



Commentary: Examining underlying paradigms in the creative arts therapies of trauma

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“Although creative arts therapies may capture the imagination of the therapist, it is important to keep in mind that, as with many other therapies discussed in this volume, empirical evidence for their efficacy with PTSD and other, related symptoms is not available.” So conclude Edna Foa, Terence Keane, Matthew Friedman and Judith Cohen in the recently published second edition of *Effective Treatments for PTSD* (Guilford, 2009, p. 630).

We are a field perpetually at the margin; not only are we placed there by the dominant forces holding sway at the center, but we place ourselves there, between art and health, in the liminal, transcendent, and transitional, spaces between body and mind, observation and action, containment and expression. In 1987, when the first Special Issue on the Creative Arts Therapies and Trauma was published, the center was held by psychoanalysis, dreamers spellbound by the unconscious, fantasy, and the unseen (Johnson, 1987). Many of us attempted to accommodate to this dominant force and defined our creative arts therapies work in terms of psychodynamic formulations, both out of sincere appreciation for the links between our work and psychoanalysis, as well as our interest in gaining favor with the reigning center. One sees the continued hold of this paradigm in this Special Issue in the articles by Buk and Haen and Weber, as well as traces of it in the articles by Harris and Sutton and De Backer.

In 2009, however, we awake to find that a new paradigm has risen and taken over the center, sending the dreamers into enclaves within a few urban centers. The cognitive-behavioral paradigm is now the dominant paradigm in the mental health field, and with its partner, evidence-based treatment, it has pushed many approaches

further into the periphery. (For example, recently the New York City Commission on 9/11 has eliminated creative arts therapies from the approved list of providers because there is not sufficient evidence for their efficacy.) Unlike the previous era, when creative arts therapists enthusiastically modeled their work on psychodynamic principles, creative arts therapists have been slow to adopt or integrate the principles of cognitive-behavioral treatment. This is demonstrated, for example, in that none of the articles in this issue relies on a cognitive-behavioral approach and only Harris makes mention of it.

The question arises whether we should accommodate or not. Though leaders in the creative arts therapies have called for empirical research and cognitive-behavioral formats, frankly few if any have come. Does this mean that there is something antithetical between the CATs and CBT? Will we sacrifice our true nature out of our need for survival? Or do we hide in our offices until “the pendulum swings again?”

In this article, I plan to address these questions, but first I would like to examine briefly the five articles in this issue and identify the underlying paradigms upon which the authors rely. Each of these fine articles demonstrates how the creative arts therapies can be helpful in the treatment of trauma-related conditions. Perhaps such an analysis will reveal trends that may help us answer the broader questions raised above.

Review of the current special issue

Buk presents a treatment approach to art therapy based on new psychoanalytic models that integrate the traditional appreciation of the unconscious, transference, and ego defenses (e.g., identification with the aggressor), with neuroscience research on left and right hemispheric lateralization and the mirror neuron system.

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She draws on the notion that empathic therapeutic processes are mediated by specific brain mechanisms in discussing a case of a 26-year-old black female seen in an outpatient psychiatric clinic.

Haen and Weber also write from a psychodynamic frame on drama therapy, referring to defenses such as splitting and identification with the aggressor, as well as presenting the new psychoanalytic concept of mentalization and its relationship to attachment. They, too, refer to neuroscience research, primarily left-right hemispheric lateralization, in grounding these concepts within the brain. Throughout the article, they also refer to the balance between containment and expression within the drama therapy process, as they demonstrate several case examples of children or adolescents dealing with the aftermath of interpersonal violence.

Harris presents work in dance/movement therapy largely from a social and cultural ritual perspective, though he makes reference to psychodynamic concepts (e.g., cultural defense mechanism), as well as aesthetic concepts such as liminality and expressiveness. Although he also refers to the neuroscience of hemispheric laterality, linking the right brain with the need to work nonverbally in some cultures, in general his work lies within a social paradigm that reinvigorates cultural rituals as a means of helping survivors regain sociality. He demonstrates this in a case example of work with boy combatants in Sierra Leone.

Sutton and De Backer present work much more deeply embedded within an aesthetic paradigm. Though referring to the psychoanalytic concept of symbolization, they define their work as a “form giving exchange,” and analyze music therapy improvisation as a process of sensorial play, presences and silences. Of the latter concept, they define many different types of silence in two case examples with a 30-year-old woman and a 9-year-old boy. Terms such as “embodied flow,” “post-resonance,” “anxiety of silences,” “pace,” “anticipating inner sound,” and “linking tension” are examples of aesthetically based ideas evident throughout their interesting article.

Stepakoff's article on poetry and bibliotherapy in healing grief among suicide survivors embraces an expressive paradigm within the creative arts therapies, which views the arts modalities as a means by which people can express themselves or, from a trauma perspective, “break the silence.” Through multiple examples of various techniques, Stepakoff clearly demonstrates how these activities help clients articulate their feelings and unburden themselves. Her argument is largely independent of other paradigmatic theoretical frames such as psychoanalysis, social ritual, or neuroscience. In some ways, this foundational creative-expressive paradigm is present in all the other articles as well, only often assumed or placed in the background.

Each of these articles not only contributes the specific viewpoint and experience of its authors, but can be viewed as an example of different paradigms as they are applied to traumatized clients. Let me shift focus, then, onto the paradigms themselves.

Creative/expressive paradigm

Perhaps the most basic paradigm underlying the creative arts therapies is what might be termed the creative/expressive paradigm. Simply stated, it proposes that the expression of deeply held thoughts and feelings within a trusting therapeutic relationship can alleviate mental suffering caused by fear, shame, and anxiety. Like the “talking cure,” speaking or drawing or moving as a form of communicating to another person how one is feeling helps to unburden the self from negative or stressful experience. Nevertheless, this paradigm's elegant simplicity has made some creative arts therapists seek out more complex and sophisticated paradigms, such as psychoanalysis, neuroscience, or even shamanism, as a theoretical base, as four of the five authors in this issue have done.

In recent years, this paradigm has been challenged. For example, in the trauma field there is significant ambivalence about having clients speak “too much” or “too soon” about their traumatic experiences. In fact, the trend among professionals appears to be toward more caution about *expression* and greater embrace of *containment*, despite the research that shows that exposure therapies are the most effective treatments for PTSD. What is ironic is that CBT is often cited as supporting containment when in fact exposure therapy is one of its main components. This perspective leads many clinicians to worry that the creative arts therapies are too “stimulating,” “unstructured,” or “re-traumatizing.” Foa's *Prolonged Exposure* method, perhaps the prime example of CBT used today, requires the client to repeat out loud their trauma story over and over for an hour and then go home and listen to the tape of it every day, for nine sessions (Foa, Hembree, & Rothbaum, 2007). In order for desensitization to be effective, the client's anxiety (i.e., fear schema) has to be evoked. Compare the intensity of this process to having a client draw a picture or write a poem or move to music. It is therefore important to remind our critics of the role of exposure in evidence-based trauma treatment in response to their concerns about the creative arts therapies over-stimulating clients.

Psychoanalytic paradigm

The psychoanalytic paradigm links with the creative/expressive through two concepts: the first being the *unconscious*, which is what the creative arts therapies help people express. Unconscious feelings must be accessed and processed in order for health to be restored. The second linking concept, more ascendant recently, is that of *attachment*, derived from interest in transference/countertransference, in which the creative arts therapies serve as an interpersonal, relational environment through which the therapist and client can evoke and then correct distorted attachment patterns. *Mentalization* is a form of imaginative mental activity, which allows us to perceive and interpret human behavior in terms of intentional mental states (e.g., needs, desires, feelings, beliefs, goals, purposes, and reasons). It is related to similar concepts such as *theory of mind*, *mindfulness*, and *intersubjectivity* (Allen, Fonagy, & Bateman, 2008). The action of psychoanalysis involves the revelation of deep-seated feelings within a corrective emotional relationship with the therapist. The psychoanalytic paradigm has been criticized within the trauma field because its emphasis on internal processes (i.e., fantasies) rather than actual traumatic events may lead to over-personalization by the client of an event that is the responsibility of the perpetrator. For example, the client may be directed to work through their own “intense homophobic rage” rather than viewing this as a response to being sodomized (Herman, 1992). The psychoanalytic paradigm has also lost its ascendancy because its emphasis on richness and detail, on taking time, and achieving insight is no longer supported by the values of the larger culture.

Sociocultural paradigm

The sociocultural paradigm links with the basic creative/expressive paradigm through the concept of *ritual*. Creative arts therapists have utilized this paradigm in discussing group therapy, community and cultural rituals, shamanism, and the related concepts of *liminality*, *transcendence*, *spirituality*, and the *sacred*. Whereas in the 1960s, this paradigm matched the tenor of the times, it has since become increasingly relegated to the “multi-cultural” corner of our field, meaning that it is often emphasized in international work with traumatized cultures, particularly in Africa and Asia. The sociocultural paradigm has also been criticized within the trauma field because ritual is often used for purposes of social control, rather than personal freedom. Extreme examples

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