

The Art of Therapy

ART THERAPY AND CLINICAL NEUROSCIENCE IN ACTION

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Art therapy is a visual-expressive approach to relational therapies in which non-verbal expressions are made easier by creating simple forms, colors or cut-outs. Three decades of clinical experience have shown me how the approach can provide clients with sensory integrated experiences that facilitate change and safely counterbalance traumatic environmental influences. The art therapy processes involved in these experiences help regulate and recruit stress and fear-based subcortical right hemisphere quick stress-survival responses necessary for therapeutic outcomes (Bigsiach & Berti, 1990; Leusbrink, 2004; Langhinrichsen & Tucker, 1990; Ledoux, 1996, 2002; Springer & Deutsch, 1989; Martindale, 1990, Schore 2003). Verbal discussion of clients' art products can further help enlist explicit memory and consolidate verbal autobiographies by bringing the left hemisphere and the hippocampus online (Cozolino, 2002; Siegel, 1999). Unique to these art-therapy conversations is that they capitulate on right hemispheric language (Kane, 2004).

Art therapists encourage clients to take action by putting the image forward in a tangible, sensory and visible art expression. This is a concrete, sensory-oriented activity (Ogden & Minton, 2000) within a therapeutic relationship that results in an art product (Achterberg, 1999; Camic, 1999;

Naparstek, 1994). The art can uniquely assist necessary therapist-client interpersonal alliance and attachment processes (Main, 2002) as art-making and art products act as a regulatory mechanism that mimics the reiterative dynamics of approach and avoidance observed in mother-child play (Mead, 2001). Art therapists can use this modified therapeutic alliance to *safely* mediate vivid imagery that is congruent with internalized change imagery that the person already has working for him/herself (Anderson, 1997; Naparstek, 1994). Then the art therapist can provide specific feedback in the form of art therapy directives and interpretation (Hass-Cohen, 2003; Riley, 1994).



The art therapist facilitates simple but novel art activities that are easily experienced by the amygdala as interpersonally safer, as well as help generate more active coping responses (Phelps, Delgado, Nearing & Ledoux, 2004). This benign sub-cortical perception of the art product can stimulate an inwardly attuned, alert state

that supports hippocampal processing of new information. Safe symbolic sensory experiences within a therapeutic relationship can bring online a heightened sense of perceived control and well being (Malchiodi, 1999). The sensory-laden vivid artwork created in session can be experienced as real affective experiences accessible to the relational brain. When attention is sufficiently

Hass Cohen, N. Art Therapy And Clinical Neuroscience in Action focused, it is as if the mind does not seem to qualitatively distinguish between a real image and an imagined image (Cappas, Andres-Hyman, & Davidson, 2005; Tart, 1990). This makes sense, as the processing of internal and external imagery share mostly equivalent neurological processes (Faw, 1997; Martindale 1990). It is during these states that art-imagery symbolism also seems to have the unexplained ability to provide symbolic clues about immune system function (Ferencik, Novak, Rovensky, 1998; Ferencik, & Stvrtinova, 1997). These clues can assist in medical arts therapies practices (Achterberg et al., 1994; Brigham, 1994; Dantzer, 1997; Hiramoto et al., 1999; Glaser & Kiecolt-Glaser, 1998; 1999; Malchiodi, 1993, 1999; Naparstek 1994; Spiegel, et al., 1989; Vick & Sexton-Radek, 2005).

GAINS Community Newsletter: Spring2006, 10- 12 To summarize, it is likely that art therapy can help provide distraction and relief from stress (Sapolski 1998, Cozolino, 2002), update memory systems (Ledoux 1998; Dadds, Cutmore, Bovbjerg, Redd, 1997), mediate a compromised immune system (Pennebaker, 1997) and facilitate coherent autobiographical narratives. Foundational to future discussions is the consideration of visual, perceptual, and attentional processes with a tie-in to survival-based responses (Buck, 1992), meaning-making (Siegel, 1999) and forward-functioning executive systems (Faw, 2003). Through relational verbal experiences and concretized art making memory, emotion and cognition are called into bodily action.

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