

FROM EMPATHY TO RESILIENCE:
A PHENOMENOLOGICAL EXPLORATION AND JOURNEY
OF CANCER PATIENTS THROUGH THE EXPRESSIVE ARTS

By

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Major Department: Expressive Arts Therapy

The skillful use of the Expressive Arts can transform the consciousness of individuals from co-dependency and disconnect to deep interconnectedness by raising empathic awareness and restoring resilience, which are essential qualities for humans to thrive.

This project explores what really happens and how it happens that cancer patients engaged with the Expressive Arts find new ways to learn about their experiences and express about themselves having those experiences beyond judgment and write-or-wrong parameters, develop and enhance their empathy, cope, and sustain confidence and resilience.

Mainly using the Connor-Davidson Resilience Scale at the beginning and at the end of each 8-week series, patients show an average improvement from 6 to 20 points over 100. However, the best indications come from narratives, testimonials, active engagement of patients in life, a renewed sense of purpose, and the profound awareness of the connections within themselves and with others.

Patients have been an ongoing source of inspiration, as we remind one another to embrace the Expressive Arts as a life-long practice to comfort, question, and inform.

Keywords: empathy, resilience, Expressive Arts Therapy, creative therapies, dance/movement therapy, oncology, cancer, cancer care, integrative medicine, quality of life, patient care, mirror neurons, brain science, mindfulness, awareness, stress management, healing, consciousness.

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CHAPTER 1
PROBLEM FORMULATION

Introduction

I feel that the moment you adopt a sense of caring for others, it brings you inner strength. Inner strength brings inner tranquility, greater self-confidence. Because of such attitudes, even when things going on around you seem hostile and negative, you can still sustain your peace of mind. (Dalai Lama, as cited in Hopkins, 2000, p.215)

This dissertation is a heuristic inquiry grounded in a phenomenological approach, which focuses on the lived experience in cancer patients during and after being engaged in Expressive Arts processes and how they understand, interpret, and express those experiences. The assumption adopted by this study is that empathy and resilience are essential qualities in human psychology and are essential qualities worthy of investment in order to overcome adversities and thrive. The question is: How do patients develop empathy and increase their resilience through their engagement in the Expressive Arts and the creative process?

This study will present empirical and qualitative evidence that cancer patients experience the above-mentioned benefits by increasing their resilience or ability to face and cope with the trauma of diagnosis and the emotional and physical challenges and changes through the comprehensive medical treatment process and beyond. In essence, the thesis is presented as follows: The skillful use of the Expressive Arts can transform the consciousness of individuals from co-dependency and disconnect to deep interconnectedness by raising empathic awareness and restoring resilience, which are essential qualities for humans to thrive.

The therapeutic relationship between facilitator and client(s), and the empathy aroused in the client/artist(s) through their manifested expressions in all the arts, using the intermodal approach (Knill, 2004a) are key elements throughout the process. The creative process that takes place during the engagement with the Expressive Arts is the vehicle for accessing emotional content and raw memories from both the conscious and the unconscious minds. Emotional expression can occur with or without self-awareness, even when an individual's desire is to control such expression and may have deliberate intent in not displaying it.

In addition, this dissertation will attempt to offer a narrative account of and reflect upon the Expressive Arts Therapy facilitator/mentor/guide's own process when present with a client and during preparation of each session and interaction, exploring which approach and tools feel most appropriate for the client to respond to and most easily open up. This is grounded in the principles of the client-centered approach, foundational in Expressive Arts Therapy, as brilliantly recognized and formulated by Carl Rogers in 1951 in his book *Client-Centered Therapy: Its Current Practice, Implications, and*

Theory. Rogers describes this principle as a process and a relationship which are closer to guiding and coaching than teaching as didacticism (Rogers, 1951). He later framed it in *A Theory of Therapy, Personality and Interpersonal Relationships, as Developed in the Client-Centered Framework* (Rogers, 1959).

Carl Rogers' daughter Natalie Rogers continues his legacy and informs Expressive Arts Therapy with the person-centered approach in *The Creative Connection* (Rogers, 1993). This is motivated by a very common occurrence: What has been planned for a given session often changes based on the perception of where the client is in that particular moment and what the facilitator intuitively realizes is a suitable prompt or activity to best and most comfortably move him or her through their personal healing process and toward the desired therapeutic goals. In other words, this dissertation also includes a testimonial and an inquiry about the facilitator's own experience of empathy.

This Expressive Arts practice is an integrated multi-arts experience using Expressive Arts Therapy's fulfilling and rewarding intermodal approach, its dynamic and transformative processes in a gentle, playful, and yet profoundly meaningful experience.

Background of the Study

This study explores how cancer patients engaged with the Expressive Arts, develop and enhance their empathy, cope, and sustain resilience from the uncomfortable, restless place of waiting for a diagnosis, to the diagnosis in itself, through surgery, treatments, and side effects, recovery, and reclaiming their health, or learning to let go of their own physical bodies, and accepting their own deaths or the death of a friend. At the same time, they experience anxiety and depression as a consequence of suffering, fear of death, and probability of recurrence. The research in the field of Post-Traumatic Stress

Disorder as reported in a comprehensive “Post-Traumatic Stress Disorder Research Fact Sheet” published by the National Institutes of Health and National Institute of Mental Health within the U.S. Department of Health & Human Services in 2009 has been revealing similarities in assessing resilience in cancer patients, and has been a useful source of understanding and tools.

Resilience is understood as the positive capacity of people to cope with stress and adversity. This coping may result in the individual bouncing back to a previous state of normal functioning, or using the experience of exposure to adversity to produce a strengthening effect and function better than expected; much like a vaccine gives one the capacity to cope well with future exposure to disease (Masten, 2009). Resilience is most commonly understood as a process and not a trait of an individual (Rutter, 2008).

In the heuristic inquiry it is assumed that the dynamic of tuning in and being present with the client’s needs in the moment and acting on it, it is a manifestation of empathy, it is generated by empathy. This is a key factor for the therapeutic relationship to be successful, in such a way that generates trust in the client toward the therapist, which then opens up to being engaged, and in the possibility of change, transformation, and growth. This very concept presents its own challenges, which will be described later on.

One body of research including assessment and evaluation tools is found in the Connor-Davidson Resilience Scale (CD-RISC) by Jonathan R. T. Davidson, MD and Kathryn M. Connor, MD (Conner & Davidson, 2003):

Our interest in resilience arose from long experience treating men and women with post-traumatic stress disorder (PTSD), as well as from our broad-range

research into the disorder, which covered treatment assessment, diagnosis, biological characterization, cross-cultural study, epidemiology, risk factors, and the development of measures for PTSD and other forms of anxiety. Among the measures that we felt needed a stronger presence in the field of PTSD assessment was that of resilience. Although several scales addressing aspects of resilience have existed for some time, they had largely failed to penetrate into the world of clinical practice, treatment-outcome, and biological research. (Connor & Davidson, 2003, p. 2)

The results showed that an active medication allowed patients to deal better with stress than did a placebo. To the best of our knowledge, this was the first demonstration of such an effect, i.e., that a treatment for anxiety could boost stress coping/resilience more than a placebo control. (Connor & Davidson, 2003, p. 2)

Could active participation in an Expressive Arts program result in boosting resilience in cancer patients?

A study on empathy needs to be interwoven here to understand the psychological content and mechanisms that manifest through Expressive Arts processes and interventions.

Empathy is defined as the understanding of another's feelings, or the ability to identify with and understand somebody else's feelings or difficulties. According to *Webster's New World Dictionary of the American Language* edited by David Guralnik, empathy is defined as "emotional and/or intellectual identification with another, vicarious experiencing of the feeling or ideas of another" (Guralnik, 1984). Empathy extends

beyond the simple fact that one understands another's emotional state; it embodies the experience of that state (Gallese, 2003, 2005; Gallese, Eagle, & Migone, 2005). This process generates a caring attitude and moves to compassionate thoughts, and desirably to compassionate actions and choices. Moreover, empathy is identified with the transfer of somebody's own feelings and emotions to an object such as a painting, a piece of music, a dance. This is revealed in the clients' self-expression and in the aroused emotional experience.

The assumption is that our psyche does not distinguish between our personal experience of an event or emotion, or witnessing someone else having the same experience, or seeing it in a movie, or playing it out in an enactment, or as a ritual. This assumption gives a heuristic, experience-based ground to inquire and look at a theory in neuroscience about mirror neuron circuitry, integrating action and perception.

Of particular interest for the scope of this dissertation is the empathic relationship that takes place among clients, between client(s) and therapist, and between each client and his or her artistic expression—any visual art, movement/dance, music and sound, enactment/drama. The manifestation of emotional, psychosocial, and cognitive functions then relates to perceived and/or measurable improvement in the quality of life.

The empathic relationship between the artist and his/her creative expression is assumed to be encouraging and fostering the ability to raise awareness of their own emotional state, their own resilience or inner resources, unconscious wisdom and beliefs, and intuitive knowledge. In general terms, the arts are valuable and meaningful expressions and catalysts for symbolic understanding and transformation.

The premise for this assumption is that self-exploration and introspection in a focused manner allows for greater knowing of oneself, better understanding, and increased confidence in one's ability to cope with life's challenges, all of which lead to becoming more patient toward oneself and more empathic toward others. "If I am aware of my feelings and the unconscious attitudes through which I view the world, I am more likely to be sensitive to others" (McNiff, 1992, p. 72). Shaun McNiff calls it sympathy; *sympathy* is defined as the ability to enter into, understand, or share somebody else's feelings; while *empathy* shares the same meaning, it adds the attribution of feelings to an object: the transfer of somebody's own feelings and emotions to an object such as a painting—this is the instance when art moves a person emotionally—from the Greek *empathēia*, affection, passion.

To express is a transitive verb to state thoughts or feelings in words, to convey meaning by gesture, behavior, representation in art, music, or drama, or in some other symbolic way. It is easy to observe that the word *express* "always carried the connotation of something definite and explicit" (Betensky, 1973, p. 301); it also alludes to rapid delivery, fast and direct. In accordance with Betensky's point, the Expressive Arts process can be a direct and often fast way to go from point A to point B, being A the unconscious mind/psyche/soul of the artist/client and B the artwork, music, poetry, enactment, or the manifestation of having accessed the information, resulting in authentic self-expression.

It is important to note that "every work of art . . . expresses and means something" (Betensky, 1973, p. 301). It does something to the observer; the artwork,

music, poetry, or enactment communicate back to the artist and elicit an emotional experience in him/her.

Statement of the Problem

Literature and studies in support of using the Expressive Arts in clinical settings to improve quality of life and facilitate healing in patients abound, and yet in most states practitioners operate without a license, due to the lack of official recognition by each state board of behavioral science. It is worth noting that the root of the lack of recognition might be in a challenging idea offered by James Hillman: A truth-centered psychotherapy model should be different from the medical model, since psychological healing does not fit the same definition of physical healing, which focuses on repairing and/or restoring the body to the condition before the injury or the illness happened. Psyche heals in the process of evolving with awareness, empathy, acceptance, wisdom (Hillman, 1983a).

If the psyche's dis-ease is central to its mode of being in the world, then its discomforts and loose ends last as long as life itself. The fantasy that our pathologies can finally be cured Hillman has repeatedly shown to be a perverse misapplication of the medical model to psychotherapy, whose true function is to sustain and guide our conscious participation in the psyche world we (largely unconsciously) generate in every moment of living. (Hillman, 1983a, p. x)

In other words:

Healing is not a procedure leading to a product, a concretized health person; healing is a life process that begins with our acceptance of our fictive realities and

authorial roles within them, the acceptance, that is, of myself as the arena I create for specific independently originating psychic forces. (Hillman, 1983a, p.25)

Many practitioners volunteer their services not only because of their generous spirit, dedication, high level of empathy, and strong passion, but also because of lack of allocation of specific funding in most mainstream clinical establishments.

The medical team prescribes for each patient a course of treatment, which rarely includes integrative, complementary modalities like Expressive Arts Therapy, massage, or yoga. Therefore, another challenge to the effectiveness of the Expressive Arts specifically in patients and broadly for the general public is for the patients to seek and want to do the work, to be engaged and proactive with the material and with the creative process.

In addition to Hillman's point, which challenges the very definition of healing and the very role and measurability of psychotherapy compared to the medical model, it is worth noting an additional obstacle to the manifestation of the thesis. The obstacle is inherent in the patient-centered approach formulated by Carl Rogers (Rogers, 1956), embraced by Natalie Rogers as a fundamental principle in Expressive Arts Therapy. This obstacle is a very real occurrence when working with clients in general, and specifically with cancer patients. People need to want to do the work, to show up, to be proactive in their healing process; to get their hands dirty, to spend time with an image, to wait for the image to appear or for paint to dry before proceeding; to find comfort in the uncomfortable position of not knowing what happens next, to be open to new meaning, to invest in a regular practice, as opposed to asking a professional to fix the problem or prescribe a drug. It is very different from receiving a massage or an acupuncture session,

where the clients lie down and relaxes while the therapist applies his/her techniques to the client. It is a deeply empowering and transformative process the clients performs, as opposed to something done to them. Expressive Arts Therapy involves time spent playing with the materials at hand, reflecting, dialoguing with the images as well as building a relationship within themselves, with others in the group and with the facilitator.

Purpose of the Study

As stated in the introduction, this dissertation is approached as a heuristic study aimed at presenting the lived narratives and qualitative, subjective evidence that individuals affected by cancer experience improved quality of life and healing by being engaged with Expressive Arts Therapy as a long-term program featuring group and individual sessions available four times per week. Healing is understood here as defined by James Hillman as psychological, emotional growth more than the restoration of the same conditions that existed before (Hillman, 1983a).

The skillful use of the Expressive Arts with an intermodal, client-centered approach is meant to support and increase patients' resilience as their ability to face and cope with the trauma of diagnosis, and by raising their awareness, accepting the emotional and physical challenges and changes through the comprehensive medical treatment process. Guided visualization, mixed-media art making, movement, music, and journaling are the foundational tools in creating opportunities and scenarios for empathic reflections in clients. By embracing the creative process facilitator and participants access their unconscious and learn to listen for, recognize, and trust their intuition.

Self-assessment, self-reporting tools are provided and administered as surveys at the beginning and at the end of each 8-week segment; the principal tools implemented in the Expressive Arts Therapy program and referred to in this study are the Connor-Davidson Resilience Scale or CD-RISC (Connor & Davidson, 2003) and the Edmonton Symptoms Assessment System or ESAS that was developed in early 2000 by Regional Palliative Care Program, Capital Health in Edmonton, Alberta, Canada. They are peer-reviewed, well researched, and well established in the medical community and offer the opportunity for improvement of the tools, as well as further research. These tools also assist in monitoring patients' perception of what degree they are able to live their life to the full extent of their abilities.

Research Hypothesis

The hypothesis for this dissertation is stated as follows: The skillful use of the Expressive Arts can transform the consciousness of individuals from co-dependency and disconnect to deep interconnectedness by raising empathic awareness and restoring resilience, which are essential qualities for humans to thrive. There will be significant improvement between pretest and posttest scores according to either the Connor-Davidson Resilience Scale or CD-RISC (Connor & Davidson, 2003) or the Edmonton Symptoms Assessment System or ESAS. In addition, descriptions, images, and voluntary testimonials will provide the narrative to substantiate the hypothesis.

Importance of the Study

This study endeavors to increase awareness of, appreciation, and support of Expressive Arts Therapy as a healing and personal growth approach, offering modalities which potentially benefit society at large. This study aims at contributing to establish

professional credibility of the Expressive Arts Therapy field as a source of support and healing with a wide breath of applicable modalities, assessments, and interventions as creative, introspective, and expressive processes. The importance of establishing credibility, access, and feasibility for Expressive Arts Therapy substantiates the integration of Expressive Arts Therapy in clinical and academic settings, leading practitioners to be a part of the care team and to allow them to experience being professionally fulfilled and remunerated.

The population of individuals affected by cancer is the focus of this study; the challenges presented with a cancer diagnosis, living with uncertainty, treatments, side effects, loss of physical abilities and mental acuties, fear of recurrence, the financial burden, and changes in relationships can bring individuals to experience PTSD and can add to other diagnosis (or comorbidity) to seriously affect one's ability to cope and feel hopeful, optimistic, resilient.

This characteristic scenario may be present in all or in part of other diseases and life's experiences as well, such as major life events, chronic diseases, emotional and/or physical trauma, grief and bereavement, and a healthy longing for one's personal growth, meaning, and fulfillment. This premise suggests that skillful applications of Expressive Arts Therapy can be supportive of the healing process in a wide variety of circumstances.

Scope of the Study

The scope of this dissertation is to present a heuristic study on the experiences of individuals affected by cancer who have been engaged with the Expressive Arts and to deeply understand human consciousness and its role in emotional, mental, and physical healing and spiritual awareness.

Limitations of the Study

This study is limited to one practitioner's engagement with the Expressive Arts and self-selected participants among cancer patients in San Diego County, California.

The practitioner's bias is acknowledged in the choice of media and in the personal and professional investment in the Expressive Arts, with the belief that Expressive Arts Therapy offers enjoyable, effective modalities and is a vehicle to access the continuum of conscious and unconscious material which makes up the human experience.

Through the years the participants in the groups have been at various stages of their journey with cancer, from diagnosis, to surgery, to treatments, side effects, complications, to remission and re-engagement in day-to-day life, and, in many cases, to the end of life.

This study was not set up as an official, formal research project, nor has a formal control group been selected. Participants have been asked to complete surveys as tools for self-assessment at the beginning and at the end of each session or series of sessions; therefore, test scores might reflect conscious or unconscious biases.

Over the years hundreds of patients have been engaged in this Expressive Arts Therapy program; however, the number of participants in each group makes for a small sample size, which varies from 6 to 12 at any given time; some of the participants have been also engaged in one-on-one Expressive Arts Therapy sessions. The population thus far has not been diverse; most of the participants have been white/Caucasian females over 50 years old, with a Bachelor's or Master's degree; few have had prior experience with art making. These factors could be considered limitations to the generalization of data

and results; however, since this research is mostly qualitative, this limitation is less relevant.

Because attendance in these groups varies, administration of surveys and collection of data has been challenging; consistence with some individuals and inconsistency with others has been noted.

Another limitation is set by the voluntary participation in the Expressive Arts Therapy program as available and not prescribed by each patient's medical team; therefore, only patients who are interested, open, and willing to do the work show up and participate actively and consistently.

Further research with a more diverse population and consistency in participation could be established following the example of clinical studies, which commonly include financial remuneration for the subjects (ClinicalTrial.gov, 2014).

Definitions

Empathy is defined as the understanding of another's feelings, or the ability to identify with and understand somebody else's feelings or difficulties; this process generates a caring attitude and moves to compassionate thoughts, and hopefully to compassionate actions and choices. Moreover, empathy is identified with the transfer of somebody's own feelings and emotions to an object such as a painting, a piece of music, a dance.

The word empathy was coined in 1909 by the English psychologist Edward B. Titchener (Stanford Encyclopedia of Philosophy, 2013). He translated the German word *Einfühlungsvermögen*, which was mainly studied at the end of 19th century by Theodor

Lipps. Einfühlungsvermögen was later re-translated as *Empathie*, and is still in use that way in German (Jahoda, 2005).

Theodor Lipps (1851–1914) scrutinized empathy in the most thorough manner. Most importantly, Lipps not only argued for empathy as a concept that is central for the philosophical and psychological analysis of our aesthetic experiences, his work transformed empathy from a concept of philosophical aesthetics into a central category of the philosophy of the social and human sciences. For him, empathy not only plays a role in our aesthetic appreciation of objects. It has also to be understood as being the primary basis for recognizing each other as minded creatures. Not surprisingly, it was Lipps' conception of empathy that Titchener had in mind in his translation of *Einfühlung* as empathy. (Stanford Encyclopedia of Philosophy, 2013)

To express is a transitive verb to state thoughts or feelings in words, to convey meaning by gesture, behavior, representation in art, music or drama, or in some other symbolic way. It is easy to observe that the word express “always carried the connotation of something definite and explicit” (Betensky, 1973, p. 301); it also alludes to rapid delivery, fast and direct.

Re'si'lience (noun) implies a speedy recovery from problems; elasticity, the ability to spring back into the original shape. In Merriam-Webster Dictionary *Resilience* is: “The capability of a strained body to recover its size and shape after deformation caused especially by compressive stress.” (Merriam-Webster, 2005)

The Mayo Clinic defines resilience as follows: “Improve coping skills so that you can handle life's hardships better” (Mayo Clinic, 2015)

As stated previously in the Background of the Study, resilience is the positive capacity of people to cope with stress and adversity. Resilience is most commonly understood as a process and not a trait of an individual (Rutter, 2008).

CHAPTER 2

REVIEW OF THE LITERATURE

Presentation of History of Literature on the Issue

Empathy is a concept with many different definitions. They cover a broad spectrum, ranging from feeling a concern for other people that creates a desire to help them, experiencing emotions that match another person's emotions, knowing what the other person is thinking or feeling, to blurring the line between self and other. Below is a list of various definitions of what empathy means, formulated by thinkers of a wide spectrum of disciplines:

- Daniel Batson: "A motivation oriented towards the other" (Batson, Fultz, & Schoenrade, 1987, pp. 19–39).
- D. M. Berger: "The capacity to know emotionally what another is experiencing from within the frame of reference of that other person, the capacity to sample the feelings of another or to put oneself in another's shoes" (1984, p. 112).
- Jean Decety: "A sense of similarity in feelings experienced by the self and the other, without confusion between the two individuals" (as cited in Brown & Brown, 2011, p. 111).
- Nancy Eisenberg: "An affective response that stems from the apprehension or comprehension of another's emotional state or condition, and that is similar to

what the other person is feeling or would be expected to feel” (Eisenberg, 2002, p. 135).

- R. R. Greenson: “To empathize means to share, to experience the feelings of another person” (1960, p. 418).
- Alvin Goldman: “The ability to put oneself into the mental shoes of another person to understand her emotions and feelings” (Goldman, 1993, p. 45).
- Martin Hoffman: “An affective response more appropriate to another's situation than one's own” (Hoffman, 2000, p. 48).
- William Ickes: “A complex form of psychological inference in which observation, memory, knowledge, and reasoning are combined to yield insights into the thoughts and feelings of others” (Ickes, 1997, p. 2).
- Heinz Kohut: “Empathy is the capacity to think and feel oneself into the inner life of another person” (Kohut, 1984, p. 82).
- Charles G. Morris:

Closely related to the ability to read other people's emotions is empathy - the arousal of an emotion in an observer that is a vicarious response to the other person's situation... Empathy depends not only on one's ability to identify someone else's emotions but also on one's capacity to put oneself in the other person's place and to experience an appropriate emotional response. Just as sensitivity to non-verbal cues increases with age, so does empathy: The cognitive and perceptual abilities required for empathy develop only as a child matures. (Morris, 1996, p. 442)

- Carl Rogers:

To perceive the internal frame of reference of another with accuracy and with the emotional components and meanings which pertain thereto as if one were the person, but without ever losing the “as if” condition. Thus, it means to sense the hurt or the pleasure of another as he senses it and to perceive the causes thereof as he perceives them, but without ever losing the recognition that it is as if I were hurt or pleased and so forth. (Rogers, 1959, pp. 210–211)

- And again from Carl Rogers:

A way of being with another person has several facets. It means entering the private perceptual world of the other and becoming thoroughly at home in it. It involves being sensitive, moment by moment, to the changing felt meanings which flow in this person, to the fear or rage or tenderness or confusion of whatever that he or she is experiencing. It means temporarily living in the other’s life, moving about in it delicately without making judgments; it means sensing meanings of which he or she is scarcely aware, but not trying to uncover totally unconscious feelings, since that would be too threatening... To be with another in this way means that for the time being, you lay aside your own views and values in order to enter another’s world without prejudice. (Rogers, 1980, pp. 142–143)

- Roy Schafer: “Empathy involves the inner experience of sharing in and comprehending the momentary psychological state of another person” (Schafer, 1959, p. 345).

- Wynn Schwartz:
We recognize others as empathic when we feel that they have accurately acted on or somehow acknowledged in stated or unstated fashion our values or motivations, our knowledge, and our skills or competence, but especially as they appear to recognize the significance of our actions in a manner that we can tolerate their being recognized. (Schwartz, 2002, pp. 338–345)
- Edith Stein: “Empathy is the experience of foreign consciousness in general” (Stein, 1989, p. 11).
- Simon Baron-Cohen:
Empathy is about spontaneously and naturally tuning into the other person's thoughts and feelings, whatever these might be. . . there are two major elements to empathy. The first is the cognitive component: Understanding the others feelings and the ability to take their perspective . . . the second element to empathy is the affective component. This is an observer’s appropriate emotional response to another person's emotional state. (Baron-Cohen, 2003, p. 26)
- Khen Lampert compares the experience of empathy to leaving our own bodies and being in the mind of another person, seeing and feeling what the other person sees and feels. (Lampert, 2005).
- Shaun McNiff defines *aesthetic empathy* as “the ability to feel what images, people, and situations, are expressing” (McNiff, 1998, p. 58).
- Dr. Greg Sipes talks about the importance of empathy in his video *The Importance of Empathy*; referring to parenting, he talks about the importance of

putting yourself in your teen's place and how empathy can forge better bonds and better decisions (Sipes, 2008).

In an excerpt from her new psycho-educational shame-resilience curriculum, University of Houston researcher and educator Brené Brown discusses the destructive nature of shame and the healing power of empathy (Brown, 2007). Since empathy involves understanding the emotional states of other people, the way it is characterized is derivative of the way emotions themselves are characterized. If, for example, emotions are taken to be centrally characterized by bodily feelings, then grasping the bodily feelings of another will be central to empathy. On the other hand, if emotions are more centrally characterized by a combination of beliefs and desires, then grasping these beliefs and desires will be more essential to empathy. The ability to imagine oneself as another person is a sophisticated imaginative process. However, the basic capacity to recognize emotions is probably innate and may be achieved unconsciously. Yet it can be trained, and achieved with various degrees of intensity or accuracy.

The human capacity to recognize the bodily feelings of another is related to one's imitative capacities, and seems to be grounded in the innate capacity to associate the bodily movements and facial expressions one sees in another with the proprioceptive feelings of producing those corresponding movements or expressions oneself. Humans also seem to make the same immediate connection between the tone of voice and other vocal expressions and inner feeling. Empathy offers a powerful contrast to shame. (Brown, 2012).

Mirror Neurons: Brain Physiology behind Empathy

Whatever the intellectual quality of the education given our children, it is vital that it includes elements of love and compassion, for nothing guarantees that knowledge alone will be truly useful to human beings. Among the major troublemakers society has known, many were well-educated and had great knowledge, but they lacked a moral education in qualities such as compassion, wisdom and clarity of vision. (The Dalai Lama, 2011)

Physiology and neuroscience offer grounding support to understand the phenomenon called empathy. Although it is outside the field and scope of this dissertation, and well beyond its author specific expertise, it is important to recognize the role of mirror neurons in the development and manifestations of empathy. In Jerry Feldman's *Molecule to Metaphor: Toward a Unified Cognitive Science* from his presentation at the Redwood Center for Theoretical Neuroscience on September 19, 2006, the simulation "links imaginative stories to lived narratives" (Feldman, 2006).

Visualization can be used effectively as a rehearsing tool in a wide range of instances, from when preparing for a session or a presentation, carefully reviewing in one's mind the location and its logistics, what one is going to do, what needs to be set up, when, and especially what one is going to say, do, and how, down to mundane instances of planning a series of errands, attending an event, planning for a change of clothes, etcetera. By doing so, one can feel prepared to perform, and more confident and ready to overcome additional unforeseen aspects, changes, and events. Rehearsing each performance in their minds works well for athletes; increased blood flow to the muscles

and measurable muscle contraction has been recorded during visualization resulting in improved athletic performance (Samuels & Samuels, 1975).

Facilitating creative processes with clients who have specific challenges in their lives—like cancer, anxiety, developmental disabilities, or have suffered physical and emotional trauma and abuse—allows one to observe empathy in action and assess clients' needs. It also guides the facilitator in creating treatment programs and interventions that enhance an individual's awareness, his or her ability to empathize and that person's resilience.

The creative expression or output is a mirror of thought processes, visualization, and emotional content and can be better understood and brought to fruition with the help of neuroscience, through an observation of neurobiological mechanisms highlighting empathy during the therapeutic process. As already premised earlier in the Background of the Study, the empathic relationship that takes place among clients, between client(s) and therapist, and between each client and his or her artistic expression—any visual art, movement/dance, music and sound, enactment/drama, is of particular interest for the scope of this dissertation. The manifestation of emotional, psychosocial, and cognitive functions then relates to perceived and/or measurable improvement in the quality of life.

What is really happening then? As most artists know and often apply intuitively, even without direct awareness, in this discovery lays the foundation of the therapeutic process, now the subject of neuroscience. Investigating psychosocial and cognitive functions includes issues related to attunement and attachment theory, empathy, social cognition, and morality. As stated in Chapter 1, this premise gives a heuristic, experience-based ground to inquire and look at a theory in neuroscience about mirror

neuron circuitry, integrating action and perception. According to this theory, circuits of neurons in human brain's pre-motor cortex fire when we either perform a given action or see someone else performing the same action or imagining it.

It is worth mentioning that during the first years of a child's life a normal aspect of brain development is the process of myelination, which facilitates the maturation of the limbic and cortical association areas; myelination provides insulation, like a lining wrapping around the length of an axon, speeding electrical transmission of an activated neuron (Wittrock, 1977). During the first year to 15 months the interaction between caregiver and baby most strongly impacts affect regulation (Schoore, 1994; Stern, 2000). This is the time for building the foundation for social cognition and moral development; therefore, empathy starts to form as well (Piaget & Inhelder, 1969; Schoore, 1994), becoming manifested and observable around 3 years of age. By the time children enter kindergarten, they have become more and more aware both emotionally and socially; they have been learning acceptable and unacceptable behavior patterns and forming their moral cognition through play and reinforcements offered by the environment. Studies of early right hemispheric prefrontal damage to the cortex and its limbic connections have revealed impairments in the development of empathy, manifested as moral behavior and social cognition (Stern, 2000; Schoore, 1994, 2005).

In the early 1990s research based on functional Magnetic Resonance Imaging (fMRI)¹ of the brain analyzed clinical evidence that could reveal implications also for empathy

¹Functional Magnetic Resonance Imaging (fMRI) is a functional neuroimaging procedure using MRI technology that measures brain activity by detecting associated changes in blood flow. This technique relies on the fact that cerebral blood flow and neuronal activation are coupled. When an area of the brain is in use, blood flow to that region also increases. It is one of the most recently developed forms of neuroimaging. Since the early 1990s, fMRI has come to dominate the brain mapping field due to its relatively low invasiveness, absence of radiation exposure, and relatively wide availability.

development in cases of damages to the prefrontal cortex, the temporal lobes and the limbic/para-limbic systems. Research protocols include studies of normal and patient populations (The Medical College of Wisconsin, Department of Neurology, among others).

Eslinger and Grattan published a study in 1992 where they connect early prefrontal lobe damage in formative years and moral deviance. They concluded that early brain damage had a profound effect on their subjects' psychosocial development.

The relevance of the mirroring process in Expressive Arts Therapy is acknowledged, for instance in *Empathic Reflection*, a term exemplified by the practice of Dance & Movement Therapist pioneer Marian Chace, who was influenced by Carl G. Jung. She realized early on in her studies and in her teaching practice that the body and mind are interrelated; in fact she emphasized the expression of emotions over dance techniques in her classes, an approach enjoyed by her students who were reporting feelings of well-being. She intuitively understood that in order to communicate and collaborate with deeply traumatized World War II veterans, she had to first establish an empathic relationship. Marian Chace was able to establish inter-subjectivity by reflecting moods, movements, and sounds of the patients; she was able to understand not only what they were doing, but the quality and intention of their behaviors (Sandel, 1993).

Marian Chace used the process of empathic reflection to gather information about the clients during a group session. "Engage them in contact first with the therapist and then with one another, and then develop a sense of mutuality which facilitates the communication and sharing of feelings" (Chace, 1975, pp. 102–103). In other words, the

therapist's first task is to create an environment of safety and trust in order for the clients to feel seen and accepted, and therefore be willing to open up to self-expression and to reconnect with others. Dancing with movement designed to mirror each other and then to build new movements off of each other's input, like stepping stones, is one of the symbolic potentially transformative and therefore therapeutic forms that can be used (Boal, 2002).

Neuroscientist Vilayanur Ramachandran, best known for his work in the fields of behavioral neurology and psychophysics, Director of the Center for Brain and Cognition and Professor in the Department of Psychology and the Neurosciences Graduate Program at the University of California, San Diego, outlines the fascinating functions of mirror neurons (Ramachandran, 2009). Only recently discovered, these neurons allow us to learn complex social behaviors, some of which formed the foundations of human civilization as we know it.

In general terms, the arts are valuable and meaningful expressions and catalysts for symbolic understanding and transformation. This dissertation will attempt to lay out an overview of the neuroscience supporting this assumption.

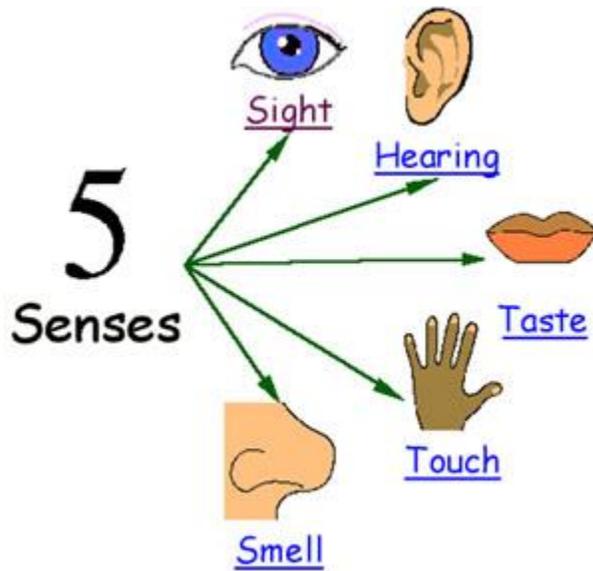
Now, one recent discovery that has been made by researchers in Italy, in Parma, by Giacomo Rizzolatti and his colleagues, is a group of neurons called mirror neurons, which are on the front of the brain in the frontal lobes. Now, it turns out there are neurons which are called ordinary motor command neurons in the front of the brain, which have been known for over 50 years. These neurons will fire when a person performs a specific action. For example, if I do that, and reach and grab an apple, a motor command neuron in the front of my brain will fire. If I

reach out and pull an object, another neuron will fire, commanding me to pull that object. These are called motor command neurons that have been known for a long time. But what Rizzolatti found was a subset of these neurons, maybe about 20 percent of them, will also fire when I am looking at somebody else performing the same action. So, here is a neuron that fires when I reach and grab something, but it also fires when I watch Joe reaching and grabbing something. And this is truly astonishing. Because it is as though this neuron is adopting the other person's point of view. It's almost as though it's performing a virtual reality simulation of the other person's action. (Ramachandran, 2009)

Italian neuroscientist Vittorio Gallese (2005) has been researching mirror neurons and their association with imitation, empathy, and inter-subjectivity. The psychotherapeutic implications of mirror neurons have an enormous clinical relevance for the creative arts therapies. The relationship between neuroscience and the arts has been increasingly receiving attention and, rightly so, excitement with the possible applications and benefits for an ever-widening population. Since the mid-1990s a group of Italian neuroscientists, including Gallese, documented discovering a type of pre-motor neurons that were becoming activated when a monkey was directly involved in performing actions, and also in a monkey or person witnessing those actions. "We describe here the properties of a newly discovered set of F5 neurons ...all of which became active both when the monkey performed a given action and when it observed a similar action performed by the experimenter." (Gallese, Fadiga, Fogassi, & Rizzolatti, 1996).

These neurons have been called mirror neurons; these neurons show the same behavior whether the person is engaged in the action or in the emotional event, whether

he or she is only witnessing the same action or emotional event. Gallese recognized that these mirroring behavioral properties are crucial in explaining social, kinesthetic, and emotional processing, as well as cognitive understanding. The neuronal sparks or discharges are caused by a “direct simulation of observed events through the mirror mechanism” (Gallese, et al., 2005, p. 1), not by conscious reasoning.



Five Senses

A fundamental concept is that the mirroring behavior is activated in relation to a stimulus outside the self, which means, in relationship to another. It is believed that this type of pre-motor neurons could be located in those parts of the brain that respond to sensory-motor stimuli—visual, olfactory, tactile, auditory, and gustative (Gallese, 2003, 2005).

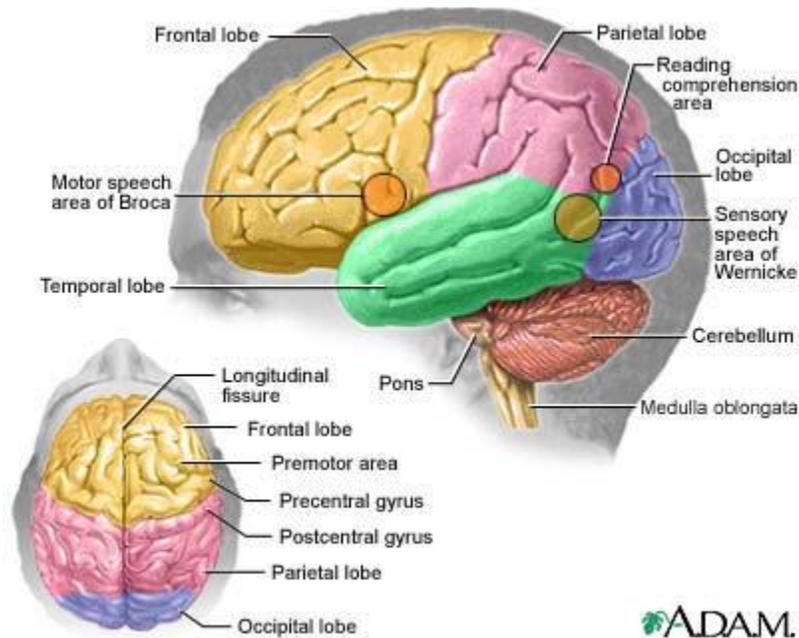
Since empathy is defined as “a form of identification; it may be called intellectual identification in contrast with affective identification” (Christian, p. 278). Empathy extends beyond the simple fact that one understands another’s emotional state; it embodies the experience of that state (Dolan, 2005; Gallese, 2003, 2005; Gallese et al., 2005). Similarly, Stern considers empathy “an embodied affective resonance that involves some level of cognitive processing. Cognition and emotion are integral to the involvement of empathy” (Stern, 2000, p. 285); the presumption is that neuronal connectivity between the prefrontal cortex and the limbic system serve as vital conduits.

Although, again, it is beyond the scope of this dissertation to lay out and give a detailed account of brain structure and functions as in neuroscience, here follows a vivid description by Diane Ackerman that paint a most fascinating picture of the human brain in a blend of poetry, playfulness, and colloquial, plain English science:

Imagine the brain, that shiny mound of being, that mouse-gray parliament of cells, calling all the shots, that dream factory, that petit tyrant inside a ball of bone, that huddle of neurons calling all the plays, that little everywhere, that fickle pleasure dome, that wrinkled wardrobe of selves stuffed into the skull like too many clothes into a gym bag. The neocortex has ridges, valleys and folds because the brain kept remodeling itself even though space was tight. We take for granted . . . the undeniable fact that each person carries around atop of the body a complete universe in which trillions . . . of sensations, thoughts and desires stream. They mix privately, silently, while agitating many levels, some of which we're not aware of . . . Our brain is a crowded chemistry lab, bustling with non-stop neuro conversations . . . an impersonal landscape where minute bolts of lightning prowl and strike . . . Sometimes it's hard to imagine the art and beauty of the brain because it seems too abstract and hidden an empire, a dense jungle of neurons...thousands of wires . . . influenced by a caravan of hormones and enzymes" (Ackerman, 2004, pp. 3–4, 6).

A report by Luppino and Rizzolatti focuses on the pre-frontal motor areas of the cerebral cortex; these areas are responsible for converting incoming sensory information into actions (Luppino & Rizzolatti, 2000). The frontal cortex gets activated when a person self-reflects. And here other complex behaviors are reported, including imitation

and awareness of actions performed by others, which Luppino and Rizzolatti name associative motor learning. These are the workings of mirror neurons, which owe their name to the very fact that they are actively engaged in the process of simulation (Luppino & Rizzolatti, 2000; Restak, 1984).



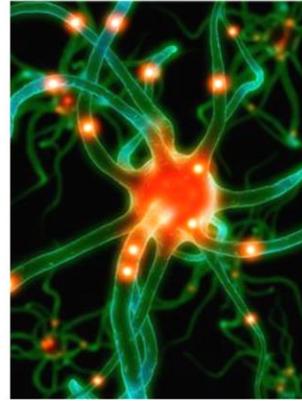
Human Brain Map

Of interest with regards to receiving information that activates mirror neurons is the occipital lobe, inserted between the parietal and temporal lobes. The occipital lobe is the primary visual center, directly linked to the eyes via the optic nerves. This area is dedicated to higher-level interpretation and/or analysis of visual information (Nolte, 1981; Luppino & Rizzolatti, 2000; Restak, 1984).

Gallese attributes a major role to the *insula*, a structure in the cerebral cortex, extending beneath the frontal, parietal, and temporal lobes. Mirror neurons within the

insula are of specific interest to Gallese and his associates (Gallese, 2003, 2005; Rizzolatti, Fogassi, & Gallese, 2001).

The insula is responsible for integrating autonomic information (Gallese, 2003, 2005a). The association of mirror neurons with a personal value system, a social conscience, consciousness, awareness of the full range of feelings is of particular interest.



Neuron

This region networks with the *limbic system*, a C-shaped neural structure between the neo-cortical lobes and the brain stem; the limbic system participates in regulating the autonomic nervous and endocrine systems, as well as the flight-fight-freeze responses.

The limbic system generates primary emotions like fear, anger, sadness, joy, disgust, as well as aggression, and presides over homeostasis, which is defined as the process of maintaining a stable psychological state in the individual under varying psychological pressures or stable social conditions in a group under varying social, environmental, or political factors (Merriam-Webster, 2015). In the system we note the amygdala, which associates with fear, pleasure, and aggression (Nolte, 1981; Le Doux, 2003; Restak, 1984). The hippocampus has a key role in recording short-term memory (Le Doux, 2003).

The brain stem functions like a transfer station of electro-chemical discharges, which are selected and directed to activate muscles for action, thoughts, and/or behavior. It also plays a crucial role in affecting and controlling basic functions like swallowing,

respiration, heart rate, blood pressure, aspects of consciousness, and arousal states (Nolte, 1981; Restak, 1984). Each electrical discharge fuels the release of a neuro-chemical substance—a neurotransmitter which in turn, triggers other cells carrying affiliated compounds. A specific group of neurotransmitters known as dopamine, norepinephrine, and serotonin, are produced by amino acids and have been attributed a major role in affective states (Kolb & Whishaw, 1985; Restak, 1984).

Although the depths and the complexity of the brain cannot be fully explored and expressed here, isolating each part does not do justice to the whole. Restak (1984) has given us a glimpse into the complex, interrelated, and coordinated chain of events of nerve cells in both hemispheres which all have to act in concert even for simple actions like picking up a pencil to take place. It is well accepted that the brain has highly specialized areas and yet acts as a highly sophisticated global system on a mission, which is the outward manifestation of meaningful actions and behaviors (Berrol, 1992).

How do we formulate a theory around mirror neurons and empathy, especially since research is constantly evolving?

The common definition of empathy is “emotional and/or intellectual identification with another; vicarious experiencing of the feeling or ideas of another” (Berrol, 2006, p. 306). Stern consider empathy an “embodied affective resonance that involves . . . cognitive processing” (Stern, 2000, p. 96). We accept that mirror neurons are connected to psychological, social, and cognitive experiences, development and behaviors, as well as empathy and morality (Gallese, 2005; Gallese & Goldman 1998; Gallese et al., 2005), Goldman & Sripada, 2005; Schore, 1994; Stern, 2000). We can then assume that the

neuronal connectivity between the prefrontal cortex and the limbic system is the vehicle for empathy to take place.

It is clear that inter-subjectivity is a key aspect of empathy and how the mirror neurons become activated. Stern postulates that inter-subjectivity benefits from a “shared framework of meaning and means of communication such as gesture, posture or facial expression . . . The interpersonal behavior has moved . . . from overt actions and responses to the internal subjective states that lie behind the overt behaviors” (Stern, 2000, p. 125). This is also described as a form of empathic projection, a concept of immense significance to clinicians, including Expressive Arts Therapists.

This phenomenon can be traced back to early child development, when infant and primary caregiver (mother or mother-like presence) establish sustained mutual eye contact, thereby promoting neurobiological maturation by facilitating the mirroring and shaping patterns of behavior. Dopamine has been identified as the primary neurotransmitter in activating this neuronal interface (Schore, 1994; Stern, 2000). Schore also observes that the mother’s facial expressions act as “a highly arousing unconditioned stimulus” (p. 83) and that “the mirroring self-object experience induces states of positive arousal and pleasure” (p. 86). Thus Schore defines the process of normal attachment as a behavioral patterning. Similarly, Stern (2000) attributes to “gesture, posture, and facial expression . . . [a] . . . shared framework of meaning” (p. 125), and the process by which an infant internalizes called attunement, which is responsible for nurturing the development of empathy. This process often takes place without conscious awareness.

Now there is another kind of mirror neuron, which is involved in something quite different. And that is, there are mirror neurons, just as there are mirror neurons

for action, there are mirror neurons for touch. In other words, if somebody touches me, my hand, (a) neuron in the somato-sensory cortex in the sensory region of the brain fires. But the same neuron, in some cases will fire when I simply watch another person being touched. So, it's empathizing the other person being touched... So, most of them will fire when I'm touched in different locations. Different neurons for different locations. But a subset of them will fire even when I watch somebody else being touched in the same location. So, here again you have neurons which are enrolled in empathy. (Ramachadran, 2009)

Here is an important question:

Why do I not get confused and literally feel that touch sensation merely by watching somebody being touched? I empathize with that person but I don't literally feel the touch. Well, that's because you've got receptors in your skin, touch and pain receptors, going back into your brain and saying "Don't worry, you're not being touched. So, empathize, by all means, with the other person, but do not actually experience the touch otherwise you'll get confused and muddled." Okay, so there is a feedback signal that vetoes the signal of the mirror neuron preventing you from consciously experiencing that touch. But if you remove the arm, you simply anesthetize my arm, so you put an injection into my arm, anesthetize the brachial plexus, so the arm is numb, and there is no sensations coming in, if I now watch you being touched, I literally feel it in my hand. In other words, you have dissolved the barrier between you and other human beings. So, I call them 'Gandhi neurons,' or empathy neuron... And this is not in some abstract metaphorical sense, all that's separating you from him, from the other

person, is your skin. Remove the skin, you experience that person's touch in your mind. You've dissolved the barrier between you and other human beings. . . . You are in fact, connected not just via Facebook, and Internet, you're actually quite literally connected by your neurons. . . . And there is no real distinctiveness of your consciousness from somebody else's consciousness (Ramachadran, 2009).

Being separate from one another appears to be an illusion; it becomes a point of reflection when we discuss altruism and service.

On Empathy

“Empathy is defined as ‘emotional and/or intellectual identification with another, vicarious experiencing of the feeling or ideas of another’ or emotional resonance.”

(Berrol, 2006, p. 306)

Heinz Kohut is the main introducer of the principle of empathy in psychoanalysis. His principle applies to the method of gathering unconscious material. The possibility of not applying the principle is granted in the cure, for instance when you must reckon with another principle, that of reality. Developing skills of empathy is often a central theme in the recovery process for drug addicts.

In evolutionary psychology, attempts at explaining pro-social behavior often mention the presence of empathy in the individual as a possible variable. Although exact motives behind complex social behaviors are difficult to distinguish, the “ability to put oneself in the shoes of another person and experience events and emotions the way that person experienced them” (Smith, 2012, p.50) is the definitive factor for truly altruistic behavior also according to Batson's empathy-altruism hypothesis (Batson, 2011).

If empathy is not felt, social exchange (for example, one might ask: What's in it for me?) supersedes pure altruism, but if empathy is felt, an individual will help regardless of whether it is in their self-interest to do so and even if the costs outweigh potential rewards.

English philosopher Jeremy Bentham suggested that the universal human condition was based on the avoidance of pain and the search and optimizing of pleasure, which Freud later theorized and formulated as the pleasure principle.

There is an episode recounted in many occasions about German and English soldiers on the battlefield in Flanders on Christmas eve 1914; from their respective trenches on the war front they started singing carols and coming together no longer as enemies, but as men brutally engaged in a war, far from their homes and families.

Yet, what transpired in the battlefield of Flanders on Christmas Eve 1914 between tens of thousands of young men had nothing to do with original sin or productive labor [or] . . . the superficial rendering of pleasure offered by nineteenth-century utilitarian and even less to Freud's pathological account of a human race preoccupied by the erotic impulse. (Rifkin, 2009, p. 8)

“The men at Flanders expressed a far deeper human sensibility” (Rifkin, 2009, p. 8), which is intrinsic in the very core of human existence and “transcends the portals of time” (, p. 8), and any philosophy or theology of the time. Human sensibility emanates from the deepest core of human existence; it transcends time and space, and any current trend in socio-cultural-religious experience and dogma. Why do we feel so touched and heartened learning what these soldiers did? “They chose to be human” (, p. 8). They expressed a fundamental human quality, which is empathy for one another. Why we feel

so touched and heartened when in our everyday life, we witness, learn, and/or perform acts of kindness? This is the central human quality called empathy.

Only recently biologists and cognitive scientists have reported observations and studies of behavioral manifestations of empathy in mammals. Primates and especially humans, with higher development of the neo-cortex, are wired for empathy. “Empathic distress is as old as our species and is traceable far back into our ancestral past, to our link to our primate relatives and, before them, our mammalian ancestors” (Rifkin, 2009, p. 8).

“Child development researchers have long noted that infants as young as one or two days old are able to identify the cries of other newborns and will cry in return, in what is called rudimentary empathic distress” (Sagi & Hoffman, 1976, p. 176)

Because the development of selfhood is so completely intertwined with the development of empathic consciousness, the very term empathy didn't become part of the human vocabulary until 1909 – about the same time that modern psychology began to explore the internal dynamic of the unconscious and consciousness itself. (Rifkin, 2009, p. 9)

The term empathy is derived from the German word *Einfühlungsvermögen*, as stated earlier, and as used in German aesthetics. It relates to how observers project their own sensibilities onto an object of adoration or contemplation and is a way of explaining how one comes to appreciate and enjoy the beauty of, for example, a work of art. The German philosopher and historian Wilhelm Dilthey borrowed the term from aesthetics and began to use it to describe the mental process by which one person enters into another's being and comes to know how that person feels and thinks (Dean, 2004).

In 1909, the American psychologist E. B. Titchener translated *Einfühlung* into a new word empathy (Davis, 1996). Titchener was mainly interested in exploring introspection, the process by which a person examines his or her own inner feelings and drives, emotions, and thoughts to gain understanding of his or her own identity and sense of self. The -pathy in empathy suggests that we enter into the emotional state of another's suffering and/or joy, and feel his or her pain—or joy—as if it were our own.

Self-Awareness: A Precursor to Resiliency

“Resilient persons possess self-awareness. They are aware of their strengths and limitations and have empathy for others” (Hippe, 2004).

In light of client-centered therapy as formulated by Carl Rogers and embraced by John Enright (1988), and considering Expressive Arts Therapy as a vehicle for self-empowerment, John Hippe joins in with the premise that “through our therapeutic, educational, and parental roles, we seek to foster a sense of strength, compassion, and hope within children, so that they can face the vicissitudes of life without being crushed emotionally or disheartened by the challenges they face” (Hippe, 2004)

So what makes up the resilient child and adult? John Hippe (2004) proposes a sort of checklist:

- Accurate self-awareness;
- Effective problem solving skills;
- Ability to communicate well;
- Demonstrate empathy toward others;
- Hope for the future.

Accurate self-awareness is the focus of his article and one of the key factors in determining the purpose and usefulness of Expressive Arts Therapy. Empathy brings “self-awareness without trying to uncover totally unconscious feelings” (Rogers, 1980, p. 142). Accurate self-awareness can be defined as “the ability to recognize and acknowledge one’s strengths as well as one’s areas of challenge” (Power, Nuzzi, Narvaez, Lapsley, Hun, 2008, p. 400) and vulnerability. In addition, self-awareness shows the ability to listen for the soul’s longings and, therefore, develop an awareness of one’s true voice, life’s purpose, and path or direction. Being able to see one’s strengths makes them available to individuals “as tools to help themselves and to help others” (). As a consequence, self-esteem will be of the authentic kind that brings confidence in their value and worth in society.

Catherine Brady (2009) wrote a book on Elizabeth Blackburn’s discovery of telomeres and their relationship to stress and aging. Blackburn, a professor in the department of biochemistry and biophysics at University of California, San Francisco, won the 2009 Nobel Prize in Medicine for her work relating psychological stress to physical aging. When our telomeres—the protective caps on the ends of chromosomes, like the plastic caps at the ends of our shoelaces—shorten, our chromosomes fray, and we tend to get sick and die. An enzyme called telomerase (which Blackburn shares credit in discovering) slows that process. She has known for years that people who are under more stress tend to have shortened chromosomes (Blackburn, 2010). In one project, she put people into a 3-month meditation program and found that, compared to a control group, the meditators had longer telomeres and increased telomerase activity.

She also found that the individuals who were consistently practicing meditation had an increased sense of purpose in life. A professor of health behavior and health education at the University of Michigan School of Public Health, Victor Strecher, explained that it was the purpose, not just the meditation (Strecher, 2013), that was increasing telomere activity. In his interpretation of the study, meditation goes hand-in-hand with creating greater purpose; and then it was the sense of purpose that was related to telomerase length (Strecher, 2013).

Brazelton and Greenspan (2000) in *The Irreducible Needs of Children* focus on what every child needs to have to grow, learn, and flourish. They warn us that passivity is a threat to individuals developing resilience; with the lack of interdependent interaction in TV and computer games, for example, “individuals miss out on the give-and-take that mobilizes the central nervous system into integrated pathways and leads to growth” (Brazelton, T.B., & Greenspan, S., 2000, p.128). The passive reaction works its way into diminishing “a child’s ability to build a strong self-esteem and an accurate self-awareness. In interactive play and activities with others, however, children are more able to work through issues of self-awareness, which lead to resiliency” (Hippe, 2004, p. 242).

In *Child Psychology* Amprya Chada identifies praise and encouragement as another set of skills for fostering accurate self-awareness and healthy self-esteem. Encouragement reflects unconditional acceptance (2011).

Praise and encouragement seeks to validate the child for who he or she is. Praise and encouragement are positive, effective, and beneficial strategies to use with kids. Both of these techniques can

- a. Build self-esteem

- b. Enhance pride
- c. Foster cooperation
- d. Build positive relationships
- e. Celebrate unique skills and abilities
- f. Assist kids during difficult or challenging times (Chada, 2011, p. 66).

Chada also points out differences and different implications between praise and Encouragement, since praise “can cause the child to seek extrinsic (outside) motivation...[while] encouragement...promotes intrinsic (internal) motivation” (Chada, 2011, p. 67).

Building a relationship and trust is paramount in any form of interpersonal therapy; it is well established that encouraging and allowing for individual expression is key to empowerment and healing.

A third element can be added in fostering accurate self-awareness: interest. Showing genuine interest demonstrates to the child that he or she is important and that what he or she has to contribute is meaningful (Brooks & Goldstein, 2001). By showing genuine interest, we can help children “nurture islands of competence” (Brooks, & Goldstein, 2001, p. 135). Islands of competence are “activities that children do well, enjoy doing, receive positive regard for doing, and most important, recognize as personal strengths” (p. 135).

Another key element in assisting children to build resiliency is empathy from caregivers. Empathy is simply the ability of the caregivers to imagine themselves in the child’s situation. Most certainly the caregivers will not know what the child is feeling, but can imagine how they would feel in the child’s situation if

they had the same skills and outlook on life. A caregiver who is empathic will be more able to identify with the child, to more effectively demonstrate true interest, and to have the child identify their strengths and areas of challenge (Hippe, 2004, p. 241).

The child will also be more able to identify areas of vulnerability and growth, as well as when and where assistance is needed, in other words, to become more resourceful and resilient.

On Resilience

“Resilience is the capacity to deal successfully with the obstacles in the road that confronts us while maintaining a straight and true path towards life’s goals.”

(Brooks & Goldstein, 2003, Resilience and the “Resilience Mindset”)

Resilience is defined in psychology as the positive capacity of people to cope with stress and adversity. As stated previously, this coping may result in the individual bouncing back to a previous state of normal functioning or using the experience of exposure to adversity to produce a steeling effect and function better than expected (much like an inoculation gives one the capacity to cope well with future exposure to disease) (Masten, 2009). Resilience is most commonly understood as a process and not a trait of an individual (Rutter, 2008).

More recently, there has also been evidence that resilience can indicate a capacity to resist a sharp decline in functioning, even though a person temporarily appears to get worse. A child, for example, may do poorly during critical life transitions (like entering junior high) but experience problems that are less severe than would be expected given the many risks the child faces.

Resilience can be described by observing:

1. good outcomes regardless of high-risk status,
2. constant competence under stress;
3. recovery from trauma, and
4. using challenges for growth that makes future hardships more tolerable.

A very important aspect of resilience is the role of psychological energy and its redistribution, as Gregg Furth points out and describe quite extensively in *The Secret World of Drawings: a Jungian Approach to Healing through Art* (2002). He asks:

What happens to the distribution of psychic energy when a blockage or difficulty arises? . . . When an individual has to take on a burden such as a tragedy, what normally happens is that the person ceases participating in non-priorities and reallocates energy in order to handle the burden. The redistribution of psychic energy is important to the balance of the psyche. (Furth, 2002, p. 6)

Images and all art forms are very important and useful in therapy as they guide therapist and patient to discover where the focus of the psychological energy is located and “whether the energy is flowing or blocked . . . When the patient works on the issues involved with the blockage, then the psychic energy begins to flow again” (Furth, 2002, pp. 5–6).

Furth mentions that according to Dora Kalff (1981), a sand tray—and by extension any artwork—“allows the deep regions of the unconscious to move into consciousness as needed. The conscious and unconscious experience unencumbered interplay and dialogue” (Furth, 2002, pp. 6–7). This is how the unconscious reorganizes

itself and prioritizes items to be aware of, express, and work with. Furth calls the unconscious a bottomless pit!

In full compliance with resilience as a natural state of being, Jung believed that “the psyche is a self-regulating system...there is no balance, no system of self-regulation, without opposition” (Jacobi, 1980, pp. 53–54). “Opposition allows for balance; it creates tension and from tension emerges energy. The greater the opposition, the greater the tension, the greater the energy available” (Furth, 2002, pp. 7–8). Without opposition, tension dissipates and so does the energy available. Without tension, there is no life, no growth. “With energy the human being can go about taking on tasks in life” (Furth, 2002, p. 8). Jung describes this phenomenon of push and pull, of tension between opposites as *enantiodromia* (Jung, 1971, p. 426).

A human being is a part of the whole, called by us universe, a part limited in time and space. He experiences himself, his thoughts and feelings, as something separate from the rest – a kind of optical delusion of his consciousness. This delusion is a kind of prison for us, restricting us to our personal decisions and to affection for a few persons nearest to us. Our task must be to free ourselves from this prison by widening our circle of compassion to embrace all living creatures and the whole nature in its beauty. (Albert Einstein, 1950)

Individuation Is the Goal of Our Psychological Development

The concept of individuation is the goal of psychological development in humans as formulated by Carl Gustav Jung, and found in *The Collected Works* (1971).

Individuation is a philosophical, spiritual, and mystical experience... It is the goal of our psychological development and in metaphysical terms amounts to God's incarnation ... Individuation is the central concept and purpose of Jung's Analytical Psychology (Jung, 1989).

Individuation is the transformational process of integrating the conscious with the personal and collective unconscious (Jung, 1962). It can be defined as the integration of the psyche. Integrating the conscious with the collective unconscious is realizing and harmonizing the archetypes. The Individuation process brings up the true personality of a person, it makes him an *individual*. Individuation generally has a profound healing effect on the person (Jung, 1962).

“Individuation is a philosophical, spiritual, and mystical experience” (Jung & Jaffe, 1989, p. 294).

It is the goal of our psychological development and in metaphysical terms amounts to God's incarnation (Jung, 1989, p. 157). Individuation is the central concept and purpose of Jung's *Analytical Psychology* (Jung, 1989, p. 209).

Carl G. Jung formulated individuation as

A process of personal development that involves a connection between the ego and the self. The ego is the center of consciousness; the self is the center of the total psyche, including both the conscious and the unconscious. For Jung, there is constant interplay between the two. They are not separate but are two aspects of a

single system. Individuation is the process of developing wholeness by integrating all the various parts of the psyche. (Frager & Fadiman, 2005, p. 56)

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The Individuation process brings up the true personality of a person, it makes him an *individual*. Individuation generally has a profound healing effect on the person (Jung, 1962).

People become harmonious, calm, mature, and responsible. They feel and act like parents to the rest of humanity. They protect and promote the ideals of life, freedom, and justice. They have amassed knowledge and have a deep understanding about human nature and the universe. This provides a deep sense of self-assurance, confidence; a feeling of being fulfilled and rewarded, which is experienced as healing.

Jungians claim that Jungian psychology individuation is a process of psychological differentiation, having for its goal the development of the individual personality.

In general, it is the process by which individual beings are formed and differentiated; in particular, it is the development of the psychological individual as a being distinct from the general, collective psychology. Individuation, therefore, is a process of differentiation having for its goal the development of the individual personality. (Jung, 1971, p. 448)

It is understood that individuation is the process of transforming one's psyche by bringing the personal and collective unconscious into conscious. Individuation has a holistic healing effect on the person, both mentally and physically.

The theory suggests that people who have advanced toward individuation, besides being fairly mentally healthy, show signs toward being harmonious, mature, and responsible. It is an ongoing process, not a black-and-white achievement. It may however also include physical health too but not necessarily. As more and more individuation is achieved, such entities promote freedom and justice. They have a good understanding about the workings of human nature and the universe.

The philosophy of Bernard Stiegler draws upon and modifies the work of Gilbert Simondon on individuation, as well as similar ideas in Friedrich Nietzsche and Sigmund Freud. During a talk given at the Tate Modern in 2004, Stiegler summarized his understanding of individuation. The essential points are the following:

- The *I*, as a psychological individual, can only be thought in relationship to a *we*, which is a collective individual: the *I* is constituted in adopting a collective tradition, which it inherits, and in which a plurality of *Is* acknowledge each other's existence.
- An *I* is essentially a process, and not a state, and this process is an individuation (it is a process of psychological individuation) as the tendency to become-one, that is, to become indivisible.

Abraham Maslow

Robert Frager and James Fadiman present an overview of Abraham Maslow and his ground-breaking contributions to humanistic psychology, transpersonal psychology which has been foundational for the Expressive Arts in their *Personality and Personal Growth* (2002).

Abraham Maslow is one of the founders of humanistic psychology and transpersonal psychology. He believed that an accurate and viable theory of personality must include not only the depths but also the heights that each individual is capable of attaining. The concepts of both Skinner and Freud, and their followers, have tended to ignore or to explain away the cultural, social, and individual achievements of humanity, including creativity, love, altruism, and mysticism. These were among Maslow's greatest interests. (p. 430)

Abraham Maslow has done more to change our view of human nature and human possibilities than has any other American psychologist of the past fifty years. His influence, both direct and indirect, continues to grow, especially in the fields of health, education, and management theory, and in the personal and social lives of millions of Americans. (Leonard, 1983, p. 326)

Maslow was a pioneer, interested in exploring new issues and new fields. His work is a collection of thoughts, opinions, and hypotheses rather than a fully developed theoretical system. More a theorist than a research scientist, Maslow rarely came up with final answers. His genius was in formulating significant questions that many social scientists today consider critical. (Frager & Fadiman, 2005, p. 342)

Major Concepts of Abraham Maslow

The most influential part of Maslow's theory was his model of the hierarchy of needs, which includes the full range of human motivations. His most important concept was self-actualization, the highest level of human need. Maslow also investigated peak experiences, special moments in each individual's life. He

distinguished between two basic kinds of psychology, deficiency psychology and being psychology, and pioneered in the development of the latter. Maslow was also deeply interested in the social implications of his theory, especially with eupsychia, his term for a Utopian society, and synergy, or cooperation within a society. (Frager & Fadiman, 2005, p. 342)

Maslow and Self-Actualization

Maslow (1970) loosely defined self-actualization as “the full use and exploitation of talents, capacities, potentialities, etc.” (p. 150). Self-actualization is not a static state. It is an ongoing process in which one's capacities are fully, creatively, and joyfully utilized. “I think of the self-actualizing man not as an ordinary man with something added, but rather as the ordinary man with nothing taken away. According to Maslow the average man is a full human being with dampened and inhibited powers and capacities” (as cited in Lowry, 1973, p. 91).

Most commonly, self-actualizing people see life clearly. They are less emotional and more objective, less likely to allow hopes, fears, or ego defenses to distort their observations. Maslow found that all self-actualizing people are dedicated to a vocation or a cause. Two requirements for growth are commitment to something greater than oneself and success at one's chosen tasks. Major characteristics of self-actualizing people include creativity, spontaneity, courage, and hard work. (Frager & Fadiman, 2005, p. 342)

Maslow lists the following characteristics of self-actualizers:

1. More efficient perception of reality and more comfortable relations with it;
2. Acceptance (self, others, nature);

3. Spontaneity; simplicity; naturalness;
4. Problem centering [as opposed to ego-centered];
5. The quality of detachment; the need for privacy;
6. Autonomy; independence of culture and environment;
7. Continued freshness of appreciation;
8. Mystic and peak experiences;
9. Gemeinschaftsgefühl [a feeling of kinship with others];
10. Deeper and more profound interpersonal relations;
11. The democratic character structure;
12. Discrimination between means and ends, between good and evil;
13. Philosophical, non-hostile sense of humor – we could call it sarcasm;
14. Self-actualizing creativeness;
15. Resistance to enculturation; the transcendence of any particular culture. (1970, pp. 153–172)

In his last book, *The Farther Reaches of Human Nature* (1971), Maslow describes eight ways in which individuals self-actualize, or eight behaviors leading to self-actualization. It is not a neat, clean, logically tight discussion, but it represents the culmination of Maslow's thinking on self-actualization.

1. Concentration: "First, self-actualization means experiencing fully, vividly, selflessly, with full concentration and total absorption" (Maslow, 1971, p. 45). Usually, we are relatively unaware of what is going on within or around us—for example, most eyewitnesses recount different versions of the same occurrence. However, we have all

had moments of heightened awareness and intense involvement, moments that Maslow would call self-actualizing.

2. Growth Choices: if we think of life as a series of choices, then self-actualization is the process of making each decision a choice for growth. We often have to choose between growth and safety, between progressing and regressing. Each choice has its positive and its negative aspects. To choose safety is to remain with the known and the familiar but to risk becoming stultified and state. To choose growth is to open oneself to new and challenging experiences but to risk the unknown and possible failure.

3. Self-awareness: in the process of self-actualizing we become more aware of our inner nature and act in accordance with it. This means we decide for ourselves whether we like certain films, books, or ideas, regardless of others' opinions.

4. Honesty: honesty and taking responsibility for one's actions are essential elements in self-actualizing. Rather than pose and give answers that are calculated to please another or to make ourselves look good, we can look within for the answers. Each time we do so, we get in touch with our inner selves.

5. Judgment: the first four steps help us develop the capacity for better life choices. We learn to trust our own judgment and our own inner feelings and to act accordingly. Maslow believes that following our instincts leads to more accurate judgments about what is constitutionally right for each of us-better choices in art, music, and food, as well as in major life decisions, such as marriage and a career.

6. Self-development: self-actualization is also a continual process of developing one's potentialities. It means using one's abilities and intelligence and "working to do well the thing that one wants to do" (Maslow, 1971, p. 48). Great talent or intelligence is

not the same as self-actualization; many gifted people fail to use their abilities fully while others, with perhaps only average talents, accomplish a great deal.

Self-actualization is not a thing that someone either has or does not have. It is a never-ending process of making real one's potential. It refers to a way of continually living, working, and relating to the world rather than to a single accomplishment.

7. Peak Experiences: “Peak experiences are transient moments of self-actualization” (Maslow, 1971, p. 48). We are more whole, more integrated, more aware of ourselves and of the world during peak moments. At such times we think, act, and feel most clearly and accurately. We are more loving and accepting of others, have less inner conflict and anxiety, and are better able to put our energies to constructive use. Some people enjoy more peak experiences than others, particularly those Maslow called transcending self-actualizers.

8. Lack of Ego Defenses: a further step in self-actualization is to recognize our ego defenses and to be able to drop them when appropriate. To do so, we must become more aware of the ways in which we distort our images of ourselves and of the external world—through repression, projection, and other defenses.

Maslow and Peak Experiences

Peak experiences are especially joyous and exciting moments in the life of every individual. Maslow notes that peak experiences are often inspired by intense feelings of love, exposure to great art or music, or the overwhelming beauty of nature.

All peak experiences may be fruitfully understood as completions—of the act . . . or as the Gestalt psychologists' closure, or on the paradigm of the Reichian type of complete orgasm, or as total discharge, catharsis, culmination, climax,

consummation, emptying or finishing. (Maslow, 1968, 2. What Psychology can learn from Existentialists section, para. 14)

Virtually everyone has had a number of peak experiences, although we often take them for granted. One's reactions while watching a vivid sunset or listening to a moving piece of music are examples of peak experiences. According to Maslow, peak experiences tend to be triggered by intense, inspiring occurrences: "It looks as if any experience of real excellence, of real perfection . . . tends to produce a peak experience" (Maslow, 1971, p. 175). These experiences may also be triggered by tragic events. Recovering from depression or a serious illness, or confronting death, can initiate extreme moments of love and joy. The lives of most people are filled with long periods of relative inattentiveness, lack of involvement, or even boredom. By contrast, peak experiences, understood in the broadest sense, are those moments when we become deeply involved, excited by, and absorbed in the world.

The most powerful peak experiences are relatively rare. For Maslow, the highest peaks include "feelings of limitless horizons opening up to the vision, the feeling of being. Simultaneously more powerful and also more helpless than one ever was before, the feeling of great ecstasy and wonder and awe, the loss of placing in time and space" (Maslow, 1970, p. 164). They have been portrayed by poets as moments of ecstasy; by the religious, as deep mystical experiences.

Abraham Maslow and Transpersonal Psychology

Maslow added transpersonal psychology to the first three forces in Western psychology-behaviorism psychoanalysis, and humanistic psychology. For Maslow, behaviorism and psychoanalysis were too limited in scope to form the

basis of a complete psychology of human nature. Psychoanalysis is derived largely from studies of psychopathology. Behaviorism has attempted to reduce the complexities of human nature to simpler principles but has failed to address fully such issues as values, consciousness, and love.

In the early 1960s humanistic psychology emerged from the work of Maslow, Rogers, and other theorists concerned with psychological health and effective functioning. Many humanistic psychologists have used Maslow's theories, especially his work on self-actualization, as the framework for their writing and research.

In 1968 Maslow called attention to the limitations of the humanistic model. In exploring the farthest reaches of human nature, he found that there were possibilities beyond self-actualization; when peak experiences are especially powerful, the sense of self dissolves into all awareness of a greater unity. The term self-actualization did not seem to fit these experiences.

Transpersonal psychology contributes to the more traditional concerns of the discipline an acknowledgement of the spiritual aspect of human experience. This level of experience has been described primarily in religious literature, in unscientific and often theologically biased language. A major task of transpersonal psychology is to provide a scientific language and a scientific framework for this material. (Sofia University, 2015, Abraham Maslow and Transpersonal Psychology section.)

To summarize, "Maslow's great strength lies in his concern for the areas of human functioning that most other theorists have almost completely ignored. He is one

of the few psychologists who have seriously investigated the positive dimensions of human experience” (Sofia University, 2015, Abraham Maslow and Transpersonal Psychology section).

His major contributions might be summarized in the following three central ideas:

1. Human beings have an innate tendency to move toward higher levels of health, creativity, insight, and self-fulfillment.
2. Neurosis is basically a blockage of the innate tendency toward self-actualization
3. Business efficiency and personal growth are not incompatible. In fact, the process of self-actualization brings each individual to greater efficiency, creativity, and productivity.

Maslow’s greatest value is as a psychological theorist who has stressed the positive dimensions of human experience-particularly the tremendous potential that all men and women possess. Maslow has been an inspiration for virtually all humanistic and transpersonal psychologists.” (Sofia University, 2015, Abraham Maslow and Transpersonal Psychology section) In his book on Maslow and modern psychology, Colin Wilson (1972) writes:

Maslow was the first person to create a truly comprehensive psychology stretching, so to speak, from the basement to the attic. He accepted Freud’s clinical method without accepting his philosophy . . . The “transcendent” urges – aesthetic, creative, religious – are as basic and permanent a part of human nature as dominance or sexuality. If they are less obviously “universal,” this is only because fewer human beings reach the point at which they take over. Maslow’s

achievement is enormous. Like all original thinkers, he has opened up a new way of seeing the universe. (pp. 181–184)

Major highlights of Maslow's Theory are as follows:

- For a theory of personality to be considered viable and accurate, the heights as well as the depths that an individual might reach ought to be included. One should investigate the most creative, mature, and well-integrated people to study the upper reaches of psychological health and maturity.
- In the hierarchy of needs, physiological urges (hunger, sleep, sex, etc.) must be met before psychological needs. Basic psychological needs are safety (stability, order), love (belonging), esteem (self-respect, recognition), and self-actualization (development of capacities). Needs emerge from and build on the needs before.
- The hierarchy of needs model suggests that behaviorism, psychoanalysis, humanistic psychology, and transpersonal psychology each have their place and their relevance; no one approach is better than another.
- Deprivation of basic needs (including the need for self-actualization as well as physiological needs) can cause neurosis and maladjustment. The satisfaction of those needs is the only treatment.
- People still feel frustrated, even if all their other needs are met, unless they utilize their talents and capacities and experience self-actualization.
- Self-actualizing people are dedicated to a cause or a vocation, without exception. Commitment to something greater than oneself and to doing well

one's chosen tasks, are two requirements for growth. Major characteristics of self-actualizing people are hard work, courage, creativity, and spontaneity.

- Maslow identified eight behaviors that lead to self-actualization: concentration, growth choices, self-awareness, honesty, judgment, self-development peak experiences, and lack of ego defenses.
- Being psychology tends to be most applicable to self-actualizers, and peak experiences are generally related to this realm as well. In deficiency cognition, objects are seen only as need fulfillers in being cognition, perceptions are less likely to be distorted by wants or needs.
- Until the individual is free of the domination of the lower needs, such as for security and esteem, the pursuit of self-actualization cannot begin. The pursuit of higher needs is itself one index of psychological health.
- Growth motivation is less basic than physiological drives or psychological needs for security, esteem, and so forth. Self-actualization may be hindered by negative influences from past experience and resulting poor habits, social pressure and group influence, and inner defenses that keep the individual out of touch with his or her inner self.
- Ego defenses are internal obstacles to growth. To become aware of them and to see clearly how they operate is the first step in dealing with them. It is important, as well, to minimize the distortions they create. Maslow has added desecralization and the Jonah complex to the traditional psychoanalytic listing of defenses.

- According to Maslow, there are possibilities beyond self-actualization.

When peak experiences are especially powerful, the sense of self dissolves into an awareness of a greater unity. (Sofia University, 2015, Major Highlights of Maslow's Theory section)

Maslow's original thinking and pioneering in the psychology of human potential is undeniable.

Catharsis: The Arts as Therapy

The Expressive Arts field began within the larger umbrella of psychotherapy, “engaging the arts in the service of healing” (Valters Paintner & Beckman, 2010, p. 14); individuals are called to deep introspection.

Authenticity ...is an archaic life force that pervades our inner being and exists solely for the purpose of being awakened, revitalized, and released. The Expressive Arts offer us tools to move into the depth of our experience and be awakened to the vitality of dynamic expression” (Valters Paintner & Beckman, 2010, p. 15).

We can really explore our inner lives and get in touch with our unconscious. And to facilitate our soul or psyche to express itself in multiple languages, the Expressive Arts developed as a way to integrate all the artistic modalities “and honor each one as a unique language of the soul [because] we have multiple ways of knowing within our very being which include the intuitive, visual, poetic, motor, spatial/kinesthetic, and musical” (Valters Paintner & Beckman, 2010, p. 15).

With practice, we can all develop curiosity, ease, and confidence in expressing ourselves in all these languages. We will see later in this chapter how these are the very

qualities which make a person resilient. “By accessing other languages, we open ourselves to greater depth of insight and wisdom... In turning to the arts for healing, we are rediscovering an ancient tradition.” (Valters Paintner & Beckman, 2010, p. 16)

Storytelling in general is a communal act. Throughout human history, people would gather around, whether by the fire or at a tavern, and tell stories. One person would chime in, then another, maybe someone would repeat a story they heard already but with a different spin. It’s a collective process.(Gordon-Levitt, 2013)

In early societies and in indigenous cultures, all healing takes place through ceremonial means. “Music, dance, song, story-telling, mask-making, the creation of visual imagery and the ritual re-enactment of myth are all components of a communal process in which suffering is given form” (Valters Paintner & Beckman, 2010, p. 16). This is how suffering is transformed. In her book *The Creative Connection* Natalie Rogers, daughter of Carl Rogers and pioneer of intra-modal Expressive Arts Therapy, emphasizes the process of allowing one art form to inform and influence another. This integration creates insights which we would not have access to from engaging in only one art form (Rogers, N., 1993).

By moving from art form to art form, we release layers of inhibition that have covered our originality, discovering our uniqueness and special beauty. Like a spiral, the process plumbs the depth of our body, mind, emotions, and spirit to bring us to our center. This center or core is our essence, our wellspring of creative vitality. (Rogers, N., 1993, pp. 43–45)

In the Expressive Arts our body knowledge, intuitive wisdom, and emotions are expressed through symbol and shape, poetry and color, movement and music, and are honored as valid ways of knowing in and of themselves. Rational Analysis is not required to validate the insight gained. (Valters Paintner & Beckman, 2010, p. 17)

This stretches our acceptance beyond the linear thinking we are usually most comfortable with and rely on. We open up to new possibilities and perspective, which is one reason we emphasize the creative process over the artistic product.

Inevitable the art created will be beautiful as an authentic expression of the soul . . . the heart of the work, however, is to free ourselves from the expectations and goals that can keep us from entering deeply into our own creative longings and expressions. (Valters Paintner & Beckman, 2010, p. 18)

In *The Name of the Wind* (2008), Patrick Rothfuss shares “It’s like everyone tells a story about themselves inside their own head. Always. All the time. That story makes you what you are. We build ourselves out of that story.” (as cited in Irwin, T., 2014, p. 102)

The experience of catharsis is strongly associated with both experiences of empathy and of fostering resilience. An overview of the phenomenon of catharsis contributes to substantiate this inquiry in the theory and in professional applications of Expressive Arts Therapy, in the connection between empathy and resilience. Catharsis is defined as the purging of the emotions or relieving of emotional tensions, especially through certain kinds of art, as drama or music. In psychotherapy the approach that encourages or permits the discharge of pent-up, socially unacceptable affects. It is also

the discharge of pent-up emotions so as to result in the alleviation of symptoms or the permanent relief of the condition.

Why would the arts make us feel good? And can we feel good even after expressing pain or witnessing someone else acting out pain in visual art, music, dance and/or theater? When we cry over somebody else's situation, "we are relieving our own personal experiences of overwhelming loss" (Scheff, 1979, p. 13). "The suppression of crying . . . which is learned has supremely important consequences, both for persons and society" (Scheff, 1979, pp. 11–12). Repressed emotions interfere with one's ability to cooperate, and feel empathy for others, and in general tend to isolate us from ourselves and from others. It has been observed, researched, and documented that self-expression is vital for the human psyche to cope with life's challenges; without proper emotional discharge and accumulated high stress levels the immune system becomes compromised and even unable to function to the extent of not being able to fight and get rid of disease, such as with cancer cells. Simply put, without catharsis the quality of human life, and life itself, suffers.

It is appropriate to attempt to answer these fundamental questions by going back at least to 335 B.C., when the philosopher Aristotle wrote his treatise *Poetics* about his observation of Greek Theater. For the first time the term *katharsis* was applied to the dramatic arts, borrowing it from medical terminology. (Aristotle, 384-322 B.C.) The term had been used by the Hippocrates School of Medicine to indicate the removal of a painful or disturbing element in the human body, to purge or to purify.

Aristotle had used the term as a metaphor, reminding us that our bodies are inevitably counterparts to our emotions and are the voices to our spirit. Theater spectators could achieve “through pity and fear a catharsis” (Scheff, 1979, p. 20).

They felt pity for the character(s), and felt fear for themselves, that they, too, could experience such a fate. Aristotle became the first to believe that feeling bad could actually result in a good outcome. Aristotle also sensed that the emotional theatrical experience inspired communal unity. At this time Athenians were encouraged and even expected to attend theater—which apparently was provided free of charge. Although theatrical events were not religious in nature, they were offered only during religious celebrations, as rituals in worship of Dionysus, the god of wine and fertility (Brockett, 1979). The religious contest might have contributed to evoke a shared feeling of magic, spirituality, and bonding with the rest of the community.

However it has not always been such kind of love fest with theater. Then young philosopher Plato greatly feared the power that theater had upon people, and he encouraged censorship. He referred to theater as an imitation of life and believed that imitations should only be allowed to represent a society’s ideal models. Plato also feared that the spectators would perceive the illusion presented on stage as reality. Theatre spelled out potential danger for Plato. Clearly he recognized that theater was a powerful experience involving intense emotions and even lead to rebellion and anarchy. Plato did not believe in the phenomenon of catharsis and as a result he feared feelings, or at least the feelings elicited by a theatrical production.

Fast forward to two thousand years later, feelings were exactly what Sigmund Freud and Breuer were looking for, while developing the so-called talking cure, the seed

of psychoanalysis; their breakthroughs were heavily relying on abreaction, defined as “the whole class of voluntary and involuntary reflexes—from tears to acts of revenge—in which, as experience shows us, the affects are discharged” (Scheff, 1979 p. 47). Freud and Breuer had found that repeated experiences of abreaction (catharsis) were required in order to heal a single traumatic event (Scheff, 1979, p. 116). According to *The Encyclopedia of Psychology*, catharsis refers to the release of repressed or psychological energy (Corsini, 1984). Nichols and Zax define catharsis in their book *Catharsis in Psychotherapy* as “the recall of forgotten material”, and they refer to catharsis as “chipping away at unconscious emotional distress” (as cited in Scheff, 1979, p. 68). A study by the Symonds Group titled *A Comprehensive Theory of Psychotherapy* was published in 1954 by the *American Journal of Orthopsychiatry* affirms that “catharsis is by far the most frequent cause of success in psychotherapy” (as cited in Scheff, 1979, p. 22).

And for catharsis to occur, three unique conditions must be present: spontaneity, proper aesthetic distance, and the loving, unconditionally accepting, non-judgmental presence of a process facilitator. As Jacob Moreno, MD, reminds us, the Latin word *sponte* means of free will (Moreno, 1940). Jacob Moreno, the creator of psychodrama, worked with prostitutes and war veterans and initiated the idea of small self-help groups, giving birth to group therapy. Psychodrama was first used in 1911 with children, engaging them in impromptu play. When Moreno started using group play with adults, the transformative power of this group therapy became so apparent that “the suggestion that they were playing gave way to drama; . . . the word drama seemed much closer to the factual experience” (Moreno, 1940, pp. 242–243). By 1921 Moreno had developed his

Theater of Spontaneity (Das Stegreif Theatre), in which adults' role-played situations, exploring their fears and anxieties in order to gain a deeper understanding and to achieve catharsis. Moreno recognized that spontaneity was a necessary factor in attaining catharsis, and he described it as a "readiness of the subject to respond as required" (Moreno, 1940, p. 218). Moreno suggests that "spontaneity is a condition – a conditioning – a preparation for free action" (Moreno, 1940, p. 217). When a person attains the skills to be spontaneous, "barriers are swept away and a catharsis takes place" (Moreno, 1940, p. 235). The conscious mind plays the role of barrier, since it operates from learned behaviors and beliefs, and answering to the logical mind. The dynamic factor about spontaneity is that it takes the patient, or the actor/artist, by absolute surprise, and then forces them to act and express themselves without editing their responses and without projecting the barriers. Spontaneity frees a person of pretense.

After his training in psychoanalysis Moreno chose to develop a spontaneous interaction as therapy and established the first group therapy format; he called it Psychodrama.

The term Psychodrama refers to two Greek gods, Psyche and Dionysus. Psyche is translated from Greek as mind and soul, sometimes interchangeably and often confusing the two. Dionysus was presiding over the celebration of drama. Therefore Psychodrama is translated and understood as the *theater of mind and soul*. Moreno summarizes: Psychodrama is a form of the drama in which the plots, situations and roles – whether real or symbolic - reflect the actual problems of the persons acting and are not the work of the playwright. Patients are not

really acting, rather acting-out. It has been found that psychodramatic procedure is accompanied by profound forms of mental catharsis. (Moreno, 1940, p. 241)

In the *Journal of Group Psychotherapy*, Peter Kellerman defines Psychodrama as follows:

Psychodrama is a method of psychotherapy in which clients are encouraged to continue and complete their actions through dramatization, role playing, and dramatic presentation. Both verbal and non verbal communications are utilized. A number of scenes are enacted, depicting, for example, memories of specific happenings in the past, unfinished situations, inner dramas, fantasies, dreams, preparations for future risk-taking situations, or simply unrehearsed expressions of mental states in the here and now. These scenes approximate real-life situations or are externalizations of mental processes from within. If required, other parts may be taken by group members or by inanimate objects. Many techniques are employed, such as role reversal, doubling, mirroring, concertizing, maximizing, and soliloquy. Usually the phases of warm up, action, working-through, closure, and sharing can be identified. (Kellerman, 1987, pp. 77–79)

Moreno had come up with very insightful exercises including The Substitute Role, Mirror, Reversal, Projection, Symbolic Distance, The Double Ego, and The Auxiliary World (Del Torto & Cornyetz, 1945). These exercises have been further developed by Expressive Arts Therapists and are still today valid springboards as premises and methods used in Expressive Arts Therapy to bypass the logical mind or conscious mind and facilitate the creative process, thereby allowing for a more

spontaneous self-exploration and self-expression. The aim is to give voice to one's soul and to create a more authentic picture of the soul needs, desires and life purpose.

Through the character in psychodrama, through the images in a painting, a multi-layered scenario in a sand tray, or the forms born out of a lump of clay, spontaneous personal choices are revealed. The self-consciousness of the actor/artist disappears and the audience becomes drawn in to the action—as well as the artists themselves respond and dialog with their creations. Judgment of right and wrong loses its appeal and only what is happening in the here and now (Moreno, 1940), actions and reactions, feelings and longings, insights and revelations are attended to. It is here that catharsis can occur, as it will be described in Chapter 4 of this dissertation.

Moreno points to proper aesthetic distance in his writings and group therapy practice. Aesthetic distance includes physical distance between the actor and the audience, between the actor and the role played, and between the artists and their creations—as they step back to contemplate. It includes emotional distance as well. In fact, we commonly talk about creating a safe space and a non-intimidating environment for the patients alone and/or in the group to interact and allow for increased receptivity and more intimate sharing.

In order for the participants to experience a transformation or catharsis, they must first feel safe enough to become personally involved and lower their guards.

The paradox is that the audience, [in the case of a play or in a supporting role in psychodrama] can experience with the actors all the pain and the torture [anguish], all the misery and joy which they go through – and still be free of them.

The degree to which the spectator can enter into the life upon stage is the measure of the catharsis he is able to obtain. (Moreno, 1940, pp. 225–226)

In his *Catharsis and Healing, Ritual and Drama* (1979), T. J. Scheff defines catharsis as a process of emotional discharge which brings relief from emotional tension. A sociologist and college professor Scheff had his first experience with Reevaluation Counseling (RC) in the early seventies. RC is a form of lay directed cathartic psychotherapy in which two partners exchange roles of participant and observer. Scheff found this deep feeling therapy method produced profound changes both in himself and others (Scheff, 1979).

As his interests grew, Scheff began studying the phenomenon of catharsis by participation in various forms of cathartic psychotherapy and by researching literature on the subject. This book is the result of that investigation. Though the first mention of catharsis in drama was by Aristotle, it was not until Freud and Breuer published *Studies on Hysteria* in 1891 that a more than cursory examination of catharsis was made. At first they believed that a verbal description coupled with a memory of the traumatic event was sufficient. Very soon, however, the use of catharsis was abandoned by both Freud and Breuer because they believed that the results obtained were only temporary. On the other hand, Scheff submits that what is needed for catharsis to be effective is repeated emotional discharge. Scheff feels that Freud gave very little evidence that catharsis did not result in permanent improvement (Scheff, 1979). In his book, Scheff introduces his concept of distancing. This refers to the ease or difficulty in which the past repressed feeling can be triggered in the present based on its similarity to an earlier repressed feeling. If the distancing is close, the experience can increase the tension level. Scheff

believes that the evidence for the effectiveness of catharsis is limited to indirect evidence, but that this evidence supports the hypothesis that catharsis is an effective form of therapy (Scheff, 1979).

The importance of theatric therapies does not reside solely in our potential ability to see the individual in action, here and now, in act and word – which is the vision of the therapist. It resides essentially in this mechanism of transformation of the protagonist, who moves from being the object-subject of social but also psychological forces, conscious and unconscious forces, to become the subject of this object-subject – which is the work of the patient. In this theatric therapy, the patient does the work, assisted of course by the multiple mirror of the observant gaze of all the participants. (Boal, 1995, p. 27)

August Boal concludes with:

The extraordinary *gnoseological* (knowledge-enhancing) power of theater is due to these three essential properties: (1) plasticity, which allows and induces the unfettered exercise of memory and imagination, the free play of past and future; (2) the division or doubling of self which occurs in the subject who comes on stage, the fruit of the dicotomic and “dichotomizing” character of the “platform”, which allows – and enables – self-observation; (3) finally, that telemicroscopic property which magnifies and makes everything present, allowing us to see things which, without it, in smaller or more distant form, would escape our gaze. (Boal, 1995, p. 28)

Empathy is manifest in the spectator/actor relationship as *em*, inside, and *pathos*, emotion. “The emotion of the character penetrates us, the moral world of the show

invades us, *osmotically*; we are led by characters and actions not under our control; we experience a *vicarious* emotion” (Boal, 1995, p. 42). When the patients/artists/actors create their own images and stories, “the active observer (spect-actor)-character relationship changes in essence and becomes sympathy: sym, with. We are not led, we lead . . . , the artist “creates images of her real life . . . this world of images contains, aesthetically transubstantiated, the same oppressions that exist in the real world that prompted these images” (Boal, 1995, p. 43). “The image of the real is real as image” (Boal, 1995, p. 44).

The artistic creativity has its own aesthetic dimension, not limited to translation or symbolic representation. It is very common for people to find it difficult to just enjoy an abstract painting because they usually try to interpret, translate the images.

If a painting is called *Still Life*, these people try to make out the grapes, to locate the pineapples, or the bananas. . . as in Picasso’s picture *Femme nue avec pomme*, when one tries to spot a woman, or at least an apple, and one finds neither one nor the other. The woman and the apple no longer exist in their original substance: in the picture they are transubstantiated.

Now they exist only in Picasso’s head. Metaxis occurs in him, inside him. By means of sympathy, we have to identify with Picasso himself, and then Metaxis will occur in us too: we will be able to paint a similar picture. Or at least, enjoy Picasso’s picture. (Boal, 1995, p. 43)

And here is where there is one aspect of the great potential for the Expressive Arts to offer a transformative experience and therefore be therapeutic for the patient/artist/actor/musician/dancer/story-teller; he or she sets aside the real world which

was the origin of the image and play with the image itself, in its artistic embodiment (form). He (she) must make an exploration from their social (and emotional) reality toward the reality which is called fiction and, having played with the image, he (she) can make a second extrapolation, now in the inverse direction, toward the social (emotional) reality which is the world. He (she) practices in the second world (the aesthetic), in order to modify the first (the social). [the emotional] (Boal, 1995, p. 44).

Although people in my studios will often tell stories about their personal experiences, I'm more apt to focus the storytelling process on speaking from the perspective of figures, characters, and situations in dreams and artistic expressions. When we establish empathy with these things outside of ourselves, we paradoxically find that they take us closer to our personal feelings and life conditions. "They" generally do a better job revealing our emotional landscapes when speaking through us than we do when we speak in more self-conscious ways about ourselves. (McNiff, 2009, p. 241)

We do not interpret, we explain nothing, we only offer multiple points of reference. The patient/artist/actor/musician/dancer/story-teller must be helped to reflect on his own action (by looking at alternatives which may be possible, shown to him by other participants who, for their part, are thinking about their own singularities). A disjunction of action and reflection on that action must be brought about. (Boal, 1995, pp. 45–46)

According to the patient-centered approach formulated by Carl Rogers (1956), embraced and embedded by Natalie Rogers as a fundamental principle in Expressive Arts Therapy (Rogers, N., 1993), this transformation has to happen from the patients

themselves; they create the images, in any form they feel they can. The images, music, dance or drama will be used to rehearse acknowledgement, dialog and change of real life, in a safe and attainable way. It is a transformative process the client performs, as opposed to something done to them. Expressive Arts Therapy involves time spent playing with the materials at hand, reflecting, dialoguing with the images, being aware of feelings elicited by colors and images, and paying attention to new connections, options, changes.

The role of Expressive Arts Therapy facilitator is also to refrain from interpreting and revealing what the images or artwork mean to the client, as the facilitator would interfere by consciously or unconsciously bringing his/her own bias and by interfering with the client's readiness and process.

I view art as a medicine that proceeds through different phases of creation and reflection. Although therapists and other people involved in this process make their contributions as guides and witnesses, the medicinal agent is art itself, which releases and contains psyche's therapeutic forces. The medicine offered by meditation on art is generally an infusion of imagination and awareness rather than a specific answer. "Messages" may ultimately be less significant than the engagement of images. Rather than understanding the meaning of the dreamer's pleasurable slide down the long pole into the darkness, we enjoy the slide and hold on to the image. (McNiff, 1992, p. 3)

Yet artistic images encourage us to look at them and reflect upon their natures, both physical and psychological. Interpretation enters the world of the image in response to its nature. Rather than labeling pictures from our frames of reference,

we meditate on them, tell stories about how we created them, speak to them, listen to what they have to say, dramatize them through our bodily movement, and dream about them. All of these methods are dedicated to the ongoing release of art's expressive medicine. Analysis and reason make many contributions to our meditations, but they do not dominate. (McNiff, 1992, p. 3)

Art as a spiritual discipline entails paying attention to images and opening ourselves to their unique expressions rather than trying to fix the problems we think they represent. The unsettling image is an ally of the soul that helps me reframe how I am looking at life and living it. (McNiff, 2004, p. 103)

Expressive Arts as a therapeutic modality stems from the awareness that artwork shows parts of us. As we get to know more about ourselves, we understand ourselves better, we acknowledge our complexities, gifts, and contradictions; this process assists us in making new and deeper meaning of what we see and experience; it cultivates in us a more and more compassionate attitude, which leads to compassionate thoughts and actions toward ourselves and others.

“It is through others that we discover who we are. When we learn how to step aside and watch ourselves, the other becomes an agent of transformation. Dialoguing with images is a method for expanding ego's singular vision” (McNiff, 1992, p. 2).

“Virtually every person who uses art in psychotherapy believes in the ability of the image to expand communication and offer insight outside the scope (and reach, I add) of the reasoning mind” (McNiff, 1992, p. 3).

For example, dark, disturbing images give the soul an opportunity to express itself, to affirm and acknowledge, rather than threaten. The toxin is the antitoxin, much like in homeopathy.

The soul then gives out a feeling of unburden, release of the tension and it becomes ready to move on, much more readily than with a purely rational, cognitive approach. The very fact that there is no pressure to change facilitates and eases spontaneous healing.

As Jung suggests, a better understanding of the inner process will benefit what we do in the outer world of the therapeutic practice. This is in a nutshell how artwork elicits empathy in the artist, as well as in the facilitator/therapist. The dialog between the artist and the artwork plays in empathy being expressed.

In her presentation at TEDWomen 2010: Compassion and the true meaning of empathy, Joan Halifax shares:

We know from neuroscience that compassion has some very extraordinary qualities. For example: a person who is cultivating compassion (empathy), when they are in the presence of suffering, they feel that suffering a lot more than many other people do. However, they return to baseline a lot sooner. This is called resilience. Many of us think that compassion drains us, but I promise you it is something that truly enlightens us. . . . Another thing about compassion is that it really enhances what's called neural integration. It hooks up all parts of the brain. Another, which has been discovered by various researchers at Emory and at Davis and so on, is that compassion enhances our immune system. . . . The generation of compassion, actually mobilizes our immunity. (Halifax, 2010)

Love is the greatest gift of God. Learn the art of it. Learn the song of it, the celebration of it. It is an absolute need: just as the body cannot survive without food, the soul cannot survive without love. Love is the nourishment of the soul, it is the beginning of all that is great, it is the door of the divine. (Rajneesh, 1985, p. 48)

In *Art as Medicine: Creating a Therapy of the Imagination*, McNiff elaborates on an insight by Prinzhorn, offering that distress in human beings originates from being disconnected from their sources; furthermore, creative expression is a spontaneous and unconscious effort of the soul to treat itself in keeping with a uniform metaphysical instinct” (as cited in McNiff, 1992). Prinzhorn stated that his patients are “in contact, in a totally irrational way, with the most profound truths, and have produced, unconsciously, pictures of transcendence as they perceive it” (Prinzhorn, 1972, p. 242).

In the “tradition of artists who have committed their lives to art’s regenerative and redemptive aspects in the personal, social and spiritual spheres...we conceptualize the soul in the process of ministering to itself” (Prinzhorn, 1972, p. 18) through the process of creative self-exploration and self-expression. This is an extremely important insight in embracing the notion that cultivating and practicing empathy through the creative process allows the soul to be ministering to itself and by doing so, empathy opens up to creating better relationships through understanding. People look at other people with less judgment and more openness in learning different ways of living one’s values, desires, fears, challenges.

To expand the value of empathy even further:

Vigorous, disciplined, and imaginative sympathy with the life situations of people, cultures, and inner characters outside my immediate frame of reference is a radical political prospective. It counters the often brutal ax-grinding the “well intentioned” reformers inflict on others with their righteous ideology and singularity. Sympathy supports not vacillation but direct and imaginative action based on the specific nature of a situation. Art compassionately immerses itself in events while maintaining its flexibility of movement. (McNiff, 1992, p. 71).

Awareness deserve particular attention; as a personal and collective guide, awareness is very much part of any Expressive Arts practice and results from practicing mindfulness, paying attention, being fully present to what is, to all the interconnecting factors contributing to reality in any given moment.

John Hippe distills it as “Resilient persons possess self-awareness. They are aware of their strengths and limitations and have empathy for others” (Hippe 2004, p. 240).

Suzanne C. Kobasa (1979) states that individuals are resilient when they view change or stress as a challenge/opportunity. Art materials, techniques and processes present always new challenges and learning opportunities; as the artists builds skills, he/she becomes confident in his/her ability to overcome them; and when a new situation arises, that confidence plays the key role of keeping the individual at a healthy bio-psycho-homeostasis. Kobasa goes on and list commitment as a resilient trait; the arts train us in seeing the process and themselves through; and to welcome what happens next. Very perceptively, Kobasa also talks about recognition of limits to control (Kobasa, 1979). Awareness that artistic skills might be limited and even when artist is proficient,

the medium itself cannot be totally controlled—i.e., watercolor painting, singing solo or in a choir, collaborating with other artists, are just some examples.

Rather than looking at the pathogens causing ill health, Aaron Antonovsky (1979) preferred to look at what kept people healthy and more resilient to the stressors they encounter in life. He began developing the concept of sense of coherence (SOC), which provided a framework and measure of a person's ability to cope—resilience. He defined the SOC as

a global orientation that expresses the extent to which one has a pervasive, enduring though dynamic feeling of confidence that (1) the stimuli deriving from one's internal and external environments in the course of living are structured, predictable and explicable [comprehensibility]; (2) the resources are available for one to meet the demands posed by these stimuli [manageability]; and (3) these demands are challenges, worthy of investment and engagement [meaningfulness].
(Antonovsky, 1987, p. 19)

This is not restricted to the personal qualities of the individual, but includes the interplay of individual resources and the demands of the environment. Antonovsky developed a scale called Orientation to Life Questionnaire to measure SOC (Antonovsky, 1979).

In light of client-centered therapy as formulated by Carl Rogers and embraced by John Enright, and in the spirit of Expressive Arts Therapy as a vehicle for self-empowerment, John Hippe joins in with the premise that:

Through our therapeutic, educational and parental roles, we seek to foster a sense of strength, compassion, and hope within children, so that they can face the

vicissitudes of life without being crushed emotionally or disheartened by the challenges they face. (Hippe, 2004, pp. 242)

So what makes up the resilient child and adult? John Hippe proposes a sort of checklist:

- Accurate self-awareness;
- Effective problem solving skills;
- Ability to communicate well;
- Demonstrate empathy toward others;
- Hope for the future.

Accurate self-awareness is the focus of his article and one of the key factors in determining the purpose and usefulness of Expressive Arts Therapy, based on my observations in many years of work with hundreds of clients.

Accurate self-awareness can be defined as “the ability to recognize and acknowledge one’s strengths as well as one’s areas of challenge” (Hippe, 2004, p.240) and vulnerability. I would add the ability to listen for the soul’s longings and, therefore, develop an awareness of one’s true voice, life’s purpose and path or direction. Being able to see one’s strengths makes them available to individuals “as tools to help themselves and to help others” (Hippe, 2004, p. 240). As a consequence, self-esteem will be of the authentic kind that brings confidence in their value and worth in society.

Richard Lavoie (2003) identifies “praise, encouragement and interest as another set of skills for fostering accurate self-awareness” (as cited in Hippe, 2004, p. 241). Encouragement, Lavoie argues, “is more of a gift that can be bestowed at any time and reflects unconditional acceptance. Rather than being a reward for positive behavior” (p.

241), like praise, “encouragement seeks to validate the child for who he or she is” (p. 241). Praise and encouragement, when used together, can be a powerful motivator for a child, and help to instill “self-esteem, enhance pride, foster cooperation, build positive relationships, celebrate unique skills and abilities, and assist kids during difficult or challenging times” (as cited in Hippe, 2004, p. 241).

Lavoie (2003) adds a third element in fostering accurate self-awareness: interest. Showing genuine interest demonstrates to the child that he or she is important and that what he or she has to contribute is meaningful. By showing genuine interest, we can help children “nurture islands of competence” (Brooks & Goldstein, 2001, p. 135). Islands of competence are “activities that children do well, enjoy doing, receive positive regard for doing, and most important, recognize as personal strengths” (Brooks & Goldstein, 2001, p. 135).

Another key element in assisting children to build resiliency is empathy from caregivers. Empathy is simply the ability of the caregivers to imagine themselves in the child’s situation. Clearly, the caregivers will not know what the child is feeling, but can imagine how they would feel in the child’s situation if they had the same skills and outlook on life. A caregiver who is empathic will be more able to identify with the child, to more effectively demonstrate true interest, and to have the child identify their strengths and areas of challenge. (Hippe, 2004, p. 241)

The child then would be more aware of his or her vulnerability, growth, when and where assistance is needed, as well as able to identify resources. Braselton and Greenspan, in *The Irreducible Needs of Children* (2001), state what every child needs to have to grow,

learn, and flourish. They warn us that passivity is a threat to individuals developing resilience; with the lack of interdependent interaction in television and computer games, for example, “individuals miss out on the give-and-take that mobilizes the central nervous system into integrated pathways and leads to growth” (Brazelton & Greenspan, 2000, p. 128). The passive reaction works its way into diminishing “a child’s ability to build a strong self-esteem and an accurate self-awareness. In interactive play and activities with others, however, children are more able to work through issues of self-awareness, which lead to resiliency” (Hippe, 2004, p. 241).

As previously stated, individuation is the transformational process of integrating the conscious with the personal and collective unconscious (Jung, 1962). It can be defined as the integration of the psyche. Integrating the conscious with the collective unconscious is realizing and harmonizing the archetypes. The Individuation process brings up the true personality of a person, it makes him an *individual*. Individuation generally has a profound healing effect on the person (Jung, 1962).

As mentioned earlier, people become harmonious, calm, mature, and responsible. They feel and act like parents to the rest of humanity. They protect and promote the ideals of life, freedom, and justice. They have amassed knowledge and have a deep understanding about human nature and the universe. Jungian psychology individuation is a process of psychological differentiation, having for its goal the development of the individual personality, the differentiation of the psychological individual from the general, collective psychology.

In other words, individuation is the process of transforming one’s psyche by bringing the personal and collective unconscious into conscious. Individuation has a

holistic healing effect on the person, both mentally and physically. It is an ongoing process, not a black-and-white achievement. It may include physical health too, but not necessarily.

Contributions by Salovey & Mayer in 1990, by 20th century philosopher Gilles Deleuze and psychoanalyst and political activist Felix Guattari are relevant here as far as education and development of emotional intelligence, specifically empathy, is concerned. Daniel Goleman unveils an in-depth account of Emotional Intelligence in 1996, making a popular case especially for the key role of empathy, as “The capacity for recognizing our own feelings and those of others, for motivating ourselves, and for managing emotions well in ourselves and in our relationships” (Goleman, 1996, p. 317). It emerges a mutually beneficial interdependence between an individual’s affective states and their ability to engage in abstract thought and to learn and adapt to actual circumstances and the environment.

What is Philosophy by Deleuze and Guattari (2003) introduces the concepts of percept and affect in the arts, a valuable educative opportunity for the development of emotional intelligence and empathy. They suggest that art is concerned with “preserving a block of sensations, that is to say a compound of percepts and affects” (Deleuze & Guattari, 2003, p. 164). All the arts are creating perceptions and affections, especially with the evocation of perceptions and affective states, which we experience to various degrees both as viewers and spectators as well as creators. “Sensation is not realized in the material without the material passing completely into the sensation, into the percept or the affect. All the material becomes expressive” (Deleuze & Guattari, 2003, pp. 166–167).

More resilient patients differ from those who experience depression or more anxiety when they have been practicing relaxation and having ways to express themselves, deeper spirituality, supportive social network, optimism, and a resilient role model in coping with adversity. “Differences were found in worldview, cognitive flexibility, social network and self-care” (Mealer, Jones, & Moss, 2012).

Stress and how it Affects our Health and Perception of Wellbeing

Stress is thought to affect immune function through emotional and/or behavioral manifestations such as anxiety, fear, tension, anger and sadness and physiological changes such as heart rate, blood pressure, and sweating. Researchers have suggested that these changes are beneficial if they are of limited duration, but when stress is chronic, the system is unable to maintain equilibrium or homeostasis.

Recent research in psychoneuroimmunology has supported the relationship between emotions and health.

The term *Psychoneuroimmunology* was first introduced by Robert Ader during his presidential lecture to the American Psychosomatic Society in 1980. In that lecture he summarized research that demonstrates the fundamental unity of the bodily systems that function to maintain health, and he underscored the fact that the immune system is no exception to this general rule. (Daruna, 2012, p. 1)

“Psychoneuroimmunology (PNI) is the study of the interaction between psychological processes and the nervous and immune systems of the human body” (Kumar, 2014, p. 316). “PNI takes an interdisciplinary approach incorporating psychology, neuroscience, immunology, physiology, pharmacology, molecular biology,

psychiatry, behavioral medicine, infectious diseases, endocrinology, and rheumatology” (Pestonjee & Pandey, 2013, p. 270).

D. M. Pestonjee and Satish Pandey offer a sharp overview in *Stress and Work: Perspectives on Understanding and Managing Stress*:

The main interests of PNI are the interactions between the nervous and immune systems and the relationships between mental processes and health. PNI studies, among other things, the physiological functioning of the neuroimmune system in health and disease; disorders of the neuroimmune system (auto-immune diseases; hypersensitivities; immune deficiency); and the physical, chemical and physiological characteristics of the components of the neuroimmune system in vitro, in situ, and in vivo. (Pestonjee & Pandey, 2013, p. 270)

Contemporary researches on health issues have proved that health changes are the consequences of immune modulation by psychosocial stressors and interventions. The stress and illness link further supports the importance of immunological deregulation and increased risks with respect to diverse conditions and diseases. It is also evident that social, emotional, and psychological disorders are related to stress. (Pestonjee & Pandey., 2013, p. 270)

“PNI research is looking for the exact mechanisms through which specific brain-immunity effects are achieved. Evidence for nervous system-immune system interactions exists at several biological levels” (Ross, 2013, p. 147). In his 1997 *Mind-body medicine: A clinician’s guide to psychoneuroimmunology* Watkins states that there are communication pathways between the brain and the immune system. (Watkins, 1997)

The brain and the immune system are the two major adaptive systems of the body. Two major pathways are involved in this cross-talk: the Hypothalamic-pituitary-adrenal axis (HPA axis) and the sympathetic nervous system (SNS). The activation of SNS during an immune response might be aimed to localize the inflammatory response. (Watkins, 1997)

The body's primary stress management system is the HPA axis. The HPA axis responds to physical and mental challenge to maintain homeostasis in part by controlling the body's cortisol level. Dysregulation of the HPA axis is implicated in numerous stress-related diseases. Molecules called pro-inflammatory cytokines can affect brain growth as well as neuronal function. (Gaspari & Tyring, 2008, p. 45)

There is now sufficient data to conclude that immune modulation by psychosocial stressors and/or interventions can lead to actual health changes. Although changes related to infectious disease and wound healing have provided the strongest evidence to date, “the clinical importance of immunological Dysregulation is highlighted by increased risks across diverse conditions and diseases” (Kiecolt-Glaser & Glaser, 2002, p. 874).

Stressors can produce profound health consequences. In one epidemiological study, for example, all-cause mortality increased in the month following a severe stressor—the death of a spouse. Theorists propose that stressful events trigger cognitive and affective responses which, in turn, induce sympathetic nervous system and endocrine changes, and these ultimately impair immune function. Potential health consequences are

broad, but include rates of infection, HIV progression and cancer incidence and progression.

Review of Literature on Both Sides of a Controversy

The focus of this dissertation is to inquire about how the skillful use of the Expressive Arts can transform the consciousness of individuals from co-dependency and disconnect to deep interconnectedness by raising empathic awareness and restoring resilience, which are essential qualities for humans to thrive. This quality associates resilience closely to healing. Expressive Arts Therapy can be regarded as a vehicle for awareness and acceptance, which can be called healing in that respect, not healing in absolute elimination of disease, discomfort, or even death. George Quasha, in his preface to James Hillman's *Healing Fiction* (1983a) points to:

A positive understanding of Freud's late notion that therapy is interminable. As stated previously, if the psyche's dis-ease is central to its mode of being in the world, then its discomforts and loose ends last as long as life itself. The fantasy that our pathologies can finally be cured Hillman has repeatedly shown to be a perverse misapplication of the medical model to psychotherapy, whose true function is to sustain and guide our conscious participation in the psyche world we (largely unconsciously) generate in every moment of living (Hillman, 1983a).

Another consideration, taking the birds-eye view here, brings us back to fundamental structure and intention. Therapists of any kind rely on the human experience. Any human experience reflects a complex psychological, spiritual, socio-cultural, and historical whole. Any research that breaks down human experience into parts in order to examine them separately, in isolation from other parts and the whole,

and at the end of examination forgets to relate those parts back to the whole is a reflection of a poor framework and understanding of the process and goals of research; it is closer to reductionism. After all, the whole is certainly more than the sum of its parts. So, what kind of research would reflect and give an adequate picture of a complete person with his/her complex experience? In other words, a truth-centered psychotherapy model should be different from the medical model; moreover psychological healing does not fit the same definition of physical healing, which focuses on repairing and/or restoring the body to the condition before the injury or the illness happened. As a concept previously introduced in Chapter 1, Hillman submits that psyche heals in the process of evolving with awareness, empathy, acceptance, and wisdom. And furthermore, to touch on the natural tendency of setting up expectations:

Healing is not a procedure leading to a product, a concretized health person; healing is a life process that begins with our acceptance of our fictive realities and authorial roles within them, the acceptance, that is, of myself as the arena I create for specific independently originating psychic forces. (Hillman, 1983a, p. x)

On the other hand, art practice might hinder empathy and compassion, as Shaun McNiff shared in response to this author's request: art, focused more on self-immersion and ego, can also take us away from empathy and compassion.

Ronald Britton's *Reality and Unreality in Fact and Fiction*, addresses the relationship between art, the unconscious, and the consulting room (Britton, 2007). More specifically: the importance and interplay of truth and illusion in both literature and psychoanalytic therapy. Britton revisits Freud's understanding and use of literature. Freud, Britton argues, was more comfortable with the illusions and truth of literature than

he was with religion, which he viewed as escapist. Fiction, Britton points out, can be truth-seeking or evading. Similarly, the patient's fantasies may express psychological reality or psychological unreality. Psychological unreality may serve as a refuge, but if it becomes permanent signals the presence of pathology. When listening to a patient's fantasies, an analyst discerns not whether the fantasies correspond to external reality, but whether they are attempts "to reach unconscious beliefs or evade them" (Britton, 2007, p. 183). Britton leaves open the question whether a society can be dominated by psychological unreality and the evasion of truth.

This point might even bring the argument that the creative process opens the artist up for delusion instead of revealing the truth by accessing wisdom and knowledge embedded in the unconscious. The role of the Expressive Arts therapist is to accept what the client/patient artist put out and at the same time is to pay attention to cues, like body language, hesitation, rhythm in the creative/expressive process, pauses, which potentially reveal that either the client is available to see the truth or he/she tends to escape from it, to hide, to move away from a revealing image or question. Questions should be posed also to guide the self-discovery process and at the same time, the practitioner needs to be aware as to not to interfere with it.

Proper empathetic engagement is supposed to help to understand and anticipate the behavior of the other. Apart from the automatic tendency to recognize the emotions of others, one may also deliberately engage in empathic reasoning. Two general methods have been identified here (Goldie, 2000). A person may simulate pretend versions of the beliefs, desires, character traits and context of the other and see what emotional feelings

this leads to. Or, a person may simulate the emotional feeling and then look around for a suitable reason for this to fit.

Some research suggests that people are more able and willing to empathize with those most similar to themselves. In particular, empathy increases with similarities in culture and living conditions. Empathy is more likely to occur between individuals whose interaction is more frequent (Levenson & Reuf, 1997, Hoffman, 2000). A measure of how well a person can infer the specific content of another person's thoughts and feelings has been developed by William Ickes (1997, 2003). Ickes and his colleagues have developed a video-based method to measure empathic accuracy and have used this method to study the empathic inaccuracy of aggressive and abusive husbands, among other topics.

Paul Bloom takes a controversial position that empathy is not beneficial to the wellbeing of humans and humans in social contexts.

The word “empathy” is used in many ways; . . . its most common meaning being “sympathy.” It refers to the process of experiencing the world as others do, or at least as you think they do. To empathize with someone is to put yourself in her shoes, to feel her pain. Some researchers also use the term to encompass the more coldblooded process of assessing what other people are thinking, their motivations, and their plans, what they believe. This is sometimes called “cognitive,” as opposed to “emotional,” empathy They emerge from different brain processes; you can have a lot of one and a little of the other—and that most of the discussion of the moral implications of empathy focuses on its emotional side. (Bloom, 2014)

Empathy can occur automatically, even involuntarily... empathy can be extended through the imagination . . . there is considerable support for what the psychologist C. Daniel Batson calls “the empathy-altruism hypothesis”: when you empathize with others, you are more likely to help them. In general, empathy serves to dissolve the boundaries between one person and another; it is a force against selfishness and indifference. (Batson, 2011, p. 29)

All these observations are transferable and applicable to images, colors, and stories in patients’ artwork, where emotional attachment is a detriment to patient’s understanding and growth and therapeutic distance is the key to fulfillment.

And Bloom continues: “It is easy to see, then, how empathy can be a moral good, and it has many champions”, citing President Barack Obama, Pope Francis, Mother Theresa, Bill and Melinda Gates.

In *The Empathic Civilization* (2009) Jeremy Rifkin argues that the only way our species will survive war, environmental degradation, and economic collapse is through the enhancement of global empathy. In June 2014, Bill and Melinda Gates concluded their Stanford commencement address by asking students to nurture and expand their empathetic powers, essential for a better world.

Paul Bloom argues:

That certain features of empathy make it a poor guide to social policy.

Empathy is biased; we are more prone to feel empathy for attractive people and for those who look like us or share our ethnic or national background.

And empathy is narrow; it connects us to particular individuals, real or

imagined, but is insensitive to numerical differences and statistical data . . .

Consider our everyday interactions with our parents and children, with our partners and friends. Consider also certain special relationships, such as that between doctor and patient or therapist and client. Empathy might not scale up to the policy level, but it seems an unalloyed good when it comes to these intimate relationships—the more the better. (Bloom, 2014)

In *Altruism in Humans* (2011), C. Daniel Batson describes how empathic concern can be the motivation for helping but how there are also numerous egoistic alternatives such as seeking rewards from oneself or from others, avoidance of punishment, and reduction of arousal, which can also facilitate helping behavior. Batson does not deny that people can help others for selfish reasons. However, he does acknowledge that egoistic motives are not the only cause for helping behavior.

In a series of empirical and theoretical articles, psychologists Vicki Helgeson and Heidi Fritz have explored why women are twice as likely as men to experience depression. Their results suggest that this divergence is explained in part by a sex difference in the propensity for “unmitigated communion” defined as “an excessive concern with others and placing others’ needs before one’s own” (Helgeson & Fritz, 1999). Helgeson and Fritz developed a simple nine-item questionnaire, which asks respondents to indicate whether they agree with statements such as, “For me to be happy, I need others to be happy,” “I can’t say no when someone asks me for help,” and “I often worry about others’ problems.” Individuals scoring high in unmitigated communion report asymmetrical relationships, where they support others but do not get support themselves. They also are more prone to suffer depression and anxiety.

Working from a different literature on pathological altruism, Barbara Oakley observes in *Cold-Blooded Kindness* (2011) that generally being women stronger in empathy for others, they experience various diseases and syndromes (Oakley, 2011).

Some degree of caring for others is morally right, kindness and altruism are associated with all sorts of positive physical and psychological outcomes, including a boost in both short-term mood and long-term happiness. If you want to get happy, helping others is an excellent way to do so. (Oakley, 2011)

It is worth expanding on the difference between empathy and compassion, because one of the myths regarding empathy is that the only force that can motivate kindness is empathetic arousal. However, one doesn't need to mirror another person's anguish to be supportive and motivated to help (Oakley, 2011).

Or consider long-distance charity. It is conceivable that someone who hears about the plight of starving children might actually go through the empathetic exercise of imagining what it is like to starve to death. But this empathetic distress surely is not necessary for charitable giving. A compassionate person might value others' lives in the abstract, and, recognizing the misery caused by starvation, be motivated to act accordingly.

Summing up, "compassionate helping is good for you and for others. But empathetic distress is destructive of the individual in the long run" (Bloom, 2014). Barbara Oakley focuses on the consequences of empathy in her *Cold-Blooded Kindness* (2011): "It might also be of little help to other people because experiencing others' pain is exhausting and leads to burnout" (as cited in Bloom, September 10, 2014). Bloom continues "Strong inclination toward empathy comes

with costs. Individuals scoring high in unmitigated communion report asymmetrical relationships, where they support others but don't get support themselves. They also are more prone to suffer depression and anxiety. (Bloom, September 10, 2014)

Working from a different literature on "pathological altruism," Barbara Oakley notes in *Cold-Blooded Kindness* (2011), "It's surprising how many diseases and syndromes commonly seen in women seem to be related to women's generally stronger empathy for and focus on others." This issue is explored in the Buddhist literature on morality. In *Consequences of Compassion* (2009) Charles Goodman notes the distinction in Buddhist texts between sentimental compassion, which corresponds to empathy, and great compassion, which involves love for others without empathetic attachment or distress. Sentimental compassion is to be avoided, as it exhausts the bodhisattva. Goodman defends great compassion, which is more distanced and reserved and can be sustained indefinitely (Goodman, 2009).

This distinction has some support in the collaborative work of Tania Singer, a psychologist and neuroscientist, and Matthieu Ricard, a Buddhist monk, meditation expert, and former scientist. In a series of studies using fMRI brain scanning, Ricard was asked to engage in various types of compassion meditation directed toward people who are suffering. To the surprise of the investigators, these meditative states did not activate parts of the brain that are normally activated by non-meditators when they think about others' pain. Ricard described his meditative experience as a warm positive state associated with a strong pro-social motivation. (Singer, Ricard, & Dalai Lama, 2015).

He was then asked to put himself in an empathetic state and was scanned while doing so. Now the appropriate circuits associated with empathetic distress were activated. “The empathic sharing”, Ricard said, “very quickly became intolerable to me and I felt emotionally exhausted, very similar to being burned out” (Singer, Ricard, & Dalai Lama, 2015, p. 60).

In general, patients appreciate and feel better cared for from doctors who do not feel as they do, who are calm when they are anxious, confident when they feel uncertain. They appreciate certain virtues that have little directly to do with empathy, such as competence, honesty, professionalism, and respect.

There are concerns that the empathizer’s own emotional background may affect or distort what emotions they perceive in others (Goleman 1996, p. 104). Empathy is not a process that is likely to deliver certain judgments about the emotional states of others. It is a skill that is gradually developed throughout life, and which improves the more contact we have with the person with whom one empathizes. Accordingly, any knowledge gained of the emotions of the other must be revisable in light of further information.

The extent to which a person's emotions are publicly observable or mutually recognized as such has significant social consequences. Empathic recognition may or may not be welcomed or socially desirable. This is particularly the case where we recognize the emotions that someone has toward ourselves during real time interactions. Based on a metaphorical affinity with touch, Philosopher Edith Wyschogrod claims that the proximity entailed by empathy increases the potential vulnerability of either party.

The appropriate role of empathy in our dealings with others is highly dependent on the circumstances. For instance, it is claimed that clinicians or caregivers must take care not to be too sensitive to the emotions of others, to over-invest their own emotions, at the risk of draining away their own resourcefulness. Furthermore an awareness of the limitations of empathic accuracy is prudent in a care giving situation. (Wyschogrod, 1981, p. 32)

Nicholas Carr in 2008 shares his observations about how humans have been rapidly evolving in interpersonal communication styles and attention span:

There is the disturbing question of how the era of virtual communications affects friendships and personality. Kids prefer text over talk; it is, to them, more efficient. But the inability to discern tone and inflection enhances the possibilities of misunderstanding, and the distancing effect of disembodied language lowers the barrier for hurtful speech. (as cited in *The Washington Post*, June 9, 2010)

In a new study, researchers at the University of Michigan found that college students today are about 40% lower in empathy, measured by standard personality tests, than their counterparts 20 and 30 years ago. The biggest drop occurred after 2000, coinciding with the rise of online communications and social networking, and the author, Sara Konrath, sees a possible correlation: “Empathy is best activated when you can see another person’s signal for help” (as cited in USA Today, 2010, June 8). The subtitle of Nicholas Carr’s book *The Shallows* (2008) is *What the Internet Is Doing to Our Brains*. Perhaps he should worry about our hearts as well.

Important trends in contemporary intellectual life celebrate difference, divisiveness, and distinction. Speculative writing increasingly highlights hermeneutic

gaps between human beings, their histories, and their hopes. In his most recent book *I am You: The Hermeneutics of Empathy in Western Literature, Theology and Art* (1988) Karl Morrison identifies an alternative to this disruption. He explores for the first time the entire legacy of thought revolving around the challenging claim “I am you”—perhaps the most concise possible statement of bonding through empathy. Morrison shows that the hope for complete understanding and inclusion in another’s world view is central to the West’s moral and intellectual tradition. He maintains that the West may yet escape the fatal flaw of casting that hope in paradigms of sexual and aesthetic dominance—examples of empathetic participation inspired by hunger for power, as well as by love (Morrison, 2014).

James Hillman has a lot to contribute to critically thinking about empathy.

History can be defined as stories of outer events and fiction/art as stories of inner events.

In *Suicide and the Soul* (1998) James Hillman elaborates that:

A case history is a biography of historical events in which one took part: family, school, work, illness, war, love. The soul history often neglects entirely some or many of these events, and spontaneously invents fictions and *inscapes* in major outer correlation. The biography of the soul concerns experience. It seems not to follow the one-way direction of the flow of time, and it is reported best by emotions, dreams, and fantasies. . . The experiences arising from major dreams, crises, and insights give definition to the personality . . . We cannot get a soul history through a case history. (Hillman, 1998, pp. 77–79)

As long as the problem is locked into the old mechanical dualities of soul and world, inner and outer, psychological and medical, we chug on down the same old

ruts. . . . ‘inner’ no longer means private and owned by a self or a soul or an ego, where inner is not a literalized place inside a subject, but the subjectivity in events and that attitude which interiorizes those events, goes into them in search of psychological depths. (Hillman, 1983a, p. 25)

Dreams, visions, and feelings – so entirely inner and mine – have nothing to do with soul unless they be recollected, recorded, entered into history . . . unless they be put through the qualifying intelligence, the history-making of the psyche, sifted and weighed in the disciplined reflection of loving, of ritual, of dialectics, of an art – or of a psychological analysis with its therapeutic plot. (Hillman, 1983a, p. 27)

Therapy requires the fiction of literal realities as the primary material to work on . . . because these factual stories are the primal matter in which the psyche of the patient is stuck. He is immersed in these literal attachments and identifications, the clinging circumstantialities of *psysis* (Hillman, 1983a, p. 29).

Hillman goes on describing how therapy focusing on interpretation and translation of images, symbols, stories expressed by clients’ needs to create borders such as patient/doctor, objective/subjective, symbols/concepts, and conscious/unconscious.

While clients put forth their ego-borders like defense, resistance, opposition, opposites; “transference in itself is a function of interpretation, and were we let go the borders requiring translation between two languages, we wouldn’t have the tense transference between the two people” (Hillman, 1983a, p. 29).

Suppose we imagine borders as mirrors instead. “Analysis as mimesis. Therapy evokes corresponding images . . . The image which the patient brings receives an

imaginative reflection from my side, rather than a translation into my language”

(Hillman, 1983a, p. 29), a rationalization of a story and the affects it elicits in the patient.

Instead of trying to fit patients’ art, story, dream, voice, symbols into a box, we acknowledge that they require “a comparable act of imagination” a piece of soul-making whose aim is not hermeneutic, not a gesture of understanding . . . Along the mirrored border . . . a miming dance back and forth [takes place] . . . the greeting of images, exchange of gifts, ceremonies. (Hillman, 1983a, p. 30)

This point would require expanding into a very worthwhile chapter on rituals in Expressive Arts Therapy, which is outside the focus and the scope of this dissertation.

Hillman points to what he calls the “vicious circle, the hermeneutic circle” (Hillman, 1983a, p. 31); “endless analysis as the unconscious material keeps being produced and expressed . . . the never ending process of soul making through hermeneutic conversion” (Hillman, 1983a, p. 31), mastered by Freud and Jung.

In addition to Hillman’s point, which challenges the very definition of healing and the very role and measurability of psychotherapy compared to the medical model, it is worth noting an additional obstacle to the manifestation of the thesis. The obstacle is inherent in the patient-centered approach formulated by Carl Rogers (1956), embraced by Natalie Rogers as a fundamental principle in Expressive Arts Therapy. This obstacle is a very real occurrence when working with clients in general, and specifically with cancer patients. As previously stated, a person needs to want to do the work, to show up, to be proactive in their healing process; to get their hands dirty, to spend time with an image, to wait for the image to appear or for paint to dry before proceeding; to find patience in the uncomfortable position of not knowing what happens next, to be open to new meaning, to

invest in a regular practice, as opposed to asking a professional to fix the problem or prescribe a drug. It is very different from receiving a massage or an acupuncture session, where the clients lays down and relax while the therapist applies his/her techniques to the client. It is a transformative process the client performs, as opposed to something done to them. Expressive Arts Therapy involves time spent playing with the materials at hand, reflecting, dialoguing with the images.

The role of Expressive Arts Therapy facilitator is also to refrain from interpreting and revealing what the images or artwork mean to the client, as the facilitator would interfere by consciously or unconsciously bringing his/her own bias and by interfering with the client's readiness and process.

Evaluation of the Sufficiency of Studies and other Literature

Many of the most significant and exciting life events and extraordinary experiences – moments of clarity, illumination, and healing - have been systematically excluded from conventional research. Such unfortunate exclusions through which we deprive ourselves of new and nourishing forms of knowledge and experience are attributable to the narrowness of conventional conceptualization of research and of the appropriate method of its conduct..

(Braud & Anderson (1998, p. 3)

Even though research in the area of Expressive Arts Therapy is sporadic and still in its very beginning stage, there are several reports which support the use of expressive therapies in the management of symptoms in adults with cancer. Typical psychosocial symptoms associated with the cancer experience are fatigue, depression, anxiety, existential and relational concerns and difficulties, frustration and anger over the financial

burden. These are areas where Expressive Arts Therapy strives to bring improvement, and yet, one needs to take into consideration that everything else occurring in the lives of cancer patients as well as their emotional and psychological make-up influence healing in general as well as specific outcomes. Any study and survey taken among patients in an Expressive Arts Therapy program needs to be considered as a witness in itself, a means to storytelling.

There are many studies that look at individual differences in empathy levels and correlate these levels with real-world behavior, such as willingness to help someone in need. Many of these studies are poorly done. They often measure empathy through self-report, so you don't know whether you are assessing actual empathy as opposed to the degree to which people see themselves, or want to be seen, as empathetic. Furthermore, people who help others more may assume that they are empathetic, since people often make judgments about themselves by drawing conclusions from their own behavior. (Bloom, 2014)

On the other hand, peer-reviewed studies that can be categorized as clinical, and therefore accepted within the scientific community, are few and sporadic. Difficulties range from hospitals and clinics not having enough interest, resources, and practitioners dedicated to such studies, to recruiting large sample groups to make a significant impact, establishing control groups, maintaining frequency and commitments by participants, and to allocating funding. The intersection, or integration between soft science and lab work is still foreign in most clinical setting, as James Hillman pointed out, a new model needs to be established. One aspect is that most Expressive Arts practitioners volunteer their

services and most clinicians are at best happy to see patients involved in something patients experience as positive, but more education and interaction will be needed to evolve the culture and presence of the healing arts in clinical settings in significant ways.

The status quo and the vision of shining light on the interconnectedness of mind and brain through empathy and creativity seems to have inspired researcher Dan Yaniv, PhD for his article *Revisiting Morenian psychodramatic encounter in light of contemporary neuroscience: relationship between empathy and creativity* in which an “integrated approach exemplify the neurophenomenology of subjective and intersubjective experiences” (Yaniv, 2011, Research Highlights). This confirms the extensive elaboration of Mirror Neurons earlier in this chapter.

Polarization of the biological and psychosocial aspects of the human condition has long created aloofness between psychotherapists and neuroscientists, and prevented an open dialogue regarding a possible integrative approach. While we know that mind and brain are inseparable, the complexity of one’s unique subjectivity, moreover intersubjectivity, is not easily translatable to the complexity of the brain’s chemistry and physiology. (Yaniv, 2011, p. 52)

This overview incorporates current biological thinking about the relationship of mind to brain into the philosophy and techniques of psychodrama. J. L. Moreno’s concepts of *encounter* and *role reversal* are considered in light of the recent advances in cognitive neuroscience regarding creativity and empathy.

These two faculties seem to be associated with opposite functioning in the prefrontal cortex, empathy with activation and creativity with inhibition.

Although the neural circuitry involved in the two phenomena would be more

complex, evaluating these two mental processes within a neuroscientific framework offers a renewed outlook on psychodrama, including more sophisticated hypotheses of how psychodrama may affect brain functioning and vice-versa. (Yaniv, 2011, p.58)

To clarify, *encounter* and *role reversal* refer to the ability to adopt the role of another person or thing, acknowledging the extremely important roles of empathy and creativity, which are associated with opposite functioning in the prefrontal cortex.

One recent example is the initiative by The Chopra Foundation in collaboration with the University of California, San Francisco having ventured in groundbreaking research on the power of meditation and healthy lifestyle choices, and their efforts called Self Directed Biological Transformation Initiative (SBTI). (The Chopra Foundation, 2013).

In 2013, a breakthrough research study sponsored by The Chopra Foundation and conducted by University of California, San Francisco documented a 40% increase in telomerase, an enzyme that helps regulate biological aging, in participants that meditated. The same research study demonstrated that meditation leads to a significant enhancement of genes associated with wellbeing and a significant reduction in genes associated with stress and inflammation (The Chopra Foundation, 2013).

What we are talking about is what meditators all over the world and sages across our ancient cultures have known for thousands of years—meditating and practicing mindfulness improve our health and our lives. This initiative is resorting to crowd

funding outside the conventional allocation of funds through innovative, alternative vehicles such as *Indiegogo* and is counting on leveraging their name recognition.

Identification of Methodological or Other Problems in the Existing Literature

In light of the above mentioned consideration, even studies that have access to physiological monitoring through lab tests need to be included in the overall picture.

Self-assessment scales like the Connor-Davidson Resilience Scale (CD-RISC) utilized to support this study, shows obvious limitations. The limitations of this type of self-assessment rating by the patients is obvious, since bias can play a role and skew the scores, whether the patient is aware of the bias or not. There could be the tendency of showing greater resilience or vice versa, to justify the demand for more care.

The report on the study by Connor and Davidson (2003) presented psychometric data establishing validity and reliability of the scale known as the Connor-Davidson Resilience Scale or CD-RISC.

In fact, many articles are about the narrative and report patients and practitioners' feedback, more than finding ways to measure and evaluate. For example, Sonya Padgett writes in her 2009 article in the *Las Vegas Review* "researchers find creative activities can strengthen, comfort people fighting illness" (Padgett, 2009, *Life* section). Visual arts can decrease stress in women with cancer, improve depression and fatigue among cancer patients on chemotherapy, and reduce stress in pediatric trauma patients. Many studies on music, dance, and viewing the creative arts also have linked art with health benefits (Thyme, Sundin, & Wiberg, 2009; Puetz, Morley, & Herring, 2013).

In 2011 *The Psycho-Oncology Journal* published a review by Michele J. Wood, Alexander Molassiotis and Sheila Payne; in their study fourteen papers documenting

twelve studies were considered; questionnaires, interviews, artwork done by patients, narrative reports of sessions by therapists and stress markers from patients' salivary samples were used to collect empirical data.

The extent to which a person's emotions are publicly observable or mutually recognized as such has significant social consequences. Empathic recognition may or may not be welcome or socially desirable. This is particularly the case where we recognize the emotions that someone has toward ourselves during real time interactions.

Based on a metaphorical affinity with touch, philosopher Edith Wyschogrod claims that the proximity entailed by empathy increases the potential vulnerability of either party. The appropriate role of empathy in our dealings with others is highly dependent on the circumstances. For instance, according to Tania Singer (2006), it is claimed that clinicians or caregivers must take care not to be too sensitive to the emotions of others, to over-invest their own emotions, at the risk of draining away their own resourcefulness. Furthermore an awareness of the limitations of empathic accuracy is prudent in a caregiving situation (Singer, Seymour, O'Doherty, Stephan, Dolan, & Frith, 2006).

CHAPTER 3

RESEARCH METHODS

Research Approach

Having been engaged in the creative process and the Expressive Arts since a very young age, I intuitively turned to creative hands-on artwork, yoga, and dance (and dancing on rollerblades, too) especially at difficult stages in my life. I feel very deep gratitude and acknowledge the constant source of reminders and inspiration since I started volunteering and then working with oncology patients in 2001. Therefore, a personally and professionally invested experience is what I bring with this dissertation to the field of Expressive Arts Therapy. The intention and purpose is to tell a story and integrate it into academia as a heuristic study. A heuristic inquiry is a form of phenomenological inquiry that brings to the fore the personal experience and insights of the researcher. Heuristic inquiry asks, “What is my experience of this phenomenon and the essential experience of others who also experience this phenomenon intensely?” (Patton, 2002, p. 118). “There are two focusing or narrowing elements of heuristic inquiry within the larger framework of phenomenology. The researcher must have personal experience with *and* intense interest in the phenomenon” (Patton, 2002, p. 107). I can affirm to having both.

As highlighted in the previous chapter, Freud and Breuer had found that repeated experiences of abreaction, or catharsis, were required in order to heal a single traumatic event (Scheff, 1979, p. 116). According to *The Encyclopedia of Psychology*, catharsis refers to the release of repressed or psychological energy (Corsini, 1984). Nichols and Zax define catharsis in their book *Catharsis in Psychotherapy* as “the recall of forgotten material”, and they refer to catharsis as “chipping away at unconscious emotional distress” (Nichols & Zax, as cited in Scheff, 1979, p. 68). A study by Symonds titled “A Comprehensive Theory of Psychotherapy” was published in 1954 by the *American Journal of Orthopsychiatry* affirms that “catharsis is by far the most frequent cause of success in psychotherapy” (Symonds, as cited in Scheff, 1979, p. 22). This statement caught my attention, since it can be significant for the purpose of my inquiry into connecting self-expression through the arts with a deeper and authentic connection with the patient’s unconscious: Can the emotional discharge open the door to true and deeper understanding? How is a so-called aha moment, or change in perception, or a new state of awareness considered therapeutic success? Does lasting change or transformation occur?

Based on relevant literature and my own experience in facilitating creative processes with individuals and groups, I learned that for catharsis to occur three unique conditions must be present: spontaneity, proper aesthetic distance, and the loving, unconditionally accepting, and non-judgmental presence of a process facilitator. Carl Rogers called it “unconditional positive regard” (Rogers, 2004, p. 283). Jacob Moreno, MD, reminds us that the Latin word *sponte* means of free will (Moreno, 1940).

The main assessment tool I introduced at San Diego Cancer Research Institute and at UCSD Moores Cancer Center in my work with cancer patients and some of their caregivers is the Connor-Davidson Resilience Scale (CD-RISC). Recently, guidelines adopted by the American Society for Clinical Oncology and other agencies call for health care professionals to screen all cancer patients for depression and anxiety. Long time overdue, finally it is becoming mandatory in 2015 in all clinical oncology centers.

The CD-RISC is designed as a self-rating scale, although where necessary, an assistant may read out each question to the subject and record the answer. The subject is directed to respond to each question with reference to the previous month, understanding that if a particular situation has not arisen in this time, then the response should be determined by how the person thinks they would have reacted. Scoring of the full 25-item scale is based on summing the total of all items, each of which is scored from 0-4. The full range is therefore from 0 to 100, with higher scores reflecting greater resilience. (Connor & Davidson, 2003, p. 4)

As previously stated, the limitations of this type of self-assessment rating by the patients is obvious, since bias can play a role and skew the scores; there could be the tendency of showing greater resilience or vice versa, the demand for more care, whether the patient is aware of the bias or not. Moreover, surveys have been taken informally, not having access to a formal study, nor to a lab to compare results with physiological markers. Although during their research, Connor and Davidson (2003) made considerable efforts to include the CD-RISC in more comprehensive, integrated studies.

“The CD-RISC has been included in studies of functional neuroimaging, genotyping and treatment outcome. Psychometric properties of the RISC hold up well”

(p. 3-4), and yet they also realize that “its factor structure and mean score varies with setting” (p. 4).

In addition, patients enrolled in my Express Art Therapy program are the most active and interested in seeking support, and often are taking advantage of other supportive services or complementary therapies; therefore I can presume they have a predisposition toward resilience and might benefit from other modalities as well. Therefore, I submit also that the CD-RISC shows their scores as result from all the complementary modalities and supportive services patients use in the same period of time, not only Expressive Arts Therapy.

The focus of Expressive Arts Therapy in cancer care is to provide avenues for self-expression and self-reflection in a safe environment, with emphasis on quality of life (QOL). Expressive Arts Therapy within the context of a therapeutic relationship and a comprehensive care approach aims at providing an opportunity for relaxation, increasing well-being and psychological functioning; therefore it can effect personal change.

It is important to acknowledge that the first barrier to healing as well as toward gaining self-awareness is stress, which has been recognized to have a range of negative health effects, primarily to affect the immune system, keeping patients in a vicious cycle.

So how does the creative process reduce stress? One of the many examples comes from a team of researchers at the Jefferson-Myrna Brind Center of Integrative Medicine.

They gathered several patients who had received a diagnosis of breast cancer . . .

Arguing that this was a population of people who were under high stress,

researchers randomly assigned the patients to two different groups. One group

received a mindfulness-based art therapy course, while the other received an education program to serve as a control . . . The 8-week mindfulness course combined meditation exercises that focused on awareness of breathing and emotions with expressive art exercises to provide opportunities for self-expression. Researchers measured participants' response both before and after the program with a symptom checklist. (Brainard et al., 2012, p. 398)

But they also used functional magnetic resonance imaging (fMRI) to assess cerebral blood flow before and after the study as well.

They found that participants who attended the mindfulness course showed significantly increased blood flow to areas of the brain associated with controlling emotions and regulating stress. What's more, these increases in cerebral blood flow correlated significantly with reduced stress and anxiety as indicated by the symptom checklist. So, the brains of study participants who got the mindfulness course were actually working differently – and they reported that they felt better as well. According to the authors, finding ways to change the brain could help improve quality of life for cancer patients. (Buczynski, 2014, Abstract)

It is important to emphasize here that intermodal Expressive Arts Therapy and art/music/movement therapy are offered in the complementary and multidisciplinary approach alongside standard medical treatments.

Even though research in the area of Expressive Arts Therapy is still in its very beginning stage, there are several reports which support the use of expressive therapies in the management of symptoms in adults with cancer. Typical psychosocial symptoms

associated with the cancer experience are fatigue, depression, anxiety, existential, and relational concerns and difficulties. It is also necessary to acknowledge that often cancer patients have multiple diagnoses, might complain of or most often show symptoms of Post-Traumatic Stress Disorder (PTSD), and often develop new symptoms of emotional and/or physiological nature due to the side effects of cancer treatments, or changes in their personal lives. It is not uncommon for patients to experience distance or loss of emotional and intimate connection with their spouses, or to lose their support, or to have to drop their livelihood and career, which are often linked to a sense of purpose and fulfillment.

Research Design

In many shamanic societies, if you came to a medicine person complaining of being disheartened, dispirited, or depressed, they would ask one of four questions. When did you stop dancing? When did you stop singing? When did you stop being enchanted by stories? When did you stop finding comfort in the sweet territory of silence? (Roth & Loudon, 1998, p. xv)

The foundational guidelines for the Expressive Arts group and/or therapist-client relationship to function and allow for safety and overall success are grounded in the person-centered approach:

- Confidentiality: I ask that everything shared in the group or individual sessions be kept private, and at the same time I also ask all participants to sign a release form for any pictures and assessments/evaluations data to be made available for my research and to appear from time to time on our flyers, on the San Diego Cancer Research Institute website and my own. For those

participants who do not want to have their picture taken, we note and respect their wish for privacy.

- **Mindfulness:** I invite participants to pay close attention to their internal processes and needs, as well as to take breaks when necessary.
- **Honoring:** Each participant brings valuable contributions and everyone is encouraged to reach out to others in offering help, as well as in asking for and receiving help. I welcome suggestions and requests and always do my best to accommodate them.
- **Risk Taking:** since art offers a microcosmic view of one's life experience through symbolic enactment of life's situations, experiences, and feelings, I encourage participants to take some risks, stepping into unknown territory and experimental mode, including welcoming some discomfort. As we move and stretch to increase our bodies' flexibility and resilience, so I invite participants to stretch a bit beyond their limitations and boundaries and venture into new possibilities, reassuring them they are supported all along.
- **Process vs. Product:** I offer a wide variety of Expressive Arts Therapy processes. Depending on the circumstances, the group or the individual client, I might engage participants in spontaneous art making following a guided visualization and using music to help with focus and providing a sort of container for their processes of introspection and expression. This works especially well as a warm up; participants experience right away what it means to focus and enjoy the art making process in itself, in the moment and not be concerned or focused on accomplishing something, but to reflect what

they are thinking. Processes requiring a bit more direction and choices of materials and surfaces are like those I created: PhotoPainting, The Artful Book of Wonders, Artful Recipes for Life, What's bottled up inside? And yet even these are loosely designed so that they facilitate and allow for a non-threatening approach to self-expression and exploration. Processes are grounded in Jungian teachings and in the patient-centered approach which aims at facilitating the unconscious to emerge and become a useful ally to each individual.

I have been taking advantage of the non-linear, trans-chronological order of events in story telling processes like PhotoPainting, The Artful Book of Wonders, and Artful Recipes for Life to encourage and welcome the expression of inscapes, to allow for a new narrative to emerge from the unconscious, and open up to a new perspective, and new insights. My thesis is an invitation to embrace our integrated human experience which dwells beyond an either/or dualistic view. In his powerful, inspiring words, the Sufi poet Rumi invites us: "Out beyond ideas of wrong-doing and right-doing, there is a field. I will meet you there." (Rumi, Barks, & Moyne, 2004, p. 36)

"There is no more urgent topic to research than the human realm of experience, action and expression, especially the significant and exciting life events, and the extraordinary experiences these can entail" (Hiles, 2001, Introduction).

Heuristics is not inquiry into casual experience. Heuristic inquiry focuses on intense human experiences, intense from the point of view of the investigator and co-researchers. It is the combination of personal experience and intensity that yield an understanding of the essence of the phenomenon. Heuristics is

concerned with meanings, not measurements; with essence not appearance; with quality, not quantity; with experience, not behavior. (Douglass & Moustakas, 1985, p. 42)

The focus in a heuristic quest is on recreating the lived experience, fully and completely from the frame of reference of the experiencing person. Examples, narrative descriptions, dialogues, stories, poems, works of art, journals, and diaries, can all be utilized in the depiction of that which one has subjectively experienced (Moustakas, 1990, p. 39). And powerfully so, as in McNiff's reflections on the introspective power and safety of visual images:

Empathy with the figures in a painting, photograph, or dream enables people to access emotions and sensibilities that lie outside the realm of how we usually think about our lives and experiences. Perhaps we express our deepest humanity and sensitivity and even show ourselves most transparently and completely when we think we are speaking for another figure. The creative process of dramatic empathy is thus therapeutic and healing condition in itself. (McNiff, 2009, p. 241)

The creative process as I have experienced in my own practice and observed in the individuals I work with, allows the artist to distance himself or herself from their feelings and the perceived pressure to correctly express and even expose oneself; the spontaneous dialog with the artwork's elements creates a therapeutic distance that frees the artist and allows for the unconscious to surface. I do observe as Shaun McNiff states: "I sense that people experience a relief of some kind when they are asked to speak for someone or something other than themselves" (McNiff, 2009, p. 241). As I embrace this

approach, I also welcome a question and a note of caution: In working with clients with this method we might potentially go as far as enabling them not to take responsibility for their feelings, not to own their emotional responses to events and circumstances; this would deny the strength of Expressive Arts Therapy as a vehicle for raising awareness, the first step in self-development and healing.

I feel that my role as an Expressive Arts therapist cannot be truly helpful and transformative without including a safe and contained path for the clients to come around to empathic connections with the colors, shapes, images, characters, and/or figures they created and claim them for themselves.

Another participant's testimonial speaks to self-awareness: "Practicing art as therapy I've discovered things about myself (that) I wasn't aware of" (P.B., Personal Communication, 2010)

But what is it that make the artist react to the sensory expression—the artwork, a piece of music, a dance, a dramatized interaction or monologue? "Is the therapeutic power of an expression determined by the degree to which it invites empathy? A sense of emotional presence? The activation of emotion?" (McNiff, 1998, p. 58).

As Lucy McGarry and Frank Russo focused on mirroring in their article "Mirroring in Dance/Movement Therapy: Potential Mechanisms behind Empathy Enhancement" (2011) they state:

Mirroring, an exercise practiced in Dance/Movement Therapy (DMT), is considered by practitioners and patients to enhance emotional understanding and empathy for others. Mirroring involves imitation by the therapist of movements, emotions, or intentions implied by a client's movement, and is commonly

practiced in order to enhance empathy of the therapist for the client. (McGary & Russo, 2011, p. 180)

It is also used to elicit empathy between each pair of clients in a group setting, and to elicit empathic response in a client working with their artwork or music, dance, or scene in a sand tray. It has been observed that empathy is enhanced following mirroring training in Dance/Movement Therapy (DMT); furthermore, activation in the mirror neuron system (MNS) is increased following dance training.

Despite enthusiastic claims for its effectiveness, a clear theoretical framework that would explain the effects of mirroring on empathy has not yet been presented and empirical research on the topic is generally lacking. In this review, we propose that mirroring in DMT enhances understanding of others' emotional intentions through enhanced use of mirror neuron circuitry. Research on the mirror neuron system (MNS) suggests that the brain areas involved in perception and production of movement overlap, and that these brain areas are also involved in the understanding of movement intention. (Rizzolatti & Craighero, 2004, p. 182–3)

It is necessary to highlight that individual differences in MNS functioning, mimicry behavior, and empathy are correlated. One important route to emotion recognition involves a neural simulation of another person's emotional actions in order to infer the intentions behind those actions, and empathize with them.

(Rizzolatti & Craighero, 2004, p. 184)

Shaun McNiff shares his approach:

I apply creative expression to all sectors of life – psychotherapy, education, health care, spirituality, leadership, research, and social transformation. This practice is

based on three primary principles: 1. Both art and healing transform afflictions into affirmations of life as affirmed throughout human history; 2. Artistic activity in various media generates palpable creative energy that acts as a transformative force in ways that transcend conscious controls and fixations; and 3. The establishment of creative space, in my practice augmented by group work, supports and stimulates the circulation of creative energy that finds its way to areas that need to change. (as cited in McLean, pp. 6–7)

Artwork shows parts of us. As we get to know more about ourselves, we understand ourselves better, we acknowledge our complexities, gifts, and contradictions; this process assists us in making new and deeper meaning of what we see and experience; it cultivates in us a more and more compassionate attitude, which leads to compassionate thoughts and actions toward ourselves and others. “It is through others that we discover who we are. When we learn how to step aside and watch ourselves, the other becomes an agent of transformation. Dialoguing with images is a method for expanding ego’s singular vision”. (McNiff, 1992, p. 2). “Virtually every person who uses art in psychotherapy believes in the ability of the image to expand communication and offer insight outside the scope (and reach, I add) of the reasoning mind.” (p. 3).

For example, dark, disturbing images give the soul an opportunity to express itself, to affirm and acknowledge, rather than threaten. “The toxin is the antitoxin” (McNiff, 1992, p. 3), much like in homeopathy.

The soul then gives out a feeling of unburden, release of the tension and it becomes ready to move on, much more readily than with a purely rational, cognitive

approach. The very fact that there is no pressure to change facilitates and eases spontaneous healing.

As Jung suggests, a better understanding of the inner process will benefit what we do in the outer world of the therapeutic practice. This is in a nutshell how artwork enhances empathy in the artist, as well as in the facilitator/therapist. The dialog between the artist and the artwork plays in empathy being expressed.

Distress in human beings originates from being disconnected from their sources. “Creative expression is a spontaneous and unconscious effort of the soul to treat itself in keeping with a “uniform metaphysical instinct” (p. 241). Prinzhorn stated that his patients are “in contact with the most profound truths, and have produced, unconsciously, pictures of transcendence as they perceive it” (Prinzhorn, 1972, p. 42).

In the “tradition of artists who have committed their lives to art’s regenerative and redemptive aspects in the personal, social and spiritual spheres we conceptualize the “soul in the process of ministering to itself” (Prinzhorn, 1972, p. 18) through the process of creative self-exploration and self-expression. This is an extremely important insight in embracing the notion that cultivating and practicing empathy through the creative process allows the soul to be ministering to itself and by doing so, empathy opens up to creating better relationships through understanding. People might look at other people with less judgment and more openness in learning different ways of living one’s values, desires, fears, challenges.

To push the value of empathy even further:

Vigorous, disciplined, and imaginative sympathy with the life situations of people, cultures, and inner characters outside my immediate frame of reference is

a radical political prospective. It counters the often brutal ax-grinding the “well intentioned” reformers inflict on others with their righteous ideology and singularity. Sympathy supports not vacillation but direct and imaginative action based on the specific nature of a situation. Art compassionately immerses itself in events while maintaining its flexibility of movement. (McNiff, 1992, p. 71)

The defining aspect of arts therapy as contrasted to the more universal ways that art heals involves the presence of a therapist acting as a helper, guide, and witness to what occurs within the creative space that therapists establish with individuals and groups.

Although people in my studios will often tell stories about their personal experiences, I’m more apt to focus the storytelling process on speaking from the perspective of figures, characters, and situations in dreams and artistic expressions. When we establish empathy with these things outside of ourselves, we paradoxically find that they take us closer to our personal feelings and life conditions. “They” generally do a better job revealing our emotional landscapes when speaking through us than we do when we speak in more self-conscious ways about ourselves...I sense that people experience a relief of some kind when they are asked to speak for someone or something other than themselves. (McNiff, 2009, p. 241)

Subjects

I currently lead two Expressive Arts Therapy programs; one at San Diego Cancer Research Institute and one at UCSD Moores Cancer Center. Most of the participants in my program are women who have just being diagnosed with cancer of any type; out-

patients in treatment for cancer; individuals who no longer have signs of cancer in their bodies, or individuals who are managing their cancer as a chronic disease and receive ongoing, periodic treatments. Caregivers as family members, aids, or close friends are also welcome to participate based on available space in the group and in the room.

Participation is completely voluntary and typically 6 to 12 people show up at any given session. In the current circumstances and setting, a formal study would not be realistically feasible.

Each Expressive Arts Therapy program features one weekly group session for 8 weeks, during which a loose framework is being presented to symbolically and safely invite participants' content generated through guided visualization and themes for introspection and self-expressions .

Everyone is encouraged to attend all eight sessions, but flexibility is allowed for doctor's appointments, family matters, and sick days.

Often participants stay on and continue attending after the series ends and I start a new series. Some participants have been attending for years and they are often informally peer-mentoring newcomers. This is an uplifting aspect of enhancing empathy through the creative process, one of the evidence-based components, although it is not formally surveyed or assessed.

Instrumentation

In the early years of assisting cancer patients with hands-on art making to support their self-exploration and self-expression I had researched questionnaires and surveys which could help identify patients' needs, preferences, which interventions seem to help them cope and support their quality of life, and how we can assess the value of such

interventions. At first it was just direct questions and narrative accounts by the patients themselves (see Appendix A for Testimonials). Once I started working at San Diego Cancer Research Institute, I shared my interest in measuring outcome with our Psychosocial Services team headed by Paul Brenner, MD, PhD. We set out to evaluate several surveys/scales focusing on the concept of resilience as our desired outcome. One of scale is commonly known as Friborg Resilience Scale by Friborg, Hjemdal, Rosenvinge, and Martinussen with the Department of Psychology at the University of Tromso, Norway (Friborg et al., 2003); their proposed study was looking at healthy adjustments by patients. Then we reviewed the Edmonton Symptoms Assessment System (ESAS), by the Regional Palliative Care Program, Capital Health, Edmonton Alberta (Bruera, E., Kuehn, N., Miller, M.J., Selmser, P., Macmillan, K., 1991); it is a very short self-assessment questionnaire focusing on physical pain and discomfort as well as anxiety, designed for patients as well as caregivers, with the addition of a body silhouette on which patients would pinpoint where they felt the pain. I decided to use this one before and after dance/movement therapy sessions. I then found a self-assessment tool which was most comprehensive and relevant to our population of cancer patients in the Connor-Davidson Resilience Scale by Kathryn M. Connor, MD, and Jonathan R. T. Davidson, MD at Duke University: “After a search of the resilience literature, which for a long time was heavily influenced by contributions from the specialties of developmental psychology and child psychiatry, we selected 17 domains . . . and developed a 25 items scale” (Connor & Davidson, 2003, p. 2). This report presented psychometric data establishing validity and reliability of the scale, as well as briefly describing each of the 25 items, and giving general scoring directions.

In the original validation study by Connor and Davidson, mean scores in specific populations were reported as follows:

- U.S. general population: 80.7
- Primary Care Patients: 68.0
- Psychiatric Outpatients 68.0
- Generalized Anxiety 62.4
- 2PTSD samples 47.8 & 52.8

“In depression and anxiety, those with lowest CD-RISC scores were found to be less spiritual in their orientation, to have less purpose in life and to take less exercise; they also showed more trait anxiety” (Connor & Davidson, 2003, p. 39).

Volunteering in the community and number of chronic health problems were associated (positively and negatively respectively) with resilience, while the two variables also interacted in predicting resilience, such that greatest RISC score was found in patients who had the highest number of chronic health problems” (Connor & Davidson, 2003).

Perceived social support was found to correlate significantly with the CD-RISC in studies of the Multidimensional Scale of Perceived Social Support Scale (MSPSS) by Bruwer (2008) ($r=0.36$ to 0.42 for the four subscales) and in the study by Brown (2008) ($r=0.11$ to 0.22). In Brown’s study, a hierarchical multiple regression analysis to predict resilience showed that, of all 11 variables in the model, only cultural pride reinforcement and support from a special person predicted CD-RISC score. A study of unemployed men by Phillips (2011)

demonstrated a significant correlation ($r=0.57$, $p<0.01$) between the CD-RISC and the MSPSS. (Connor & Davidson, 2003, p. 49)

Data Collection Procedure

After receiving permission to use the CD-RISC, I started administering it to all participants in my Expressive Arts Therapy groups, both at San Diego Cancer Research Institute and at UCSD Moores Cancer Center. The Expressive Arts Therapy program I lead at each location allows patients to meet for 2 hours, once a week for a cycle of 8 week at a time, at no cost to them, like other supportive services. I announce each cycle or series with a theme: *PhotoPainting*, *The Artful Book of Wonders*, *Artful Recipes for Life*, *Tree of Life*, *In Your Shoes*, or my international project *Hope Made Visible*TM, sharing prayer flags among cancer patients all over the world, using both local, in-person and virtual instructions, with actual flags being designed and shipped to me for sharing with the participants and in the community. Flyers are posted at both locations and calendars for both SDCRI and UCSD are published online and available in various locations throughout the buildings. All clinical practitioners treating patients are informed, however, more work on communication and education with the clinical staff needs to be done to ensure every patient is aware of supportive services.

At San Diego Cancer Research Institute a medium-size room is available for all group activities, including my Expressive Arts Therapy program; there is cabinet space to store some of the art supplies and artwork can be displayed on the walls. At UCSD Moores Cancer Center our group meets in a large conference room later in the day to make it easier to schedule it and to keep the same room throughout the year. Ease and

consistency are among the comforting factors appreciated by patients who experience such fundamental uncertainty undergoing a life-threatening illness such as cancer.

Typically, I would ask them to complete the survey at the very beginning of the first session, before they start anything else in the class; and then at the very end of the eighth session, just before they leave. This is an effort to convey the most accurate picture of how they felt at the very beginning and after experiencing the program for 8 weeks. Participants provide only their initials and their age as personal information; they will also date the survey and indicate if it that is their first visit in the series, or the last one.

At the beginning of each new series a typical session starts with each participant introducing himself or herself to the group, and if most participants are new to it, I would engage them in a name game or we each create a name plate folded in half; on the side facing the group they would represent their names and something about themselves with images, colors, and/or themes about themselves they want to share and on the other side they would use images, colors, or themes to remind themselves of a specific quality or intention. Peaceful, soothing music is always playing in the background. On subsequent sessions, I would start the session with a guided relaxation or visualization to create a transition to our creative space and time together and to provide the safety required to open up to possibilities.

Participants are then engaged in a process where self-exploration and self-expression are facilitated and encouraged, as well as experimentation with art materials. Some basic techniques are taught to enhance confidence and stimulate a sense of accomplishment.

During the sessions questions are welcome as well as peer to peer assistance; at the end of the session participants are encouraged and guided to dialogue with their artwork and share about their own process with the group.

Data Analysis Procedure

The recommended review of the CD-RISC surveys is a simple calculation of all the scores for each completed survey, divided by the number of participants who completed it. The average score at the beginning is then compared with the average score resulting at the end.

I decided also to tally up and compare the beginning survey for each participant with the same participant's ending survey. At the beginning of the 8-week series the average scores result at about 68 to 70 points and at the end of the 8-week series it results at 80 to 84 points.

Narrative descriptions, testimonials, and images of participants' processes and artwork have been collected and provide a tangible, diverse tapestry of introspection and self-expression, discoveries, empathic experiences, and renewed resilience. All this work with hundreds of patients through the years inspired and gave birth to what is now SDCRI's trademark for my Expressive Arts Therapy program: *Hope Made Visible*TM. In the following chapter, experiential evidence of empathy in action, testimonials, and feedback on improved quality of life in clients will be offered as jumping-off points for an inquiry on empathy as a vehicle for resilience.

CHAPTER 4

RESULTS AND ANALYSIS

Research Hypothesis/Research Questions

This dissertation is intended to be a heuristic inquiry grounded in a phenomenological approach which focuses on the lived experience in cancer patients during and after being engaged in Expressive Arts processes and how they understand, interpret, and express those experiences. The assumption adopted by this study is that empathy and resilience are essential qualities in human psychology and are essential qualities worthy of investment in order to overcome adversities and thrive. The question is: How do patients develop empathy and increase their resilience through their engagement in the Expressive Arts and the creative process?

What can be done to further empathy and receptivity to the different aesthetic qualities of expression? To what extent will a given type of expression evoke relatively universal reactions, do we ever want to reproduce the outcomes of creative arts therapy practice? Does creative arts therapy strive for the infinite variation of art, the predictability of science, or a combination of the two, depending on the needs of the situation? What expressive qualities summon universal reactions and what kinds of expressions are more likely to generate diverse responses? (McNiff, 1998, p. 58)

This study will present empirical and qualitative evidence that cancer patients experience the above mentioned benefits by increasing their resilience or ability to face and cope with the trauma of diagnosis and the emotional and physical challenges and changes through the comprehensive medical treatment process and beyond.

In essence, the thesis is presented as follows: The skillful use of the Expressive Arts can transform the consciousness of individuals from co-dependency and disconnect to deep interconnectedness by raising empathic awareness and restoring resilience, which are essential qualities for humans to thrive.

Summary

Empathy is defined as “emotional and/or intellectual identification with another, vicarious experiencing of the feeling or ideas of another or emotional resonance” (Berrol, 2006, p.306, Guralnik, 1984).

The skillful use of the Expressive Arts can transform the consciousness of individuals from co-dependency and disconnect to deep interconnectedness by raising empathic awareness and restoring resilience, which are essential qualities for humans to thrive. This chapter is where I intend to substantiate my hypothesis with the phenomenological account of working with oncology patients. The arts are giving form to an internal process, exposing it to light, revealing new insights, supporting healing and growth.

Expressive Arts Therapy allows for the awareness and the expression of empathy, its enhancement, through the neuro-connections in our brain’s limbic system. This process enhances resilience. In other words I can assume that the Expressive Arts processes qualify as therapeutic. More than a playful distraction, self-exploration,

awareness and self-expression ease the emotional struggle, unburden the human psyche and facilitate change. A journey of transformation takes place, which can be safely called therapy.

Resilience is seen as bio-psycho-spiritual homeostasis. Resilience refers to the idea of an individual's ability to cope with stress and adversity. This coping may result in the individual bouncing back to a previous state of normal functioning, or using the experience of exposure to adversity to produce a steeling or strengthening effect and function better than expected; much like an inoculation gives one the capacity to cope well with future exposure to disease. Resilience is most commonly understood as a process, and not a trait of an individual. This observation is a clear invitation to encourage practitioners to support patients and clients to develop and foster their ability to cope and grow, to foster resilience.

- Resilience is innate and can be activated and cultivated.
- Resilience includes the personal qualities that enable one to cope with internal and external stressors and to thrive in the face of adversity.
- Resilience needs to be enhanced during challenging times.

In her book *Resilience* (2009), Elizabeth Edwards contemplated her own death, writing that it did not seem as frightening to her since she lost her oldest son. Reflecting on how she wants to be remembered, she repeated one of her favorite metaphors.

“Resilience is accepting your new reality, even if it's less good than the one you had before. You can fight it, you can do nothing but scream about what you've lost, or you can accept that and try to put together something that's good.” (as cited in Smith, 2014, p. 157). She wrote that at times the wind did not blow her way, but she said she was still

able to stand in the storm, adjust her sails and move forward. In other words, “You can't stop the waves, but you can learn to surf” (Kabat-Zinn, 2009, p. 29).

When exploring painful experiences such as loss, change, or trauma, the arts can offer a safe space in which to express the range of feelings naturally occurring. My study focuses on empathy as it emerges and is strengthened through the Expressive Arts process and as vehicle for raising awareness and self-confidence, and increasing overall resilience in oncology patients.

Often patients have multiple diagnoses, clinically referred to as comorbidity, and commonly develop and experience similar symptoms as in Post-Traumatic Stress Disorder, or PTSD. Symptoms of PTSD, depression and/or anxiety develop because the diagnosis is in itself experienced as a trauma; the subsequent life-changing experience with surgeries, treatments, as well as discovering and managing side effects also carry traumatic characteristics. A new study by Christoffer Johansen, MD, a professor of oncology at the Danish Cancer Society Research Center finds “women who survive breast cancer face a higher risk of depression that can linger and require antidepressants” (2011).

Researchers in Copenhagen looked at data on nearly 2 million Danish women between 1998 and 2011, all of whom were initially free of cancer. During the study period, they found nearly 45,000 women were diagnosed with breast cancer. The risk of having to check into a hospital for severe depression was 70 percent higher for the breast cancer patients in the first year after diagnosis than their cancer-free peers. The breast cancer patients were also three times more likely to use antidepressants during the first year after diagnosis. And that depression did

not go away quickly, according to lead researcher Dr. Christoffer Johansen, a professor of oncology at the Danish Cancer Society Research Center. The women diagnosed with breast cancer used antidepressants more than their peers up to eight years after their diagnosis. (as cited in Doheny, October 28, 2014)

The ramifications spread into the psychosocial life of each individual and their families and/or can be triggered by specific frightening aspects of the cancer journey. For example, one of my participants reported being unable to ride the shuttle bus between two treatment facilities for many months. Little by little she began to understand the reason for her reaction, which at times she experienced as severe anxiety like a panic attack; sitting in the bus and hearing some repetitive clunking noise reminded her of the MRI scan and the incontrollable, sustained experience of powerlessness and claustrophobia during the testing procedure.

The findings are not a surprise to social worker Matthew Loscalzo, executive director of supportive medicine at the City of Hope Cancer Center, in Duarte, California.

“When you have an illness like this, it’s always in the back of your mind,” he said. “It affects major life decisions.” (as cited in Doheny, October 28, 2014)

Loscalzo reports that many women who have been treated for breast cancer take medicine such as *Aromatase Inhibitors* for several years after the treatment, to reduce recurrence risk. So that is a constant reminder of the cancer. The changes that occur during cancer treatment and afterwards can also affect work, social, and family life. (as cited in Doheny, October 28, 2014)

A new study by Anja Mehnert, a professor of psychosocial oncology at the University of Leipzig in Germany, reports that:

One out of three people diagnosed with cancer also wind up struggling with a mental health disorder such as anxiety or depression. Many people seem to cope with the natural stress of a cancer diagnosis, but for about 32 percent of cancer patients, the diagnosis may prompt a full-blown psychological disorder. That's much higher than the 20 percent mental disorder rate of the general population. (as cited in Thompson, October 6, 2014)

Cancer is an individual personal issue, involving the whole family and community, and a complex public health issue as well. Cancer diagnosis, surgery, recovery, and treatments with all the complex interactions (comorbidity) and side effects contribute to the development of significant physiological and psychosocial complications. Considerable research and efforts has been undertaken at many levels to promote quality of life (QOL), dealing with the complications and facing new challenges as they arise. Psychosocial comorbidity contributes to personal suffering and has also been shown to contribute to additional adverse effects, including poorer coping skills, maladaptive behavior, increased pain-related complications and decreased self-management behaviors caused by the challenge for the patient to just being able to survive a day at a time.

The patients I work with most often remind me of this insight by Susan Bauer-Wu: “When a person is diagnosed with a serious illness, they often feel they have lost control, and they worry that they still have much to do.” And her statement that follows resonates deeply with the purpose of my work: “My goal is to help people cultivate mindfulness, compassion and a sense of connectedness —to loved ones and with what

matters most—so that they can live well despite challenges beyond their control.”
(Bauer-Wu, personal communication, 2011)

What I have observed and experienced working with my clients, and from their feedback, interactions, self-assessments, and evaluations has been a journey in itself and has confirmed for me that facilitating Expressive Arts processes with a safe, non-intimidating, playful approach and encouragement leads to empowerment, openness, freedom, creative flow . . . like a big sigh of relief in the middle of the storm. The following testimonial speaks to the perception of improvement in quality of life (QOL) “It does not help me to walk better, but it does help me live with it.” (M.B.K., personal communication, 2010)

Previously I included Richard Lavoie’s statements in which he identifies praise, encouragement and interest as another set of skills for fostering accurate self-awareness; as practitioners, witnesses and partners we need to pay special attention to self-esteem, pride, cooperation, building positive relationships, celebrating unique skills and abilities, and supporting patients and clients during challenging times (Lavoie, 2003).

This speaks to the way I have been facilitating the processes of Expressive Arts Therapy, for which building a relationship and trust is paramount; encouraging and allowing for individual expression is key to safety and fulfillment for all involved.

Throughout my experience with the Expressive Arts I have observed that once we, either the therapist or the patient, stop and read or explain the symbols in our visual images or stories, we realize that the unconscious stops revealing its insights and its imaginative life to us; the process is not flowing and deepening because we are trying to make logical sense of what just happened, as we desperately seek certainty, our truth.

This is a short-term coping mechanism that helps rebuild resilience. It is especially evident with cancer patients who are confronted with uncertainty throughout their journeys, and especially after the trauma of diagnosis and physical, emotional changes have left them more vulnerable, with open wounds in their bodies and in their psyches.

One participant in my Expressive Arts Therapy program for oncology patients reported to having found something within herself that longed to be expressed, but till then could not find the right vehicle. Silvia (I changed her name to respect her privacy) started playing with art materials, and for several weeks she practiced painting, writing, and collage in her *Artful Book of Wonders*, a visual art journal created using an old hard-cover book discarded and donated by a local library. The format itself is a metaphor for transformation, from something no longer wanted or useful, hard to accept, to a new life of beauty, meaning, and new discoveries. Besides experiencing some relief from the sadly common physical pains and limitations and lack of energy due to the cancer treatments, Silvia has been feeling uplifted and surprisingly empowered; she has not practiced any art form in her adult life and thought she could not do much with her hands due to neuropathy, a typical side effect of chemotherapy that greatly reduces sensitivity to hands and fingers, similar to numbing. To her delight, she realized that she could paint, use glue, various embellishments like yarn, and she could tear pages and beautiful paper into shapes. And by doing so she realized how much she enjoys it; she can lose herself in the process, by focusing on it and becoming totally engrossed in it. Also she feels that art making is teaching her to let go of her need to be in control and benefiting from

relinquishing responsibility toward an outcome. Silvia now paints for the joy of painting, and she is discovering new connections and meaning in her imagery, in her colors.

Her work parallels her internal process as a dynamic moving energy. By staying with the process and paying attention to cues, likes and dislikes, and reacting to and developing what emerges in her work, she found a new direction in her career that is progressively moving her from a private practice as audiologist with all the costs, burden, and responsibilities of owning a business to a simpler independent service that allows her to dedicate her caring attitude and passion to assist autistic children with auditory issues. In fact, her rare medical specialty is a gift that she can use to help children who would be otherwise confined to be learning disabled and to very limited life experiences. Silvia found empathy within herself that helped to accept her new reality and to be patient and kind to herself, more understanding of the changes, and from there she realized she could reach out to those children who have limitations that can be greatly alleviated in a very cost-effective way, thus allowing them a fuller life experience and academic success. This new awareness and feeling of purpose is definitely contributing to Silvia's improved quality of life and overall appreciation and satisfaction in herself and what she can do, making her jumping out of bed excited every morning. This is what living with cancer can feel like, expressed in a wonderfully insightful mystical poem by Jalal ad-Din Rumi:

This being human is a guest house.

Every morning a new arrival.

A joy, a depression, a meanness,

some momentary awareness comes

as an unexpected visitor.

Welcome and entertain them all!
Even if they are a crowd of sorrows,
who violently sweep your house
empty of its furniture,
still treat each guest honorably.
He may be clearing you out for some new delight.
The dark thought, the shame, the malice,
meet them at the door laughing,
and invite them in.
Be grateful for whoever comes,
because each has been sent
as a guide from beyond. (Rumi, 2004, p. 109)

In her 1982 article “An Approach to the Dream,” contained in her *Echo’s Subtle Body*, Patricia Berry states very concisely: “The way we tell our story is the way we form our therapy” (Berry, 1982, p. 66). James Hillman further elaborates as:

The way we imagine our lives is the way we are going to go on living our lives. For the manner in which we tell ourselves about what is going on is the genre through which events become experiences. There are no bare events, plain facts, simple data – or rather this too is an archetypal fantasy: the simplistic of brute (or dead) nature. (Hillman, 1983, p. 23)

“Stories are the only enchantment possible, for when we begin to see our suffering as a story, we are saved.” (Nin, 1971, p. 296)

This dynamic, evolving process is often called a journey; in the spiritual sense it is fitting to call it a pilgrimage, as a physical journey symbolizing a spiritual one, typically involving paying attention to and connecting cues, trusting our feelings, and reflecting on messages from the imagery of our artwork. “We risk entering the unknown with the hope of being transformed . . . we are also connected to a whole community of people who have taken this journey before us, those who travel alongside of us, and those who will in the future.” (Valters Paintner, 2010, p. 18) Because we are transformed during and all along the creative process, the destination is not so important. Like so many of our participants observed, this very awareness is freeing us from expectations regarding the finished product. In the words of a patient who has been participating and becoming more and more open, playful and insightful about herself and others:

Dear Alessandra,

I want to thank you so much for sharing your skill, talent, good humor and remarkable patience with me and the rest of the class. For me, the journaling has been such an awakening of my creative side. I have always been intellectually creative, but never [with] hand to pen and paper. Now that many of my skills and outlets for creativity have been taken away, I can find hours of joy in working in the various mediums you present to us.

And of course, you have a wonderland of intriguing items in your storehouse. I can't imagine how many hours you spend searching through magazines and stores to find all the wonderful things you find to inspire us. And inspire us you do.

Thanks so much for being here. (G.R., personal communication, 2013)

“The soul requires a special crafting of life itself, with an artist’s sensitivity to the

way things are done” (Moore, 2009, p. 20).



“I cry, I smile” by I.G., Vista, California

My approach with the Expressive Arts processes allow participants to bypass their logical minds, their conscious barriers, what they already know, their self-conscious awareness, and let their intuition guide them, allow images and content from the unconscious to rise to the surface and the unconscious to express itself. A simple way to accomplish this is to give instructions only one step at a time, therefore increasing focus to only what is happening in the present time and magnifying the intention for just one single action. Another piece of awareness is about the inner critic, often overlooked—but intensely judged and despised, a powerful cause for self-sabotage. If the inner critic is acknowledged and included at the beginning with a targeted process, its power and pervasive presence and grip over the artist’s creative energy dissipates.

Knowledge of techniques and processes is very important, and yet it takes much more than knowledge to facilitate Expressive Arts Therapy, whether we work one on one

or with a group. According to John B. Enright (1988), “pre-occupation with figuring out techniques distracts you from the reality of the situation and leaves you less likely to be effective.” (Enright, 1988, p. 11)

We absolutely need to assume that there is a solid foundation of knowledge and that there has been practice of techniques and confidence in their use and skills to address many different responses in the client(s), and that the therapist embodies the techniques to the extent that he has developed an instinctive ability to tune in and use them.

When I prepare to facilitate a group session, I set the intention of being present with the group and with each individual participant, as well as being an instrument for the highest good of all involved. Then, keeping in mind their background and the challenges that the participants are faced with, I draw from my tool box—or arsenal—of experiences, knowledge, and therapeutic activities and come up with a loose structure to use as guideline and yet open to what happens in the moment. I often take a long walk on the beach, if time allows, or meditate, or dance, do yoga, in order to open myself to the energy of possibilities and to my intuition.

When I gather the group and start the session, I literally feel that I am instinctively guided as a conduit of awareness and transformation—often adding the benefit of playfulness. I stopped worrying about what to do next to be effective, when I realized that I am in the role of the witness in support of clients’ process and healing and therefore, I offer what is needed for the group to explore and I stay present to what naturally comes next.

Participants usually feel comfortable, non-intimidated, and safe within the group and with my guidance. Therefore, they more easily open up and shifts often occur organically.

Not being focused on techniques also helps me not be attached to a specific, desired outcome, therefore empowering each client to be their own active and creative change agent. In my experience, doing what feels right without attachment to the outcome, also keeps my ego in check—and very often it brings even better results than I could have expected!

I offer here a poem by John Fox (1997), which absolutely sums up the importance of being present in relationship:

When someone deeply listens to you

When someone deeply listens to you

it is like holding out a dented cup

you've had since childhood

and watching it fill up with

cold, fresh water.

When it balances on top of the brim,

you are understood.

When it overflows and touches your skin,

you are loved. When someone deeply listens to you

the room where you stay

starts a new life

and the place where you wrote

your first poem
begins to glow in your mind's eye.
It is as if gold has been discovered!
When someone deeply listens to you
your bare feet are on the earth
and a beloved land that seemed distant
is now at home within you.
(as cited in Sullivan, 2014, p. 117).

The purpose of my work is to develop Expressive Arts interventions and long-term programs to promote psychosocial health in oncology patients. My direct experience with patients in treatment, in remission, and even considered terminal has been producing a vast amount of positive feedback and data, encouraging me to continue offering Expressive Arts, growing the program and keeping everyone engaged on an ongoing basis.

One patient attributes her joyous rebirth to a new life of playful creativity, discoveries, and full engagement in life, stronger family relationships, and emotional healing from the death of both her mother and her husband from cancer and her own healing from breast cancer to our Expressive Arts program and to the way I facilitate. I am confident that she had in herself the strength to pull herself through, but her ability to discover and to be aware of her resilience, the joy and the care she experienced made her journey more meaningful and a good long-term investment of time and energy.

“Make it thy business to know thyself, which is the most difficult lesson in the World” (De Cervantes & Grossman, 2005, Ch. 42).

Studies and descriptions of what it means to be resilient for people in general prompted me to draw a parallel comparison with how practicing the arts and being involved in the creative process activates resilience. Resilience itself is a creative act and every action of resilience builds on one's ability to deal with the next challenge. In my work in intermodal Expressive Arts Therapy, I believe that I am engaging my clients in mindfully becoming aware of their empathy and in practicing and developing resilience in supportive, encouraging, and empowering emotional and social environments. C.G. Jung had been such a strong role proponent for the arts as mimicking life, arts as symbols for life experiences and rich in metaphors, thus showing us the truth of our internal processes, ultimately the unconscious.

The wonderful benefit about working in the arts is that one can materialize issues such as empathy and resilience.

As previously stated, I have been taking advantage of the non-chronological order of events in Expressive Arts Therapy processes of personal story telling like *PhotoPainting*, *The Artful Book of Wonders*, and *The Artful Recipes for Life*, to encourage and welcome the expression of inscapes, to allow for a new narrative to emerge from the unconscious, and open to a new prospective, new insights.

The CD-RISC surveys show an improvement of 6 to 20 points on average, from the beginning session to the last session after 8 weeks; although this data has limitations as previously stated, it is positive and gives me and our teams reason to continue offering supportive services, and makes it somewhat easier to justify the budget with the administration and with the donors. Although it is the narrative and the

phenomenological experience that really shows how much patients benefit from being engaged in an Expressive Arts practice.

I will now describe several sessions as examples to convey how the Expressive Arts play a major role in increasing self-awareness, empathy, enhancing resilience, and creating the fertile ground for advancing consciousness toward integration and individuation, thus improving quality of life in oncology patients.

Dance/Movement Therapy

The intermodal approach and its creative processes are mirrored in all the Expressive Arts; for example, let us review the five levels in Dance/Movement Therapy as formulated by Gabrielle Roth in her 5Rhythms Dance (The Moving Center School):

- FLOWING—the fluid, continuous, grounded glide of our own movements;
- STACCATO—the percussive, pulsing beat that shapes us a thousand different ways;
- CHAOS—the rhythm of letting go, releasing into the catalytic wildness of our dance that can never be planned or repeated;
- LYRICAL—the rhythm of trance, where the weight of self-consciousness dissolves, where we lighten up and disappear into our own uniqueness;
- STILLNESS—the quiet emptiness, where gentle movements rise and fall, start and end, in a field of silence. (Roth, 2013)

Fundamental to the practice is the idea that everything is energy, and moves in waves, patterns, and rhythms. In a nutshell, the practice is a soul journey. By moving the body, releasing the heart, and freeing the mind, one can connect to the essence of the soul, the source of inspiration in which an individual has unlimited possibility and

potential. By putting the body in motion through each of the rhythms it is suggested that one can deepen the understanding of one's truth and the nature of humanity, and connecting the mind and spirit to the body. The Mental Health Foundation, a United Kingdom non-profit organization, published the "Dancing for Living Report" describing a group of women's experience of 5Rhythms Dance and the effects on their emotional well-being (Cook, Ledger, & Scott, 2003).

At a recent Dance/Movement Therapy session at the San Diego Cancer Research Institute patients and survivors experienced noticeable, subtle changes in their physical bodies and in their emotional and mental states as well. At the beginning of the 2 hours we spent together several of the participants reported anxiety and low energy level, and some also reported the awareness of not being very interested or engaged in life in general. Their self-assessments are reported on my simple scale on mood, anxiety, motivation and desire for things to be different; the Edmonton Symptom Assessment System (ESAS) also identified areas of physical pain, certain physical difficulties, and fatigue.

I set up the process as a natural crescendo; I started with relaxation, awareness, tuning in to what the body was calling for, then using parts of the body, like hands, to self-soothe and gradually offer opportunity to dance with one hand first and then with the whole body to many different types of music and rhythms, new and unpredictable, supportive and stimulating, to being in the moment, following the natural desire for the body to move or stay still. Interactions like mirroring, light contact, chasing, leading and following, and props were offered throughout. A cool-down process allowed for centering and reassessing internal and external sensations. At the end of the session all

dancers took an inventory with the same self-assessment tools and all reported 2 to 3, some even 5 to 7 points improvement in all physical, mental, and emotional states, like increased motivation, elevated mood, reduction in anxiety, decreased physical pain and fatigue.

The experience of being centered is grounded in our sense of weight. Activating the movement potential of the pelvis awakens a true power and being grounded that allows us both to sink into the support of the earth and to reach out to others. Weight is related to support, both self-support and the capacity to encompass another's needs (Hendricks & Hendricks, 1983, p. 102).

There is more to dance than just swaying bodies and touching hands. There is something spiritual about the movements. Lost in the moment, barriers are broken and we open our awareness up to experience the interconnectedness of all. This is well expressed by people with disabilities who are wheelchair users and can enjoy partner dancing again, as an opportunity to socialize, to be able to experience dance, and more importantly, they get connected. Wheelchair dancing is just another reminder that the body has limitations, but it is the spirit that cannot be confined or contained. Life may have knocked them off their feet, but the ability to dance gives them wings.

Csicszentmihalyi (1997) introduced the idea of *flow*, and named as *flow activities* those activities, done for their own sake, which were neither too hard (invoking anxiety) nor too easy (invoking boredom). During such flow activities mind, body, and emotions are united. Importantly he identifies these activities as strengthening the self. One of the flow activities is dance.

When we dance the air softens
I feel like I am floating on a cloud
And the hospital disappears
When we dance our hearts are beating together
It feels like a field of flowers that open
It is like stars that shine. When we dance I forget about the pain
When we dance, I feel like it's a dream
When we dance all my thoughts go away
and our bodies are thinking together,
It makes me really happy
When we dance, I have no feelings in my body
I let it all out.

(Mackey, Sonke-Henderson, & Fox, 2005, Previews)

Play with Clay

The visual and tactile experiences encourages reaching deeper into the unconscious and intuitive wisdom. Simple processes of awareness and self-reflection transform internal dialogue into images, allow for intuitively forming new associations and connections. Over and over I have experienced for myself, and I have witnessed participants gaining more self-awareness, opening up to guidance, learning to be more accepting, expressing, and enjoying empathy toward themselves and others, and getting in touch with a very nurturing and comforting sense of peace.

One of my offering at San Diego Cancer Research Institute is the process of manipulating clay, prompted with a guided visualization and interacting with music; this

process gives an experiential foundation for mindfulness, self-awareness, and relaxation; clay is a soothing medium that might also elicit strong emotions to surface, and at the same time, it anchors, grounds, and reconnects participants to the primal interaction with the earth.



“Play with Clay,” at San Diego Cancer Research Institute, 2010

The process takes place mostly while keeping the eyes closed as the guided visualization provides a thread of self-awareness, focus, playful curiosity, and no expectation of coming up with a specific set of objects. Some of the participants require or welcome using a blindfold to more easily resist the temptation to open their eyes and to feel more isolated from the outside world, turn the attention inward, and hold their focus more easily. One at a time, three lumps of clay are picked up, held, felt, and manipulated, focusing on physical sensations and letting feelings emerge and surface through the clay. Relaxing music provides the continuum and a porous, loose container

for the process and the different experiences to be integrated in the group as well as for each individual participant.

Sharing at the end is always given as an opportunity to verbalize and to be heard; most patients tend to crave attention and the need to tell their stories, giving me the opportunity to reinforce listening, focusing on the speaker, and practicing patience. All participants experienced and reported slight to significant changes for the better compared to their initial assessments, using my simple scale on mood, anxiety, motivation, and desire for things to be different, as well as on the Edmonton Scale Assessment System (ESAS).

To be noted is also the characteristic of Expressive Arts modalities to build benefits over time, with a long-term practice. It is apparent in the very fact that several participants have been attending my Expressive Arts program for years, even after they completed their treatments and went back to work or in other ways moved on with their lives. Some patients come back after taking time off to re-enter the workforce and state that they miss our group practice, looking forward to our weekly studio hours and the commitment to their creative process.

Often family members report that their loved one has been more patient, easier to get along with, in a better mood, more cooperative and complaining much less since they have been in the Expressive Arts program. A recent study conducted by Wake Forest Baptist Medical Center in 2011 found that mindfulness meditation could reduce pain intensity by 40% and pain unpleasantness by 57%. Meditation works by reducing activity in the somato-sensory cortex and increasing activity in other areas of the brain.

When we are focused on manipulating art materials, dancing, or doing yoga, we are practicing mindfulness.

Thich Nhat Hahn's words support a meditation practice: "The breath is the intersection of the body and mind". (As cited in Lazar, 2005, in Meditation Research)

Mixed-Media Painting

A certain degree of letting go happens during an activity that completely absorbs us, as I witnessed with one patient in the example that follows.

A patient came in one day having great pain mainly in her stomach; "I've been feeling a strong pain in my stomach; I don't know what to eat anymore," she said. I encouraged her: "Come in, here is a paintbrush..." She started painting in a circular motion in several places on her surface. She did not engage in anything else during the activity, she kept painting with this circular motion and after about an hour she called for my attention and shared in amazement that her stomach felt released from pain. She said she could relate those circles to how her stomach had felt at the beginning and together we noticed how the painting expressed deep work, like a deep massage. Painting helped her restore her own resilience.



“Easing the Pain,” by M.B.K., Carlsbad, California

She is now incorporating this painting into her *Artful Book of Wonders*, with several meaningful paintings related to her healing journey and love poems written for her by her husband.

This is an example of how the Expressive Arts facilitate the process of integration, which takes on a very concrete form; integration is part of a healthy growth and maturation process within an individual’s psyche. One becomes aware of all the different parts of ourselves which play in an interconnected way; inner resources are available; confidence replaces the feeling of loss of control and stress.

"Worrying does not empty tomorrow of its trouble, it empties today of its strength." (Corrie ten Boom, 1982)

Sara W. Lazar, PhD, a psychologist at Harvard Medical School, leader of a research study on brain changes with meditation says, “Feelings become less obstructive and more motivational” (Lazar, 2006).

Facing an important deadline, people tend to worry about what will happen if they miss it, or if the end product will be good enough to suit the boss. You can drive yourself crazy with unproductive “what if” worries. If, instead, you focus on the present moment, on what needs to be done and what is happening right now, then much of the feeling of stress goes away. (Lazar, 2006)

Rutter noted several characteristics of resilient people; he starts with engaging the support of others; similarly with the Expressive Arts, whether in individual sessions or in a group, I have experienced that it becomes natural to share and to welcome others’ help, which brings a renewed sense of belonging and social place and it is then transferred into the rest of the patient’s life. Playing and creating together and staying focused on the joy in their lives and on one another gives patients strength and motivation. There is also an increased sense of connection and well-being among those patients in active treatment who chose to participate in the Expressive Arts program. Throughout the program and the healing journey patients open up to and benefit from the opportunity to see and cultivate their spiritual inner life and to search for meaning beyond the illness. The spiritual awareness and manifestation through the arts is a precious gift.

Rutter also defines resilience as in close, secure attachment to others; group dynamic develops and evolves in an overall healthy balance; some participants show the need for others’ presence and interaction more than others and some keep more to themselves. They all learn from one another. In my oncology groups, men tend to keep more to themselves and women tend to welcome one another’s friendship, presence, and help. Generally, women are the large majority of participants; those men who participate

and feel the benefit of joining the creative group, then share with other men, other fellow travelers, the benefits they experience.

Rutter attributes resilience also to working with personal and/or collective goals, where the Expressive Arts processes facilitate participants to identify and fine-tune their personal longing and goals as well as become more gregarious and open to collective goals. For example, after several months of working together, participants started getting excited about collaborating on an art show of all our patients' artwork, taking place at a local gallery. Confidence has been building up; this has been an interesting opportunity to build trust and realizing ample rewards from being persistent.

By inviting patients to exhibit their work and to create art journals as collaborative processes to be then shared with other patients and their family members in the waiting room and chemo room, participants amplify, expand, and fulfill their interconnectedness. Self-efficacy and past successes also help build confidence in one's own resources through the practice of hands-on art processes. Materials and techniques are experienced, practiced, and mastered with patience, openness, and dedication, asking lots of questions. The results are stunning and rewarding, both in art and in life. So many of my participants start out with a degree of anxiety, concern, and apprehension about doing art or just spending time in a seemingly unproductive way; the new history and patterns build over time and create confidence and reassurance.

Realistic sense of control and having choices again relies on the symbiotic character of the arts toward life; a new awareness gained through the experiential processes becomes apparent as patients transfer it to their circumstances. Patients become also more comfortable being with an unanswered question and become more

tolerant with the fear of the unknown, especially when waiting for a test result, or for an appointment with their physician, or while researching and evaluating their treatment options.

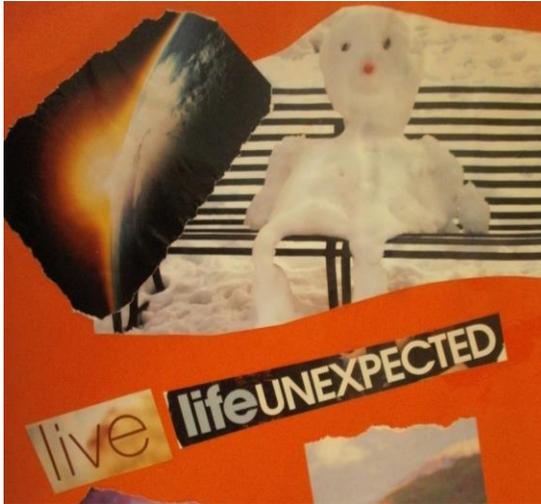
Adaptability to change, flexibility: I have learned a lot about the qualities of resilience through these very kinetic, physical explorations. On one occasion, I asked a group of developmentally disabled adults to create as a whole group a stable structure. As we tested the structure, we realized that there needed to be some give in the structure. What became clear to me and to most participants was that it is flexibility not rigidity that supports and reveals being strong, therefore resilient.

I want to emphasize curiosity as a vehicle to cultivate resilience and at the same time as a positive side effect of working in the Expressive Arts. Our patients follow up on their curiosity since the beginning of my program; they enjoy the hands-on processes and focusing on discovering and developing new or forgotten skills; this provides a self-esteem boost as they play practice and become proficient with new materials, processes, and make new friends. They learn to listen to, and give space and time to their curiosity as they build their confidence; curiosity leads to flexibility, which is a valuable trait of a resilient personality.

Self-Empowerment, Humor

It is empowering for participants to come to their own insights, to be with their own questions, as opposed to offering an interpretation. My role is to offer support, insightful questions to help them continue their self-reflection, and feedback for the participants to expand their observation skills and find their own answers. The engagement in the creative process facilitates individuals to expand the *self* to include

larger sense of interconnection; their perception is that they are wiser, happier, healthier, and richer.



For example, while building collage and mixed-media skills through preparation exercises in my PhotoPainting process, one patient picked an image of a snowman looking sad and melting while sitting on a bench; she said she had no idea why she picked this one and what to read in it.

“Live Life Unexpected”, 2010

A few minutes later, she had glued the image of the sun—it could be setting or dawning—over the earth’s horizon, overlapping and a bit imposing over the snow man. She said she felt in awe about the universe, and I suggested to further inquire about her feelings and the relationship between the snowman and the cosmic image of the sun on the earth’s curved horizon. A little time went by; I came back toward her, offered hints, asked her questions for reflection; she did notice a feeling of powerlessness, and at the same time melting of the old self, letting go, and hope given by the sunrise; in a way this was the beginning of her new life and it took her a few minutes to get to the core of her feelings and to an uplifting, encouraging insight.

This experience shows the benefits of improved self-confidence and increased awareness, focus, and time to dedicate to new endeavors including self, family, friends, and community.

When I invited our participants to exhibit their artwork at a local gallery, it took them some time to actually show up with their finished pieces. During the last series of workshops I had announced that we could not possibly complete the new work in process, since the deadline was set by the gallery a week before our last scheduled session; however, I had a couple of artists even completing their latest artwork right on the deadline for entries, a week ahead of schedule. And they were meaningful, rich, and beautiful pieces. The artist showed pride, confidence, and eagerness to share their work and be a part of a larger process.

Using an action-oriented approach means being engaged and immersed in the creative process; this is a very effective training for channeling energy and drawing resources from within, as well as from other fellow travelers. Being proactive with each process fosters patients being proactive in their own care; becoming partners with their clinical team which I have seen benefit the outcome of their healing journey. The hands-on process with so many art modalities gives participants the satisfaction of doing something; it opens up to the transformative potential of tapping into their unconscious, their inner-wisdom and therefore nourishes their resilience.

I like to share the story of a participant to exemplify the action-oriented approach; I changed her name to safeguard her privacy. Laura joined the creative group after she had completed all the prescribed rounds of chemotherapy following her surgery for ovarian cancer. She was still wearing a wig, like many patients do, but soon she started showing off her head as her hair had started growing back, her strength, energy, and motivation found a very conducive environment in the new routine of joining in and creating art every week. She really blossomed and she always demonstrated eagerness to

experiment, learn, and face her obstacles and fear. Laura produced a lot of artwork, very expressive, unique, and showing a sense of satisfaction. In anticipation of her upcoming check-up and PET scan (Positron Emission Tomography scan, an imaging test that uses a radioactive substance called a tracer to look for disease in the body) to monitor the absence or recurrence of cancer, Laura intuitively kept her mind focused on art making and her family, especially since two of her daughters were going to make her a grandmother for the first time in a matter of a couple of months. She kept remarking how much the active focus on art making, developing ideas, and keeping herself engaged and active was helping her cope with stress and spend less time and energy worrying. The day of the scan came; the PET scan film revealed a shadow area in the same location where she had cancer previously; her clinical team carefully examined and translated what they were seeing as “could be this..., could be that..., it could be scar tissue..., it’s not clear..., let’s wait and see... let’s have another scan in 3 months.” Laura was in great distress with the uncertainty, the lack of control (again) and the possibility of having to face another ordeal of surgery and treatments, and with the prospects of not being able to get rid of the cancer this time. She could not do anything about it, could she? Yes she could. Laura obtained her scan film, made several copies, and collaged them together on a large canvas, in a repetitive pattern, using the PhotoPainting process, adding paint, texture, and highlighting the shadow, the source of her anguish. It turned out quite impactful, not only for herself, but for everyone in the group. This active process allowed her to face her fear and to embrace her shadow. Very proudly she showcased it in our art show. Laura then used several copies of a picture of herself visiting a museum with large stone sculptures—stark and overbearing—to make another mixed-media

painting with a similar repetitive pattern to express her anger and the feeling of being stuck in her cancer story. The whole process included more mixed-media painting and creating meditation malas at another session. Then Laura welcomed a new process I call What's bottled up inside?, where we recycle glass jars, transform them both on the inside and on the outside, include items, and use art to symbolize unexpressed feelings and how we experience them. Over time Laura's attitude toward the uncertainty and the possibilities moved to acceptance and allowed her to be at peace and to enjoy fully her present time with her family. A sense of humor is also part of the large picture when it comes to resilience. Laura started calling herself Madame Ovary and she added her new credentials to her business cards.

Ice-breaker games, even if just to help us remember everyone's names, are wonderful opportunity to connect with one another, create a gregarious atmosphere, and lower the guard with smiles and giggles. During our sessions there are many opportunities for me to laugh at my own mishaps—"oops"—which give permission to our patients to join in the laughter, relax, and not take their struggles with the materials so seriously. Participants are encouraged to tell stories and become more comfortable in sharing their embarrassing moments or to ask questions that might seem irrelevant. One participant added a handful of metal thumbtacks into her bottle to make it rattle and really appreciated the symbolism in spikes, noise, and chaos as they relate to her condition, laughing out loud, and improvising a dance as she was shaking it.

Laughter has been used to relieve stress; more and more it is incorporated in combination with art, drama, meditation, yoga, and movement. The enhanced breathing and distraction from controlling and holding tension in the muscles provide instant relief

and long-term training once the positive experience is registered and a new pattern is created at the cellular level.



“P as in Playfulness”—Artful Recipes for Life, 2011

Laughter
is far more significant
than prayer.

Prayer may not
destroy your ego;
on the contrary,
it may make it holy,
but laughter certainly
destroys your ego.

When you are really
in a state of laughter,
have you observed?

the ego disappears
for a moment.
You are
again a child,
giggling.
Again
you have forgotten
that you are special.
You are
no longer serious;
for a moment
you have removed
your fixation.
(Osho, 2000, p. 93)

Patience and tolerance of negative effect are worth mentioning as characteristics that reveal high resilience in an individual. The negative consequences of stress are well-recognized in mental health research. Exposure to early life stressors, for example, increases the risk for the development of mood, anger, anxiety, and substance abuse disorders. Interestingly, however, early life stressors have also been linked to the subsequent development of resilience. Various described as inoculating, immunizing, steeling, toughening, or thriving, the hypothesis that early life stressors provide a challenge that, when overcome, induces adaptations that enhance emotional processing, cognitive control, curiosity, and neuro-endocrine regulation. (Connor, 2006)

The breeze at dawn has secrets to tell you.

Don't go back to sleep.

You must ask for what you really want.

Don't go back to sleep.

People are going back and forth across the doorsill

where the two worlds touch.

The door is round and open.

Don't go back to sleep.

(Rumi, 2004, p. 36)

Results

Cancer patients experience benefits by increasing their resilience or ability to face and cope with the trauma of diagnosis and the emotional and physical challenges and changes through the comprehensive medical treatment process and beyond. On average, CD-RISC surveys show an improvement from the beginning session to the eighth session of 6 to 20 points. However, it is in the observation, interaction, and narrative, like in the above examples, that patient and facilitator can appreciate the value of engaging with the Expressive Arts. The Expressive Arts transform the consciousness of individuals from the opposites of co-dependency and disconnect to deep interconnectedness by raising empathic awareness and restoring resilience, which are essential qualities for humans to thrive.

CHAPTER 5

SUMMARY, DISCUSSION, AND RECOMMENDATIONS

Summary

We must either let the Law of Love rule us through and through or not at all. Love among ourselves based on hatred of others breaks down under the slightest pressure. The fact is such love is never real love. It is an armed peace. And so it will be in this great movement in the West against war. War will only be stopped when the conscience of mankind has become sufficiently elevated to recognize the undisputed supremacy of the Law of Love in all the walks of life. Some say this will never come to pass. I shall retain the faith till the end of my earthly existence that this shall come to pass . . . (Gandhi, 1926, p. 242)

The thesis is presented as follows: The skillful use of the Expressive Arts can transform the consciousness of individuals from co-dependency and disconnect to deep interconnectedness by raising empathic awareness and restoring resilience, which are essential qualities for humans to thrive. I am deeply invested in my thesis. I live it every day, and I aspire to live up to it each time I am with individuals who are struggling with their circumstances, with the desire for those circumstances to be different, to make sense

of them, and with the aspiration to feel at peace and confident in themselves and in their journeys ahead.

This dissertation is a heuristic inquiry based on a phenomenological approach, which focuses on the lived experience in cancer patients during and after being engaged with Expressive Arts processes; and how they understand, interpret, and express those experiences. The principle adopted by this study is that empathy and resilience are essential qualities in human psychology and are essential qualities worthy of investment in order to overcome adversities and thrive. Patients have shown to develop empathy and increase their resilience through their engagement in the Expressive Arts and the creative process. Each individual has been also becoming more aware of previous life experiences without the support and insights of the Expressive Arts; therefore often they continue practicing on their own or seek other relaxing, engaging, and/or creative experiences once they leave the program, as they realize the positive difference Expressive Arts made in their lives.

This ongoing study has been presenting empirical and qualitative evidence that cancer patients experience the above mentioned benefits by increasing their resilience or ability to face and cope with the trauma of diagnosis, the emotional and physical challenges, and changes through the comprehensive medical treatment process and beyond.

The creative process as I have experienced in my own practice and observed in the clients I work with, allows each artist to be with and at the same time to distance himself or herself from their feelings and the perceived pressure to correctly express and even expose oneself; as I understand it, the spontaneous dialog with the artwork's

elements creates a therapeutic distance that frees the artist and allows for the unconscious to surface.

My thesis is an invitation to embrace our integrated human experience which dwells beyond an either/or dualistic view, as in the powerful, inspiring words of the Sufi poet Jaladdin Rumi: “Out beyond ideas of wrongdoing and rightdoing, there is a field. I will meet you there.” (Rumi, 2004, p. 36)

The findings are confirmed over and over again in the narrative and in the testimonials patient have been freely giving regarding their experience with the Expressive Arts and of me as their facilitator. Scores highlighted in the CD-RISC surveys state an improvement from the first session to the last of 6 to 20 points in patients’ subjective assessment of their own experience and resilience.

Discussion

The goal of engaging patients with the Expressive Arts is not to cure in the traditional medical meaning of the word, although relaxation and stress management help and better prepare patients’ bodies to experience real physical healing. Rather, we are looking at healing as a process of increasing awareness and inner peace; knowing their truth, expressing their states of mind, feelings, hopes, values and aspirations; expanding consciousness to embrace all experiences, and moving away from judging themselves, their conditions, and who is around them, as well as their work.

As an Expressive Arts therapist I seek to build supportive, sensitive, and honest relationships with clients, family members, clinicians, and staff; from this foundation, participants are encouraged to encounter the inner world of images, perceptions, sensations, and emotions. The Expressive Arts then become the bridge through which

clients can explore and potentially transform emotional, social, spiritual, and relational issues; identify strengths; experience new creative insights; and reclaim their purpose, and name hopes and goals for the future. They often tell me that they remember or hear my voice in their heads saying “there is no right or wrong way of doing this, except not doing it.” This process of facilitating awareness, growth and healing in me, the patients, and clients I work with finds its equivalent in the creative process itself.

Michelangelo Buonarroti has been attributed well-known quotes, such as: “Every block of stone has a statue inside it and it is the task of the sculptor to discover it.” (as cited in Houlgate & Baur, 2011, p. 48) Or “I saw the angel in the marble and carved until I set him free” (as cited in Wright, 2009, p. 67).

We are witnessing a powerful spiritual process, at times just escaping our conscious determination and awareness, where the human potential, joy and feeling of belonging reveal itself after being dormant, suppressed, even crushed.

The creative process in Expressive Arts Therapy is the vehicle through which empathy manifests; empathy is used to bring awareness of the unconscious and its expression; by engaging individuals in this process, they become aware of their inner resources and therefore of their resilience. As a result, individuals feel more connected, internally as well as with other people and situations; they become more confident, more able to manage stress and face adversities and transform their experiences. As a recent quote by Thich Nhat Hanh simply and deeply affirms: “Because suffering is impermanent, that is why we can transform it. Because happiness is impermanent, that is why we have to nourish it.” (personal communication, June 10, 2014).

Does empathy then increase resilience in patients? Some of the positive observations are highlighted here as follows:

Knowing themselves better, patients become more appreciative, compassionate, and patient with themselves; they marvel at their creative abilities, the new ideas they generate, and the wisdom they acquire. They learn to pause and look at their circumstances and struggles from a new perspective. They find new value in being flexible and adaptable; they learn to see their worth, appreciate their qualities, and therefore, increase their confidence in a holistic, comprehensive way.

Participants learn about the pain and struggles and the gifts of others in similar circumstances, and yet manifesting in different forms, so they become more compassionate toward others, often overcoming a natural response to close off and be more self-centered when facing a life-threatening diagnosis and life-changing treatments, decreased stamina, great pain, debilitating side effects, and so on.

Participants report that they feel less alone in their struggle, therefore they gain strength and confidence in being accepted and understood; they can freely express themselves with someone like me who is available, fully present with them, listens with compassion, and offers supportive questions and feedback.

In the expressive and creative process participants learn about themselves and what is really important to them, what they need now in the circumstances they are in, what gives them joy, hope, meaning. What takes place during and after each session is enhancing empathy for the patients themselves, within themselves, with one another in the group. At times I learn about the same expression of empathy with family members,

friends, and other relationships outside the group. It is similar to what happens in my meditation practice, which flows into all areas of my life, informing and enhancing them, giving me the strength to make the most of my experiences and life's situations. To borrow again from Michelangelo Buonarroti: "A man paints with his brains and not [just!] with his hands" (as cited in Studio of the South, 2014).

With deeper self-understanding through Expressive Arts Therapy processes, patients become more aware of their thoughts, feelings, and desires; they become more appreciative, compassionate, and patient with themselves and others. They marvel at their creative abilities, at the new ideas they generate, new connections and insights they experience. They learn to pause and look at their circumstances and struggles from a new perspective, how to integrate all the parts of themselves and to see and make changes to improve their lives and see others' needs as well.

A strengthening of their immune systems and ability to be at peace in the midst of the many challenges contributes to improved overall quality of life.

With the progress in medical treatments and pharmaceuticals, many forms of cancer which used to be death sentences are now allowing patients to survive and manage their cancer more like a chronic illness. The constant reminder, though, affects survivors' psychological balance, confidence, and resilience. More than ever survivors benefit from practices like Expressive Arts Therapy, Dance/Movement Therapy, mindfulness, and yoga.

Extensive research is available; some key advantages in the use of the Expressive Arts are highlighted here:

- Expressive Arts Therapy helps improve resilience and overall quality of life.

- It reduces a broad spectrum of symptoms related to pain and anxiety in cancer patients.
- It shows a significant reduction in all symptoms measured by the Edmonton Symptom Assessment Scale (ESAS).
- Patients surveyed on their resources for healthy adjustments with The Connor-Davidson Resilience Scale (CD-RISC) and with a study by Friberg et al. (2003) report from slight to increasingly significant improvements after 1 to 6 sessions.

In addition to Hillman's point, which challenges the very definition of healing and the very role and measurability of psychotherapy compared to the medical model, it is worth noting an additional obstacle to the manifestation of the thesis. As this scenario brings empowerment to the client, it also presents challenges. The obstacle is inherent in the above mentioned patient-centered approach formulated by Carl Rogers (1965), embraced by Natalie Rogers as a fundamental principle in Expressive Arts Therapy. This obstacle is a very real and common occurrence when working with clients in general, and specifically with cancer patients. As previously stated, a person needs to want to do the work, to show up, to be proactive in their healing process; to get their hands dirty, to wait for the image to appear or for the paint to dry before proceeding, and to be with the frustration of noticing a mistake and figuring out how to accept it, fix it, or transform it into an opportunity for developing awareness, beauty, meaning; to spend time with an image; to find comfort in the uncomfortable position of not knowing what happens next, to be open to new meaning, and to invest in a regular practice, as opposed to asking a professional to fix the problem or prescribe a drug. It is very different from receiving a massage or an acupuncture session, where the clients lies down and relaxes while the

therapist applies his/her techniques to the client. It is an empowering and transformative process the client performs, as opposed to something done to them.

As previously noted, Hillman points us to what he calls the “vicious circle, the hermeneutic circle; endless analysis as the unconscious material keeps being produced and expressed . . . the never ending process of soul making through hermeneutic conversion” (Hillman, 1983b, p. 31), mastered by Freud and Jung.

As seen in Chapter 2, in *Suicide and the Soul* Hillman (1998) points out the peculiarity of the soul history; similarly, I have been taking advantage of the non-chronological order of events in story telling processes like PhotoPainting and The Artful Book of Wonders, to encourage and welcome the expression of inscapes, to allow for a new narrative to emerge from the unconscious, and open to a new prospective, new insights.

This confirm what I previously stated, that my thesis is an invitation to embrace our integrated human experience which dwells beyond an either/or dualistic view.

Participants are not the only ones who experience healing and transformation. This journey transformed my consciousness and awareness as well. I notice that I have been slowly feeling more comfortable with openly using and communicating the spiritual side of our work through Expressive Arts Therapy—something that I realize I have been cautious or even reluctant to focus on, since my concern has been not to alienate the conventional medical establishment, and being welcome and recognized as a grounded practitioner with a solid foundation in evidence-based research and methodology.

After more than 6 years working and volunteering at San Diego Cancer Research Institute I have been feeling more and more comfortable in sharing and allowing a

spiritual awareness to inform my practice and communicating it, within our team as well as with the patients. I am indeed seen as a grounded, wise practitioner, very dedicated and compassionate, appreciated by our patients, and respected by our team. I have increasingly gained trust and freedom to carry on and grow my programs without interference. I feel very happy with this situation and I feel motivated to always look deeper, grow professionally and personally, and improve my offerings.

A shift has happened and it feels very good. The art exhibitions with our patients' artwork and the well-attended receptions by all artists, families, friends, neighbors, and the community at large have something to do with it too—they opened up a deeper awareness in everyone and for me also increased responsibility toward my participants.

Also, in regard to the methodology, throughout my experience with the Expressive Arts I have observed that once we, either the therapist or the patient, stop and read the symbols in our visual images or stories, we realize that the unconscious stops revealing its insights and imaginative life to us; the process is not flowing and deepening because we are trying to make sense of what just happened, as we desperately seek certainty, our grounding truth. This is a short-term coping mechanism that helps rebuild resilience. It is especially evident with cancer patients who are confronted with uncertainty throughout their journey, and especially after the trauma of diagnosis and physical, emotional changes have left them more vulnerable, with open wounds in their bodies and in their psyche. The role of Expressive Arts Therapy facilitator is also to refrain from interpreting and revealing what the images or artwork mean to the client, as the facilitator would interfere by consciously or unconsciously bringing his/her own bias and by interfering with the client's readiness and process.

There are inherent challenges with implementing Expressive Arts Therapy programs and assessing the therapeutic value of Expressive Arts for clinical applications.

The conventional scientific medical mode does not allow for narrative support of results, or for changing its approach as symptom- and drug-based care. Moreover, it is not realistic to expect that studies can be set up and conducted according to the clinical model of isolating a control group, since patients who voluntarily participate in the Expressive Arts might also be more inclined to participate in other healing modalities and to be more proactive in their care and psychosocial engagement, while others might choose to avail themselves of a wide range and variety of complementary therapies outside the hospital. No patient-centered, well-intentioned study or researcher should interfere with the well-being of the patients.

Another challenge to the effectiveness of the Expressive Arts specifically in patients and broadly for the general public is for the patients to seek and want to do the work, to be engaged and proactive with the material and with the creative process, open, receptive, and respectful of others in the group non following the same path.

This transformation has to happen from the patients themselves; they create the images, in any form they feel they can. The images, music, dance, or drama will be used to rehearse acknowledgement, dialog, and change of real life, in a safe and attainable way.

Recommendations

The phenomenology and considerations highlighted in this dissertation provide snapshots within a continuum of care and lived experiences. Clearly there is a role for Expressive Arts Therapy in any medical setting, especially in the oncology arena, as a

supportive adjunct to the clinical care associated with the traditional medical model. The incorporation of Expressive Arts Therapy into a comprehensive cancer care program brings an increased sense of awareness, connection, and well-being among those patients in active treatment who chose to participate in the Expressive Arts to manage stress, express their feelings, doubts, and challenges, and overall as a therapeutic process. Some patients even bring adult family members or hired caregivers to the sessions; they have been participating actively and have been very supportive of their own relative/client, and also of the other participants.

Each individual has been also becoming more aware of previous life experiences without the support and insights of the Expressive Arts. Often they continue practicing on their own or seek other relaxing, engaging, and/or creative experiences once they leave the program, as they realize the positive difference Expressive Arts made in their lives.

Since studies have suggested that an increased sense of patients' well-being often results in increased patient compliance and better clinical outcomes, incorporating Expressive Arts Therapy into the oncology medical setting makes sense from the standpoint of a comprehensive, integrated, and patient-centered program development.

The clinical teams certainly benefit from a more cooperative environment, from higher degree of satisfaction on the side of the patients and their families, expanded awareness, compassion, and a culture of trust.

More in-depth studies on the direct effects of Expressive Arts Therapy in integrated patient care regarding the amount and frequency of prescription and over-the-

counter drugs, emergency room visits, and doctor visits should take place to paint an adequate picture.

I submit also that simple studies show the necessary evidence and are quite effective in convincing clinicians and administrators to allocate resources toward modalities like Expressive Arts Therapy. For example, the *Psycho-Oncology Journal* published a review by Michele J. Wood, Alexander Molassiotis, and Sheila Payne in 2011 where they were looking for evidence for the use of art therapy in the management of symptoms in adults with cancer. Soon simple tests like taking salivary samples and measuring cortisol levels with immediate, accurate results will be available through an application for smart phones and tablets, and the costs will be so negligible that it will be available to large segments of the population as well as in clinical settings (Choi, Kim, Yang, Lee, Joo, & Jung, 2014).

This is one of the areas of research being considered by the Department of Psychology at California State University San Marcos in partnership with UC San Diego Moores Cancer Center and UC San Diego Center for Integrative Medicine, and I will be a part of the research team.

The U.S. Department of Health and Human Services and the National Institute of Health issued a mandate in preparation of new guidelines for biopsychosocial screening starting in 2015, which will specifically assess stress levels and causes in all patients, and therefore stress in patients' needs to be acknowledged, recognized, and addressed; tools need to be developed and implemented. This new mandate opens the door for more comprehensive psychosocial services available to patients.

As previously noted, James Hillman in *Healing Fiction* (1983) points us also to

if the psyche's dis-ease is central to its mode of being in the world, then its discomforts and loose ends last as long as life itself. The fantasy that our pathologies can finally be cured Hillman has repeatedly shown to be a perverse misapplication of the medical model to psychotherapy, whose true function is to sustain and guide our conscious participation in the psyche world we (largely unconsciously) generate in every moment of living. (Hillman, 1983a, p. 86)

In other words, a truth-centered psychotherapy model should be different from the medical model, since psychological healing does not fit the same definition of physical healing, which focuses on repairing and/or restoring the body to the condition before the injury or the illness happened. Psyche heals in the process of evolving with awareness, empathy, acceptance, and wisdom.

And furthermore, to touch on the natural tendency of setting up expectations: Healing is not a procedure leading to a product, a concretized health person; healing is a life process that begins with our acceptance of our fictive realities and authorial roles within them, the acceptance, that is, of myself as the arena I create for specific independently originating psychic forces. (Hillman, 1983b, p. x).

In closing, the following quote found in *Compassion and the Individual by His Holiness the Dalai Lama* (2010) is a fine synthesis to support my purpose of assisting others through Expressive Arts Therapy:

I believe that the very purpose of life is to be happy. From the very core of our being, we desire contentment... I have found that the more we care for the happiness of others, the greater is our own sense of well-being. Cultivating a close, warmhearted feeling for others automatically puts the mind at ease. It helps

remove whatever fears or insecurities we may have and gives us the strength to cope with any obstacles. (Gyatzo, Compassion and the Individual message)

BIOGRAPHICAL SKETCH

Alessandra Colfi holds a B.A. in Linguistics, a Master in Fine Art, and is a Ph.D. candidate in Expressive Arts Therapy. She is a Faculty and the Associate Director of the Expressive Arts Therapy Department at IUPS, a member of the International Expressive Arts Therapy Association, Americans for the Arts, and Arts Health Network Canada. Her background in design & fine art is combined with extensive studies and practical application of Behavioral Science, Counseling, Transpersonal and Humanistic Psychology, Art as Therapy, Dance/Movement Therapy, NIA, Yoga, Play Therapy, and Psychodrama. Ms. Colfi is also a Zumba® Instructor and a Cuban Salsa dancer.

Ms. Colfi has been using the arts and their therapeutic effects for over 15 years in private and clinical settings assisting oncology patients, victims of trauma, war veterans, developmentally disabled adults and children, and the general population of adults, teens, and children. Ms. Colfi also collaborates with her husband William Leslie in creating LightSculptures – artistic lighting fixtures. Ms. Colfi received numerous awards for her artwork and volunteer service, and in 2014 she received an Award of Excellence for contributing to improving the quality of life of cancer patients in San Diego County with San Diego Cancer Research Institute.

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APPENDIX A

PATIENTS AND CAREGIVERS' TESTIMONIALS FOR EXPRESSIVE ARTS THERAPY FACILITATED BY ALESSANDRA COLFI

The following statements have been freely given and their use authorized by patients and caregivers participating in the Expressive Arts Therapy sessions.

'It got me away from my cancer pain and future outcome' ~ R.D.R., Carlsbad, CA

*'It does not help me to walk better, but it does help me to live with it...I lose myself and what I may worry about'. 'I don't think about my problem; it's fun to see what others do'
~ M.B.K., Carlsbad, CA*

'Thank you so much for nurturing my inner thoughts and helping me to know more of who I am'. ~ N.S., San Diego, CA

'You are the best; you have made my journey easier'. ~ P.C., Carlsbad

*'Thank you for everything! I am a new person when I get together with all of you. It really is a 'pick me up!'
V.R., Vista, CA*

'I thought I couldn't do anything with my hands anymore, due to neuropathy, but to my surprise and relief I discovered that I can paint, make collages, play with all the fun art materials and techniques – a big part of my day and "mood-lifter"!' ~ P.B., Carlsbad, CA

*'It is essential to slow down and let go of the outside, in favor of my own interior, regularly'
~ J.P., Encinitas, CA*

'I found it enjoyable and it helped in releasing some anxiety I was feeling when I arrived'.

'I enjoyed playing with the different things and feel proud of myself for what I have created so far' ~ N.D., Poway, CA

'Thank you for having me in your classes last year as it I was definitely something positive for me to look forward to. Caregivers suffer and need some TLC sometimes too'
~ A.M., Vancouver, Canada

'Calming, creative, wonderful' ~ G.B., San Diego, CA

What an interesting and fun class last night. It was also so nice being with you and all the lovely ladies Your classes are so gratifying and I admire you for giving your time and interest to those going thru such difficult times. Thank you for all that you give and do. You are an inspiration to all of us. Warm Regards, S.H.

*'I was captured (by) how playful this class was'
'My heart is filled with joy, peace and happiness by the time I leave the class'
'Yes, it helps a lot. The will to live is strong and to fight the disease back becomes a command'* ~ V.R., Encinitas, CA

'Fun, expressive'; 'Emotional, touching'; 'Joyous' ~ I.G., Vista, CA

'Very positive, encouraging. Excellent facilitator' ~ S.M., San Diego, CA

'it gives so much joy' ~ V.R., Encinitas, CA

'I feel very relaxed and happy' ~ G.B., San Diego, CA

'It was quite challenging for me to do this, and I LOVE the results! I so appreciate your support and encouragement' ~ U.M.I., Carlsbad, CA

'Thanks for today's class. I didn't realize how much this vacation was really bothering me. I can look at it from a different perspective now as what it should be. Lee will be surprised, but will thank u also.' K.G., Encinitas, CA

'I enjoyed the workshop yesterday. I knew I would! I was hoping it would stimulate to start my own projects and I already have.' ~ V.C., Encinitas, CA

'Joy, healing and creative. Thank you!' ~ N.K., Encinitas, CA

'Much needed – Opened new avenues I was hoping to find. It helps balance all my current experiences' ~ K.K., Encinitas, CA

'I loved it and Alessandra too! It is something to look forward too!!!' ~ L.I., Carlsbad, CA

'I always look forward to your classes and inspiration!' ~ P.L., Encinitas, CA

My friend D. does not share with many people and this is a treasured opportunity to support her as a caregiver. She pretends she is coming for me. And I pretend I'm coming for her. But we all know we are coming for it all! – V.C., Encinitas, CA

I had a fab (!) massage from Amy today. I owe it to you. N.S., San Diego, CA

*'I do my best to enjoy the class you are offering since there's new development with cancer. It is always a joy to be with you. Fondly, R.R., Carlsbad, CA
As a family member and caregiver for a patient, I have heard and seen firsthand how special your art class is. My mother looks forward to her class every week. It has been lovely watching my mom embrace a creative expression she didn't know she had. Without Alessandra's guidance and encouragement, I don't think my mom would be using art to help process her experience. Alessandra's art class is a wonderful facet of the care my mom is receiving.'* - D.S., San Diego, CA

'Alessandra, thanks for the fun art class! The center is fortunate to have you and your talent!' ~ S.S., San Diego, CA

'Alessandra, I loved your Zumba class and I am looking forward to attending more.'
~ B.R., Vista, CA

'Alessandra, thank you for the great class. This process was liberating. You are such a sweet person. I hope you know how appreciated you are and I am pretty sure I am not just talking for myself.' ~ L.A.S., Oceanside, CA

'Just wanted to thank you for your amazing classes and helping inspire fledging artists like me! The art therapy classes made such a difference for me after my treatment and since then! I know I haven't been around for a while, but bringing LeighAnne in last week reminded me how wonderful the classes and what you do is!' ~ J.G., San Marcos

'You guys do a FANTASTIC job in keeping patients safe through all the integrative oncology programs that you offer to the community!' – S.F., San Diego

'As always, after I attend one of your classes, I come away more focused, more energized and more peaceful.' ~ K.G., Encinitas

'It was great to see you again, and reconnect with the other artists in our class. I learned so much this weekend, and want to remember it all. I felt I was in the right place on so many levels. Very healing.' ~ N.F., San Diego

*'T.M. had a breakthrough at the mini-retreat and today she confirmed her shift by expressing satisfaction and joy while she was making her prayer flag - actually 2 flags at the same time! - At the end of the sessions she did tell me that her son noticed how happy she looks when she comes to EXT... see her message here below.
Thank you both for your wisdom!' ~ A.C., San Diego, CA*

'I enjoyed today, and after I returned home and had a chat with my son, he commented that he could see it on my face, the changes since I began to come to SDCRI. I believe I shared with you that he is so happy when I head out to Encinitas...' ~ T.M., Oceanside, CA

'I am grateful for Mary's tireless efforts to keep things going, and for you, Daniela and the other volunteers who give their love and energy to holistic wholesome recovery!' ~ U.M., Carlsbad, CA

'I'm a full year into this new exciting phase of my life and I am doing wonderfully, thanks in large part to you, and my physician. I delve occasionally into my art and continue to journal. I miss you and the gang. I know that being around cancer can be tough so please take encouragement in knowing that your work is appreciated and has tangible benefits.' ~ D.T. San Diego

'...thank you so much for the opportunity to reach inside and touch some of the artistic impulses inside me and to bring them to the surface to aid in soothing a soul that was touched by cancer. Of course, there is much more digging and unearthing of that creative spirit to go, but I am happy I had such a wonderful guide—you—to stir them up and start me on the path. Thank you, dear Alessandra, for that! Keep spreading your very palpable joy of artistic creativity to us novices—it's so important and appreciated!' ~ E.C., San Diego, CA

'Dear Alessandra,

It was great getting to talk with you yesterday. Thank you for all you do for others. The breadth of your talents and generosity is amazing. Love', ~ K.M., Encinitas, CA

'Alessandra, I think you have successfully raised many children-just some of us look like adults :) Thank you for your nurturing. In a short time, you have had a very profound impact on my life.' ~ N.S., San Diego, CA

'I'm so thankful that you and the group of volunteers are there for us and celebrate us every time we meet. Our road is challenging but it is made easier by our leadership and group members who love and support us.' ~ L.M., San Marcos, CA

'Thank you for all you do for us. You have enriched my life and others. I look forward to our sessions. Namaste' ~ T.N., Del Mar, CA

'I think the Zumba is so good for so many reasons! Just when I thought I had body awareness, this brings such a new challenge! The incorporation of so much right/brain left/brain movements is so great for the nerve myelination and the movement and shaking of the lymph is so valuable. Thank you for bringing it to us!!'

~ Justine Shelton, E-RYT 500

*AVI Certified Viniyoga Therapist
Co-Director, Yoga Vista Academy*

*'You are a dynamite instructor, Alessandra.
We are ALL blessed to have you helping us attain physical and mental strengths.
Thank you ever so much.
With Love and God Bless' ~ C.M., Encinitas, CA*

*'I am so grateful for all that you have done and continue to provide to all of us cancer survivors. Please let me know if there is anything I can do to assist you with your programs and efforts to help those who are experiencing the pain of or recovery from cancer. You are an angel in my life and in the lives of many, many others.
Bless you for all that you do to make the world a better place to live in...
Fondly and God bless you and yours' ~ C.M., Carmel Valley, CA*

APPENDIX B

PhotoPainting Article

(Published in IEATA News, 2011)

In conjunction with a research study focused on resilience in cancer patients and caregivers lead by Dr. Paul Brenner, MD, Ph.D. at San Diego Cancer Center and Research Institute – SDCC / SDCRI - in Encinitas, patients and caregivers have been offered the opportunity to look at their experiences through the lens of a camera and to express them in a new and potentially insightful visual story format by adding paint, texture and collage in a mixed-media expressive art therapy process called PhotoPainting.

PhotoPainting is offered in cycles of 6 weekly sessions, several times a year; the first pilot program started Friday, June 18, 2010 and ended Friday July 23, 2010. The program is free and includes all art materials and disposable cameras; participation has been limited to 12 people with reservations. At any given session, 6 to 10 participants showed up.

The PhotoPainting series is facilitated by Alessandra Colfi, Ph.D.(c), Expressive Arts therapist, and was co-created with Mary Hollander, R.N., who coordinates the Volunteer Integrative Program at SDCRI, Paul Brenner, M.D., Ph.D., and Rekha Chakraburty, Ph.D., MFT.

PhotoPainting provides participants with the opportunity to tell their stories as they unfold through images, while they integrate them as a symbolic reflection and transformation of their healing journey. The PhotoPainting Playshop is designed as a process of exploration, celebration, creativity, and healing; it will be followed up with short and long-term evaluations and new sessions throughout the year.

GOALS & OBJECTIVES

The purpose of engaging cancer patients and caregivers in the PhotoPainting - Expressive Arts Therapy sessions is to assess, evaluate and support/enhance individuals'

resilience, their ability to access their inner resources and cope with challenges; it also surveys any change occurring as a result of participating in the processes of working with feelings and events related to their experiences with cancer, through pictures, symbols and hands on painting.

The assumption is that the human psyche – or soul - needs to express itself in order to stay or become healthy, and being in support of the mind and body throughout life's experiences. The Expressive Arts Therapy processes offered within the PhotoPainting format are designed to facilitate and allow for a non-threatening approach to self-expression and exploration; they are grounded in Jungian psychotherapy and in the patient-centered approach which aim at facilitating the unconscious to emerge and become a useful ally to each individual.

Participants have been engaged in simple processes of self-reflection and in transforming their internal dialogue into images and potentially forming new associations and connections; also, the visual and tactile experience facilitates reaching deeper into the unconscious and intuitive wisdom to potentially gain awareness, guidance, acceptance and inner peace.

The PhotoPainting process has generated a series of collages and paintings as a result of each session being designed to build up methods and skills, as well to create a welcoming space and opportunity to share; the culmination is a mixed-media painting made by each participant, incorporating their own photographs, painting layers of rich colors and interesting textures. A CD with images and video clips is included here.

Participants are engaged with ease and playfulness, stating clearly about the importance of their enjoyment and being engaged in a meaningful process, above any expectation of result or outcome. As stated and practiced in all Expressive Arts Therapy sessions, relieving stress and providing a meaningful and playful opportunity for self-expression or to provide a much needed respite is always our priority.

There is a coordinated effort in the works for a collective exhibition of the PhotoPainting artwork at the Encinitas Library, as well as at the Front Porch Gallery in Carlsbad, with the scope of increasing awareness and recognition of SDCC / SDCRI comprehensive care and of providing an opportunity for our patients to be directly

involved in such endeavor, engage family and friends, as well as to keep supporting their healing process.

METHODS

All participants were asked to participate in a 6-session series, and at the same time were given them the flexibility to miss 1 or 2 sessions; this provision takes into the account that cancer patients might not feel well on any given day or they might undergo treatment or testing in a different location at the same time our session occurs. Also survivors and caregivers might at times need to attend other commitments. Patients undergoing treatment at SDCC were always able to join in the activities and accommodations were made to facilitate their participation – see photo in NC Times as an example.

At the start of every session, all collages/paintings were displayed on the wall for everyone to surround themselves with their artwork and meaningful images, like being in their ‘art studio’, and for spontaneous comments to emerge. Participants were always invited to share their thoughts and to ask questions.

1st session - Welcome and introduction

At the very beginning participants were welcomed and an informal sharing of information took place; they were asked to complete a self-assessment form focusing on surveying their resilience; in addition, all participants were asked to read and sign an informed consent form and provide personal contact info; also a release form for any picture or video taken during the sessions.

Once all these were completed, we started the process of collecting personal statements and interests; I gave a general explanation of what was going to happen during the session. The main concern in this type of group settings is to establish an atmosphere of safety and non-judgment, in order to allow freedom of expression and the best possible outcome for the participants. Moreover, in order to help participants staying ‘in the moment’ and just focusing on the tasks at hand, very little information was given as far as planning ahead, what was going to happen next, etc. This is intended to facilitate spontaneity and intuitive association. This approach works when participants have a certain degree of trust and confidence in the facilitator; in this case, it can be attributed to

the fact that several of the same patients have been participating to my Expressive Arts Therapy sessions for about a year and were familiar with my approach and methods used.

As it often happens in these circumstances, several participants came in late at different points during the session and therefore several interruptions to ease them into the process had to occur; understandably, the rest of the group was eager to proceed and yet not too visibly impatient!

All participants were invited first to familiarize themselves with making an intuitive magazine photo collage, by selecting 5 to 10 images they felt intuitively attracted to or somewhat uncomfortable with, from a random pool, without asking themselves why they liked them or not, or how they would fit with one another. Some participants had to be encouraged to pick out a few more images, while others dove in collecting as many as they could.

Participants chose a colored paper background to start arranging their images on, getting used to the more 'hands-on' tearing of the edges instead of cutting them, overlapping some of them, leaving space in between or covering the whole surface... all feedback and exchanges were visual and intuitive; questions for reflection and to facilitate the process of 'telling a story' as it appeared in front of them were offered. Some participants showed a specific intention in creating a story; some were open to *let their story unfold*.

All collages were displayed for the whole group to see and make comment on. Each participant was encouraged and prompted to reflect and 'stay' with their collages, in order to establish an open dialog with it, exchange questions and remarks with the images.

For example, one patient picked an image of a snowman looking sad and melting while sitting on a bench – she said she had no idea why she picked this one and what to read in it – a few minutes later, she had glued the image of the sun - either setting or dawning - over the earth's curved surface, overlapping and a bit imposing over the snow man. She said she felt in awe about the universe, and I suggested to further inquire about her feelings and the relationship between the snowman and the 'cosmic' image. A little time went by; I came back around, offered hints, made suggestions... she did notice a

feeling of powerlessness, and at the same time ‘melting of the old self’, ‘letting go’ and hope given by the sunrise –in a way this is the beginning of her new life.

I feel it’s empowering for participants to come to their own insights, to stay with their own questions, as opposed to offer a reading. My role is to offer support, questions to help them continue their self-reflection and feedback for the participants to find their own answers.

At the end of the session each participant was given a disposable camera and invited to take pictures of what was meaningful, attractive and potentially supportive of them, and/or challenging or uncomfortable, during their healing journey. It was explained to them they had total control of what they were going to photograph and when. For their convenience, I would receive all the cameras back by the 4th session, so I would take care of processing their photos and making copies of each one and bring them at the 5th session. On the 5th session they would start selecting and playing with the layout; when they felt ready, they would glue the pictures and paint on their canvas, to integrate them into ‘their story’; then continue painting at the last session.

From now on, all participants were encouraged to display their work at home or at least keep their work where they could see it many times during the week.

‘I enjoyed the workshop yesterday. I knew I would! I was hoping it would stimulate to start my own projects and I already have.’ V.C., Encinitas

2nd session – Introduction to Universal Symbols & Demo

All collages were displayed on the wall for everyone to surround themselves with their artwork and meaningful images and for spontaneous comments to emerge.

Participants were always invited to share their thoughts and to ask questions.

Symbols are all around us and inside of us; we unconsciously and/or consciously notice them and use them in our lives... this is a ‘taste’ in learning how to notice them, use them consciously and make them our allies! The 5 universal shapes as explained by Angeles Arrien were used in a fun and insightful exercise. Consequently, participants were encouraged to keep those symbols in mind and use them in their PhotoPainting as they wish.

The second half of the session was dedicate to my demo of painting and texturing, while participants had practice sheets and materials available to become familiar with the

paint and texturing techniques on their own. I feel this was the session that ‘hooked’ participants in wanting to learn this painting technique, keep exploring and come back for more!

3rd session – Demo & Practice

As we continued practicing the painting techniques, participants kept themselves engaged with exploring the materials and brainstorming ideas, which made for a very playful and bonding session.

4th Session: Putting it all Together

Participants were invited to start by collecting 5 to 6 magazine images according to the same criteria as they did the first time – no more this time! – and start tearing edges and playing with a layout that was pleasing to them, on a sheet of watercolor paper. After they were happy with the layout, we used this collage to practice layering paint and texturing to blend images into the painting, incorporating them and integrating them, as a symbolic process of the psyche integrating and making sense of life’s experiences.

Patients spent quite some time experimenting with the texturing techniques and learning the different painting effects.

Most cameras were collected for photo processing. A couple of participants didn’t have their cameras ready for me to process their film and promised to have it the following week or they would do it on their own – which didn’t happen.

5th & 6th Session – PhotoPainting in the Making

Several participants received and review their photos and photocopies; photocopies are better suited because of the thinner paper on which they are printed and because this eliminates the anxiety associated with using the original photos and risking ‘making mistakes’.

Everyone was given a canvas; individual guidance was offered as always, to process layout options and to monitor comments and feelings around their ‘real’ stories.

As the paintings started coming to life, so did friendships within the groups. Spontaneous sharing and new materials showed up as themes and images came into play.

Two sessions to complete a painting have not given participants enough time; a third session is necessary, especially with a larger group where individual attention at this

phase of the painting is crucial to ensure feeling of support and ease in the art techniques; also, as previously stated, participants might miss one of the sessions.

RESULTS

The survey on resilience taken at the end of the last session compares with the one taken at the beginning of the first session with a slight upward raise towards increased resilience in most areas. The chosen numbers which represent how each participant feels in each instance show a very slight improvement, and in some cases, a higher jump especially in regards with anxiety; verbal comments and testimonials are all very enthusiastic. A few participants assessed themselves high on each resource scale, most rated themselves high in some areas and mid- to low in other areas. Most participants would like to continue these kinds of sessions and feel they would benefit from individual sessions as well. Not only they all enjoyed the PhotoPainting activity, but they feel strongly that it helped them in their experience with cancer.

All forms are available for in depth evaluation.

Extra Session – PhotoPainting finishing touches and verbal process

I invited all participants back for an additional session – only 2 people attended. One is a former caregiver dealing with ataxia; one is a former patient, no longer in treatment, but dealing with post-treatment issues. She is struggling to find ‘her voice’. We mostly did hands-on painting, since participants really love this technique and then we stopped to reflect on the whole process. Confidence has improved; playing and creating together and staying focused on the joy in their lives and to one another gives them strength and motivation.

Testimonials

One participant recognized and expressed gratitude for having been able to travel around the world when she was healthy and her final painting is a witness to this. ‘*For me I realized it was a good thing I did most of my travel when I felt better.*’ ~ M.B.K., Carlsbad. She used images from her past travels and didn’t use the camera to take new pictures; she also expressed that she would have liked to start her painting sooner, since she had already the images – obviously, this would have required a different workshop format and would not have worked for everyone.

'I enjoyed playing with the different things and feel proud of myself for what I have created so far' ~ N.D., Poway

'Thank you for everything! I am a new person when I get together with all of you. It really is a "pick me up!" ' . V.R. Encinitas, CA.

'enjoyed progression of artwork' – I.G., Vista

'Joy, healing and creative. Thank you!'. ~ N.K. Encinitas

'Much needed – Opened new avenues I was hoping to find. It helps balance all my current experiences' K.K., Encinitas

'I loved it and Alessandra too! It was something to look forward too!!' L.I., Carlsbad

CONCLUSIONS

This project is one snapshot within a continuum; there needs to be a discussion with the whole research team on patients' resilience and how to support and foster it in them. Clearly, there is a role for Expressive Arts Therapy in the medical setting, especially in the oncology arena, as a supportive adjunct to the clinical care associated with the traditional medical model. The incorporation of EXT into a comprehensive cancer care program brings an increased sense of connection and well being among those patients in active treatment who chose to participate in the EXT therapeutic process.

Some patients brought in a family member for a session; they also participated actively and were very supportive of their own relative and also of the other participants. Since studies have suggested that an increased sense of patient well being often results in increased patient compliance and better clinical outcomes, incorporating Expressive Arts Therapy into the oncology medical setting makes sense from the standpoint of progressive, patient-centered program development.

RECOMMENDATIONS

Recommendations will stem from our follow up discussions. In the meantime, here are those related to this specific process.

Some of the patients missed a few sessions and some the last session for a variety of reasons; I would incorporate at least one individual session to close the process and allow each participant to dialog with their artwork and acknowledge what they accomplished and the meaning it has on a very personal level.

Many participants also stated that they would like a 3-hour session, since it takes them a while to get started and once they are ‘in the flow’ and immersed in it, they don’t feel like stopping – 2 hours flew by very quickly each time!

A couple of participants didn’t have their cameras ready for me to process their film and promised to have it done on their own – which didn’t happen. In order to accomplish this task, I would have had to meet with these patients separately and figure out the logistics to have everyone’s pictures ready by the following session. Besides, taking a bunch of pictures in a few days ‘just to do it’ didn’t fit the purpose of this process and didn’t feel very meaningful to me. The fine line between coaching/allowing for people to take responsibility and expecting them to comply can be discussed.

My recommendation is to continue offering series of sessions to patients in partnership with the medical research to survey their resilience to diagnosis and their improved response to medical treatments, stress management and overall quality of life, including work, personal interests and relationships.

‘The creative activity of imagination frees man from his bondage to the ‘nothing but’ and raises him to the status of one who plays. As Schiller says, man is completely human only when he is at play.’ - C.G. Jung

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APPENDIX C

OTHER RESOURCES

The following books and publications have informed my knowledge and my Expressive Arts Therapy practice over the past 15 years and I highly recommend them to students and colleagues for further development of their knowledge and skills.

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APPENDIX D

FORMS

Edmonton Symptom Assessment System (ESAS)

Edmonton Symptom Assessment System (ESAS)

Please circle the number that best describes:

No pain 0 1 2 3 4 5 6 7 8 9 10 Worst possible pain

Not tired 0 1 2 3 4 5 6 7 8 9 10 Worst possible tiredness

Not nauseated 0 1 2 3 4 5 6 7 8 9 10 Worst possible nausea

Not depressed 0 1 2 3 4 5 6 7 8 9 10 Worst possible depression

Not anxious 0 1 2 3 4 5 6 7 8 9 10 Worst possible anxiety

Not drowsy 0 1 2 3 4 5 6 7 8 9 10 Worst possible drowsiness

Best appetite 0 1 2 3 4 5 6 7 8 9 10 Worst possible appetite

Best feeling of wellbeing 0 1 2 3 4 5 6 7 8 9 10 Worst possible feeling of wellbeing

No shortness of breath 0 1 2 3 4 5 6 7 8 9 10 Worst possible shortness of breath

Other problem 0 1 2 3 4 5 6 7 8 9 10

Patient's Name _____

Date _____ Time _____

Complete by (*check one*)

Patient

Caregiver

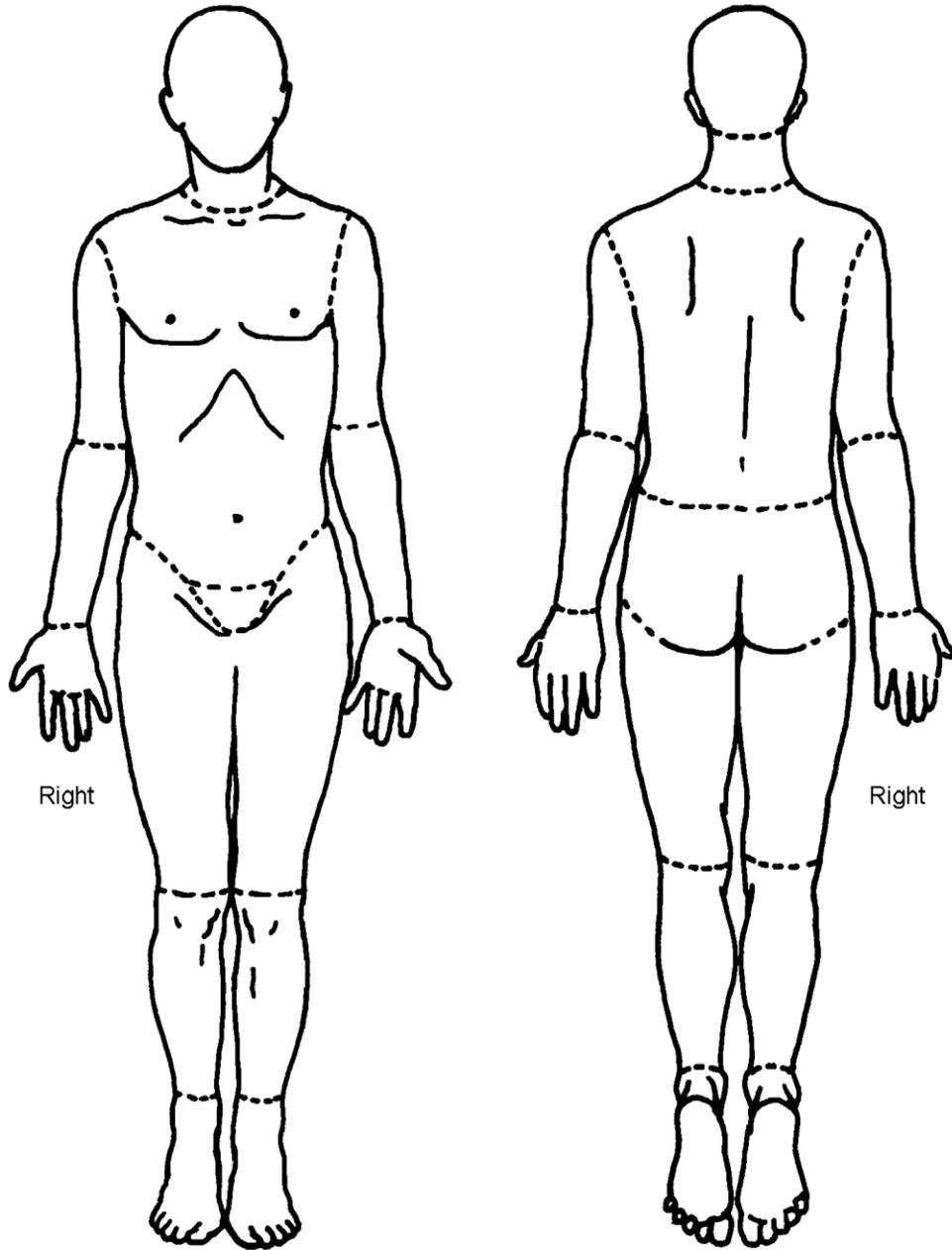
Caregiver assisted

BODY DIAGRAM ON REVERSE SIDE

August, 2006

Used with permission from the Regional Palliative Care Program, Capital Health, Edmonton, Alberta, 2006

Please mark on these pictures where it is you hurt.



BIOGRAPHICAL SKETCH

Alessandra Colfi holds a B.A. in Linguistics, a Master in Fine Art, and is a Ph.D. candidate in Expressive Arts Therapy. She is a Faculty and the Associate Director of the Expressive Arts Therapy Department at IUPS, a member of the International Expressive Arts Therapy Association, Americans for the Arts, and Arts Health Network Canada.

Her background in design & fine art is combined with extensive studies and practical application of Behavioral Science, Counseling, Transpersonal and Humanistic Psychology, Art as Therapy, Dance/Movement Therapy, Zumba, Yoga, Play Therapy, and Psychodrama. Ms. Colfi has been using the arts and their therapeutic effects for over 13 years in private and clinical settings assisting oncology patients, victims of trauma, war veterans, developmentally disabled adults and children, and the general population of adults, teens, and children. Ms. Colfi also collaborates with her husband William Leslie in creating LightSculptures – artistic lighting fixtures. Ms. Colfi received numerous awards for her artwork and volunteer service, and in 2014 she received an Award of Excellence for contributing to improving the quality of life of cancer patients in San Diego County with San Diego Cancer Research Institute.