

## CHAPTER 2: THE ARTS THERAPIES: ART, MUSIC MOVEMENT.

### a. the Therapeutic Power of Art, Music and Movement.

I base my practice of Expressive Therapy on Art, Music and Movement. I have been working with these modalities for years, starting with art lessons during my youth with the Israeli painter, Beckermann. Having graduated from a conservatory in accordion, piano, and guitar, I did a B.A. in Musicology. Finally, within the framework of the doctorate, I took supplementary studies in movement therapy.

Teaching Expressive Therapies has helped me to consolidate the traits of each modality. I believe it essential here to clarify briefly "healing" aspects, as I see them, in each of these three modalities.

I am aware of the limitations of such a survey, yet before going deeply into the model of Intermodal Expressive Therapy, I believe we need a common understanding of the psychological characteristics intrinsic to each modality.

As we know, all the Arts are an expression of our sensational (kinetic, audial, visual) attributes. These artistic, sensational expressions form long before the start of verbal language, but are very likely parallel to the emergence of the Self, namely, at birth.

#### Art

Art is concrete. Once produced, it remains overt and does not change with time. This distinctive trait is unique to art therapy, as the patient faces his/her artistic product in the "here and now" without any need for an intermediate object. The therapeutic significance of this trait lies in its direct simplicity, and minimal frustration.

Another central characteristic of Art is its tactile aspect. Materials are touched, handled, and transformed by actions of the hands. The encounter with materials, the challenge of gross or fine motor skills, the use of instruments, and the design of a "process" are all crucial for the production of Art. This process includes therapeutic components. Organization, Control, and the reverse, are vital to any artistic production.

Regression, sublimation, and unloading are inevitable. Herein lies the rehabilitating potential of art therapy for developmental, organic, handicapped and post psychotic cases, as well as narcissistic injuries. The creative and aesthetic aspects of Art, grant art therapy the role of a crane for the expression, actualization, and growth of the self. Being concrete, Art may be combined with Gestalt therapy, and, through actualized images, enable patients to dialogue with their reflected-projected inner parts or fantasies.

Applied in Jungian psychology, Art is a prominent agent, having a "transcendent function", bringing content from the unconscious to the conscious.

Viewed through Object Relations Theories, the creator may rehabilitate his past object relations by way of becoming a "good enough mother" to his/her artistic product.

In the context of Art Therapy, the patient creates while the therapist acts as witness, sometimes participating with the patient's creative process, thereby creating a dual dyad.

The application of Self Theory in Art Therapy is the essence of this dissertation and will be discussed in chapter five.

## Music

Music is discipline. Its production requires various degree of control achieved by training.

This trait has many therapeutic derivations.

Discipline implies the ability to learn, coordinate, imitate, follow, and to meet the challenges offered by correcting, improvising and leading.

Patients with objective limitations such as retardation, low self esteem, inhibitions, physical handicaps, behaviour disturbances, and post psychosis, may benefit from this therapeutic aspect of music.

Yet, not least in its therapeutic importance, is the breaking of discipline. It is a vital part of music therapy. It includes the creation of chaotic noise, the explosion of energies through instruments and voices, the bursting forth of dramatic content, and exposure of aggression. We should remember that voice is the first sign of the Self. Music functions as a compensating entity. Its traits serve as "making up" mechanisms:

Harmony - offers the deprived individual a sense of togetherness, safety, and empathy.

Intensity - may empower and encourage essential grandiosity, self esteem, sense of dominance. A decrease in intensity may offer intimacy, a sense of humbleness and relaxation.

Rhythm - is organization and a key for basic communication, hence a fundamental language. The creation of a rhythmic frame produces a micro-world of traits, flavor, and uniqueness.

It grants the patient a sense of autonomy, possession and being.

It creates a mutual therapeutic language between patient and therapist.  
Duration - relates to the existence of music in the audio-space.  
Its termination produces silence, which, therapeutically, might hold enormous potential, yet may also confront the patient with feelings of loneliness or paralysis.

Melody - contributes a great deal to the therapeutic power of music. Beside its very important expressive role, which bears emotions, associations and memories, it cultivates predictability which is crucial for tracking melodies. Its therapeutic potential here lies in an optimistic process. When a patient listens to a melody, the sense of "Deja heard" approximates him/her to the music, to the singer, player or instrument, hence encouraging mutuality, communication and intimacy.

#### Movement

Movement is a basic urge of the human infant.

It starts with a sequence of interactions between Body and Space. Body includes functional and emotional movements. Space evokes the environment in all its implications: the parental, physical, and psychological "wrapping" (The source of object relations) versus manipulation of objects (doing).

Beyond the irreplaceable role of movement therapy in lessening stress, in attention to and production of the body's messages, in expressing unconscious images through motion, in reconstructing relations between self and others, in developing aesthetic language, in approximating insights or in achieving better body image and strength, rests a fundamental role which the body encompasses: the motor-memory of infancy (Shahar-Levy 1992).

In order to decipher body memories, we need to adopt a specific attitude. On one hand we need to slow down the movement process and put emphasis on diagnostic observation, while, on the other hand, we must acquire a knowledge of physiology and psycho-developmental processes. The dramatic-expressive session becomes a very intimate, introspective search where the patient is encouraged to experience a movement or posture and, later on, with the therapist's help, to understand the significance of that movement, posture or gesture by means of verbal processing.

#### b. The Development of Expressive Therapy Literature alongside Psychological Theories.

The use of the Arts in psychotherapy has expanded parallel to the development of psychoanalysis. Alongside the Freudian and post Freudian psychotherapeutic practice, we find a body of literature that relates to

Expressive therapies. Nonetheless, it is important to remember that the use of music, movement, and art has been regarded as a healing or therapeutic tool from Man's earliest beginnings. We find testimony of its significance in mental health issues in the Bible, the Mythologies, and in anthropological writings about primitive societies.

Written material about Art Therapy, began to appear only in the late fifties. There is a vast amount and it is subdivided into sections such as art therapy, music therapy, dance-movement therapy etc. As it was developed together with the ideas and literature of psychoanalysis, the various psychoanalytic notions are easily indentifiable in the literature of the expressive therapies.

I shall only name a few of the leading expressive therapists who have contributed to this literature.

Margaret Naumburg (1987) lead the "Dynamically Oriented Art Therapy"; Elain V. Siegel (1984) contributed a Dance-Movement Therapy " with a "Psychoanalytic Approach"; Janie Rhyne (1984) published "The Gestalt Art Experience"; Leni Serlin (1977) presented a case study based on "A Gestalt-Phenomenological Approach to movement Therapy" etc.

Likewise, C.G. Jung has profoundly influenced Expressive Therapy literature. Music, art, and movement have all been applied in Jungian therapies.

I have chosen to present a brief survey of these applications, mainly to demonstrate how the three art modalities are applied to, and emerge from, one psychological theory.

James Hillman (1989) has influenced the Jungian Art therapies. Maralynn Hagood Sleglis (1987) presented a paper called "a Study of Jung's Mandala and its relationship to Art Psychotherapy".

In the realm of music therapy, Mary Priestly (1987) discusses Jung's concept of the Shadow, or Personal Unconscious, with reference to musical improvisations of emotionally disturbed patients in music therapy".

Penny Lewis Bernstein (1980) has expanded her movement therapeutic background throughout the years. She started with Jungian theory, presenting, for example, "A Mythologic Quest: Jungian Movement Therapy with the Psychosomatic Client". She later adopted "The Union of the Gestalt Concepts of Experiment and Jungian Active imagination". She claims that "when these techniques are synthesized, a process emerges in which the client conveys the metaphoric suggestion of the therapist into his unconscious. The

client may spontaneously be able to connect with his unconscious or may have to create a bridge with the aid of suggestions by the therapist".

Later, Bernstein (1987) deals with Object Relations and Self concepts as applied to movement therapy. In applying Winnicott's theory, she wrote:"It is understandable, then, that the needed remembering emerges through individual and dyadic choreography and dramatic enactment. Art, poetry, and sand play can bring these experiences into further clarity through providing an external container". She believes that : "Because the initial organization occurs non-verbally, expressive arts therapy that

does not rely solely on verbal techniques, can also facilitate the needed transformation and formation of normal self and object representation. Thus, expressive arts therapy that employs an object relations frame of reference, focuses on making the preverbal explicit through the transference/countertransference relationship, expressive reexperiencing, and symbolic enactment within the transitional space of "playing" (330). McWhinnie, (1985) too, has demonstrated an integration between Gestalt and Jungian theories. In his article "Carl Jung and Heinz Werner and Implications for Foundational Studies in Art Education and Art Therapy", he concludes that "both Jung and Werner's general system of thought helps us to explain and to account for many of our actions which do not seem to be consistent with our more logical thought process". (98) A Jungian emphasis in movement therapy is apparent in the works of Mary Whitehouse and her follower, Joan Chodorow (1991).

Whitehouse (1958) states that "physical movement is an analogy to the psychic movement that leads to the centre...body movement is active imagination in sensory or sensation terms, just as painting is active imagination in visual images" (40). It is her belief that "when the image is truly connected in certain people, then the movement is authentic (41). Chodorow, following Jung's concepts, has developed her movement therapy ideas regarding "The primal self", and the "Movement from the Ego-Self Axis", based on M. Fordham and E. Neumann, both Jungian developmental theorists. Her attitude is similar to that of Whitehouse. She states that "For those with a 'motor imagination' (Jung 1938b, p. 474), dance/movement is simply the most immediate, natural way to give form to the unconscious. There are also those who find dance movement essential because they feel alienated from the body and now sense deeply that they must learn to listen to it" (112).

Since the focus on Self Psychology, art psychotherapy has shifted towards the discovery and fulfillment of the Self.

Arlene K. Avstreich (1981), of the Pratt Institute, has published an article called "The Emerging Self: Psychoanalytic Concepts of the Self development and Their Implications for Dance Therapy". She bases her applications on Mahler's stages of early developmental theory.

In "Focusing" (1978), Eugene T. Gendlin, offers a technique whereby "the body is finding its own way, provides its own answers to many of your problems" (30). He speaks about "A felt sense" which "doesn't come to you in the form of thoughts or words or other separate units, but as a single (though often puzzling and very complex) bodily feeling. In Focusing... Instead of talking at yourself from the outside in, you listen to what comes from you, inside." (66)

According to his approach, "The body is a biological computer, generating these enormous collections of data and delivering them to you instantaneously when you call them up or when they are called up by some

external event. Your thinking isn't capable of holding all those items of knowledge, nor of delivering them with such speed"(34).

David W. Krueger (1989) has contributed a significant view of the "Body Self and Psychological Self", where he presents a systematic comparison between the developmental origins of the body self and the psychological theories of Winnicott, Stern and Mahler.

David Aldridge (1989) has made "A Phenomenological Comparison of the Organization of Music and the Self", reaching the conclusion that "if music is an earlier form of communication than language, and the processing strategies for the perception of music are distributed over both hemispheres, it is possible to infer that this holistic strategy is closer in developmental terms to physiological process and autonomic activity than language".

He maintains that "music is the ideal medium to discover how people are composed and how they come into the world as whole beings both to create and sustain identity"(96).

Lachman-Chapin (1979) has attempted to adopt Kohut's theories on narcissism and apply them in art therapy. She points out that "since the empathic response is basic to the artistic response, artists immediately feel comfortable with Kohut's emphasis on empathy".

She has made an important contribution with her discovery that what she "found useful was to do art work along with the patient, using my own art as a kind of mirroring response".

In this way she shifts the art therapist from the position of a passive observer to a position of an active participant observer.

Lachman-Chapin defines the concept of the Grandiose Self as "the part of us that makes us want to exhibit ourselves in every way and receive unlimited recognition for our unlimited glory". She believes that, as art therapists, "we are offering people the chance to express the remnants of their grandiose exhibitionism without the shame that might attach to an attempt made in other areas of life."

Her statement that "narcissistic investment in an art product helps to individuate the patient, to separate the patient from the need to have exhibitionistic yearnings confirmed in an archaic (infantile) fashion", has illuminated the therapeutic role of expressive therapy.

Nonetheless, her definition of Self-Object, as "a person or a thing valued for its function in enhancing one's self", is applied only in a limited way to art therapy. She perceives the art-therapist's function as "specially equipped to help others find in art a less primitive kind of selfobject, both by being ourselves selfobjects for the patients, and by assisting them to create, in their art, their own selfobjects, serving a certain nurturing role". It is unfortunate that she has restricted the art therapist's role to an object-relations theoretical frame, and has not seriously developed the potential inherent in the concept of an artistic product as a self object.

Art therapists have gradually begun to develop their own theoretical base. McNiff (1986) in "Freedom of Research and Artistic Inquiry", has elaborated on the idea of the "changing context of the behavioral sciences, the physical sciences, and the professional practice of psychotherapy together with their jargon and most controversial beliefs" and engage them in art. He claims that "when there is freedom of form, freedom of thought, and the opportunity to channel passion into scholarship, then research can be perceived as artistic inquiry". Later, in "Research and Scholarship in the Creative Arts Therapies", he (1987) argues that "It would be foolhardy to even suggest that our profession can do without the scholarly traditions of Western scholarship."

Our task is one of expanding them through the discipline of artistic inquiry". He argues for "research in the creative arts therapies that should have "the smell of the studio", stay close to the practice of art and the statements of artists, respect images, and allow them to present themselves in ways native to their being". He suggests applying "existing psychological theory to the arts. "He believes that " Artistic expression is the distinctive quality of our profession. We might also strive to create original theory, indigenous to art, that will be so appealing to the world at large that others will apply it to general psychology. This theory would attempt to stay close to the physicality and sensuality of the arts in its concepts, its interpretations, and its descriptive language".

I would like to discuss two Israeli attempts to develop an original theoretical base for the modalities of Movement and Music. In 1989, Shahar Levy published a comprehensive article "The glimpse into the world of movement therapy". Here she describes the different levels of experiences that every movement encompasses: Senso-motor, Drive, Emotion, Object-Relations, Psychodynamic and the Symbolic-Metaphoric level. In a 1992 seminar in Jerusalem, she presented her theory concerning "The Body-Mental Paradigm". Adopting the normal development of the human infant as a core, she explores the overt motoric system expressed in the movement of every human being.

This paradigm consists of key concepts in psychological theories which relate to key mechanisms and structures in the Body. The paradigm relates first to the significant characteristics of the human body's data: constant number of organs, organization around a central, vertical axis, surrounded by concentric peripheral layers. She analyses the meaning of the two fundamental movements: Extension and Flexion, the "orchestration of the organs", and stresses the nutritious significance which movement has for the psycho-developmental system. Secondly, the paradigm relates to the fact that the Self is born in a dyad unit. Accordingly, Body and Self are developed in an environmental "wrapping", resulting in a mutual imprinting on the body and mental experiences.

Finally, the paradigm states that there is an Infant-Motor Memory, meaning that the body conserves memories in codes of tension and movement patterns

which are expressed in its extensional and flexional movements as expressed in two basic body archetypes: "the circular-undulating" (connected to Libido) and the "direct-confronting" (connected to Aggression). The first circular-undulating manifests in "breast dependent" movements, and the direct-confronting in "forceful-dependant" movements. Based on these theoretical concepts, Shahar-Levy has developed a diagnostic scale for observing human movement. The diagnostic tool may help movement therapists in the diagnostic assessments as well as in therapeutic interventions.

In 1993, Dorit Amir published further thoughts following her doctoral dissertation (1992), in the Journal of the Israeli Association of Creative and Expressive Therapies. The article, "Music Therapy - An Wholistic Model", is based on theoretical principles from modern physics and from System View, and, following Adelman's (1985) Multimodel Therapy and Music therapy, Assisting and Treating the Whole Person, she postulates a three dimensional structure for the process of music Therapy: the therapist, the patient and music. This structure combines paradoxically "solid" and "waive" material at the same time. While the human aspects of this structure are "constant", the musical part is "dynamic", and includes vibrations and energies that are in a constant state of creative change.

The derived texture is very complex. It includes a relationship with the music: between therapist and patient, between sounds and voices, between thoughts and emotions, between environment and internal world, between words and melody etc.

She describes six phases in the musical therapeutic process: External reality (referring to the aesthetic context where the musical activity takes place), Internal reality (the inner world of the therapist and patient), Active level (overt behaviour of therapist and patient which includes all expressivities), Receptive level (with internal and external attention without overt activity), The interpersonal phase (between therapist and patient) and the intrapersonal phase (which covers physical, cognitive, emotional, intuitive, spiritual aspects).

#### c. Intermodal Expressive Therapy.

After the expressive therapies had been established as independent disciplines, another intermodal discipline started to attract artists who needed an integrative attitude in their artistic therapeutic activity.

P.J. Knill's (1978) presented his ideas about the INTERMODAL LEARNING IN EDUCATION AND THERAPY. My therapeutic activity, the theory of the "Creation-Axis", and the "Traffic-Light Model", which are presented in chapter 3, derive directly from Knill's ideas and practice. In the beginning of his book, Knill states: "I found that there is no basic literature about the rationale for intermodal practice, but enough very interesting writing about applied Art-Music-and Dance Therapy as well as descriptions of creative and intuitive combinations of these modalities"(1).

He later addresses a crucial question: " why people choose different modes of expression, is as yet not answered. There must be a choice when I manifest my feeling in a specific form of art"(13). Throughout the book, he indeed attempts to comprehend this crucial issue, but I believe there is need for a still more profound investigation. Knill suggests that "in each case the choice (for preferring a certain modality) involves the following range of considerations:

- Suitability of the modality and material for the specific feeling statement.
- Feelings connected to past and present experiences, with the specific communication and sensory modality.
- To whom, and to which situation is the expression addressed, in reality or in fantasy.
- One's own limitations, and feelings about skill and competence(15)".

He justifies the attempt to use Intermodal Expressive Therapy by explaining that, when we "observe people communicating with each other, we see all the communication modalities more or less manifested: they use imagery, movement and sound" . He states that "...our discursive language is an intermodal expression"(81).

His clinical motivation arises from the wish "to allow as wide a "repertoire" of emphasis through expression, as in discursive language. Knill adds: "I try to work toward that goal by combining a variety of art expressions. I feel strongly, however, that being sensitive to the qualities of the particular modality, can help to reach that goal more effectively.

To be comfortable with a particular modality does not necessarily mean to be an expert of high manual skill, but certainly it means being sensitive and competent in expression."(83)

Knill devotes a significant part of his book to the practical issues involved in intervention through Intermodal Expressive Therapy.

He states that the use of combined communication modalities is facilitated by Intermodal Transfer, Intermodal Amplification and Intermodal Processing (84).

INTERMODAL TRANSFER - "When I work in a particular communication modality and directly move into another modality, using the experience and the products of the preceding process, I call that change an intermodal transfer"(84).

He comments that "as an alternative to verbal instruction, I sometimes use other communication modalities such as, music, visual images or movements. During a dance structure I might sit at the piano and give an input by playing music. Especially with children, I often invite, encourage or call for a change of structure by signaling through movement or sounds"(86).

Knill offers serious considerations for changing modalities:

"There are a number of considerations which make us want to change the modality of communication by using an intermodal transfer.

- What is the emphasis of the session, concerning the person and

the group? Individualization or socialization or both in a dynamic process through phases?

- Do I want to facilitate an intensified expression or feelings throughout the process or do I want to concentrate on a certain level, in order to facilitate integration?

- When there is a need for differentiation in a special modality, for example, an emphasis on analytical acuity through transforming

an expression into visual art, or when I want to get a sense of direction by processing a sound experience through dance...etc.

- When I want to enrich, deepen, or extend an expression from another direction, through changing into another modality.

- I may want the person to move or dance and start in a non threatening way, in a modality she/he feels comfortable with. Painting, poem, music..?

- I sense that opening the voice would help the speech-disability and want to transfer from a painting to a sound improvisation, or add body and voice sounds to a movement structure" (86).

He further emphasizes: "I consider using an intermodal transfer when I see that an apparent "weakness" could be turned into strength by a change of the communication modality.

My experience confirms that there is no simple recipe according to which we have to make changes in modalities but there is value in becoming sensitive to the possibilities of the particular modalities.

Such a sensitivity allows me to react adequately to the person with appropriate "tools" during a process.

This can mean making an intermodal transfer, an extension in the same modality or a change into verbal or nonverbal direct feeling expression" (89).

The modality chosen is threatening, claims Knill, therefore "I try to stay at the same level of differentiation and manual skill during a transfer.

INTERMODAL AMPLIFICATION "When an intermodal transfer is used to intensify the experience, coming closer in touch with unexpressed feelings, getting a more intense expression, reaching fuller catharsis or having a more intense group involvement, then I call it an "Intermodal Amplification" (93).

Intermodal Amplification can serve such goals as closer contact with unexpressed feelings, reaching fuller catharsis, having a more intense group experience...etc. We can, however, also combine two or more goals during an Intermodal Amplification.

Here again, as mature therapists, Knill warns us to "Note that an intermodal amplification can work on several levels simultaneously". He brings an example in which "The group interaction was facilitated by establishing trust, through individualizing modalities (images and words) before going into socializing ones (movement and sound). Allowing the time and space to find ways for the expression, while building up the communicative exposure with trust, facilitated the intensity of expression" (99).

INTERMODAL PROCESSING - "I believe that expressions should be reflected and processed at the end of a session. When such a transfer into another modality of art expression facilitates reflective and integrative processing, I call it an "intermodal processing" (106).

Knill points out that "while structuring an Expressive Therapy Session, one should determine between several sorts of group interactions:

- Centering: People are on their own. Communication is minimal.
- Interaction: People are in contact with each other.
- Sharing: People are extremely communicative.
- Processing: (Feedback) People reflect and discuss each other's expression.
- Celebration: Before leaving for the "world out there", people have a chance to experience their organism in its strength through trust and support in the group" (120).

"This process", writes Knill, "advances on a sequence of activities, mostly built around a 'spine', which follows the general pathway of human communication: Individualization (getting me in the space and in contact with myself), leads to: Socialization (becoming aware of the environment and communication), ending towards: Identify (self) Actualization (finding out who I am in the group - recognition)" (136).

Stephen K. Levine (1992), in "Poiesis", The Language of Psychology and the Speech of the Soul, argues that "...if the power of art to heal stems not from technique but from development of the imaginative capacity, then it makes little sense to train therapists as specialists in one artistic mode only.

There is a power in the transfer of healing from one mode to another so that...a painting becomes alive when one sings to it or performs a dance that expresses its dynamic significance. The expressive arts therapist must be at least familiar with all the major artistic modes in order to respond to the demands of the therapeutic process."

Levine believes that "The expressive arts therapies are integrative by nature" (24) and states that "Integration in the field of expressive arts therapy depends upon each individual therapist experiencing the process of break down and healing through creative action. What we have in common is our humanity: the poetic imagination that enables us to express and thereby surmount our suffering" (25).

He points out that "Psychology is constantly in danger of forgetting the essential connection between psyche and poieses. In its attempt to find a scientific language to secure its insights, psychology may miss entirely the living substance of its work. Certainly we try to reflect upon and understand the soul's speech and find a language adequate to its expression.

The great psychologists have themselves been artists, shaping the materials of their own lives and work into coherent wholes that speak eloquently to us.

But all too often the living texture of their thought has been lost in the abstractions of psychological discourse. It is necessary to bring poetry back into psychology, to re-connect the psyche with the poetic act that gives it value and meaning (v). Levine explains the therapeutic

rationale of expressive therapy: "Art gives a voice to suffering. It expresses the pain and confusion of the disintegration of the self, and, in so doing,

enables clients to face themselves without reservation. To dance suffering, to paint it or put it into poetic form is to confront it directly and to give oneself up to it.

By enabling the person to express his or her suffering, the arts therapist gives them the possibility of transcending it. Art then can be both a cry of despair in the night as well as a triumphant hosanna of joy" (23). Therefore, in his opinion, "The task of therapy is not to eliminate suffering but to give a voice to it, to find a form in which it can be expressed. Expression is itself transformation; this is the message that art brings. Such a perilous journey needs to be supported by a therapeutic community, a group which can "hold" both artist/therapists and sufferers alike. Often, expressive arts therapists work in groups for this very reason" (25).

"A theory of expressive arts therapy", maintains Levine, "must rest on a psychology of the imagination, a psychology that can account for this power of the imagination to care for or cure the suffering of the soul, its psychopathology. And this psychology must itself be imaginal, that is, it must be capable of imagining the psyche, of finding and interpreting the images and myths which can let psyche speak. Otherwise the soul is imprisoned in the conceptual network of psychological systems; it languishes, flees or dies. We then have that supreme irony, a psychology without the soul" (92).

Leaning on Winnicott's theory of Playing and Reality, Levine explains that "healing has to be understood as the restoration of a person's imaginative capacity.

Only the restoration of the imagination will heal our souls. This restoration takes place through the creation of an imaginal space between the therapist and patient.

The play of imagination always requires a medium, some form which can serve as a bridge between self and other. Here is where the particular virtue of expressive arts therapy becomes evident. The arts, as media of the imagination, are disciplines which give form and substance to our capacity to be who we are. Each artistic medium embodies the imagination in a concrete and specific way. Through the use of sound, movement, visual image and dramatic enactment, I imaginatively express by being-in-the-world" (41).

Expressive therapy is possible, then, because life is imaginal.