CHAPTER 1

Introduction

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We know that not everyone reads the introduction to a book, but if you are the kind of person who likes to read the introduction, here is what you can expect. We will try to explain why we think that engagement in the creative arts promotes recovery of mental health. To do this, we will have to explain what we mean by creative arts, what we mean by recovery, and what we mean by mental health. We will also have to provide you with something of a theoretical framework or explanatory model and have reference to some of the empirical evidence that is discussed later in the book. We will also give you a sense of the contents of the book and share with you some of our expectations and fantasies about who you, the reader, might be.

This book begins with the proposition that there is something therapeutic about engagement in the creative arts. There are of course lots of other forms of creative activities—such as building useful things, gardening, and nurturing animals—that have therapeutic benefits; however, our interest is in the creative arts—by which we mean activities such as art making, music making, drama, dance, and creative writing. These activities might be described as forms of self-expression, but we think they are more than this. We think that what makes them therapeutic is not just that they give expression to the person but that they are also artistic performances that are occurring through other relational experiences with the recipient—the viewer, audience, listener, or reader. In other words, while creativity is often an individual act, it is not the act of an individual in a void but always performed within relational experiences.

At first glance, the proposition that creative activity is therapeutic might seem a little counterintuitive. After all, words like *poet* and *tormented* seem to have a natural affinity. Jackson Pollock, Sylvia Plath, Syd Barrett, and Eric Satie were among many successful creative artists whose mental health was suboptimal. It is even possible that a little madness, or at least the ability to experience things differently to most other people, assists creativity. However, the possibility that creative people are more emotionally unstable than the rest of the population (and we are far from sure this is the case) does not mean that it is the creative activity that destabilizes. More likely, the creative activity is a stabilizing force for people who otherwise would be much less able to manage in life.

In any case, a focus on famous and successful artists would be misleading. This book is about ordinary people and their struggles with anxiety, mood disturbance, substance use, and psychosis. It is mostly about their work with therapists and the role that creative activity plays in these struggles. We have adopted the widely used term *recovery* instead of *struggles*. *Recovery* is a positive term that evokes the restoration of lost capacity, whereas *struggles* can sometimes be futile. Recovery can be misunderstood as it can have the connotation of restoration of full health. However, in the context of mental health, it often means learning to live with persistent symptoms and may be more concerned with the restoration of identity, the establishment of meaningful social connections, and the development of a belief that life can be worthwhile rather than with the complete elimination of illness.

This book is not just about people who have a diagnosed mental illness. We are also interested in people whose well-being has been compromised by severe physical illness or social disadvantage. In other words, we are interested in how creative activity can promote well-being.

We wrote this book for therapists (and people training to become therapists), but we hope it will also be of interest to others. We suspect that many readers will be specialists who are working or training in areas such as art therapy, music therapy, or drama therapy. However, we have a much wider audience in mind. We hope that the book will inspire therapists—such as nurses, social workers, psychologists, occupational therapists, and the small army of support workers and counselors who do not have formal professional designations—to encourage and support their clients to explore their creativity. We also hope that people who are searching for ways to overcome their personal difficulties or better manage difficult emotional states will read this book and be stimulated to try for themselves one or more of the creative arts.

So why are we confident that engagement in creative arts will assist your clients (if you are a therapist) or yourself? We have both a theoretical framework and an increasing body of empirical evidence. The empirical evidence is mostly linked to specific creative arts interventions (especially music therapy and art therapy) and you will find detailed discussions of this evidence in later chapters. In the introduction, we will confine ourselves to some more general observations about the status of the evidence. We think we can offer you a theoretical framework that has application to the therapeutic impact of all forms of creative activity, so we will outline this first.

A THEORETICAL FRAMEWORK FOR CREATIVE ARTS IN RECOVERY

We think that creative activity promotes mental health because of a combination of factors and not because of any single factor. The factors or components that are likely to contribute are

- behavioral activation,
- self-efficacy/mastery,
- overcoming experiential avoidance,

- strengthening of personal identity, and
- social connectedness.

We will consider each in turn, but before doing so, we think it is important to emphasize that we are not suggesting that all will operate in equal measure for any specific person. In some cases, just one or two may be present. However, all have the potential to contribute. They are also interlinked. While they are presented here as discrete factors, in practice changes in one often have implications for others. For example, behavioral activation can impact on social connectedness. However, it is not unreasonable to think of these factors as having at least some characteristics of a hierarchy with behavioral activation as the most basic step toward recovery and social connectedness as the ultimate aim of recovery.

Behavioral Activation

Many forms of mental illness, but in particular depression, tend to deactivate the person both mentally and physically. The result is extended periods of time spent sitting or lying, brooding or ruminating, but achieving very little. This becomes a self-perpetuating cycle, whereby inactivity results in feelings of inadequacy and guilt that further depress the person. Additionally, disuse of mental and physical capacities leaves the person with reduced capacity for activation, even if the mood lifts a little. Activation reverses this cycle. As the person starts to engage in meaningful activities, confidence begins to develop and physical and mental capacity starts to grow. Much of the early work in creative arts therapy is concerned with activation. Art therapists sometimes engage clients in simple squiggle games, where the aim is not to give expression to feelings or create anything but simply to get the person moving. Likewise, early work in music therapy is often concerned with *musiking*—making music within a relational experience. Readers with an interest in exploring this component of the model further are recommended to look at the work of Neil Jacobson and others in his Seattle group who were able to show that behavioral activation alone was a highly effective treatment for depression.

Self-Efficacy/Mastery

Mental illness commonly impacts on motivation as well as impairing basic cognitive functions such as attention and concentration. The result is that many people affected by mental illness experience reduced efficiency and capacity when performing a range of activities. Over time, this diminishes confidence and self-belief and can lead to a generalized loss of self-efficacy.

People who engage in creative arts therapies often discover they are more capable than they imagined—in activities for which they thought were usually reserved for those with special talents. Discovering their own creative capacity challenges their generalized lack of self-belief and helps people focus on what they can do rather than on what has been lost or diminished. As a result, they are more willing to try things and more likely to approach challenges with a sense of possibility rather than with the expectation of failure. Readers interested in learning more about self-efficacy are recommended to look at the classic work of Albert Bandura as well as more recent work in the positive psychology tradition.

Experiential Avoidance

There is a substantial body of theory and evidence to suggest that emotional difficulties are often associated with the avoidance of difficult or painful experiences. It is not surprising that people avoid these kinds of experiences, but the problem is that avoidance is not an effective strategy for managing them. There are two reasons for this. First, avoiding experiences associated with past trauma or that provoke social anxiety does not offer the potential to resolve them. In fact, it means that the opportunity for learning to deal with situations that are emotionally challenging is diminished and the difficulty is likely to persist. The second reason is that the process of avoidance often has further adverse impacts such as social isolation or nonspecific anxiety or depression.

Creative arts may provide people with a means of approaching and engaging with pain or difficulty in an indirect manner. It allows for a gradual approach and sometimes a symbolic, rather than direct, processing of experience. It is thus less threatening than a head-on confrontation with a problem but still a means by which the person can engage with, rather than avoid, the issues. This is akin to what Freud meant when he referred to creativity as a means by which unconscious conflicts can be sublimated rather than repressed. Further, many contemporary practices that draw on philosophies of empowerment, equity, human rights, and resource-oriented practices completely avoid the notion of "healing" and view cultural participation as a medium to reconnect those who have been excluded from social participation due to mental illness with sociocultural community practices. Readers interested in learning more about experiential avoidance and its consequences are encouraged to explore the work of Steven Hayes and acceptance and commitment therapy, which developed as a result of this work.

Personal Identity

Personal identity is a term used to describe how we view ourselves. It represents what we know, understand, and feel about ourselves and is most actively shaped during our adolescence. However, it is continually transformed throughout life as we encounter new experiences and events that threaten our self-concept and leave people questioning who they are as people. In other words, self-concept is not fixed and unchanging but a dynamic process shaped by the world around us, the people we interact with, and life events. People's self-concept is comprised of six domains—the personal self, social self, family self, academic/vocational self, moral self, and physical self—that impact the roles they take in various contexts within their environment. People with a low self-concept are doubtful about their own worth.

Because mental illness can have a pervasive impact on functioning and role performance, it can often compromise one or more components of identity and self-concept. People often identify themselves by occupational role, family role, or role in community activities. When people find themselves unable to manage these roles as a result of mental illness, there is a risk that their sense of identity will be compromised and, instead, the disability narrative becomes the dominant narrative in their lives. This is what Erving Goffman referred to as *spoiled identity*, and it results in diminished self-esteem, lowered expectations, and eventually loss of hope.

Engagement in creative arts can foster the development of an identity and strengthen the self-concept that is independent of illness. Where appropriate and safe for the artist, creative arts therapists may facilitate public performance, exhibition, or publication of artistic works, in part because this provides community endorsement of an emerging identity as a musician, artist, or writer. This is particularly effective if engagement with the community is not strongly linked to having a mental illness. This is not to say that public display or performance is always a good idea. Any artistic communication can involve some sharing of self, and sometimes this may mean sharing personal experience of mental illness. It is important that the artist or performer understands this and the implications for loss of privacy and potential exposure to stigma. The therapist has a responsibility to weigh the potential benefits of wider distribution of the work with the potential risks. Aside from the classic work by Goffman, readers who want to learn more about identity and mental illness are encouraged to explore more recent work by Paul Lysaker and his colleagues.

Social Connectedness

Chronic mental illness often leads to social isolation. This perpetuates mental illness since isolated people do not experience the sense of community and support that connected people experience. Social isolation occurs as a result of a combination of the previously outlined factors. People affected by mental illness often lose confidence interacting with others because of a sense that other members of the community look down on them (stigma) or that they are not worthy of participating in the community (self-stigma). Social isolation also occurs because of reduced opportunity for interaction with other people. This is often exacerbated by unemployment, which is high among people affected by mental illness because of loss of efficiency. Employment is important to most people not just because it yields an income but also because it typically engages people in meaningful interaction with others.

Participation in creative arts activities can be solitary but it often takes place in groups. Some creative arts such as choral singing, ensemble music, dancing, and theatre are inherently social activities. However, even more solitary activities such as writing or painting can occur partly through workshops, readings, and exhibitions that bring people together to share and try out ideas and techniques or to show completed work to others and the public. Furthermore, creative arts activities often lend themselves to natural transitions from rehabilitation settings to community settings. People with mental health problems may become sufficiently interested in and confident with creative arts in a rehabilitation setting to engage with community groups engaged in similar activities.

A NOTE ON THE EVIDENCE BASE FOR CREATIVE ARTS IN RECOVERY

This book has reference to many kinds of evidence from anecdotal and personal accounts to meta-analyses of randomized controlled trials (RCTs). We think that the evidence base for the effectiveness of music therapy in recovery is strong. The reason for this is that there are sufficient RCTs to create confidence that people who participate in music

therapy experience improvements in their mental health and well-being that are not experienced by those who are randomly assigned to a control group. These benefits are robust across a range of populations, age groups, and mental health problems. As Claire Edwards's chapter shows, the evidence base for art therapy is also quite strong. There are fewer well-designed studies for art therapy than is the case with music therapy, but there are enough RCTs showing benefits to warrant the presumption that art therapy is broadly equivalent in effect to music therapy. There are fewer well-designed studies investigating the effectiveness of other kinds of creative arts therapies, which means that we need to be a little cautious about benefits. However, because creative arts interventions tend to have broadly similar characteristics, we think it more likely than not that these too will eventually have a strong evidence base.

When considering the effectiveness of creative arts therapies, it is worth bearing in mind what we know about the effectiveness of the so-called talking therapies, which have been investigated very rigorously over an extended period of time. Whereas it was once thought that the specific characteristics of these therapies were critical to the outcome and that some kinds of talking therapy were more effective for some kinds of problems than others, it is increasingly clear that this is not the case. Rather, verbally mediated therapies are broadly equivalent and contemporary therapies tend to be as effective as older therapies. Furthermore, recent research developments suggest that the relationship between a therapy and a disorder is much less specific than might be expected. While some therapies might have advantages with respect to particular problems, the relative advantage—even with specific problems—tends to be small.

What this means is that all therapies, whether talking therapies or arts-based therapies, probably achieve their effects through broadly similar mechanisms of change, even though they have specific characteristics. In other words, it is likely that they all impact on one or more of the five theoretical factors outlined previously. Furthermore, the interconnectedness of these factors implies that having an impact on one will inadvertently flow through to others. When it comes to understanding the potential effectiveness of arts-based therapies, we should expect that they are broadly equivalent to talking therapies.

It does not follow, however, that they are interchangeable with talking therapies. We think that creative arts therapies have some specific advantages that give them distinctive utility. Many people with mental health problems have difficulty talking about their problems or emotions. This may be because they are children, because English is not their first language, because they are inhibited or fearful, because it is too painful to share their story, or because they have cognitive limitations. Arts-based therapies provide an access point for such people. There are also people who are quite capable of engaging in verbally mediated therapy but who especially enjoy or value creative activity.

However, we are not suggesting that arts therapies should replace talking therapies, more that they can work in partnership to increase the potential for improved quality of life and maintenance of managed symptoms. At the same time, we believe that creative arts therapies are effective in promoting recovery and provide a pathway to recovery that is distinctive and, for some people, essential.

WHAT YOU WILL FIND IN THIS BOOK

In this book you will find a range of perspectives on the role of creative arts in recovery. The book describes six creative art forms and their use as a therapeutic medium—visual art, writing, music, drama, dance and movement, and contemporary and mixed media. There are some chapters dedicated to describing the body of evidence to support the therapeutic effects of the art form and other chapters that describe how the interventions are applied in practice. What is further unique to this book's comprehensiveness is that it contains some personal accounts by people who explain how creative arts have helped them.

If you are the kind of person who reads a book right through, rather than selecting chapters or sections of interest, you will notice that there are stylistic variations throughout the book. This partly reflects the different writing styles of the various authors who have contributed. However, it also reflects variations in content. Our accounts of the implementation of creative arts interventions are designed to help practitioners see how it can be done. The focus is on description of the intervention and exploration of responses of participants. By contrast, when we attempt to provide a summary of the evidence base for creative arts interventions, there is much more formal analysis and greater risk that the content will seem a little dry to the casual reader. We live in a world in which the practice and evidence base are increasingly interlinked, so we make no apology for including reasonably scholarly outlines of the evidence base in a book that is primarily designed for practitioners. However, we do acknowledge that there are consequences for continuity of style.

ABOUT THE AUTHORS

The authors are a diverse group of people. While most are currently living in Australia, some trained or worked in the United States or the United Kingdom. Some are people with personal experience of mental illness and a personal understanding about how creative activity contributes to recovery. Others are therapists who have spent much of their lives designing and implementing creative arts activities and programs for people with mental illness. Some are researchers with an interest in program evaluation. Some would identify primarily as creative artists. Most fall into more than one category. What we share in common is a conviction about the value of creative arts—which is why we have come together to create this book. We hope you enjoy the book and find it helpful.

CHAPTER 2

Lived Experience

Writing and Recovery

Robert King (with J. R. Scott and Jane Boggs)

> *I think that writing novels . . . is in many ways an act of self-therapy. Undoubtedly, there are those who have some kind of message and write it in a novel, but in my case at least, that is not how it works. Rather, I feel like I write novels in order to find out what kind of message is in me to begin with. In the process of writing a story, these kinds of messages just suddenly float up from the darkness.*
>
> (Haruki Murakami, as cited in Dil, 2007, p. 36)

This chapter provides a window into the lived experience of people whose creative writing forms part of their experience of recovery from mental illness. We learn about the experience of a group of people who participated in a creative writing workshop and meet a couple of poets. The first part of the chapter contains my[1] observations and reflections on a writing workshop provided by an agency that provides rehabilitation services for people recovering from mental illness. The second part of the chapter consists of some notes on what it means to write by people recovering from mental illness. These people are not professional writers. They are, prior to now, unpublished. However, they do not necessarily write for themselves alone. Like most writers, they can be a little hesitant about exposing their work, but I try to explain why I think they write with a reader (not just themselves) in mind.

Before we meet these people, I would like to introduce you to Haruki Murakami. Murakami is a professional writer. In his own country of Japan, he is a celebrity. Every time a new novel is released, queues form outside the bookshops the night before it comes on sale. While he is not such a celebrity outside of Japan, his work is translated and widely read and appreciated around the world. Each year, when the Nobel Prize season comes