a clock losing its numbers into the smoke. She described a feeling of passion that has shifted into this greyness and loss of meaning. She expressed feeling unmotivated and lost. During this session, I began to notice that as I posed some difficult

questions, the client responded with an awkward giggle that I found distracting. Throughout the session, I began to become more attuned to her giggle than her words." [See powerpoint slide # 7]

(c) Example three: " I created this drawing after starting to work with a client experiencing dementia. Most often, we would meet in her shelter care apartment. The image was initially created to explore the confusion and disconnection that my client appeared to experience. After reflecting on the image, I realized that it also presented my personal fears of both working with this client as well as my own potential mental and physical decline. During group supervision, my attention was directed to the light switch, a small, yet central element of the picture. I found that the light switch functioned as a representation of myself as I entered the world of my client. In the process of creating as well as reflecting on my artwork, I was able to directly confront and admit my personal fears, while receiving encouragement from my supervisor and peers. Despite these obstacles, this image reflects a personal triumph regarding my insecurities, allowing me to increase my awareness and sensitivity as well as feel more confident in my work. One might note, the light in the image is illuminated." [See slide # 8]

(d) Example four: "This image was created in the weeks following the death of a client. As an intern, the passing [death] of this client was the first of such experience, and I found it difficult to make sense of my feelings. I had been aware of the possibility that a client may die and always thought that such an experience would invoke sadness and visible affect. However, after the death of my client, I felt as if I could not feel the sadness I imaged. It was not until I decided to create artwork that I was able to feel as well as understand my feelings. I began painting with no particular image in mind and worked with a large brush while rotating the canvas. Soon, the image of sun setting or rising over a mysterious and undulating body of water emerged. In creating and reflecting on this image, my feelings of sadness were given a place to be expressed and understood. I believe it was this process that allowed me to become unstuck and feel comfortable with the loss of my client. I no longer felt that my initial lack of emotionality was inappropriate. Through the process of painting and reflecting, I was able to express my emotions and honor my client and our relationship." [See powerpoint slide # 9]

(e) Example five: This student completed her art therapy practicum at another hospital in Chicago where she worked with adults and some children on medical units including an eating disorder inpatient unit. " This piece of artwork, titled *Digging Deeper*, relates to the different experiences I had each time at my internship—like being an excavator digging deeper to find new treasures that lay below the surface. As I

applied the knowledge I gained through education and training, I made new discoveries. There is always more to be discovered, and each breakthrough contributes to the prior. Because the expression is cut into pages of a book, each page may be turned, revealing clarity. While nearing the end of the journey, the space begins to open up, allowing more freedom. This represents the freedom that accompanies being an experienced, practicing professional, that is only accomplished over time, to which I look forward." [See powerpoint slide # 10]

Closing – summary of intention of my presentation

My intention today was to offer perspectives on using art in therapy based on my experience as an art therapy practitioner and educator. This information was provided in recognition of the use of art making as part of Stage 3 of traditional Morita Therapy practice and as a part of outpatient Morita Therapy practice. Coming from the Adler School of Professional Psychology where Individual Psychology is taught and students are offered training in Adlerian psychotherapy, I presented basic tenets of Individual Psychology with the intent of identifying at least some comparisons between Morita Therapy and Adlerian psychotherapy practices.

Through the work of graduate art therapy students who have been supervised in practicum (placement) experiences, I have attempted to show a modest range of art therapy practice with an emphasis on the need for art therapy practitioners to engage in ongoing use of response art making as self care and as a means of identifying relationship development between client and art therapist and progress in treatment.

Finally, I have hopes that through this meeting with the experts in Morita Therapy and diverse practitioners from many parts of the world we would make our own connections and build on our learning together at this conference. Thank you.

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References

- Ansbacher, H.O.L. & Ansbacher, R.R. (Eds.). (1956). *The Individual Psychology of Alfred Adler: A systematic presentation in selections from his writings*. New York and London: Harper & Row.
- Cook, K.M. (1991). Integrating Kinetic Family Drawings into Adlerian Life-Style interviews. *Journal of Individual Psychology*, 47(4), 521-526.
- Dreikurs, R. (1950/1989). *Fundamentals of Adlerian Psychology*. Chicago, IL: Alfred Adler Institute.
- Hinz, L. (2009). *Expressive Therapies Continuum: A framework for using art in therapy*. New York: Routledge.

- Kerr, C., Hoshino, J. & Sutherland, J. (Eds.). (2007). *Family art therapy: Foundations of theory and practice*. New York: Routledge.
- Kottman, T. (1995). *Partners in play: An Adlerian approach to play therapy*. Washington DC: American Counseling Association.
- LeVine, P. (1993). Morita-based therapy and its use across cultures in the treatment of bulimia nervosa. *Journal of Counseling & Development*, 72, 82-90.
- LeVine, P. (in press). *Morita therapy outside Asia: History. Theory. Essence*. Albany, New York: SUNY Press.
- Lowenfeld, V. & Brittain, L. (1982). *Creative and mental growth* (7th ed). New York: MacMillan.
- Lusebrink, V.B. (1990). *Imagery and visual expression in therapy*. New York: Plenum.
- Noda, S.J. (2000). The concept of holism in Individual Psychology and Buddhism. *Journal of Individual Psychology*, 56 (3), 285-295.
- Rotter, J.C., Horak, R.A. Jr., & Heidt, H.M. (1999). Incorporating children's drawings as early recollections in Adlerian psychotherapy. *Journal of Individual Psychology*, 55 (3), 316-327.
- Sansone, D. (2005). Morita Therapy and Consturctive Living: Choice theory and reality therapy's Eastern family. *International Journal of Reality Therapy*, 25 (1), 26-29.