Expressive arts therapies: Working with survivors of torture

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Movement, to be experienced, has to be found in the body, not put on like a dress coat. There is that in us which has moved from the very beginning: it is that which can liberate us."

Mary Whitehouse

The small but growing body of literature pertaining to torture treatment includes an even smaller body of literature dedicated to the expressive arts therapies – modalities often categorized as "alternative treatment" and/or as "non-verbal therapies." By definition, torture treatment denotes work with an extraordinarily diverse group of people, whose cultural backgrounds, socio-economic, political and cosmological contexts comprise a globally inclusive scope. Over the years, attempts to quantify best practices have focused on principles of treatment, and have not yet investigated the merits of the steadily increasing types of therapeutic modalities available.

Torture practices vary globally, and many methods of torture are found worldwide. The impact on individuals, however, must be understood through that person's context. Treatment for survivors of torture is increasingly appreciated as necessitating a holistic approach, i.e. one that includes the whole person – physical, mental, emotional, social, spiritual, contextual, cultural, familial, etc. The movement towards evidenced based practices creates an opportunity to broaden our understanding that what works must be both documentable and relevant at all levels of human experience to all those survivors we treat.

The 26 articles and papers reviewed as emerging, promising and best practice potentials for torture survivors can be classified according to the modalities: art therapy, dance/movement therapy (including body-oriented therapy combined with brief therapy), drama therapy, music therapy, sandtray therapy, and ritual. Body-oriented therapy and brief therapy are somatic therapies that share clinical principles for treatment with expressive arts therapies. Ritual is a valued approach to healing in many cultures that has a place in this body of work as many of the world's rituals incorporate drumming, chanting, dancing and other creative mediums into the ritual and/or healing process. Additionally, many of the articles reviewed cite ritual as a core healing mechanism at play in the interventions described.

The use of drama/theater, dance and even other physical activities (i.e. sports) are also discussed in some of the literature. It bears noting that dance/movement therapy, music

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therapy, drama therapy and art therapy are all licensed professions that require training, integrating psychological knowledge with the expressive, creative and healing aspects of the art form. This paper distinguishes these therapeutic modalities from their integration as pure art forms into broader psychotherapeutic, psychosocial or community-based interventions for survivors of torture.

The non-verbal aspect of these modalities is gaining attention in the area of current neuropsychiatric research, which increasingly endorses the use of therapies that are not dependent on verbal communication, exchange and understanding. Research demonstrates that the impact of trauma on human experience is multi layered (physical, emotional, psychological, social, physiological, etc).[1-3] Terr[4] and Herman[5] describe traumatic memory as being based in imagery and body sensation and lacking verbal narrative, and therefore "resembling the memories of young children" (p. 38).[5] The impact of trauma on memory is described from the biological perspective by van der Kolk[2,3] who posits that human ability for linguistic encoding becomes inactivated by high sympathetic nervous system activation, so that the central nervous system reverts to sensory and more primitive memory forms.[5] Regulation of normal bodily states[5] interrupted by childhood and adult traumatic experience calls for the development, implementation and research of clinical interventions that address the multiple realms of traumatic and human experience.

Art Therapy/Creative Arts Therapy

Creative Arts Therapies including art therapy, sandtray therapy and psychodrama are described in Scott[6] from a psychodynamic clinical orientation. Case studies are used to illustrate the therapeutic process and outcomes. While these case studies describe work with survivors of trauma (vs. trauma secondary to torture) the traumas experienced by the clients include early childhood abuse and sexual abuse, and a house fire. Given the small body of writing that exists specific to expressive arts and somatic therapies with survivors of torture, any anecdotal, outcome or clinical trial research on these modalities with survivors of trauma may be useful when determining a course of treatment for torture survivors.

Another article[7] focuses on the use of art therapy to document children's memory of war and violence, and post-conflict situations. Art is described as a powerful medium for young survivors who may not have words to describe what they have been through and their ideas and hopes for the future. Art is a direct portal to the symbolic realm, and as such may be a useful medium to access both traumatic and resource-based memories in children, and in adolescents and adults with earlier trauma exposure. The language of childhood is the imaginal realm, and art allows safety and containment when accessing memories underlying the traumatic response. Greenberg et al.[8] describes the use of painting with a client who has been assessed using standardized neurological and psychiatric tests. The article does not include data on client improvement, other than to state that the use of drawing and painting benefits the client's recovery.

The limited references to art therapy should not minimize its use with this population. Art therapy is used world-wide with survivors of torture in many contexts and cultural settings. The lack of clinical outcome research and reliance on anecdotal information and case studies limits this modality to an emerging practice. Hopefully, future research will earn art therapy its place as a promising practice in clinical work with survivors of torture. See Table 1.

Table 1. *Expressive Arts Therapies: Working with Torture Survivors*

	Article	Type of Practice
Introduction		
1	Herman J. Trauma and recovery: the aftermath of violence – from domestic abuse to political terror. New York: Basic Books; 1997.	n/a
2	Porges SW. Music therapy & trauma: insights from the Polyvagal theory. In: Stewart K, editor. Symposium on Music Therapy & Trauma: Bridging Theory and Clinical Practice. New York: Satchnote Press; 2008.	Promising
3	Terr LC. Too scared to cry: psychic trauma in childhood. New York: Basic Books; 1990.	n/a
4	van der Kolk B, Greenberg M, Boyd H, Krystal J. Inescapable shock, neurotransmitters, and addiction to trauma: toward a psychobiology of posttraumatic stress. Biol Psychiat 1985;20(3):314-25.	n/a
5	van der Kolk B. The body keeps the score: memory and the evolving psychobiology of posttraumatic stress. Harv Rev Psychiat 1994;1(5):253-65.	Promising
Art Therapy/Creative Arts Therapy		
6	Greenberg M, van der Kolk BA. Retrieval and integration of traumatic memories with the "painting cure." In: van der Kolk, BA, editor. Psychological Trauma. Virginia: American Psychiatric Publishing, Inc.; 1987. p. 191-215.	Emerging
7	Janzen RK, Janzen JM. "Ayiwewe": war-traumatized children draw their memories. Can J Afr Stud 1999;33(2-3):593-609.	Emerging
8	Scott E. A model of creative arts therapy: eight essential processes. Sierra Tucson Progress 2005;Summer/Fall:1-2.	Emerging
Dance/Movement Therapy		
9	Amone-P'Olak K. Mental status of adolescents exposed to war in Uganda: finding appropriate methods of rehabilitation. Torture 2006;16(2):93-107.	Promising
10	Berliner P, Mikkelsen EN, Bovbjerg A, Wiking M. Psychotherapy treatment of torture survivors. Int J Psychosoc Rehabil 2004;8:85-96.	Promising
11	Callaghan K. Movement psychotherapy with adult survivors of political torture and organized violence. Art Psychother 1993;20:411-21.	Emerging
12	Callaghan K. Movement psychotherapy with adult survivors of political torture and organized violence. Art Psychother 1993;20:411-21.	Emerging
13	Callaghan K. In limbo: movement psychotherapy with refugees and asylum seekers. In: Dokter, D, editor. Art therapists, refugees and migrants: reaching across borders. London: Jessica Kingsley Publishers; 1998. p. 25-40.	Emerging
14	Gray AEL. Dancing in our blood: dance movement therapy with street children and victims of organized crime in Haiti. In: Jackson N, Shapiro-Lim T, editors. Dance, human rights and social justice: dignity in motion. Maryland: Scarecrow Press; 2008. p. 222-36.	Emerging
15	Gray AEL. Dance movement therapy with a child survivor: a case study. Dialogues. 2001;6(1):8-12.	Emerging
16	Gray AEL. Rituals of healing encountered among street children in Haiti. Stress Newsl Int Soc Trauma Stress Stud 2002;16(3):8-9.	Emerging
17	Gray AEL. The body as voice: somatic psychology and dance/movement therapy with survivors of war and torture. Connections 2001;3(2):2-4.	Emerging

Article		Type of Practice
18	Gray AEL. The body remembers: Dance movement therapy with an adult survivor of torture. J Dance Ther 2001;23(1):29-43.	Emerging
19	Harris D. Sudanese youth: dance as mobilization in the aftermath of war. In: Jackson N, Shapiro-Lim T, editors. Dance, human rights and social justice: dignity in motion. Maryland: Scarecrow Press; 2008. p. 253-5.	Emerging
20	Harris DA. Pathways to embodied empathy and reconciliation after atrocity: former boy soldiers in a dance/movement therapy group in Sierra Leone. Intervention 2007;5(3):203-31.	Promising
21	Singer AJ. Interactions between movement and dance, visual images, etno and physical environments: psychosocial work with war-affected refugees and internally displaced children and adults. In: Jackson N, Shapiro-Phim T, editors. Dance, human rights, and social justice: dignity in motion. Maryland: The Scarecrow Press, Inc.;2008. p. 237-52.	Promising
Drama Therapy		
22	Schininà G. "Far away, so close" psychosocial and theatre activities with Serbian refugees. Drama Rev 2004;48(3):32-49.	Emerging
Music Therapy		
23	Jones C, Baker F, Day T. From healing rituals to music therapy: bridging the cultural divide between therapist and young Sudanese refugees. Art Psychother 2004;31:89-100.	Emerging
Sandtray Therapy		
24	Toscani F. Sandrama: psychodramatic sandtray with a trauma survivor. Art Psychother 1998;25(1):21-9.	Emerging
Ritual and Ceremony		
25	Johnson DR, Lahad M, Gray A. Creative therapies for adults. In: Foa E, Keane T, Friedman M, Cohen J, editors. Effective treatments for PTSD: practice guidelines from the International Society for Traumatic Stress Studies. 2nd ed. New York: The Guilford Press; 2009. p. 479-90.	Promising
Concluding Considerations		
26	Foa EB, Keane TM, Friedman MJ, Cohen JA. Effective treatments for PTSD: Practice guidelines from the international society for traumatic stress studies. 2nd ed. New York: The Guilford Press; 2009.	n/a

Dance/Movement Therapy

Dance/Movement Therapy ("DMT") is both a somatic and an expressive arts therapy. A primary theoretical underpinning of this psychotherapeutic practice is that movement is a primary language for all human beings and, as such, is a powerful means to access implicit memory and stored history, trauma-related or not. From a developmental perspective, DMT acknowledges the non-verbal roots of all human language, communication, and experience, and therefore may be particularly suited to work with survivors of torture who have literally experienced the unspeakable directly to their bodies. Dance may be considered the creative or expressive aspect of movement, and for many cultures where the creative process is included in ritual, healing and daily life, DMT may be more appropriate than conventional talk

therapy. The non-verbal and pre-verbal nature of trauma also supports the use of this modality.

Callaghan[9,10] has written extensively on the use of movement therapy, a term she chooses to acknowledge the predominance of movement over dance in her work. Using case material, the author describes the application of this modality to work with survivors whose bodies are affected through pain, internal tension and conflict, shame and guilt. For those whose bodies have been deconstructed, movement may be more palatable, than dance, which requires a measure of safety or cultural congruence with expression. A primary message of the case studies, group and individual, is that mind and body exist on a continuum so all injury secondary to torture affects the body.

Gray[11-15] and Harris[16,17] expand the application of DMT to acknowledge the roots of this form in ritual and traditional practices in Africa and Haiti. Harris[17] includes references to pre-and post- intervention symptom (i.e. anxiety, depression, elevated arousal, intrusive recollection, aggression) assessment based on self-report, with positive outcomes in discharging aggression and restoring interpersonal connection. While the majority of the writing on dance/movement therapy with survivors of torture and related traumas relies on case studies, the cross-cultural adaptability of these expressive arts therapies is particularly highlighted in all the works reviewed. Gray describes the cultural considerations of using DMT on a continuum from individual to group and community illustrating the broad application of this form. Her articles describe DMT in not only clinical settings, but in community settings such as massacre sites and on the very streets where street children who are also survivors of violence and human rights abuse reside. The adaptability of DMT to multiple and low resource, insecure settings is a worthwhile consideration in relation to its application to survivors of trauma and torture.

Ritual is the primary emphasis of Amone-P'Olak,[18] although drama and dance in their traditional forms are integrated into a psychotherapeutic setting. This cross-sectional research design uses self report and observation to measure mental states and war experiences. The use of traditional cleansing rituals by recognized traditional healers is enhanced with the traditional practices of dance and drama. Due to the research design the data is not generalizable beyond the scope of this study of war-affected youth in Uganda.

Singer[19] describes the use of an ecological model of dance movement therapy and storytelling in post-war Serbia for adult and child refugees and internally displaced people [IDP] exposed to brutalities and violence. Her work, also descriptive and based on case material and participant observation, clearly illustrates the importance of culture as a determining factor in deciding how to integrate the arts and the arts therapies into community-based psychosocial interventions. This work is conducted in collaboration with a center that is explicitly devoted to expressive potential and etno, a term denoting a communal resource of traditional creative arts form such as dance, storytelling, and crafts. The arts are a meaningful variable in a relationship-focused process that consciously works with the present-time physical environment and imagery to build relationship and express and process memories.

Berliner et al[20] combine brief therapy with body-oriented psychotherapy so that clients can gain new insights into their life stories. The focus of body-oriented therapies in this case is mastery over difficult

symptoms to create safety, which facilitates processing of traumatic histories and memories and potentially installing new meaning about the experience. While not an expressive art therapy per se, the integration of body-oriented therapy with brief therapy is a creative approach to the complex layers common to survivors of torture, many of whom not only witness and experience horror, but are forced to participate in committing horrible acts of violence. Although an outcome assessment was conducted, the results are not included due to unnamed "practical complications."

Because the literature does include some outcome research, DMT can be considered a promising practice in this field. Additionally, the increased endorsement of somatic or body-based therapies for survivors of trauma by neuro-psychiatric researchers merits its serious consideration as a promising practice, and further research to establish it as a best practice.

Drama Therapy

Of the articles reviewed, one emphasizes the integration of theater and other activities (health education, sports, theatre, storytelling and various artistic activities) with admirable cultural sensitivity to the socio-political situation in Serbia, and emphasis on the need to thoroughly assess the socio-cultural context prior to "imposing" theater or any activity in psychosocial programmes.[21] This article, also descriptive, makes a strong case for cultural congruency and sensitivity in the use of expressive arts therapies. The author, working closely with local counterparts, emphasizes community building and communication prior to any community-based psychosocial (broadly defined) programme. Like Amone-P'Olak,[18] drama as an art form is utilized in conjunction with traditional rituals, or in the case of Schinina,[21] drama and storytelling also become a significant part of creating rituals of anger and mourning.

Again, while the literature on this expressive arts modality is brief, drama therapy is used increasingly with survivors, including at The Trauma Center in Boston and as part of a past programme for refugee children at The Center for Multicultural Human Services in Virginia. It therefore can be categorized as an emerging practice treatment.

Music Therapy

Case studies and one systematic review of music therapy for depression were reviewed. Jones et al[22] discuss adaptations in the techniques of music therapy for cross cultural work, citing specific adaptations made for Sudanese youth. This article recommends that therapists become more familiar with the music of clients' regions and cultures. Despite the "universality of music", there are limitations in the assessment tools and techniques of music therapy which have primarily been used in mono-cultural settings. The importance of understanding clients' cultural frameworks for music, the meaning and place of music as healing, expression and play is emphasized. This discussion of music therapy with Sudanese youth recommends the inclusion of body movement into music therapy interventions, and suggestions are made for future research to determine the applicability of standard music therapy assessment tools. The systematic review presents four of five studies in which music therapy for depression is feasible and supports further research. The objective of the study was to compare music therapy to standard care for depression. The greater reduction in symptoms of depression in four out of five studies of patients receiving music therapy warrants further research and consideration of Music Therapy in torture treatment.

Music therapy is supported by a systematic review of clinical research, as well as case studies, and so may be the most evidenced-based of the expressive arts therapies covered in this paper. Given that the research is not extensive, it may be considered a promising practice.

Sandtray Therapy

One article on the use of psychodrama and sandtray therapy with a trauma survivor[23] was included in this review. Sandtray therapy, a therapy in its own right, was used as a warm-up, transitional and containment tool for action methods and psychodrama with survivors of long-term sexual abuse. The emphasis of this work is bridging the conscious realm with the unconscious, and the potential for this symbolic realm to restore the "broken link" between the experience of trauma and the narrative that provides a cognitive framework of meaning and understanding. On a more personal note from the author, sandtray therapy has been used in several torture treatment centers across the United States, including the authors own, and was an integral component of many survivors therapeutic process. The very physicality and tactile quality of the work may merit consideration of its place in torture treatment, as it is easy to theorize how the reconnection to the sensorial capacities of survivors can benefit any survivor of trauma whose senses have been overwhelmed. Since there is little literature available specifically on sand tray therapy and trauma, it is best categorized as an emerging practice.

Ritual and Ceremony

The use of ritual is mentioned in many of the articles discussing DMT, drama therapy, and music therapy. David Read Johnson[24] writes about the use of ritual and ceremony in structured programmes for Vietnam veterans and their families. This work is a useful reference for how ritual and ceremony, familiar healing mechanisms in so many cultures, can be adapted to deal with issues such as separation from loved ones, exposure to violence and atrocity, and intense emotions evoked by traumatic reminders and memories. Rituals hold a potent place in many cultures and assist individuals, families, groups and communities to move through life's varied events, from the most painful to the most joyful. Since the literature on ritual is limited to case material, as an expressive arts therapy it can be considered an *emerging practice*. It bears noting that as an ancient practice occurring regularly in many of the home-countries of survivors of torture, it might merit delineation as an evidenced based practice outside the strictness of scientific paradigms.

Concluding Considerations

While research on the use of expressive arts therapies is still thin, all the works reviewed reference the cultural familiarity of the creative process and/or the link between these arts forms/therapies and rituals, which may serve as a strong enough argument to make them more available to survivors of torture and to creatively research the outcomes and healing impacts of these modalities. It bears noting that the most recent Second Edition of the International Society for Traumatic Stress Studies "Effective Treatments for PTSD"[25] includes two papers on the creative arts therapies: one for adults and one for children. The inclusion of the creative or expressive arts therapies in this seminal PTSD treatment manual signifies greater awareness among practitioners, clinicians, academics and researchers of their value. The extraordinary continuum of human experience, meaning and behaviour necessitates a multiplicity of possible therapeutic skills, techniques,

practices and approaches. Therapies that acknowledge the body at the center of human experience and the age-old importance of the creative process in human expression, communication and civilization are an important component of comprehensive treatment. Neuroscience offers insight into why the expressive arts therapies may allow unique access to trauma and resource-related content that may not be accessible through language. Research in this area may best elucidate the strengths of these therapies.

On a cautionary note, the power that is inherent in the creative process indicates discretion and careful consideration in how and when these modalities are used, by whom and with whom. It is recommended those who are appropriately trained and credentialed in the therapeutic practice of the expressive arts, or those working as artists, work closely with other experienced clinicians, community leaders or healers in cross cultural contexts to ensure that safety. Containment and processing of painful traumatic histories need to be titrated and respectful of personal and cultural boundaries. At minimum, the expressive arts therapies offered as adjunct (or primary) therapies with more "mainstream" therapies ensures that the therapeutic process is inclusive of the whole person. As a category of clinical modalities and practices, all of the expressive arts therapies might best be described as emerging clinical practice that offer tremendous promise.

Learning Points

The range of expressive therapies and techniques is growing in the trauma-related fields and effectively incorporate the body, the human experience and creative processes in expression and communication.

Neuroscience offers insights into why the expressive arts therapies may allow unique access to trauma and resource-related content that might not be accessible through language. Research in this area may best elucidate the strengths of these therapies.

The power inherent in the creative process indicates discretion and careful consideration in how and when these modalities are used, by whom and with whom. It is recommended to work with those who are appropriately trained and credentialed in the therapeutic practice of expressive arts.

Highly recommended readings

- Dokter D, editor. Art therapists, refugees and migrants: Reaching across borders. London, Jessica Kingsley Publishers, 1998.
- Goodman R, Chapman L, Gantt L. Creative arts therapies for children. In: Foa E, Keane T, Friedman M, Cohen J, editors. Effective treatments for PTSD: practice guidelines from the International Society for Traumatic Stress Studies. 2nd ed. New York: The Guilford Press, 2009.
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23. Toscani F. Sandrama: psychodramatic sandtray with a trauma survivor. Art Psychother 1998;25:21-9.
24. Johnson DR, Feldman SC, Lubin H et al. The therapeutic use of ritual and ceremony in the treatment of post-traumatic stress disorder. J Trauma Stress 1995;8:283-97.
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