

# The Expressive Arts Activity Book

## A Resource for Professionals

*Suzanne Darley and Wende Heath*

*Foreword by Gene D. Cohen MD, PhD*

*Photographs by Mark Darley*



Jessica Kingsley Publishers  
London and Philadelphia

First published in 2008  
by Jessica Kingsley Publishers  
116 Pentonville Road  
London N1 9JB, UK  
and  
400 Market Street, Suite 400  
Philadelphia, PA 19106, USA

[www.jkp.com](http://www.jkp.com)

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**Library of Congress Cataloging in Publication Data**

A CIP catalog record for this book is available from the Library of Congress

**British Library Cataloguing in Publication Data**

A CIP catalogue record for this book is available from the British Library

ISBN 978 1 84310 861 0  
ISBN pdf eBook 978 1 84642 737 4

Printed and bound in United States by  
Thomson-Shore, Inc.

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## Foreword

For the longest time, views of disease prevention and health promotion in health care were dominated by concepts of medical interventions (e.g. scheduling vaccinations such as the polio vaccine, treating hypertension to lower the risk of stroke, recommending the intake of small dosages of aspirin to reduce risk of heart attacks, encouraging a regimen of calcium to combat osteoporosis, etc.) along with protective health behaviors (e.g. regular exercise, smoking cessation, moderate drinking, sound nutrition, etc.). Meanwhile, artists and expressive arts therapists alike have long recognized therapeutic, health-promoting and preventive effects that the arts have on the course of health and illness.

But ours is a “show me” society in terms of demanding clear quantitative evidence of positive outcomes from scientific studies before concluding an intervention actually works, no matter how many qualitative reports are published. Moreover, in addition to the evidence, our society demands that we demonstrate a mechanism that explains why something works. Otherwise, the evidence is likely to be dismissed as being questionable or idiosyncratic. The mechanism requirement is particularly the case with behavioral interventions, while with medications there is a double standard, since so many drugs are used where their mechanism of action for the effects they achieve is fundamentally unknown. With the arts, in particular, apparent positive outcomes are often trivialized as “merely reflecting a Hawthorne effect”<sup>1</sup> in the absence of a theory or mechanism to explain what one actually sees.

At last, it is the start of a new day in how the role of the arts is being viewed in enhancing health care. The latest research findings have shown that even individuals with an average age of 80 can show health promotion and disease prevention outcomes when actively involved with the arts. These were the findings of the multi-site national “Creativity and Aging Study” I conducted after a 20-year career of heading programs on aging at the National Institutes on Health (NIH), USA. Support for “The Creativity And Aging Study” was provided by the National Endowment for the Arts and NIH’s National Institute of Mental Health, along with four other federal and private sector programs.

In my “Creativity and Aging Study,” compared to an age-matched and comparably functioning control group at the start of the study, those in the arts programs after only one year showed better overall health, fewer doctor visits, less medication usage, better mental health scores on standardized tests, and increased activities in their everyday life (Cohen 2006). These were true health promotion and disease prevention effects, along with effects that reflected a reduction in risk factors driving the need for long-term care.

This was also a theory-driven study, where two fundamental underlying mechanisms were at work to explain the positive outcomes: (1) Involvement in the arts increases the participants’ sense of mastery—their sense of control. The experience of enhanced sense of control has

1 The idea that a group or individual will change their behavior to meet the expectations of an observer if they are aware they are being observed has become a widely accepted theory known as the Hawthorne effect.

been shown by previous research to be associated, in effect, with an immune system boost—a positive psychoneuroimmunologic response. (2) Those in this study also worked on their art with others, gaining positive group support. Meaningful interpersonal engagement and group support, like sense of control, has also been shown to influence a positive psychoneuroimmunologic effect.

Moreover, the arts themselves in this study (which included music, visual arts, poetry, writing, etc.) had a positive sustaining effect in keeping the participants engaged. After all, we have known that, since cave people, art has been in the soul of the species. And the latest brain research, pointing to more synchronized use of the right and the left brain in the second half of life, suggests that the arts are especially savored in this process. Baby boomers take notice! This may help explain why folk art is dominated by older artists. With aging, in particular, art is *like chocolate to the brain*.

With this as background, *The Expressive Arts Activity Book: A Resource for Professionals* by Suzanne Darley and Wende Heath could not be more timely, given the health care field's new recognition of proven powerful healing effects from involvement with the arts. This is a state-of-the-art book, filled with creative practical techniques, thoughtful advice and lessons from excellent case examples that all health care practitioners—physicians and allied health care professionals alike—can apply for true therapeutic and health-promoting benefits for their patients and clients. It is tailored for all age groups, varied clinical settings, as well as for both individuals and groups. This book promises to be a terrific vehicle for applying the latest findings from research on health care and the arts for the benefit of both practitioners and their patients. As a final comment on the potential impact of what Darley and Heath describe in their important book, the experience of my wife (sculptor and expressive arts therapist), Wendy Miller,<sup>2</sup> is informative. Her exposure to art—like the techniques described in this book—as a hospitalized child profoundly influenced the course of her lifework. Miller writes:

Memories of making art in a hospital have stayed with me for 45 years—stayed with a kinesthetic clarity I wish my aging mind could bring to more recent events! When I was 11 years old, I spent three months at the Children's Hospital in Boston, Mass., recovering from a complicated leg break from a ski accident. This hospital was located three hours from my hometown in Maine, so my parents stayed with me only partially during the time I was there. In my room was a young girl named Cynthia from China with polio, another girl with curvature of the spine, and a third girl with leukemia. We were all frightened and lonely. Over time, we gradually became more comfortable as our needs for play, friendship, care and health were addressed. This process happened in many ways, though it is the activity room and its very special facilitator whose presence I have never forgotten. She created ways for each of us to paint, draw and use clay; most importantly, for each of us to use our imagination in healing ways—to bring our intuition to our fingertips, leaving traces and markings we call art along the way. This was no easy feat, for Cynthia was in an

2 Wendy Miller, PhD, ATR, LPC, REAT, is the co-founder of Create Therapy Institute in Kensington, MD, which houses her private practice and trainings in integrative arts medicine. She is a founding member and elected (past) Executive Co-Chair of the International Expressive Arts Therapy Association (IEATA). Miller has published on medical illness and the arts as complementary medicine, on the use of sandtray therapy with internationally adopted children, on interdisciplinary and experiential approaches to supervision in expressive arts therapy, and on multiculturalism. Miller taught extensively at various universities throughout the USA, where she met and impacted many clinicians in the field, including Wende Heath, who was at one time her student, and has remained a colleague and friend.

iron lung cast, and I was in traction, not to mention the emotional and cultural isolation of living in a hospital away from family and friends, surrounded at such a young age by issues of life and death. I made my very first sculpture there, and it has always been a reminder and a touchstone of my discovery of my life's work as both an artist/sculptor and an expressive arts therapist. My identity in the field was informed by the intimacy of what I learned as a young child, making art bedside.

*Gene D. Cohen, MD, PhD, Director of the Center on Aging, Health and Humanities,  
Professor of Health Care Sciences and Professor of Psychiatry and Behavioral Sciences  
at The George Washington University; author of The Creative Age: Awakening  
Human Potential in the Second Half of Life and  
The Mature Mind: The Positive Power of the Aging Brain*

## Reference

- Cohen, G.D. (2006) "The impact of professionally conducted cultural programs on the physical health, mental health and social functioning of older adults." *The Gerontologist*, 46 (6) 726-734.

# Introduction

Our purpose in writing this book is to encourage the use of art in hospitals, clinics, schools, hospices, churches and in private practice—in fact any place that people turn to for help. This is a cookbook, a specific how-to volume that attempts to reach anyone who is interested in implementing the arts in healing.

These ideas were born in a hospital, and although the activities and guidelines address physical illness, they beg to be adapted to new settings, populations and applications yet to be discovered. The one important exception is that this work should never be used with a psychotic population, because for them the boundary between the real and imaginary is too frail. If, however, a licensed clinician has reason to believe that this would be beneficial, it is up to their discretion.

Just as there are many situations where art can make a difference, there are scores of individuals who can learn to use art in the service of humanity, whether they are art therapists, expressive arts therapists, artists, doctors, psychologists, teachers, occupational therapists, nurses, clergy or individuals who love art. Art is expression and is just as varied as the individuals who participate in the creative process. There are many ways to “do it,” whether one chooses to paint, dance, sing, sculpt, write or combine these different “modes” of expression into a synthesis of one’s own interests, talents or abilities. The multimedia approach allows you to meet the challenging needs of the client. If you have a passion for art and people, try it out.

Art and creativity are what distinguish us as human beings, and through art we can connect and help other human beings, no matter what their age, gender, cultural background or diagnosis may be.

We are sure that you are reading this book because you believe that, too. Be sincere. Respect the power of art and greet your patients with presence. These are the qualities that will turn craft into art and help you to help others.

## **A note on usage**

We have used the term patient throughout for consistency. We acknowledge some readers might use the terms client or service user.

## Why Art?

For many patients the hospital experience is frightening and isolating. Separated from the comforts of home, family and friends the patient has to find a way to adjust to a stressful situation while focusing his/her energies on getting well. It is a tall order. How can we help?

*We can bring art back to the practice of healing.* The expressive arts can be easily adapted for outpatient or hospitalized patients suffering from a physical illness. Imagine the sporty outdoorsman suffering from a broken leg, given the opportunity to careen down the blank page with fiery colors...or the terminal cancer patient, given the chance to express grief or joy through delicate watercolors, creamy pastels or bittersweet poetry. In the creative world of art everything is possible.

In the West, medicine has its roots in ancient Greece. At that time the god of medicine, Apollo, was revered as the god of music, poetry and the fine arts. Medicine and art were indivisible. Healing was necessarily an artistic process. Today, however, instead of entering the temple of Asklepios, where we would be cured by tones, intervals and harmonies, we go to the hospital and put ourselves in the hands of doctors and nurses who are specialists in the physical body. We have divided Apollo's realm, and we believe that it is time again to acknowledge the wisdom and efficacy of including the arts in healing.

If we can accept this simple idea, that art and medicine are connected, we can face our patients with the knowledge that the arts are inherently healing, and with that knowledge, as well as a respect for the role the individual plays in his/her own wellbeing, we can assist her in her search for wholeness.

If we can view illness as being out of tune, then health can be viewed as a state of harmony. "Harmony," "art": these two words share the same root, "ar". The poetess and sculptress, MC Richards, traced the etymology of the English word "art" and found that it meant "to fit together, to join," and that the word "harmony" has the Greek root "harmos," which means "the shoulder where two bones fit together." Thus art and harmony are about connection, about fitting together in a way that holds. We can help our patients toward a harmonious state by helping them to understand their interconnection with the world through the art experience, whether it be through music, painting, drama, movement or the visual arts.

Carl Gustav Jung, the groundbreaking psychologist and philosopher of the last century, also understood that the art experience was crucial to self-knowledge and believed that self-knowledge brought healing. In *Memories, Dreams and Reflections* (Jung 1973) he chronicled his life as an attempt to understand himself through imagery and the artistic process. Although he believed in the activating power of art and its ability to transform and enlighten, it was not always clear to him that the path he followed was art, but he was clear that the artistic process itself brought clarity to his mission. He wrote:



While I was writing down these fantasies, I once asked myself, "What am I really doing? Certainly this has nothing to do with science. But then what is it?" Whereupon a voice within me said, "It is art."

...I said very emphatically to this voice that my fantasies had nothing to do with art, and I felt a great inner resistance. No voice came through, however, and I kept on writing. Then came the next assault, and again the same assertion; "That is art." This time I caught her and said, "No it is not art! On the contrary it is nature," and prepared myself for an argument. [No argument occurred]

(Jung 1989, pp.185–186)

We believe that there was no argument, because art and nature walk hand in hand. Like nature herself, we are creators: we are hard-wired to be artists, whether it is to make tools, sing a song or pro-create. If medicine concerns itself with natural forces, it should include art as a way to treat disease. As practitioners of the expressive arts, whether we are nurses, therapists, doctors, social workers, hospice workers or artists, we have the opportunity to bring more art to the craft of medicine and help countless individuals forge a path toward wholeness, by gently engaging their creative selves.

## Why art heals

In order to understand the efficacy of the expressive arts, it is not necessary to read up on studies, devour Jung, or even review the theoretical arguments that underpin the philosophy. One must only agree that knowledge and understanding of one's self and one's illness can move one toward wholeness.

However, we do know that an understanding of how art can be healing is supportive information for the expressive arts practitioner. There is a large body of literature available for those interested, but the main ideas include how to be with the patient (which will be discussed at length in the following chapters), and the transformative role of self-knowledge gained by working artistically.

Since the ancient Greeks, who gave us Apollo—the artist and healer, also admonished us to "Know thyself!" We will start with the role of self-knowledge in the practice of the expressive arts.

## Self-knowledge: the dance between inner and outer

The expressive arts are primarily an *educational* process that is therapeutic because it moves the participant toward health. Well, healthy, whole... these adjectives all relate to a state of completeness. If we lack certain knowledge then we are not complete in our understanding. If our goal is an understanding of ourselves in the world, i.e. ourselves in relationship with our illness, then seeing information that brings us new insight can move us toward wholeness. When we learn something new, we gain insight and have a greater capacity for understanding. We begin to grow toward the fullness of who we are.

Knowledge and education are, of course, deeply related. The goal of education is to bring us knowledge. To understand how education works, we can study the meaning of its Latin root, "educare." It means "to draw forth." True education, then, is not something that is poured

into students but is, instead, an internal change. It is measured by what students produce, what comes forth. Their papers, exams, etc., are only concrete manifestations of the real learning, the knowledge that develops within. New material is presented, the student digests it, adds his own thoughts and then brings his new understanding into the world through his assignments. Thus, education is the interweaving between inner and outer realms.

In art inner images meet paint and paper and inner music becomes the sound of a symphony orchestra. There is a continual dance between inner imagining and outer form, between creation and expression.

Art's power of connection cannot be underestimated. The potter, painter, sculptor, singer, dancer, musician, poet and patient are connected to the material world through their specific medium. They are also connected to their inner world through their thoughts, dreams and emotions. Colors on a palette speak to feelings of the soul. A movement in the air answers an inner gesture of intention, thought and feeling. A melody responds harmoniously to a moment in time. Art is a response which moves the participant from one place to another, and which connects feelings, thoughts, materials and insights. Art leaps into being when these different worlds merge. It connects the artist to his/her audience and community and in the case of the expressive arts it connects the patient with the expressive arts practitioner, because together they have witnessed the creation and presence of the artwork.

Art has another very special function in regard to the internal world: it can also engage the *unconscious*. Art is therefore deep education. It allows one to express the unknown from the unconscious depths of one's being and allow the unknown to become knowledge in the light of consciousness.

## **Art's transcendent and transformative capacity**

### *Connecting with the unconscious through symbols*

Jung saw the polarity of inner and outer as wholly internal, within our own psyches. His division lies deeper than the one we discussed above. In Jung's vision a type of permeable barrier lies between our conscious and unconscious minds that can be transcended by *images*. Images give the unconscious a voice.

Given our perception of inner and outer, coupled with Jung's vision of the conscious and unconscious, art can be seen as uniting three different worlds at once: the unconscious, the conscious and the world of concrete, material form outside the body. Art is able to unite these three realms because it expresses itself through image, and image is a language that can be understood in all three realms. By making the unknown conscious, through the creation of images, self-knowledge and the integration of inner and outer can occur. It is a transformative experience that taps all the levels of one's being simultaneously.

It is very exciting to think about art's ability to breach the division between the conscious and the unconscious. We must not forget, though, that the flow of information is a two-way street. It can percolate up from the depths or seep in from the outer world. Patients have to deal not only with unconscious fears and unanswerable questions, but they also have to come to terms with physical pain, what the doctors are telling them and how they are feeling. Every day, with every blood test, every visit from the resident, new information needs to be integrated into the patient's view of his wellbeing. Through artistic expression, the patient is

given the opportunity to understand more fully who he/she is at that particular moment in that particular set of confusing circumstances.

Art integrates in other ways, too. In addition to its ability to cross boundaries and integrate knowledge, art has another special ability derived from its symbolic function; it can hold paradoxes. Images can hold more information than we can grasp all at once with our rational mind. Symbols can be viewed as activated meditation. They arise from deep within from a place that is essentially unconscious and give the ineffable form. This is a capacity that can help patients deal with the mystery that underlies suffering, illness and aging. Symbols carry meaning and this knowledge and understanding can dispel the mystery and lead to relief, acceptance and sometimes gracious surrender. The power of symbols should not be underestimated.

### *Differentiating signs and symbols*

In order to understand this special capacity more fully it is necessary to take a closer look at symbols and at signs because they can both appear in patients' artwork. They function in different ways, and understanding the difference can help the expressive arts practitioner understand the depth of the experience for the patient. In short, when symbols appear, the patient may need several sessions or more time simply to reflect after the art experience.

Signs should not be underestimated either, but the patient probably already holds the key to decipher his or her own symbolic language.

According to Jung (1973), there are distinct differences between signs and symbols. Signs are simply an abbreviation for something that is known. They point to a concrete reality whereas symbols express a dynamic reality that by its very nature is constantly changing.

Signs are the same as that for which they stand. For example, a road sign with a picture of a bridge means that there is a bridge ahead. There is no covert meaning. The sign is explicit and easily identifiable. It is easy to create signs. If you are a baker, hang up a shingle with a loaf of bread painted on it; potential customers will know that you sell bread. Signs are precursors to language; they communicate what is concrete.

For example, there is a children's monthly magazine that always has a two-page story for the center spread. The stories are written in bold letters, but the nouns are replaced by pictures. Instead of reading the letters *s p a r r o w*, the children follow along and call the signs by their names. One of our sons learned to read this way; every time he saw a picture of a sparrow, he said, "sparrow." The signs made language less abstract and more immediately accessible. For a patient, a blue giraffe might be simply that—a blue giraffe, or it might represent the comfort of childhood, because the patient loved a stuffed, blue giraffe he had as a child.

Symbols, unlike signs, are not as easily created. According to Jacobi (1959, p.80) "It is therefore quite impossible to create a living symbol, i.e. one that is pregnant with meaning, from known associations." A symbol, then, is something much more complex than a sign. As it cannot be created out of what is known, it must be composed of material that is unknown, that is *unconscious*.

In *Complex, Archetype, Symbol* (1959) Jacobi states that symbols are "never entirely abstract, but always in some way incarnated" (p.76). This points to the pre-existence of symbols. In the unconscious, symbols are constantly being generated. They are always manifesting as symptom, symbol or complex. The concept of incarnation carries with it not only the sense of

being born, but also the sense of pre-existence—something without form taking on a discernible presence.

### *Symbols as carriers of unresolved paradoxes*

Symbols, unlike signs, have the capacity to hold several meanings at once and therefore can provide comfort and assurance to the ill. For example, in an image, life and death are not mutually exclusive; they coexist without threat, because they are held by the medium of the artwork itself, rather than by the consciousness of the patient. Through art, the patient can let go of such struggles and still be conscious of them. In concrete form, in pencil and paper the deepest paradoxes can exist without turmoil *outside the patient*.

A good example of this is a familiar icon, the yin/yang symbol. This symbol holds a polarity as a unified wholeness. Just by looking at it one understands that the darkness cannot exist without the lightness, and that the little dab of dark in the light and the little dab of light in the dark attest to the fact that they are inherently connected. The line that wavers between the two represents a fluid dance between the light and the dark... We apprehend this image as a whole all at once, but when we try to describe it in language, we have to describe discrete opposites: black and white, up and down, inside and outside, right and left. We cannot talk about them together in any form other than opposites!

Yet, these parts that appear to be mutually exclusive even though are integrated into a dynamic relationship that defies the construct of language, images can connect and order seemingly disparate entities.

### *Paradoxes in patients*

An image might arise for the patient that represents mortality and healing at the same time. In this instance the patient is grappling with one of the great, eternal paradoxes of existence. One is dying while one is living. One is living while one is dying. How can this be?

Through art the patient can let go of troubling, unanswerable questions, and suffering is relieved by removing that burden from the patient. This function of art is key to the power of the expressive arts and especially important for patients who face the inexplicable every day.

We have seen that the symbol can express the wordless. The symbol, the image, the melody... all of these artistic utterances have the ability to express something that cannot be apprehended with language or rational thought. Paradoxes are among the least explainable situations we face—and patients, as we shall see, are faced with paradoxes the moment they become ill.

One of the first paradoxes one encounters in dealing with physical illness may not be as clear cut as a question of life and death. The paradoxes may be more subtle... and may revolve around the nature of disease itself. Where does the individual end and the disease begin? Are they the same thing? Are they separate? Am I diabetes? I am certainly a diabetes patient. Am I basically healthy, but sick at the same time? How could I be both...? Every patient will struggle with this to some degree. This is a specific juncture where art can make a difference in the patient's quality of life. Sometimes we may see a hospitalized patient only once, if they are in for a short stay. Art can help them immediately. The symbol can hold a paradox that the rational mind cannot yet apprehend.