



EXPRESSIVE ART THERAPY: A CALL FOR DIALOGUE

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As in the “Chase circle,” where members of the group take their turn and move about expressing themselves physically, I feel it is my turn now to respond to Levine’s response to Kaplan’s response to Knill, Barba and Fuchs’ book, *Minstrels of Soul: Intermodal Expressive Therapy* (1995). C. G. Jung stated that if a reaction is characterized by extreme affection, it surely touched a complex. By “complex” Jung meant a collection of images and ideas clustered round a core derived from one or more archetypes and characterized by a common emotional tone (Samuels, 1986). Levine (1996), the author of *Poiesis*, whose book, I agree, was evaluated by Gladding (1994) as “a powerful and important text,” finds himself in strong opposition with Kaplan’s book review of Knill et al.’s *Minstrels of Soul*.

Why are we, expressive therapists, protective and vulnerable when expected to explain our belief in the “unity of the senses” or when required to justify the benefits in applying intermodal expressivity into therapy. Why does it touch our complexes? I have found Kaplan’s review academically decent. I think Knill et al.’s book is an important literary work in the pioneering sense. It originates and helps us open up the new line of thoughts about intermodal expressive therapy. It presents the field and its complexity.

However, in my opinion, there are three deficient aspects in the book. Firstly is the attempt to cover philosophy and practice in a very concise manner, a way that requires from the reader permanent deciphering.

Secondly, and regrettably, I did not find in the book any serious reference to clinical work. I wish the book had included clinical case studies to demonstrate

the application of the many wonderful ideas it conveys. Why and when should an expressive therapist consider an “intermodal transfer” during a therapeutic session and which pathology can benefit from intermodal expressivity?

We all read many articles describing case studies in the art, music, movement and drama therapies. These articles always display clinical considerations and illuminate the modality’s contribution to the client’s limitations. McNiff’s books, even his recent one (1992), cope with personal “demonstrations” so that the reader may get a practical impression of the ideas unfolded and judge them.

Thirdly, the book lacks research work attached to the ideas it raises. In part two of Knill et al.’s book there is a statement: “Research has shown that these techniques serve to deepen or extend expression, intensify or amplify group involvement or individuation, and offer less threatening modes for finding words beyond those habitually used in conversation” (p. 39). However, the book does not present any research in the field of expressive therapy to support these conclusions. Chapter five brings “some thoughts on research.” Once again a defensive attitude is presented: “as long as they (the researches) are not written in a reductionist, medical or psychological jargon” (p. 161). We can not establish a firm basis to expressive therapy by preaching for a new religion. We must present our ideas, techniques and practice in an applicable manner, with an emphasis on proof and research. Doubts and questions accompany all fresh footprints on a new road.

Psychology had long ago applied phenomenologi-

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cal and qualitative methodologies into research. Why should we prevent ourselves from thinking psychologically on our dilemmas? Levine's (1996) pretentious proclamation that expressive art therapists are "rooted solidly in the practice of one or two disciplines . . ." is problematic. Knill et al. states that "Clinicians who make use of all these disciplines require special training in the interdisciplinary use of the arts therapy" (p. 39).

Music, movement, art and drama therapies are occupations combined out of two professions: an artist and a psychotherapist. By combining two professions into one we inevitably risk some superficiality. I wish to remind us of A. Robbins (1982) courageous monologue about "the struggle towards an identity as an art therapist." No doubt expressive therapists have to encompass a great deal of talents, skills, versatility and theoretical knowledge. As such, this choice of profession calls for criticism and doubts. If we are not modest and prevent our writings from any relatedness to difficulties and shortcomings, we invite skepticism and should expect criticism.

As an experienced lecturer in two academic programs that train expressive therapists, as a psychologist who struggled a long way to become an accredited expressive therapist (Ph.D.) with profound training in music and movement therapy, as a teacher of practicum and many seminars in intermodal expressive therapy, as the Director of Lesley College Expressive Therapy Clinic in Israel for children, adolescents and families and as a creative and flexible practitioner in this exciting field, I can testify that the art of becoming an expressive therapist is difficult and requires years of integration, experience, supervision, and learning.

Let us distinguish between art-expressive workshops and therapy. In the workshops that my colleagues Knill and disciples conduct, professional brilliancy is displayed and sometimes important processes of self-growth occur. However, therapy requires high standards of attunement, diagnostics, responsibility, ethics and continuity. Here, too, intermodal expressive therapy can be applied successfully, yet should be accompanied by high standards of awareness of its perils. The demand that "the arts therapies need to be grounded in the arts" (Levine, 1996) might be misinterpreted as if we should not be inspired from "external" fields.

Such attitude condemns us to "groupthink," which is a reductive, defensive and self-justifying mind. It cannot endure as long as we link the arts to

the psyche. Our efforts to present expressive therapy as a legitimate therapeutic discipline must be done by clear and applicable texts. Criticism should be taken as challenge. We must advance with research in the field and our philosophy has to be applicable and testable. Jung at his time and Christopher Bollas in our day are excellent examples for theoreticians who dealt with and transformed abstract material into clinical therapeutic techniques.

The psychology of the Self has been leaning lately toward the domain of mysticism. While ego functions were pushed to the ground, the "Self" (an abstract phenomenon) has long appeared in the figure and attracted psychotherapists. Christopher Bollas (1995) states:

If the ego appreciates the individual's sense, then there is an intrasubjective sensitivity; I think that poets, painters, musicians, and others engaged in creative work feel pleasure in their ego's contribution to this separate sense. Is it an occasion for the unconscious to pirouette and perform in the dimly lit world of the preconscious, with consciousness turned now inward, as Echo to Narcissus? I think so. Creativity in unconscious work responds to any audience delegated by the self. (p. 155)

In my opinion, expressive therapists who have experienced how the use of creative art performance breaks through the defenses of their clients and brings out strong, true-self unconscious material should be acquainted with such theoreticians of the psyche and strive to read their text.

Kohut, Stern, Bollas and other psychologists of the Self refer in their writings to concepts that create solid theoretical background to expressive therapy. For instance, Daniel Stern (1985) presented in his self theory ideas about the emergent self and the "amodal perception" and stated:

No matter whether an object was encountered with the eye or the touch, and perhaps even the ear, it would produce the same overall pattern or activation contour. All learning and all creative acts begin in the domain of emergent relatedness. (p. 67)

In my doctorate dissertation I discussed the principal issue of this essay and arrived at the conclusion that "expressive therapy does not stand alone as a

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