GUIDELINE 16

Creative Therapies for Adults

Description

The creative arts therapies are the intentional use by a trained therapist of art, music, dance/movement, drama, and poetry in psychotherapy, counseling, special education, or rehabilitation. All forms of creative arts therapy treatment of trauma utilize techniques that have elements in common with imaginal exposure, in that the trauma scene is represented in the artwork, dramatic role play, movement, poetry, or music. Similarly, many forms of creative art therapies utilize techniques that have some elements in common with cognitive restructuring, such as role playing (and its relative covert modeling). Playing out scenes, switching roles, and replaying more health-promoting options are means of changing or challenging a person’s view of a situation. Identification of distorted cognitions, cognitive reprocessing, and reframing are implemented through the use of journaling, writing, storytelling, and other narrative techniques. Stress/anxiety management skills, such as progressive muscle relaxation and deep breathing, are standard elements in most forms of creative arts therapy for trauma. Resilience enhancement techniques in the creative arts therapies are implicit in their use of creativity, humor, spontaneity, flexibility, and activity. Finally, testimony, public education, and destigmatization are realized through theater and dance performances by trauma survivors, exhibitions of survivors’ artwork, and public readings of their poetry.

The potential advantage of utilizing a creative arts therapy procedure is most likely based on the nonverbal (behavioral) aspects of the artistic modalities. First, the symbolic media of the arts may provide more complete access to implicit (as opposed to explicit) memory systems, as well as visual–kinesthetic schemas. By providing a wider range of stimuli (visual, sonic, tac-
tile, and kinesthetic), the creative arts therapies may increase the vividness of imaginal exposure. By providing concretized forms of representation (visual, written, enacted), the creative arts therapies may help to decrease avoidance. The behavioral nature of the creative arts therapies may also support or enhance cognitive restructuring strategies. Second, the claim that creative arts therapies are especially helpful to traumatized, inexpressive persons has been supported by the concept of alexithymia, about which much has been written in the trauma field. The inability to put feelings into words appears to be relatively common in patients with posttraumatic stress disorder (PTSD). Presumably, clients who are unable to find words to express their experience may find the nonverbal/behavioral forms of the creative arts a more welcoming means of expression.

**General Strength of the Evidence**

Specific creative arts therapy treatments for trauma have not yet been empirically tested. Evidence for the effectiveness of the creative arts therapies is based on numerous clinical case studies by a wide range of practitioners over several decades Agency for Health Care Policy and Research (AHCPR; Level D). Progress has most often been noted in (1) the primary symptoms of PTSD and (2) global clinical improvement. Noted less often are improvements in functional behaviors or clinical service utilization. The creative arts therapies have been cited as being helpful in the reduction of alexithymia, increase in emotional control, improvement in interpersonal relationships, decrease in dissociation and anxiety, decrease in nightmares and sleep problems, improved body image, and reduction of depression.

**Course of Treatment**

The wide range of treatment formats used in the creative arts therapies vary in length, structure, and degree of integration with verbal therapies. More recently developed treatments are time-limited, structured interventions, similar in form to cognitive-behavioral treatment formats.

**Recommendations**

1. The recognition, justification, and further development of the creative arts therapies in the treatment of psychological trauma will be most fully encouraged by empirical inquiries using control groups and randomized assignment.

2. Creative arts therapy treatments designed as specific treatments for PTSD presumably will have heightened therapeutic effects over non-
specific creative arts therapy approaches. The further design, development, and testing of such treatments are recommended.

3. The unique contribution of the creative arts therapies cross-culturally, particularly in underdeveloped countries, in translation of effective intervention models across linguistic barriers and diverse cultural traditions should be further investigated.

Summary

Despite relatively widespread use and application over a substantial time period, the efficacy of the creative arts therapies has not yet been established through empirical research. The implementation of rigorous empirical research studies in this area is a primary priority for the field. Creative arts therapy professionals claim that these treatment modalities may be useful as either primary or adjunctive interventions. There is clinical consensus that the use of the creative arts therapies may be helpful as an adjunct to the treatment of PTSD under the following conditions: (1) The arts therapy is conducted by a practitioner educated and trained in that approach; (2) the therapy is conducted with the permission of the client; and (3) the therapy is conducted in conjunction with other, ongoing treatments and therapists. The exact source of therapeutic benefits of the creative arts therapies in the treatment of PTSD has not been identified, but is likely to be derived from imaginal exposure, cognitive restructuring, stress management, resilience enhancement, and testimony, as well as physiological processes and specific contributions of nonverbal and creative elements.

Suggested Readings


