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PERFORMING ARTS

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Both creativity and culture are areas that have experienced a rapid growth in interest in recent years. Moreover, there is a growing interest today in understanding creativity as a socio-cultural phenomenon and culture as a transformative, dynamic process. Creativity has traditionally been considered an exceptional quality that only a few people (truly) possess, a cognitive or personality trait 'residing' inside the mind of the creative individual. Conversely, culture has often been seen as 'outside' the person and described as a set of 'things' such as norms, beliefs, values, objects, and so on. The current literature shows a trend towards a different understanding, which recognises the psycho-socio-cultural nature of creative expression and the creative quality of appropriating and participating in culture. Our new, interdisciplinary series Palgrave Studies in Creativity and Culture intends to advance our knowledge of both creativity and cultural studies from the forefront of theory and research within the emerging cultural psychology of creativity, and the intersection between psychology, anthropology, sociology, education, business, and cultural studies. Palgrave Studies in Creativity and Culture is accepting proposals for monographs, Palgrave Pivots and edited collections that bring together creativity and culture. The series has a broader focus than simply the cultural approach to creativity, and is unified by a basic set of premises about creativity and cultural phenomena.

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Bruce Kirkcaldy  
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# Contents

<b>1 Introduction: Psychotherapy and the Arts—A Practitioner’s Guide</b>	1
<i>Bruce Kirkcaldy</i>	
<b>Part I Literature and Narrative Therapy</b>	19
<b>2 Edvard Munch as Psychotherapist: “The Horse Cure”</b>	21
<i>Arnold Weinstein</i>	
<b>3 Langerian Mindfulness and Its Psychotherapeutic Implications: Recomposing/Decomposing Mindlessly Constructed Life Stories</b>	43
<i>Sayyed Mohsen Fatemi and Ellen J. Langer</i>	
<b>4 Film, Mental Health and Therapy</b>	53
<i>Gurvinder Kalra, Dinesh Bhugra, and Antonio Ventriglio</i>	
<b>5 The Power of the Performing Arts in Healthcare</b>	69
<i>Bruce Kirkcaldy and Ahmed Hankir</i>	

<b>Part II Theater and Dance Perspectives</b>	93
<b>6 Theater and Psychology: A Symbiotic Relationship</b> <i>Jeff Zinn</i>	95
<b>7 The Dance of Presence: Mindfulness and Movement</b> <i>Sarah de Sousa and Shauna Shapiro</i>	113
<b>8 Benefits of Theatrical Improvisation in the Training of Psychotherapists</b> <i>Daniel J. Wiener</i>	131
<b>Part III Visual Arts, Music and Drama</b>	151
<b>9 The Development of a Contemplative Art Program for Adolescents and Adults: Challenges and Unexpected Benefits</b> <i>Christine Korol and Kimberly Sogge</i>	153
<b>10 Psychological Oddities Among Performing Artists</b> <i>Vincent Egan, Anthony Beech, and Laurence Burrow</i>	173
<b>11 Soothing the Savage Breast: Therapeutic Applications of Music</b> <i>Glenn D. Wilson</i>	191
<b>12 Therapeutic Applications of Drama Therapy Among Immigrant Drug Abusers</b> <i>Alexander-Stamatios Antoniou and Marina Dalla</i>	203
<b>13 Emotional Intelligence, Personality Disorders and the Performing Arts</b> <i>Adrian Furnham</i>	219
<b>Index</b>	237

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**Laurence Burrow** is Nurse Team Leader in a psychogeriatric care setting. He studied Art Psychotherapy at Goldsmiths College, London, Related Arts at West Sussex Institute of Higher Education, Psychiatric Nursing at Chichester & Greylingwell School of Nursing, and Art at Eastbourne College of Art and Design. As Monty Oxymoron (<http://www.montyoxymoron.com/>), he has had an active professional musician's life, working with Punk Floyd and the Dr. Spacetoast Experience. Most notably, Laurence joined venerable garage-punk-psychedelic goth band The Damned in early 1996 and continues to tour and record with them. Monty also works as keyboardist and percussionist with the Sumerian Kyngs, and with a number of improvisational groups. He is also interested in art, history, philosophy, spirituality, and, as all know, is an all-round good egg.

**Marina Dalla** has a doctorate in social psychology from the Psychology Department, Faculty of Philosophy, Education and Psychology at the University of Athens. She graduated with honours. She has published widely in scientific journals and in book series both in English and Greek. Her current research interests centre on acculturation and adaptation of immigrants, resilience and

vulnerability of immigrant children and adolescents, social stigma and mental health of immigrants, and immigration and drug abuse. Marina is a member of the International Association of Cross Cultural Psychology of the Hellenic Psychology Society and the Greek Society for Social Psychology.

**Vincent Egan** obtained a B.Sc. (Honours) in psychology from Goldsmith's College (University of London) in 1984, a Ph.D. in Psychology from the University of Edinburgh in 1991, and a Doctorate in Clinical Psychology from the University of Leicester in 1996, when he became a Chartered Clinical Psychologist. In 2000 he was made a Chartered Forensic Psychologist. Between 1987 and 1993 he was a research associate with the Department of Psychiatry at the University of Edinburgh. He has over 110 academic publications (on topics including mental speed, brain evoked potentials, personality, intelligence, HIV and AIDS, shoplifting, sex offending, violence, and many other subjects). He is an associate fellow of the British Psychological Society and a director of the International Society for the Study of Individual Differences. The Central Nottinghamshire Health Service NHS Trust at the East Midlands Centre for Forensic Mental Health previously employed him as a clinical psychologist. He remains fully licensed as a clinical and forensic psychologist through the Health and Care Professions Council. He has written over 360 court reports. He was Professor and course director of the MSc Forensic Psychology at Glasgow Caledonian University for 6 years. In September 2007 he became Director of the MSc in the Assessment and Treatment of Sexual Offenders, and then the full Forensic Psychology MSc at the University of Leicester. He is now Associate Professor in Forensic Psychology Practice at the University of Nottingham and Programme Director for the Forensic Psychology doctorate at that institution. He continues to work with offenders through his work with independent solicitors.

**Sayed Mohsen Fatemi** (University of British Columbia, 2003, Post Doctorate, Harvard University, 2009–2013) is a psychologist and a fellow in the department of psychology at Harvard University and works on mindfulness and its psychological implications for cross cultural, clinical and social psychology. He is a frequently published author and has been the keynote speaker at numerous international conferences. He brings mindfulness in his psychological and therapeutic interventions and has run training and coaching programs for clinicians, practitioners and corporate people in North America, Europe and overseas. His works have been published by Springer, Wiley, Cambridge University Press and Oxford University Press and in journals such as APA's *Journal of Theoretical and*

*Philosophical Psychology*. In addition to teaching at Harvard, he has also taught in the psychology departments at the University of British Columbia, Western Washington University, the University of Massachusetts in Boston and the University of Toronto. He is working on the clinical implications of mindfulness for anxiety and stress management.

He has consulted and coached corporate managers and executives on the application of mindfulness in enhancing a broad array of vital business skills. His work includes the development of mindful intercultural understanding, negotiation, communication, conflict resolution, influencing, team building, presentation skills, creative decision-making and crisis management. His areas of research focus on the psychological implications of mindfulness for negotiations, media, cultural understanding and communication, creativity and leadership, persuasive and influencing skills, and clinical and counseling psychology. His latest books will soon be published by Routledge, Lexington, and Palgrave Macmillan.

**Adrian Furnham** was educated at the London School of Economics where he obtained a distinction in an MSc Econ., and at Oxford University where he completed a doctorate (D.Phil) in 1981. He has subsequently earned a D.Sc (1991) and D.Litt (1995). Previously a lecturer in psychology at Pembroke College, Oxford, he is now Professor of Psychology at University College London. Adrian has lectured widely abroad and held scholarships and visiting professorships at, amongst others, the University of New South Wales, the University of the West Indies and the University of Hong Kong. He has written over 1250 scientific papers and 85 books. He is on the editorial board of a number of international journals, as well as being past elected president of the *International Society for the Study of Individual Differences*. Adrian writes regularly for the *Sunday Times* and the *Daily Telegraph* and is a regular contributor to BBC radio and television.

**Ahmed Hankir** is Associate Professor of Psychiatry with the Carrick Institute for Graduate Studies (USA) and Research Fellow with the Bedfordshire Centre for Mental Health Research in association with Cambridge University (UK). He left his family in war-torn Lebanon when he was 17 years old and subsequently worked as a janitor in Leeds, England. He continued to work full-time hours to sustain himself throughout college and medical school. Whilst in medical school he experienced an episode of mental distress during the 2006 Lebanon War and this had a profound effect on his values. Ahmed consequently developed an

interest in broadening participation into medical school for people from lower socioeconomic backgrounds, the mental health of healthcare professionals and students, Muslim mental health, the policy and provision of mental health services in conflict zones, the power of art and faith in curing mental health conditions and mental health stigma. He has published extensively in these areas, co-authoring book chapters with the President of the World Psychiatry Association Professor Dinesh Bhugra. Together with scholars from Cambridge University, Ahmed conceived the anti-stigma, contact-based Wounded Healer programme, which has been described as an innovative method of pedagogy that blends art with science. He has delivered the Wounded Healer to over 50,000 people in 9 countries across 5 continents worldwide, and has given Keynote Lectures alongside Nobel Prize Laureates in international conferences. Ahmed is the recipient of the 2013 Royal College of Psychiatrists Foundation Doctor of the Year Award, which marks the highest level of achievement in psychiatry in the UK. He was also a finalist for the 2015 Royal College of Psychiatrists Communicator of the Year Award.

**Gurvinder Kalra** is currently working as a psychiatrist at the High Dependency Unit of the Adult Inpatient Unit at La Trobe Regional Hospital in Victoria, Australia. He completed his specialist training in psychiatry in India, where his area of work was focused on culture, migration, and sexualities including alternate sexualities and transgenderism. He has also worked extensively in the area of psychiatry education with innovative methods such as Psychiatry Movie Clubs. His further interests include cross cultural aspects of sexualities, evolving sexualities, paraphilias, and acute psychiatry.

**Bruce Kirkcaldy** has academic degrees in psychology from the Universities of Dundee and Giessen, as well as postgraduate professional training as a behavioural therapist and clinical psychologist. He is Director of the International Centre for the Study of Occupational and Mental Health, and runs his own psychotherapy practice specializing in the treatment of anxiety, compulsive and depressive disorders. Since 1995, he has been Visiting Lecturer at the University of Jena, Germany, and was Affiliate Professor at the EuroCentre for Educational Resilience and Socio-Emotional Health, University of Malta. In addition, he has been Visiting Professor of Psychology at Jagiellonian University, Cracow, Poland and is a fellow of the British Psychological Society. He has published over 220 articles including 30 book chapters and 11 authored/edited books, more recently *Psychotherapy in Parenthood and Beyond: Personal Enrichment in Our Lives* (Minerva Medical Publ., Torino); *Promoting Psychological Wellbeing in Children*

*and Families* (Palgrave Macmillan, London and New York), *Chimes of Time: Wounded Health Professionals. Essays on Recovery* (Sidestone, Leiden, Netherlands) and *The Art and Science of Health Care: Psychology and Human Factors for Practitioners* (Hogrefe, Boston, Göttingen, Toronto). His research and writing interests are directed towards clinical and health issues and organizational and leisure psychology. He is/was on the Editorial Board of 6 international journals in the area of organisational and health care, and has served as reviewer for some 30 peer-reviewed scientific journals.

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Kimberly spends her time engaging in psychotherapy, teaching and practicing mindfulness, and rowing or trail running in the beautiful Outaouais region of Canada's capital. She became interested in the conditions that influence the development of the mind as a child, observing the lives of the animals who were part of her family's farming life in rural Saskatchewan.

**Sarah de Sousa** holds a first degree in modern thought and literature from Stanford University and an MA in counseling psychology from Santa Clara University. She has contributed to a number of publications addressing the

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**Antonio Ventriglio** currently works at the Institute of Clinical and Experimental Medicine University of Foggia, Foggia, Italy. Until August 2011, he worked as a psychiatrist and psychotherapist at ASL Provinciale di Foggia, Dipartimento di Salute Mentale, Centro di Salute Mentale di Cerignola, sede di Orta Nova (FG) and thereafter as a psychiatrist and psychotherapist at ASL Provinciale di Foggia, Servizio Psichiatrico di Diagnosi e Cura di Foggia. In Autumn last year he took on the dual role of psychiatrist and psychotherapist at ASUR, Regione Marche, Area Vasta 2, Centro di Salute Mentale di Jesi. He was awarded a research fellowship at Harvard University, Massachusetts (USA) – McLean Hospital, Harvard Medical School- Schizophrenia and Bipolar Disorder Clinic-Belmont, MA (USA). Antonio is a member of the executive committee of Società Italiana di Psichiatria Sociale (SIPS), Triennium 2015–2017 Member of the Ethics and Review committee of World Psychiatric Association (WPA), Editorial Board (Letters to Editor) for the International Journal of Social Psychiatry. His main fields of research interest are social psychiatry, psychopharmacology, schizophrenia, bipolar disorders, and metabolic issues among psychiatry patients.

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(2011). *Northern Arts: The Breakthrough of Scandinavian Literature from Ibsen to Bergman* was runner-up for best book of 2009 for the *Atlantic*, and his most recent book, *Morning, Noon and Night*, was nominated for a Pulitzer Prize in nonfiction. He has lectured regularly to medical students and audiences on the topic of literature's relevance for the practice and understanding of medicine. He was an associate editor of the journal *Literature and Medicine* from 1998 to 2003, and edited its Special Volume on *Infection and Contagion* (2003).

**Daniel J. Wiener** is a professor of counseling and family therapy at Central Connecticut State University and in private practice, in Northampton, MA, as a licensed psychologist. He is an APA Diplomate in Family Psychology, a licensed MFT in Connecticut, an AAMFT Approved Supervisor and a Registered Drama Therapist/Board Certified Trainer. Having founded Rehearsals! for Growth™ (RfG) in 1985, he has presented over 220 workshops, nationally and internationally, at agencies, training institutes, professional conferences and as part of the RfG Certificate Program. In addition to authoring numerous professional articles and book chapters, Dr. Wiener has published *Rehearsals for Growth: Theater Improvisation for Psychotherapists* and two volumes of his Collected Papers (*Vol. I, 1991–2004 and Vol. II, 2005–2016*). He has edited or co-edited several other books (*Beyond Talk Therapy: Using Movement and Expressive Techniques in Clinical Practice; Action Therapy with Families and Groups: Using Creative Arts Improvisation in Clinical Practice; and Interactive and improvisational drama: Varieties of applied theatre and performance*). His DVD *Experiential Methods in Couple Therapy: Rehearsals for Growth* was recently distributed by Psychotherapy.net. He is the recipient of a number of teaching awards: the 1997 Zerka T. Moreno Award (by the American Society for Group Psychotherapy and Psychodrama) and both the Research Award in 2006 and the Gertrud Schattner Award in 2010 by the National Association for Drama Therapy (now the North American Drama Therapy Association).

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Glenn is a fellow of the British Psychological Society and appears regularly on TV and radio, particularly in news and documentary programmes. His major books include *Psychology for Performing Artists* (Second Edition), (Wiley, 2002). *The Science of Love* (with C. McLaughlin, Fusion Books 2001), *CQ: The Secret of Lasting Love* (with J. Cousins, Fusion, 2003), and *Born Gay: The Psychobiology of Sex Orientation* (with Q. Rahman, Peter Owen, 2005).

**Jeff Zinn** has been active in the performing arts as musician, actor, director and producer for over forty years. A graduate of Franconia College in New Hampshire where he majored in theatre and dance, he also received an MA from New York University. Postgraduate studies include the American Repertory Theatre Institute for Advanced Theatre Training at Harvard University as well as the Kennedy School of Government. He made his off-Broadway debut as Danny in David Mamet's *Sexual Perversity in Chicago*; performed as a member of the Boston-based improvisational troupe The Proposition; and appeared on Broadway with Derek Jacobi in *The Suicide*. Jeff was the artistic director of Wellfleet Harbor Actors Theater (W.H.A.T.) from 1988 to 2011, and is now the Managing Director of Gloucester Stage Company in Gloucester Massachusetts. His most recent work is the major publication *The Existential Actor: Life and Death, Onstage and Off*, Smith and Kraus Publishers, 2015.

# List of Figures

Fig. 2.1	Munch, “Anxiety” [painting]	26
Fig. 2.2	Munch, “Anxiety” [woodcut]	27
Fig. 2.3	Munch, “Jealousy” [painting]	30
Fig. 2.4	Munch, “The Scream” [painting]	34
Fig. 2.5	Munch, “Melancholy: Laura” [painting]	38

# List of Tables

Table 10.1	The 27 Club (in chronological order)	180
Table 13.1	Common facets in salient models of EI	223



# 1

## Introduction: Psychotherapy and the Arts—A Practitioner’s Guide

Bruce Kirkcaldy

There are many books focusing on the arts and therapy. A Google search on the number of titles of books with “art (and) therapy” numbered 1.7 million, with three-quarters of a million titles on “film therapy”, followed by 229,000 titles on “drama therapy” and 226,000 titles on “dance and therapy”. Indeed, Malchiodi (2005, 2013) traces a long history of using arts in healthcare. Less common are texts written by clinicians and academics from faculties of medicine and psychology who themselves express an additional, personal passion for the visual and/or performing arts. Many of the contributors in this book are professionals working in both domains. Every contributor to this book was invited to begin their chapter by describing their personal motivation for participating and, more specifically, what inspired them to pursue their interest in visual and/or performing arts alongside their primary professional commitments as clinicians or academics. Each author was asked to conclude their reflections and their reviews of

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relevant literature with some key points relevant to clinical practice. I will begin by outlining my personal reasons for deciding to edit this book.

At the age of about 15 years, my English grammar school education required me to direct my learning towards either the natural sciences (biology, chemistry and physics) or the arts and languages. This was the passive acceptance of a dichotomy which would have a significant influence upon my educational and occupational pursuits over my lifetime. My ambition was to enter medical circles, so I felt committed to select the sciences. As a consequence, from the age of 16, I felt compelled to forgo all pursuits related to my interest in the arts, for example, no more handicrafts, paintings, literature or foreign languages. Looking back, this represented a form of “alienation” or “emotional distancing” from my more creative side, which to some extent I now sincerely regret. Over the following years, from entering university and pursuing undergraduate learning, I focused on biology, chemistry, physics and physiology. However, after my second year of university studies, I gained exposure to the arts and social sciences through psychology and philosophy. Fortunately, I had been able to transfer faculties from the pure sciences to the social sciences (psychology was not then recognised as a pure science discipline). I possessed a strong proclivity for the arts and the subject of human movement after graduating with a master’s thesis on “Expressive movements as a psychodiagnostic technique”. After graduating, I received the offer of a scholarship to attend as a graduate and researcher at the Laban Art of Movement Centre in London. I declined, opting instead for a research associate position at the University of Birmingham carrying out animal research into stress and allowing me to increase my expertise in biometrical statistics. Even then, what interested me more in stress research were those aspects of qualitative movement, such as ambulatory responses and the grooming behaviour of animals. My decision to leave the United Kingdom in 1977 and begin work at the Psychology Institute of the German University of Sport Sciences was also a shift towards an interest in human movement and sport and leisure pursuits.

Almost 20 years after graduation and having worked in diverse fields in academic research in various institutes (Medical Research Council project at the University of Birmingham, German University of Sport Sciences, Rehabilitation Clinic of the Medical School at the University of Cologne,

Psychosomatic and Psychotherapy Institute of Cologne University Clinic, Westphalia Clinic for Child and Adolescent Psychiatry and Psychotherapy, Marl-Sinsen), I decided to move into clinical practice.

Whilst in Germany, I had trained as a clinical psychologist and also completed professional training as a behavioural therapist whilst completing my doctorate in psychology at the University of Giessen. However, my refocus into clinical work was delayed in part through concerns about my German language abilities coupled with an enduring anxiety about public speaking. Nevertheless, with a young family to think of and the need for financial security, I was motivated to make the move into clinical practice, and “then” (1994) some 17 years had elapsed since I came to Germany, during which my language skills had significantly improved. The experiential learning through my clients over the years has given me an increased insight into the fragility and anguish of the human condition, and I have been able to incorporate ideas from the visual arts, photography and film therapy, dance and movement therapy, music and drama therapy, and the creative arts, including literary and narrative therapy. I have found value in asking my clients to bring photographs of themselves as children, adolescents, young adults and in successive phases of their life, including from major events such as weddings, birthdays and graduation days. I also encourage clients to complete a genogram wherever possible to gain insight into their ancestral history, including dates of births and deaths, marriages and divorce. This work includes, where possible, clients providing three adjectives to describe extended family members and indications of alcohol or substance misuse and/or mental illness in family members.

Wherever patients felt a need to paint or express their difficulties in pictorial form, this would be encouraged, as well as in narrative texts, for example, writing four consecutive days for approximately 15 minutes about their problem and self-character sketches and so on. In addition, I try to gather information about the leisure and sporting pursuits and interests of my patients, and encourage them wherever possible to engage in social activities, including drama and theatre. I have also compiled an array of books which could best be described as “biblio-therapeutic”: giving clients homework assignments which involve reading books such as biographies or self-help manuals supportive of facilitating personal development. In contrast to my earlier work in the domain of empirical research and the use

of psychometric questionnaires, the second half of my career has almost gone full circle, with a return to my earlier interest in the arts, including integrating this into my therapeutic work with clients.

Whilst reflecting upon the four decades of my career to date, I could not summarise my feelings better than McNiff (1981), examining the arbitrary distinction between sciences and arts: “The separation of the arts in therapy is rooted in the product orientation of technological culture. . . . The artistic mode of perception keeps the mind in touch with a world possessing both archaic continuity and infinite novelty. The arts offer a valuable operational polarity to the use of discursive language in psychotherapy, and they allow us to communicate with the emotions in their own language. Their multi-sensory rhythms must be kept intact rather than be absorbed within the more conventional verbal exchange of psychotherapy” (pp. xii–xiii).

Although not dismissive of the first half of my career and the focus on publishing empirical research papers, I have become witness to a growing critical stance towards the biomedical model of physical and psychological health—including the perceived overreliance on evidence-based medicine (EBM). Poignantly expressed in an article in the *Lancet*, Charon and Wyer (2008) observe that

EBM has earned the reputation of dismissing the importance of the singular predicament of the patient and the individual judgment of the doctor. EBM has inflamed clinicians who feel belittled by it, calling it elitist, authoritarian, imperialising, and even fascist. . . the fields of narrative medicine and literature and medicine have reminded doctors that illness unfolds in stories, that clinical practice transpires in the intimacy between teller and listener, and that physicians are as much witnesses to patients’ suffering as they are fixers of their broken parts. More and more clinicians and trainees are being encouraged to write about their clinical practices so as to develop the capacity for reflection. New clinical routines that provide patients with copies of what their doctors write about them or that encourage patients to contribute directly to their medical records are challenging traditional notions of authorship of the clinical record.

Clinical practice has taught me the value of narrative texts and the benefits of “story-telling”, so benevolently expressed by Meza and Passerman (2011): “Although telling stories is a normal part of our culture, medical practitioners are trained to think predominantly with

the biomedical disease-oriented story. Doctors seem to have lost their ability to listen to illness stories. Learning how stories are constructed and the internal relationships within the story to discover the meaning is referred to as narrative competence” (p. xix).

Extending this further to the arts in general, the Australian Centre for Arts and Health (2017, [www.artsandhealth.org](http://www.artsandhealth.org)) cites the research literature shedding light on the impact of the arts and humanities on enhancing staff morale and work satisfaction in the healthcare sector, promoting skills among health professionals (e.g. nurses and physicians), achieving clinical outcomes for the patient’s benefits, improving quality of life of mental health users and enriching the quality of healthcare. The survey further reviews literature showing the value of the arts in cancer care, cardiovascular and intensive care units, medical screening and diagnoses, and pain management and surgery (Staricoff 2004). Moreover, Staricoff explores the different art forms, for example, creative writing, poetry and literature, resulting in significant benefits for patients and mental healthcare providers.

The focus in this book was to consider the domains of visual and performing arts as an “alternative point of entry” in uncovering potentially useful and powerful forms of therapeutic intervention. Completing this ambitious project within a single volume was made possible only through the participants who agreed to share their visions of psychotherapy; this included pioneering clinicians and research academics. Their task was to provide insightful overviews of the contemporary literature in their respective disciplines and to translate their reflections and discoveries into useful guidelines for clinical practice. The intention was to provide a space where the authors could fuse together their clinical and research pursuits with their more creative and artistic interests, enabling them to share their ideas for innovative yet practical therapeutic interventions in their own clinical domains.

## Film Media

One domain of recreational life which impacts our well-being is television and film media. It can be labelled “cinema therapy” and refers to using movies to help address issues of psychological and mental well-being. Mental health practitioners underline the value of using film



media as a supplementary therapy to influence emotions, cognitions and behavioural responses to potential stressors. Kalra et al. (2016, p. 67) reflect upon the influence of films in the area of mental health: “From a psychiatric and psychological perspective, it is important to understand the impact of films for two reasons. Firstly, that they *reflect the society* in that films show what is going on in the society and secondly, they *influence behaviours and attitudes* in the society as characters may act as role models. For psychiatrists and psychologists films also serve a useful function in that they can be used to learn about reflections of the relationships in the society but also how mental illness is seen and portrayed.”

Stutz (2015, p. 53) framed the benefits of films in the therapeutic context by drawing on his own personal preferences for films in which “people are liberated from themselves, and especially those in which people grow and mature in the face of traumatising and injustice. Abyssal, painful childhood experiences are also essential to my way of life.... A sentence from the Jewish Talmud condenses this trail of hope, which finds itself, interreligious in all earthed spiritual paths: *Only a broken body is a whole body*” (translated).

Another use of film in clinical contexts is video-based therapy (<http://www.filmandvideobasedtherapy.com/>). The introduction and development of the film recorder offers significant instructional and educational benefits in the form of video feedback.

## Visual Arts

Art therapy is perceived as “a mental health profession in which clients, facilitated by the art therapist, use art media, the creative process, and the resulting artwork to explore their feelings, reconcile emotional conflicts, foster self-awareness, manage behaviour and addictions, develop social skills, improve reality orientation, reduce anxiety, and increase self-esteem ... (aiming) to improve or restore a client’s functioning and his or her sense of personal well-being” (<http://www.americanarttherapyassociation.org/upload/aatafactsheet.pdf>).

Staricoff (2004) promotes the importance of visiting art galleries among healthcare professionals, with the idea that by attempting assessments of the mental, physical and environmental characteristics

of the subjects in painting, trainees may enhance observation skills and augment their awareness of health issues across cultures, thus strengthening confidence in their own clinical skills. “The idea of using fine arts in medical undergraduate courses has been discussed for many decades. Research carried out in this field has shown that first year medical students taking part in art appreciation classes, which involved describing photographs of dermatological lesions, significantly improved their observational skills (Dolev 2001). The development of this crucial skill in medical practice has also been achieved by using different techniques, including learning to look at artefacts in an art museum (Belkin 1992; Bardes 2001)” (Staricoff 2004, p. 21).

## Narrative Writing and Theatre

The medical curriculum often includes courses in narrative writing. Skelton (2011) claims, “The aim of narrative therapy is to separate the ‘problem’ from the ‘person’. As and when this is done, presents the opportunity for new stories to emerge... ‘the social construction of preferred realities’ (Freedman and Combs 1996). In particular, narrative therapy aims to see problems as being individual – of course. But also existing in a particular society, a particular framework, which consists of a socio-economic context, a set of cultural preconceptions, for example, about sexuality, or the expectations of social class and so on” (p. 321).

Others have argued that drama therapy entails drama with a healing objective, in which changes are facilitated through the drama process. Jones (1996, p. 8) talks about how drama therapy

uses the potential of drama to reflect and transform life experiences to enable clients to express and work through problems they are encountering or to maintain a client’s well-being and health. Clients make use of the *content* of drama activities, the *process* of creating enactments, and the *relationships* formed between those taking part in the work within a *therapeutic* framework. A connection is created between the client’s inner world, problematic situation or life experience and the activity in the dramatherapy session... to achieve a new relationship towards the problems of life or life experiences they bring to therapy.