



ON THE THERAPEUTIC ACTION OF THE CREATIVE ARTS THERAPIES: THE PSYCHODYNAMIC MODEL

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Diverse theoretical models have been proposed to explain the therapeutic action of the creative arts therapies. The *psychodynamic model*, derived from psychoanalytic theory, development psychology, and object relations theory, proposes that inner states are externalized or projected into the arts media, transformed in health-promoting ways and then re-internalized by the client. A thorough reading of creative arts therapy theory, across all modalities, reveals wide use of this model, even among nonpsychodynamic practitioners. This model contrasts with a behavioral model, which posits therapeutic effects from the client's accessing and then practicing new behaviors (e.g., assertive, relational) through the arts media, expanding their personal repertoire of imagery, movement or roles. The psychodynamic model is also distinct from other creative arts therapy models, including humanistic, spiritual, narrative and aesthetic approaches (Blatner, 1991). If an integrated psychodynamic theory of the creative arts therapies is possible, then clear articulation of its model of therapeutic action will be essential. This article will attempt to explicate this psychodynamic model by identifying its basic assumptions, critiquing its inconsistencies and proposing clarifications that hopefully strengthen its explanatory power. This theoretical discourse will suffer from the limitations inherent in the reductive process of model-building, and in the boundaries set by psychodynamic theory.

The Psychodynamic Model

The psychodynamic model of the creative arts therapies relies foremost on the process of *projection*, whereby aspects of the self are expressed in artistic products and processes (i.e., play). The concept of projection provides the basis for asserting that the arts reveal personal material, which presumably is required in a psychotherapy. Projection has been viewed both as determining the content and form of the artistic expression, suggesting a causal process linking art and psyche, or as an attributional process in which the artwork is imbued with personal meaning after the artwork has been created. Second, the model utilizes the concept of *transformation*, in which personal material, in the form of artistic expression, is then altered, worked through or mediated. Creative arts therapists have debated whether this transformative process occurs naturally, is reliant on the therapist's interventions or results from unique aspects of the artistic media. Finally, the model relies on the concept of *internalization*, whereby the transformed personal material is reintegrated into the client's psychological state. Creative arts therapists also differ on the importance of verbalization in this reintegrative phase.

Creative arts therapists from all disciplines have justified the therapeutic value of their work with this model (e.g., Bruscia, 1987; Cavallo & Robbins, 1980; Dosamantes, 1992; Emunah, 1994; Grainger, 1990; Landy, 1986; Leedy, 1969; Naumberg, 1966; Rubin, 1984; Siegel, 1984, among others). For example, Helen Landgarten (1975, p. 65), an art therapist, writes,

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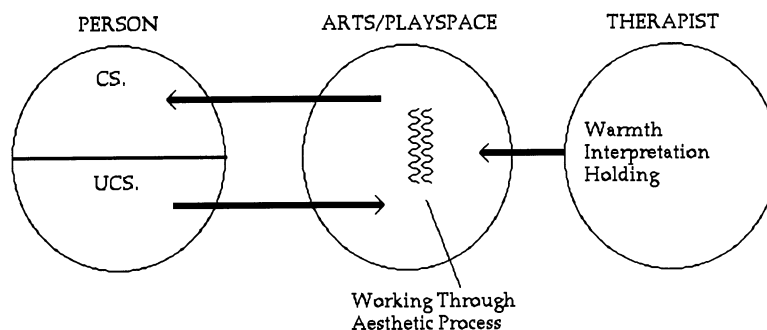


Figure 1. Basic model of therapeutic action in the creative arts therapies.

Using an art form which is a natural primary process is a valid method of externalizing and concretizing an individual's imagery. After a person has done this, the art therapist can help bridge the gap between nonverbal expression and verbal communication. In this way, both repressed and potential material can be discovered and explored.

Richard Courtney (1968, pp. 93–94) describes a similar process in drama:

Dramatic play in children, like dreams with adults, is an expression of the unconscious. The deep unconscious drives are the latent meanings of play which are turned into symbols and result in symbolic thought. . . In this sense, play is a projection of the child's inner world, it is the microcosm to the greater macrocosm and is the child's way of turning passivity into activity.

Likewise, Stephanie Volkman (1993, p. 250), a music therapist, writes:

The instrument/music acts as a transitional object, bridging internal and external world as well as past and present. . . Music reflects and acts as catalyst to the already active integrating force within the individual, combining cognition, affect, and kinesthetic action in a fluid form that allows repressed material to surface and be fully expressed and resolved.

Penny Lewis (1987, p. 330) succinctly states the psychodynamic perspective: "External representation of the unconscious is vital. . . expressive arts therapy

focuses on making the preverbal explicit through the transference/countertransference relationship, expressive re-experiencing, and symbolic enactment within the transitional space of playing." Shaun McNiff (1981, p. 11) notes that this process may be characteristic of healing in general:

In all forms of psychotherapy and shamanism, there is an externalization, or symbolic acting out, of the inner feelings and changes that the person is experiencing. The healing relationship thus appears to be a dramatization that not only gives tangible form and clarification to private feelings but which also precipitates insight and emotional adjustment.

Thus, the psychodynamic model suggests that psychotherapeutic change occurs, first, through projection or externalization of unwanted or unknown parts of the self onto play objects and behaviors; second, through the client's rearrangement or transformation of these parts during the play within the imaginal space and in the presence of the therapist; and finally, through an acceptance or re-internalization of these parts back into the self. Implicit in this model is a movement outward (externalization) of the unknown (unconscious), followed by their transformation in the therapeutic playspace, and finally a movement inward (internalization) of the known (conscious). Figure 1 illustrates the basic process of the model.

This model is explicitly derived from psychodynamic models of verbal therapy in which clients project aspects of themselves into, and then retrieve them from, the therapist. For example, Ogden (1982, p. 40) describes this model from an object relations perspective:

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