

PSYCHOTHERAPY AND THE ARTS NEWSLETTER



JULY 2011

Dear List Members,

As the summer ripens with welcome warmth and abundance, we have been busy with presentations, writings, and other creative acts. We welcome new friends and continue to share arts and therapy news. Ilene

.....While here in south eastern Australia.... we are staying near the fire as grey, rainy days close in on us. However, the grey is somewhat enlivened by the beautiful golden wattle which comes out every July, as well as a host of European spring flowers – jonquils and the like. I have just completed an online course of Revolutionary conversations from the East Side Institute in New York, entitled Creating the World: How to foster Creative Community. Along with 15 other people from a variety of disciplines (psychology, education, community activism), and a variety of countries, I spent 5 weeks in intense email conversation about how creativity, improvisation and collaborative endeavour can bring about empowerment and change. I still have to digest it all, but it has certainly stimulated and inspired me. (an article by the course facilitator, Gwen Lowenheim, was in our December 2010 newsletter). Heather

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Introductions

Upcoming Events at the APA

Book Review: Ellen G. Levine & Stephen K. Levine - *Art in Action: Expressive Arts Therapy and Social Change* – Catherine Mellinger

Conference paper: *Not like Pills: The Arts and Relationship in dementia care* – William Feez/Heather Hill

Book Review: Elizabeth Gilbert – *Committed: A Skeptic Makes Peace With Marriage* – Ilene Serlin

New Book – *I see you*

Wellness Fair – a Kick-off partnership

Attachment: Ilene Serlin – *The History and Future of Humanistic Psychology*.

INTRODUCTIONS

We welcome: Marybeth Weinstock, Abby Caplin, Donna Newman-Bluestein, Wang Chunhong, Stephen Levine and Catherine Mellinger. We are pleased to be able to include here Catherine Mellinger's review of "Art in Action: Expressive Arts Therapy and Social Change". Some bios follow:

Abby Caplin, MD, MA, is a physician who practices Mind-Body Medicine in San Francisco, counseling and helping people with chronic illness. Trained in pediatrics and allergy-

immunology, she also has a Master's degree in Integral Counseling Psychology from the California Institute of Integral Studies in San Francisco, CA, with advanced training in Voice Dialogue, Sandtray and the tools of energy psychology. In addition to her private practice, she teaches medical students and residents about patient-centered care, leads writing workshops for people with chronic illness, speaks at conferences and has published poems and short stories. Her main focus is empowering those with chronic illness on their healing path.

Website: <http://www.abbycaplinmd.com/>

Weblog: <http://permissiontoheal.wordpress.com>

Wang Chunhong is a Dance Therapist trained in DaoYin and TuiNa massage, and is Director of the Chinese Art Medicine Association. She has run groups at psychiatric hospitals and is the Director of GodGiftedGarden Art Rehabilitation Center where she created and uses a unique combination of dance, music, and art combined with theories from Chinese medicine which she calls Dimensionalartdance (DaDance). Chunhong feels that she that she must use all the dimensions of the arts (she includes Chinese medicine as an art) to heal all dimensions of the client's problem. She has been very involved in developing arts therapy in China, and believes that there is a need for the cultures of East and West to work together to build art therapy theory and practice in China. She has written a chapter collaboratively with two American creative arts therapists, and this chapter will be included in a book "Art Therapy in Asia" to be published in April 2012 by Jessica Kingsley Publishers.

Stephen K. Levine is Professor Emeritus of Social Science at York University, Vice-Rector and Dean of the Doctoral Program in Expressive Arts at the European Graduate School, and Co-Director of ISIS Canada, a training program in expressive arts therapy. He is the author of *Trauma, Tragedy, Therapy: The Arts and Human Suffering*, *Poiesis: The Language of Psychology and the Speech of the Soul*, and *Song the Only Victory: Poetry Against War*. He is a co-author of *Principles and Practice of Expressive Arts Therapy: Toward a Therapeutic Aesthetics*, and co-editor of *Foundations of Expressive Arts Therapy: Theoretical and Clinical Perspectives* and *Art-in Action: Expressive Arts Therapy and Social Change*. He is Editor of *POIESIS: A Journal of the Arts and Communication*. Steve Levine is a poet, actor and clown.

Catherine Mellinger is an artist, arts facilitator, expressive arts therapist (ISIS-Canada), and creativity coach (Creativity Coaching Association) based in Toronto, Canada. The current focus of her work is the use of image-based narratives founded in fables that tell the story of searching for life, and the experiences of loss and trauma. She is co-founder of the Arts for Social and Environmental Justice (ASEJ) Workgroup; a body of artists, facilitators, educators and activists who join together to create communities of social action using the arts by creating community events that seek to answer distinct questions relating to social and environmental justice as it relates to our collective experience as citizens. She is also an artist with Living Through the Arts (founded by the Royal Conservatory), and co-facilitator of the bi-monthly community art exhibit Octopus Project Toronto with photographer Melanie Gordon.



UPCOMING EVENTS AT THE AMERICAN PSYCHOLOGICAL ASSOCIATION

APA Conference News

1) **Skills-Building Session: *Compassion Satisfaction and Regeneration*** **Sat., 8/06, 8-8:50AM**

Renaissance Washington Hotel
Congressional Hall C

CoChair:

Ilene A. Serlin, Ph.D, Lesley University
Kathryn L. Norsworthy, Ph.D, Rollins College

Participant/1st Author:

Eleanor Pardess, Ph.D, Tel Aviv University
Title: Caregiver and Regeneration: The SELAH model

Discussant:

Charles R. Figley, Ph.D, Florida State University

Caregiver burnout and compassion fatigue are receiving significant attention from health professionals. The current literature has focused almost exclusively on the negative consequences of caregiving at the expense of exploring the whole spectrum of the caregiving experience. This workshop focuses both on pathways of preventing burnout and compassion fatigue, as well as promoting caregiver satisfaction and regeneration.

The multifaceted nature of the caregiver experience calls for an integrative perspective. The whole person approach (Serlin, 2007a) is a particular relevant framework due to its integration of cutting-edge practices in a bio/psycho/spiritual model supporting prevention, resilience and growth. It represents a paradigm shift from an illness to a growth-oriented model. The struggle with adversity may lead to the discovery of strengths and enhancement of life's meaning. Witnessing human suffering can take a toll on one's resources, but can also lead to a renewed sense of purpose.

To illustrate such a multimodal approach, a model for promoting caregiver satisfaction and regeneration, will be presented, drawing upon attachment theory (Mikulincer & Shaver, 2007), as well as on research on growth through adversity (Joseph & Linley, 2006) and compassion fatigue and satisfaction (Figley, 2007). Initially developed in SELAH, the Israel Crisis Management Center, for supporting a network of 600 volunteers providing emergency support in the aftermath of terrorist attacks and other crisis situations (Pardess, 2005), this model has been applied in different organizations in Israel. It offers a range of practices to enhance a sense of hopefulness, connectedness and meaning, through tapping into caregivers' strengths, cultivating compassion and self compassion and nurturing a growth mindset. The programs include outdoor and nature-based experiential activities alongside compassion-focused strategies, and verbal and non-verbal narrative practices.

Specific skills will be learned and practiced during the session and implementations will be illustrated.

2) *Essentials of Complementary and Alternative Medicine for Practicing Psychologists*

Sat. 8/6, 10-11:50

Convention Center
Rm. 150B

A Sneak Peak into Complementary and Alternative Medicine for Psychologists

Chair:

Jeffrey E. Barnett, Psy.D., ABPP, Loyola University

Participants:

Margaret Horne, M.S., Loyola University:

CAM: All your clients are doing it!

Complementary and alternative medicine is the term for a group of diverse medical and health care systems, practices, and products that are not generally considered to be part of conventional medicine. While commonly discussed together, complementary medicine is used alongside conventional medicine, while alternative medicine is used in place of conventional medicine. CAM is broken into four primary domains—mind-body, biologically-based, manipulative and body based, and energy medicine—which will each be defined and discussed in this presentation. Research estimates that at least 37% of Americans utilize some form of CAM every year, and thus is a noteworthy presence in the American health care system. CAM's development throughout world history will be presented, as well as its struggle for visibility and acceptance in Western culture. Recent medical literature asserts that the modalities that were once condemned as “quackery” because they did not originate within the Western medical model, are now effectively complementing the Western medical system and often filling a void which consumers are willing to pay out of pocket to fill. Arguments for CAM's permanent presence in Western society and the implications for psychologists will be addressed.

Rachel Firestone, M.A., Loyola University, Maryland:

Integrative Care in the Therapeutic Realm: Ethical Considerations Regarding CAM

With the integration of CAM into ongoing mental health care and treatment, practicing psychologists must be aware of the appropriate and efficacious treatments as well as the ethical issues, which arise with such incorporation. With 37% of the general population already utilizing CAM, and with many more having expressed interest, psychologists' knowledge of and competence in integrating, possibly through a referral process, CAM into their practice have been shown to be quite powerful and effective. Integration of CAM modalities into traditional therapeutic processes brings with it many ethical issues, which must be considered. It is through the lens of the practitioner and the client, with which these concerns must be viewed. Specifically, the APA Ethics Code standards, as well as subjective practitioner and client needs and comfort levels, provide the lens through which ethical concerns are addressed. Ethical concerns relating to competence, cultural factors, referral protocols and processes, confidentiality, payment and fees, informed consent, and boundaries relating to multiple relationships within the psychotherapy relationship are addressed as relevant to integrating CAM into ongoing psychotherapy with clients. Given that the standards of the APA Ethics Code

may be subject to subjective interpretation, a variety of ethical decision-making models are reviewed that may assist practitioners in their decisions regarding the integration of CAM into ongoing psychotherapy. Ultimately, practitioners are responsible for providing the most comprehensive, ethical care possible, and therefore, must be knowledgeable about and capable of knowing when to integrate CAM into their practices by providing CAM services directly, when to refer clients to appropriately trained CAM practitioners to augment the psychotherapy they provide, and when the use of particular CAM modalities might not be in a client's best interests. Strategies for addressing each of these situations are addressed in this presentation.

Allison Shale, M.S, Loyola University:

Isn't Alternative Medicine Just Yoga and Meditation?

This presentation will be used as a way of introducing mental health professionals to a variety of modalities that are considered to be forms of Complementary and Alternative Medicine (CAM). It will address a variety of topics regarding the 14 most commonly used CAM modalities: 1) Dietary Supplements; 2) Meditation; 3) Yoga; 4) Acupuncture; 5) Massage Therapy; 6) Music Therapy; 7) Hypnosis; 8) Reiki; 9) Progressive Muscle Relaxation; 10) Movement Therapy; 11) Aromatherapy; 12) Biofeedback; 13) Chiropractic; and 14) Spirituality and Prayer. With so many different modalities being addressed, the aim of the presentation will be to emphasize just how many CAM techniques exist while raising awareness related to the fact that our clients may be utilizing some of them in addition to more traditional psychotherapy.

The presentation will include a brief background on each technique with specific information about its history as well as the symptoms and disorders that are commonly treated using each modality. Further, we will discuss the specific training and qualifications that are required for mental health professionals to be considered competent in each area. With that, information will be provided regarding how and when to make appropriate referrals when considering CAM. Further, there will be lists of additional resources on each of the techniques as we imagine that the presentation will surely pique psychologists' interest and leave them wanting more information on CAM! Ultimately though, the presentation will serve as a brief overview of the most popular, and widely used forms of CAM with an emphasis being put on their increasing utility among many of our clients.

Discussant:

Ilene Serlin, Ph.D, BC_DMT, Lesley University

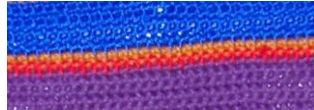
3) April 2012 Trip to Israel Trauma Centers

Ilene Serlin, Ph.D, BC-DTR
Dr. Eleanor Pardess, Tel-Aviv University

All psychologists interested in promoting a positive exchange between Israeli and American psychologists and learning about innovative methods for working with trauma and resilience in Israel are invited to the Div. 56 Hospitality Suite to learn about the upcoming trip to Israel. Dr. Ilene Serlin, Past-President of the San Francisco Psychological Association and Israeli psychologist Dr. Eleanor Pardess of Tel-Aviv University, in partnership with the Israeli Psychological Association and Dr. Yochi Bar-Nun of Tel-Aviv University, will lead the 10-day trip

to Israel in April 2012. Participants will have an opportunity to visit key trauma centers, witness a rich diversity of ways of working with trauma, participate in lecture/discussion groups led by prominent Israel academics and trauma specialists, and enjoy cultural and sightseeing events around Israel. The event will take place at the IDC, the Interdisciplinary Center in Herzliya, which is a unique academic institution in Israel housing the International Institute for Counter-Terrorism, and include trips around Israel.

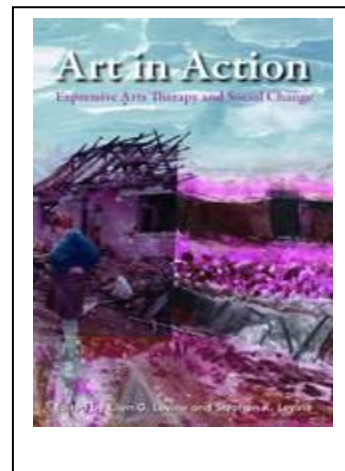
Times and places TBA—please contact iserlin@union-street-health-associates.com for further information



BOOK REVIEW:

**REFLECTIONS ON
ART IN ACTION: EXPRESSIVE ARTS THERAPY
AND SOCIAL CHANGE**
Edited by Ellen G. Levine & Stephen K. Levine
(Jessica Kingsley, 2011)

Reviewer: Catherine Mellinger



There is a much deeper absorption of information that occurs when something is experienced rather than merely studied in writing. During my years of training as an expressive arts therapist at ISIS-Canada in Toronto, Ontario; a school co-founded by the co-editors of this book, Ellen G. Levine and Stephen K. Levine, I cherished my time at the table or circle amongst a body of professors and students discussing theory and ideas about various modes of practice and the clients we were collectively working with. In the end however, being in the room with the children I was working with, as part of my personal studies, was the gift that allowed the words we were sharing to become deep embodiments of my learning. Throughout my time in training, the margins of the articles and books I read became laden with the repetitive notation “What does this look like in the room? What does this feel like in session?” This is what I seek out as an expressive arts therapist, the feeling of expressive arts in action.

This too, I feel, is precisely the gift in Ellen G. Levine and Stephen K. Levine’s edited book *Art in Action: Expressive Arts Therapy and Social Change*. Reading the collected essays found in this book is like being given a window into not only the diversity of what expressive arts therapy and its uses in the public sphere are, but beyond that, what expressive arts *looks like* and *feels like* from the perspective of those expressive art practitioners who utilize the tools of the arts within a framework of social healing and change. These practitioners are working with communities whose voices have been stifled by the devastation that is visited into their lives on

every level: women of the Bedouin Arab community, children in a Bosnian Refugee Camp, Iraqi survivors of torture, Kabala communities in Sierra Leone, woman prisoners and marginalized children living with Down Syndrome in Nairobi, the Quechua and Aymara people of Bolivia, immigrant Ethiopian Jews in Israel. As Michelle LeBaron notes in her foreword “The world cries out for embodied, artful experience” (p.10), and this is precisely what this book provides. The book provides a strong theoretical framework for the work in articles by Stephen Levine, Shaun McNiff, Paolo Knill and others, but more importantly it gives us a collection of rich, lived moments from which emerges a deep learning of how the arts can create space for social change to occur. And in so doing, it leads us to reach beyond learning, to ask questions of what other ways can be found to fuel forward more opportunities for social healing and transformation. This book is an opportunity to see clearly the connection between expressive arts and social change: the natural phenomenon that occurs when you allow those you work with to be held in a space where they can express their most fundamental experiences.

In his opening chapter, Stephen K. Levine writes of his concept of *poiesis* (a term taken from the Greek, signifying the act of making in general, and artistic making in particular) “What is implied in the concept of *poiesis* is that art-making is not divorced from other forms of production. It is not a specialized activity radically separated from others; rather it is an extension and development of the basic capacity of human beings to shape their worlds” (pg. 23). Levine notes that “World-building is self-building” (pg. 24). This collection in itself is the building of a world of expressive arts therapy based on crafting individual, personal stories. From those stories found amongst these chapters, the words extend out into our personal space as readers and make us look at the relationship that we hold to the world and to our field.

Before beginning to read this book, I chose to ask myself a question in order to focus my attention. This question was “What is my affective state after reading this collection?” I assumed that I would have a list of collected points that would represent the ideas and notions that stood out to me. What I didn’t expect however was to have one singular notion stand out so clearly amongst the shared experiences of the authors of these chapters: *imagination*. In the mere act of stating this one word, I can feel my own critical voice loudly asking “is it really that simple?” I am choosing to take a chance and say that yes, potentially it can be, and that through that very simple potential, all of those possibilities for building change can exist.

To imagine is to remain open and see past what is happening to us in our lives, our communities, cities, and countries. Carrie MacLeod shares her experience working with a group of performers and youth in Sierra Leone in her chapter “The Choreography of Absence,” noting “Reorienting the senses around what is possible is a first step toward encountering the unimaginable” (pg. 153). As expressive arts therapists we orient those we work with to what is at hand and can be of use, and these “real” things help us enter into an unknown world where we can encounter that which goes further into our souls. In this space of encounter, often referred to as “decentering” within expressive arts therapy (Knill, 2005), imagination is the possibility of experiencing freedom, a freedom that is often dependent on the political structure of our culture and is one of the most important goals that we can fight for. Imagination then is in itself political. In these spaces, the chance to imagine the world as different than how it is around us (devastated, isolated, unsafe) allows the voices of the imaginal to become the voices of a political landscape or, as Kalmanowitz and Lloyd call it in their chapter “Inside-Out, Outside-In,” “social documents,” and an avenue for a different world to emerge. We can be holders and guides in the “real world” harsh landscape together; as artists, therapists and

community members, we can imagine and create new social documents, a new landscape that arises from that of turmoil and devastation. As Kalmanowitz and Lloyd also note, "Change is open-ended – we do not know where it will lead" (Kalmanowitz & Lloyd, pg.110). That it can lead however – lead us into our own experiences in order to change their effect on us, lead us out of the chaos that surrounds us into moments of joy – is the seed of knowledge that this book has given me.

World-building is self-building; what the expressive arts therapists in this collection show us is that it is equally the reverse. To allow space in which people can heal and build from their past and current experiences, we can hold the space to build communities and societies that could change the shape of our world. As Ellen G. Levine states in her chapter "From Social Change to Art Therapy and Back Again: A Memoir," "Working in the field of expressive arts felt like a homecoming ... I did not fully realize at the time how much this new field would begin to influence me personally" (pg.37). May we all meet the world with such openness and curiosity, allowing the world we meet to change us, so that we can in turn change the world we meet. My hope for this book is that there will be many others. As we collect the stories of those we work with, so too should our own stories be collected and shared.

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NOT LIKE PILLS – THE ARTS AND RELATIONSHIP IN DEMENTIA CARE

Paper presented at the Arts and Health Conference 2010, Melbourne, Australia
Presenters: Heather Hill and William Feez

(Reprinted with kind permission of the Dance-Movement Therapy Association of Australia Journal).

(Heather) As arts therapists, William and I believe that for the arts to truly contribute to the wellbeing and growth of people with dementia, we need to go beyond the what, what we do, to a focus on the how, how we go about it. For us, the how is necessarily embedded in relationship. In an unequal world of declining cognition, where care staff assume to know what is best for the people in their care, the manner in which the arts are presented, the appropriateness to the needs and interests of participants, the quality of the arts experience - all flow from the quality of relationship between staff and participants. For us, that relationship should be a relationship of equals.

(William) In the spirit of 'relationship of equals' – and relationship implies dialogue - we are inviting you to be part of our dialogue with those people we speak about and to allow their

voices to be heard and let them speak for themselves. Surprisingly they speak very articulately and this is made possible by the arts, the arts applied in a therapeutic framework.

For the people with dementia who have reached the stage of having difficulty finding words and forming sentences to make themselves understood, the arts - human beings' ageless conversation about lived experience - we are discovering, can provide an alternative language beyond verbal cognition. As cognition falls away embodied responses can emerge to make sense of things. These communications are often perceived in a care setting as 'difficult behaviours'.

The arts can offer an alternative language. Using the framework of understanding offered by the form of inquiry developed at MIECAT, the Melbourne Institute of Experiential and Creative Arts Therapy (and for Heather also through her dance therapy training), we recognise how the multimodal arts, particularly the sensory/kinaesthetic, feeling-based visual, audio, kinetic mediums for example, offer a wide spectrum of non-verbal creative expression which corresponds with the ways we experience through our embodied encounter with and knowing of our world. We notice by applying the arts with this understanding, we enable communication that appears to bridge the cognitive gap between us and the person living with dementia.

(Heather) As arts therapy practitioners, William and I have both experienced the wonders of engaging in the arts with people with dementia. We have seen creativity, individuality, joy, sadness and a multitude of other feelings. We have seen people feeling at ease with themselves and with others. We have seen excitement and exhilaration....and that's for both the people with dementia and for us. Despite the lowly status of the arts and lack of 'medical' credibility, care staff cannot help but recognise the transformation that often occurs during and even after sessions. Add to this, the desperation care staff feel in trying to offer activities to people with dementia, and there's no wonder that gradually non-arts staff have been attracted to introducing the arts into their facilities. However, all too often the arts are approached as another tool in the toolkit, or like a pill which will cause the effects they have perhaps observed in conventional arts sessions. We believe that care facilities and their staff need to move away from pill thinking, which relies on simple cause and effect, and one person doing something to another.

The pill – the WHAT – is not enough; staff need to look at the HOW. Indeed even more fundamental is RELATIONSHIP, which informs both the what and the how.

In our arts therapy practice we start from the premise that we all become persons through relationship. We are people in relationship – we are not disembodied minds, but embodied beings embedded in a relationship - a relationship to people and to objects, places, etc. In the context of dementia, where personhood and one's relationship to life are severely under threat, relationship has even more importance in helping people with dementia re-connect to self, to others, and to what is meaningful to them. *'I am who I am because of who we all are' (Gergen, 2009, p.388)*

(William) The dialogues I am introducing occurred during painting activities in the pressured environment of an aged care residential as I explored the possibility of a humanistic arts therapy model having useful application in dementia care. The Art Club Project looks from outside like any other painting activity in a nursing home with the clutter of wheelie walkers and frail bodies with arthritic hands straining to make marks on paper, except for the intention of the activity; the intention being to better understand the person's lived experience. The

objective is not just about making paintings or filling in time and meeting lifestyle standards; it is a meeting of people making sense together in dynamic and reciprocal relationship.

This shift toward wanting to know and not making assumptions through labels and medical diagnosis about how an individual person might experience dementia perhaps represents the key to the much desired culture change in aged care. As Heather has outlined, this approach is not so focussed on what we do, the tasks, but more about how we interact with the person - the care relationship.

(Heather) So how do we see relationship in the context of arts work with people with dementia.

The starting point is the recognition of two people and a relationship:

- 1) PERSON WITH DEMENTIA – individual with life history, current way of being, preferences etc
- 2) STAFF PERSON – also an individual with a life history and their own way of being.

AND a relationship which needs to be created between them.

RELATIONSHIP above all has to be the focus. In the first instance the staff member may need to be the one who initiates, who nurtures the relationship – but the way of doing that is very much about being present to the other person – being with – which is often the hardest thing for us to learn, especially for staff who are used to doing. In being present, we seek to invite the presence of our partner.

(William) The framework for understanding, we have used in our dialogues is the MIECAT approach which speaks of meaning coming from an essentially '*subjective and interactive sharing between people starting always with aspects of the participants' living experience animated by their own search for life understanding.*' (Lett, 2006, course notes) And I feel it is healthy to assume that, like everyone else, the person with dementia wants to make sense of their life. And this is done it seems in the context of relationship.

Kitwood (1997) began the revolution in dementia care when he introduced the idea of personhood being understood in the context of relationship and social being, a sentiment shared by Orange (1995) who writes about the importance of '*being known, remembered and understood by the existence of another*' (p.157). Stern much later in 2005 says, '*people want to be known and to share what it feels like to be themselves*' (p.97). In supporting people with dementia, knowing can often mean being present to and with the person as witness to their unfolding experiencing.

We'll now offer some examples from our experience of being present to people with dementia

(Heather) ELSIE & HEATHER

Elsie and I sat together in a rather sterile room in a psychiatric hospital, with two other people present – a music therapist, and a staff member working the video recorder. This was the first of four dance therapy sessions, which formed my research study into the experience of dance therapy for a person with dementia. There was no pre-set plan for the session. I was merely there to move with Elsie in whatever way arose in the moment. The music therapist too had no

instructions beyond being there to support the movement relationship. I invited a gentle warming up moving together to enable an ease and a flow to develop between us. Both of us were struggling with the fact that Elsie was quite tired, and it was only at the moment where we both accepted rather than struggled against this, that things really started to take off. It was about really being in the moment and working with what you're given rather than trying to "make things happen". Suddenly came a first sense of something from Elsie which in movement came through as a slight pushing resistance. From there developed a pushing, and pulling and challenging and teasing between us – a sense not only that Elsie was testing out her own strength, but that together we were testing the boundaries of our relationship. This resolved in the final 7 minutes or so into just sitting side by side (we'd started face to face), linking arms, swaying gently – not that much movement really – more just a being together like old friends who don't really need to say or do much, who are comfortable in each other's presence.

This first session seemed very much to embody and make flesh the act of creating a relationship – the meeting on common ground, the testing out, the developing feelings of ease of being together.

In the three sessions that followed, each was quite different, reflecting the very different space a person with dementia can find herself in, but underlying these was a strong sense that despite the highs and lows, we were connected – and not only that, we were connected as equal partners.

A few hours after each session, Elsie and I would watch the video together commenting freely and spontaneously on what we saw. Some of what emerged in Elsie's comments were:

- **Refinding herself.** From not recognising the strong woman in the video, she comes to realize that strength is one of her key traits - *'I'm glad I'm strong'*. She gets back in touch with old memories and reconnects to her old self. From feeling rather dull, she now says *'I've got together again'*.
- **Relationship.** Re-finding herself allows her to connect with confidence to me in the session. We each voice appreciation of the other on many occasions.
- **Beyond the session** – this renewed sense of self carries over and beyond the sessions. Elsie's tells me:
'I often get a remark..on how old I am and they say that they can't believe it and they think I look, you know, young. And they won't believe it and somebody else will say it and I think I must look good...But eh, I'm glad I'm alive.'

(William) JOAN AND WILLIAM

Joan arrived with her walker unescorted, sat down and began her painting without introduction- it appeared she had come with a clear intention. She was a resident in the low care hostel, diagnosed with early stages of dementia.

The sophistication of Joan's images stood out. She was able to develop with surprising subtlety complex abstract images with delicate, harmonising watercolour tones from the thick primary acrylic paint. Joan's process evoked a description by arts therapist Mala Betensky (1987) of intentional art making as *'an observable transition in the person's art processes from a pleasurable play with art materials to the more serious art expression; a creative disclosure of*

being' (p.152). Watching from a distance, I sensed Joan was about to get up and leave so I sat down beside her to attempt making a connection. She allowed my close proximity. I intuitively sat and waited until I sensed we both felt comfortable, working at calming my expectation. May I see what you are painting? Joan nodded. May I describe to you what I see? Another nearly perceptible nod. After my description noting the colours and quality of paint, which seemed to make an impression - perhaps she appreciated my effort to understand - I was encouraged to ask if she could tell me about the images. In a barely audible few words she spoke of walking home from school beside the beach. Wanting to capture these few precious words I spontaneously wrote them on the page over the bottom of the image. Suddenly realising what I had done, I shuddered, scribbling on her painting was the same violation of private lives of people in care enacted each time we burst into their personal space to clean up or without knocking on doors to get the task done.

To my relief Joan smiled. Despite my anxiety, it seemed we had understood each other. She stood up, picked up the painting and shuffled away on her walker. Many things happened in that brief exchange, but what stands out in reflection was that giving attention to and allowing a relationship to form, however brief, and allowing trust to build through my efforts to make sense of her communication, permitted reciprocal dialogue - a co-creation of new meaning. Joan had made herself known - perhaps better known to herself along with knowing she had made known to me what was important to her. Joan's smile said to me she knew she was understood. Whatever may have happened during our dialogue we had certainly made sense together.

We went on to have further discussion about her 'twelve year old freedoms' until the night after our fourth session, with all her paintings pinned to the wall above her bed, Joan died peacefully in her sleep.

(Heather) Relationship is important in all human activity, but nowhere more important than with people struggling to assert their humanity. It is through relationship where both people are fully present to each other and fully present to and involved with the art experience, that we believe transformation occurs.

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William Feez has an MA in Arts Therapy and is a practising arts therapist working in aged care settings for people with dementia. Combining the methodology of Melbourne Institute of Experiential and Creative Arts Therapy with other Restorative Therapies including the Montessori approach, William has been engaged in creating social environments which enable people with dementia to participate and function more fully in their daily living. Recognised gains from projects he has developed such as the Art Club, sacred circle storytelling and “elder mentor” project have led to William’s current role as the Project Officer for the Churches of Christ Care Centre of Excellence in Dementia Care in Queensland.

The next Arts and Health Conference will be held in Canberra, Australia, on 14-18 November 2011. Website: <http://www.artsandhealth.org/conferences/the-art-of-good-health-and-wellbeing-canberra-2011.html>



BOOK REVIEW - Marriage Guide for the Quarter-Life Crisis

Committed: A Skeptic Makes Peace With Marriage

by Elizabeth Gilbert

New York, NY: Viking, 2010. 285 pp. ISBN 978-0-670-02165-9. \$26.95

Reviewed by: Ilene Serlin

Disclaimer: I was sent this book to review. I was prepared to hate it, already had snarky comments made, and was embarrassed to be seen with it. I hadn't read *Eat, Pray, Love*, although I did drag my protesting spouse to see the film with Julia Roberts and confirmed it as the uber chick flick.

Disclaimer: Because my office is in the Marina District in San Francisco, everyone is 30-something. Protesting that I didn't really believe in developmental issues, I was nonetheless struck by the similarities across my clients' issues. They came in with panic attacks and depression, fueled by observations that all their friends were getting married, life was getting serious, they hated their work, and didn't know where to start searching for lives of meaning and purpose. So we started a group called “30-Something” that meets once a month to support, share, and process quarter-life crisis issues. The *New Yorker* review of *Committed: A Skeptic Makes Peace With Marriage* was being sent around on e-mail, so when the offer came to review the book, I couldn't resist.

Fact: I couldn't put it down. I was entertained, and envious: envious that she got to write in this conversational, breezy style that included research, poignant family history and insights, and a piercing intelligence and wit. What if all psychological writing could be in this accessible style? I was envious that she had the foresight and discipline to take daily notes of her journey, whereas

I, along with many other baby boomers, was too busy living my geographic/psychological/spiritual/romantic journeys to take time to write. Ah . . . who would play me in my film? Maybe Meryl Streep?

Back to reality and the book review. Bottom line: I heartily recommend the book for any 20- to 40-something-year-old who is struggling with issues of commitment, love, intimacy, and marriage. And I heartily recommend it for therapists who want to understand and help those struggling with these issues. As well, I heartily recommend it for those who need reminders to laugh about the serious issues of life and the human condition.

I then began to imagine what it would look like if this book were structured as a course, something along the lines of Maimonides's "Guide for the Perplexed." Each chapter would serve as a section, as, for example:

1. Ambivalence. In this section, Gilbert acknowledges her own ambivalence about marriage and fear of being "caught." She knows that there is a "marriage benefit imbalance" in which marriage is not always healthy for women: They don't live longer, accumulate more wealth, or thrive in their careers, and they are more likely to get depressed or die a violent death than are single women.

Gilbert rightly dreads the real possibility of divorce, quoting Rebecca West's adage that "getting a divorce is nearly always as cheerful and useful an occupation as breaking very valuable china" (p. 4). According to the Holmes-Rahe stress scale, divorce is second only to the death of a spouse, and "even more anxiety-inducing than 'death of a close family member' (even the death of one's own child)" (p. 81). Once based on societal and institutional needs, divorce began skyrocketing by the mid-19th century as people exercised the right to choose their own partners.

2. Marriage Choices. However, the ability to choose without the wise counsel and perspective of family and community elders left young people often making poor choices. Eighteen-year-olds have a 75 percent divorce rate, whereas the divorce rate after age 50 is "statistically almost invisible" (p. 123). In this section, Gilbert reflects on her first marriage and "flighty" and "irresponsible" behavior. Only in time for her second marriage does she come to understand the importance of character, steadfastness, and honor.

3. Infatuation Versus Love. Exploring the universal human longing for passion, Gilbert considers Plato's story of Aristophanes' myth of wholeness in which we humans, originally whole but split in two, long for our other halves to feel whole again. This longing is expressed in loneliness, which causes us to be infatuated with the wrong person again and again.

Gilbert likens infatuation to an addiction in which "you're not really looking at that person; you're just captivated by your own reflection, intoxicated by a dream of completion that you have projected on a virtual stranger." Quoting Freud's definition of infatuation as "the overvaluation of the object" and psychologists' definition of the "state of deluded madness" as "narcissistic love," Gilbert admits, "I call it 'my twenties'" (pp. 99–101). Fortunately, she has the wisdom to acknowledge that life is often enriched by irrational passion and that the depression

that results from unmet desire can be a “friend” that brings us back to a more mature understanding of ourselves.

4. Cultural Perspectives on Marriage. By spending time and “interviewing” members of the Hmong tribe in Vietnam, Gilbert gains valuable perspective on the role of marriage among many cultures around the world. She comes to understand that “if you are a Hmong woman . . . you don’t necessarily expect your husband to be your best friend, your most intimate confidant, your emotional advisor, your intellectual equal, your comfort in times of sorrow” (p. 32).

She reviews useful facts about marriage throughout history, including the fact that marriage was not always “sacred,” even in Christianity, and was sometimes between a man and more than one woman or between two men (in ancient Rome), between two siblings (medieval Europe), between two children born or unborn (consolidating power between families), between a living woman and a dead man (China), or even a temporary 24-hour pass (Iran). Contrasting the Old Testament requirement for priests to marry with the early Christian repudiation of sexuality, the body, and marriage, Gilbert shows how the Christian ideal affected Western philosophy and morality. Then during the Middle Ages, marriage became a means of passing wealth down through the generations and a promise of security.

Only in the 19th century did Queen Victoria establish the custom of a white gown and a traditional wedding. The notion of modern romantic marriage is indeed new!

Furthermore, when marriage was established to ensure the successful passage of wealth down generations, women lost many privileges. European courts upheld the idea of *coverture*, which maintained that a woman’s individual civil existence disappeared when she married. Once women established the ability to earn their own incomes, however, they no longer needed the support of marriage. By 2004, “unmarried women were the fastest growing demographic in the United States,” and “a thirty-year-old American woman was three times more likely to be single than her counterpart in the 1970s” (p. 149).

Acknowledging the stresses that the Western ideal of the nuclear family places on modern marriages, Gilbert begins to realize that love is being there for each other and “there is not one special person who will make your life magically complete, but that there are any number of people (right in your community, probably) with whom you could seal a respectful bond” (p. 41). Marriage is not found but built: “The emotional place where a marriage begins is not nearly as important as the emotional place where a marriage finds itself toward the end, after many years of partnership” (p. 41).

5. The Myth of the Pursuit of Happiness. Acknowledging that she “had always been taught that the pursuit of happiness was my natural (even *national*) birthright,” Gilbert understands that the Western pursuit of individualism, romantic love, and happiness can create unrealistic expectations, crushing disappointments, insecurity, poor self-esteem, high anxiety, depression, and confusion—all symptoms I see among the beautiful 30-something-year-olds in my office.

She calls the “life of individualistic yearning” the “birthright of my modernity,” creating almost “an entirely new strain of woman (*Homo limitlessness*)” who are in “danger of becoming

paralyzed by indecision” or “compulsive comparers” in a modern world that “has become . . . a neurosis-generating machine of the highest order” (pp. 45–46).

6. Marriage Resilience and Tools. Gilbert summarizes other useful factors that help determine marriage resilience, such as education, history of cohabitation, heterogamy, social integration into a community, religiousness, and gender fairness. She looks at the importance of loving boundaries to establish trust and reduce risks of affairs, of ceremony and ritual, and of being thoughtful and taking control of the relationship.

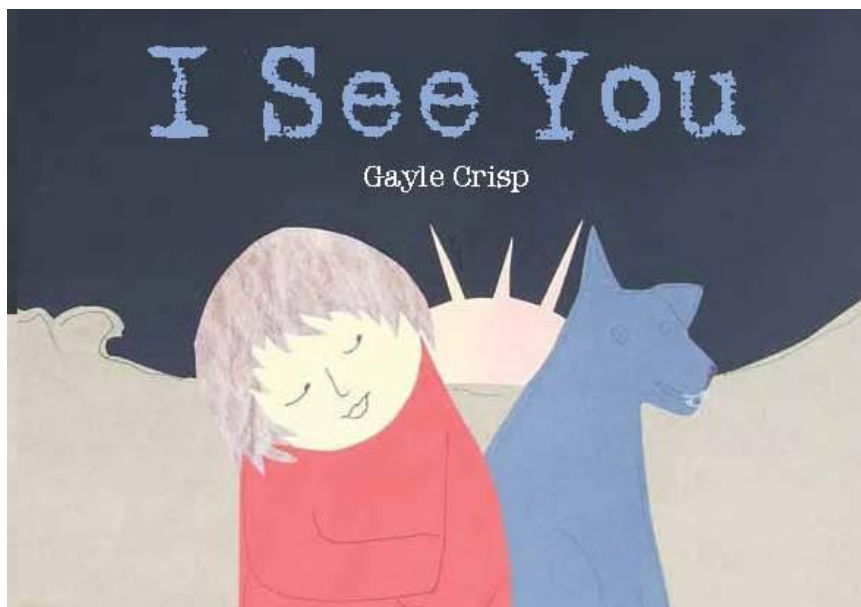
She covers topics that include fidelity, money, prenuptial agreements, having children, transparency, and accepting each other’s flaws, and she concludes with a view of mature marriage as a spiritual path: “Perhaps transcendence can be found not only on solitary mountaintops or in monastic settings, but also at your own kitchen table, in the daily acceptance of your partner’s most tiresome, irritating faults” (p. 131).

In sum, the journey that Gilbert takes to understand the institution of marriage prepares not only her, but also her readers, to step toward greater wisdom and mature love.

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NEW BOOK:



From the Author:

About the book

This little book was created as part of my studies in a Masters of Arts in Experiential and Creative Arts Therapy through MIECAT (Melbourne Institute of Experiential Creative Arts Therapy). The multimodal research method that I employed in my studies uses arts based methods as a way to access knowing within experiences, giving voice to the often unspoken or not yet cognized experiences of every day. This method provides opportunities to understand experiences and explore the possibilities of new ways of being that benefit wellbeing and connectedness.

I used very simple collage in a limited colour palette giving a particular focus to the use of size and space to show relationship in the images. The text is predominantly descriptive of the experience of the main character. Each image is a reflection of a moment of feeling in a journey of trying to escape, avoid, and moving towards trying to understand and accept the experience of anxiety and moments of depression.

This little book is deliberately small, offering an intimate holding of something personal. It is envisaged that "I See You" can be used as a stimulus resource by social workers, counsellors, therapists and teachers to explore feelings, relationships, meanings and possibilities through conversations and creative arts activities. It may also offer a reflective place to those who experience anxiety or whose families are affected.

RRP \$9.50 (plus postage) available through myself crisp.creativearts@bigpond.com or the publisher www.innovativeresources.org

About the Author

Gayle Crisp lives in the Redlands in South East Queensland, Australia. She holds a Bachelor of Education in drama, dance and media and a Master of Arts in Experiential Creative Arts Therapy. Gayle is a multi-modal creative arts practitioner working as an educator, facilitator of creative workshops, artist and therapist in a variety of capacities within her community. She enjoys the collaborative nature of creative projects and believes it is vital to the emergence of authentic wellbeing within communities that we work together to make meaning of our lives and find ways to connect.

IJCAIP Journal Issue #9 (Feb 2011): Creative Arts in Interdisciplinary Practice, Expressing the Human Story

Editorial:

The IJCAIP Story: Looking Back over Five Years as the International (Open Access) Journal of the Creative Arts in Interdisciplinary Practice.

(Cheryl L. McLean, Publisher, Executive Editor)

Featured Paper:

Ethnodramas about Health and Illness: Staging Human Vulnerability, Fragility, and Resiliency
(Johnny Saldaña, Professor of Theatre, School of Theatre and Film, Arizona State University)

Featured Paper:

To be Human with other Humans: A Caregiver's Story
(Susan K. MacRae, RN)

Featured Book Review

Book review: Creative Arts in Interdisciplinary Practice
(Peter Cormier, Ph.D. candidate, Lesley University, Cambridge, Massachusetts)

Available for free download at: <http://www.ijcaip.com/>



Wellness Fair: A Kick-Off Partnership

San Francisco Psychological Association, CLASP, Glide Memorial Church Wellness Initiative, Alliant University

Ilene Serlin

When I began my presidency of the San Francisco Psychological Association in 2009, the recession had just hit. Our offices were filled with people in despair, uncertain about their homes and families, their futures, a whole new reality. Where was the voice of psychology; how could we help?

With the support of our Board at our fall retreat, I envisioned two new priorities that would help the San Francisco Psychological Association be more visible to the community: 1) Giving our members an added benefit of caregiver satisfaction and regeneration by being able to volunteer with San Francisco mental health organizations, and 2) Joining with CLASP, other San Francisco community health associations, Alliant University, CIIS and other graduate schools to organize a Wellness Fair at Glide Memorial Church.

This Wellness Fair would celebrate a new partnership between mental health and other health organizations through whole person health and wellness toolkits. The San Francisco Psychological Association is a local chapter of the California Psychological Association that provides “members with varied benefits and our community with volunteer resources and other information” (from the SFPA brochure). One of its committees, CLASP (Colleague Assistance and Support Program) focuses on self-care, prevention and wellness. Alliant International University, another co-sponsor, “prepares students for professional careers and leadership” and “promotes the discovery and application of knowledge to improve the lives of

people in diverse communities around the world” (from Alliant International University’s website).

GLIDE’s Health Services focus on the homeless and poor, providing affordable, accessible and quality healthcare. It offers a full range of traditional health care services, as well as mental health, substance abuse, non-Western medicine and specific programs focusing on testing and prevention of HIV/AIDS and the treatment of diabetes. Located at Ellis and Taylor in the Tenderloin, one of San Francisco's harshest urban environments, GLIDE is an oasis that has served the poor and disenfranchised for over 40 years. From serving nearly one million meals a year, to holiday programs helping over 80,000, to operating a professional medical clinic, to youth job training, to offering weekly spiritual celebrations at GLIDE Church, and much more – GLIDE touches the lives of many people. GLIDE has helped thousands of disenfranchised and poor people get back on their feet and find their way to jobs, housing and spiritual fulfilment.

In August 2011, GLIDE Health Services (GHS) will open a new door to health promotion, disease prevention and client empowerment with the launch of the Wellness Center. The Wellness Center, made possible through a grant from the Federal Bureau of Health Professions, will build on the GHS nurse-managed model of holistic primary care to offer “hands on” classes in better eating (and cooking!), physical movement, stress reduction and improving relationships at work and with intimate partners. Clients will learn to “live well” with chronic diseases--such as diabetes, depression and chronic pain--through group and peer activities that will both educate and support them to sustain positive choices in diet and lifestyle. Glide’s popular recovery groups for clients with substance abuse issues will be expanded to include acupuncture, as well as smoking cessation and gender-specific groups on violence. The Wellness Center will also have expanded TB surveillance and immunization services.

The intention of the Wellness Fair was to bring together a roster of community resources with mental health services like depression screening, and health services like blood pressure measures, and wellness tools like acupuncture, yoga and meditation, and nutrition.

After two years of meetings about how to best meet the community's mental and physical health needs, the Wellness Fair day dawned on April 8, 2011 with sunshine and much excitement in Glide Memorial’s Freedom Hall. The result was an array of highly relevant community health and wellness services and resources assembled under one roof.

Volunteers from Alliant International University, San Francisco State’s Dept. of Holistic Health, California Institute of Integral Studies (CIIS), UCSF and the SF Psychological Association greeted participants at the door, escorted them to registration and information tables, stamped their passports, staffed the tables and handed out healthy snacks and incentives. Participants sampled tables offering blood pressure and diabetes checks, depression screening, walk-in recovery, HIV/sexual health, an information table which offered such critical services as an LGBTQI Survivors of Suicide Grief Support Group and SFCD (Support for Families of Children with Disabilities), acupuncture and massage, the Shih Yu-Lang Central YMCA and Addus Healthcare, Richmond Area Multi-Service and Central City Hospitality House, yoga and meditation, biofeedback, dance/movement therapy, biofeedback, CLASP, the San Francisco Psychological Association, APA’s Mind/Body Campaign, CIIS expressive therapies, SF Suicide

Prevention, the Mental Health Association of San Francisco, Alliant University, and the Feeling Good Project.

SFPA's Ilene Serlin invited attendees to participate in what became a very popular dance therapy demonstration, while Richard Harvey offered an equally popular biofeedback demonstration. Cynthia Kessler, Joy Sassoon, and Dan Gaylinn provided information and APA brochures on topics such as stress, depression and anxiety, PTSD, and resiliency. CIIS's Expressive Arts Program, with its large rolls of poster paper and colored markers, invited participants to express themselves. Other popular offerings were chair massages, mini meditations for stress management, blood pressure screenings, HIV testing, and nutritional education and support.

While the Glide Health and Wellness Fair was mostly focused on a very under-served community, it also served as a very humbling reminder that no matter what our life circumstances, we humans still all have the same basic needs and can work together for the betterment of the community



"Venturing out of your comfort zone may be dangerous, yet you do it anyway because our ability to grow is directly proportional to an ability to entertain the uncomfortable." (Twyla Tharp: *The Creative Habit; Learn it and use it for Life.*)