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Expressive artistic therapies as mind–body medicine

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The somatic connection between mind and body well-being based on the anthroposophical medical model of a human being is outlined from the perspectives of Steiner (1994) and Pierrakos (1987), arguing that the body becomes a map of mind experiences as they are inextricably linked. The expressive artistic therapies, particularly gesture, sound, and colour, are presented as the mediators of mind–body experience because they provide languages to communicate this experience. These artistic therapies are also seen as providing the means to reconnect body–mind experience in therapy in a way that can provide for interventions that transform difficult mind–body energetic patterns into patterns that create mental and physical well-being. This is illustrated with detailed interventions for transforming grief and loss and working with shock and betrayal.

Keywords: somatic psychotherapy; expressive artistic therapy; gesture; mind–body health

Introduction

The expressive artistic therapies embrace combinations of art therapy, dance, movement and drama therapy, and sound therapy, and are becoming more prominent in psychotherapy in the twenty-first century. Unlike the creative artistic therapies, which are built on a deep and extensive professional training in one of the arts such as music and drama, in the expressive therapies elements from all or some may be blended together (McDonagh, 2005, p. 2). They provide complex and rich languages for mind–body experience; a concrete reconnection between mind–body experiences; and heal difficult mind–body experiences. Bradway and McCoard (1997, p. 7) argue that expressive artistic therapies make explicit our inner worlds so they become visible, tangible, and knowable. This passion to see, touch, taste, and smell our elusive inner life

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in order to know, communicate, and uncover its secrets, is captured by Francis Thompson (1960, p. 498):

O World Invisible we view thee,
O world intangible we touch thee
O world unknowable, we know thee,
Inapprehensible we clutch thee

Creating languages for the inner life and repressed experiences is the great contribution of the expressive artistic therapies to psychotherapy. McDonagh (2005, p. 2) notes that they enable persons to express experiences that they may be unable to directly confront. There is a rapidly increasing body of evidence on the efficacy of art therapies. Chapman, Morabitoa, Ladakakos, Schreier, and Maragaret (2001) report on the role of art therapy in reducing the acute symptoms of PTSD in children. Pifalo (2002) notes the reduction in symptoms of trauma in sexually abused clients after art therapy interventions. Gabriel et al. (2001) demonstrate the efficacy for providing a safe forum to facilitate bone marrow transplant patients' work with life and death issues of the body.

As a body-based psychotherapist integrating the expressive artistic therapies, I will elucidate the underpinnings of the mind-body model of psychotherapy, reveal my specific mind-body model, and then discuss how the expressive creative therapies of colour, sound, and movement provide deep and profound languages to communicate mind-body experience, reconnect the mind-body dimensions of experience, and work to integrate difficult mind-body experiences. This is a theoretical paper which uses case studies to illustrate key dimensions to the model.

Mind-body model of body-based psychotherapy

Based on empirical research emerging in biochemistry, Pert (1997) demonstrates that what we think and feel affects the body's cells. How we manage change, crisis, and emotional and physical stress in our lives significantly affects the immune system and the illnesses that result in our physical bodies. Our internal chemicals, the neuropeptides and their receptors, communicate actively between our thought/feeling life and our physical body cells (Ruff & Pert, 1986). They also work to create pathways by which we habitually respond to and experience the world. Essentially, anger breeds more anger, love more love, as our thoughts/feelings and cell receptors form a mutually reinforcing cycle. Borysenko (1988, p. 13) describes these findings of psycho-neuro-immunology as:

A rich and intricate two-way communication system linking the mind, the immune system and potentially all other systems, a pathway through which our emotions, our hopes and fears can affect the body's ability to defend itself.

Borysenko proposes that the power of the quality of our thoughts and feelings to change destructive patterns and to heal ourselves is

very substantial. We have always known that we can literally die of broken hearts and shattered dreams. Laboratory findings are now corroborating that intuitive sense. The most pressing question for us then, is how to reconnect with hope, faith, and love, and how to use these states for minding the body and mending the mind (Borysenko, 1988, p. 26).

In psychotherapy, the role of the body in the thinking/feeling life was first given serious attention by Reich (1972). He drew attention to the body as the driving force in the distribution of certain human experiences, and he proposed that mind control over bodily energy was the seat of all neurosis. Therapy must work to release the blocked bodily energy, which would then bring the remembrance of the experience, not the other way around (Reich, 1972, p. 315) Body-based psychotherapy was further developed by Lowen (1976) and Pierrakos as bioenergetics. Pierrakos (1987, p. 13) expanded the model to include will, the volitional element of human beingness. However, Pierrakos (1987, p. 17) went further to reiterate that everything is simply patterns of interconnected energy, vibrating at different rates, a position shared by modern quantum physics. He proposed that the material and immaterial functions in a human being differ only in vibratory frequency, not in essence. An organising consciousness or sculptor gives form to each human even to the length of the bones and the degree of fine motor co-ordination. The sculptor is the energy's consciousness. This sculptor he later termed 'spirit,' by which he meant the source of volition and individuation as well as the driving force for interconnectedness. The human being is perceived as an interrelated energetic system and will, feelings/mind and body are inextricably connected. Vick (2002, p. 146) summarises the somatic journey:

We all carry traumatic material in our bodies and that for a full connection to these hidden but troublesome aspects of ourselves, it is necessary to make contact at physical, emotional, mental and energy levels.

Anthroposophical medical model applied to body-based psychotherapy

There are 82 hospitals run on the anthroposophical medical model and two psychiatric centres, the Filerklinik in Germany and the Bernhard Lievegoed clinic in Holland. Steiner, a psycho-philosopher of the early twentieth century, established this model and it is documented in depth by Ita Wegman (1928), Bott (1996), and Evans and Rodger (1992). Core to this model is the energetic interconnectedness of all dimensions of the human being with a strong emphasis on mind-body connectedness, with the higher vibratory levels profoundly influencing the lower vibratory levels. From the lowest vibratory level upward, the model includes the physical body, the vital force or etheric, the lower layers of mind consciousness where the experiences of antipathy and sympathy are stored which Steiner (1994) and Pierrakos (1987) termed *astrality*, and the creative unique individual consciousness or 'I' which Pierrakos (1987, p. 26) termed 'the core.'

This 'I' has the capacity to link us to the transpersonal world (Steiner, 1994). The four aspects of Steiner's model are described below:

1. The physical body

The physical body is seen as the map of the mind and feeling states and is that part of our experience that can be clearly sensed and observed.

2. The etheric

Interpenetrating the physical body is what Steiner and Pierrakos termed the *etheric*. In China it is called the Chi, in India the pranic body. It is the template on a more subtle vibration of the physical body and is responsible for the life and health of the physical body, directing reproduction, metabolism, cell repair and maintenance, growth, warmth, and breathing (Steiner, 1994). This vital force has been identified as the electromagnetic field of a human being by a number of researchers including the biologists Burt and Ravitz, and the physicist Henry Margenau (cited in Pierrakos, 1987, p. 50). The shape and well-being of our body's organs depend on this force and its degree of vitality. While constitutionally people vary in the strength of the etheric, clean water, food, rest, rhythmical bodily patterns, and exposure to nature revitalise the etheric (Bott, 1996, p. 9). Physical, mental, and emotional stresses drain it, as do lack of exercise and a sedentary in-door lifestyle.

3. The lower layers of mind consciousness: astrality

The lower layers of mind consciousness are where the vibrational patterns of our experience are stored. Steiner (1994) proposed that this *astrality* holds the energetic patterns of our experience based on our aversions and desires. It is this aspect of the human being which provides the gateway and the storehouse of sensory experience both pleasurable and painful. The vibrational patterns of experience stored in the astrality, Sherwood terms 'imprints' (2004, p. 20). Many of our defence mechanisms merge out of our struggle to survive and avoid pain on the astral level. This results in many aspects of experience being suppressed. Buried astral experiences run the life through the unconscious. In some fields of psychotherapy, it would be referred to as the trauma system. In Steiner's (1994) *A psychology of body, soul and spirit*, Sardello points out that this astrality is not some kind of fixed entity but has a dynamic, flowing relationship between the outer world, mediated by the senses through to the physical body and to the highest layers of consciousness. The astral impact on the body depends on the resilience of the etheric which acts as a buffer between the astral and the physical body. When the etheric is weak and depleted, then emotional traumas vibrate directly from the astral into the physical body manifesting in a range of mental and health problems. When it is strong, the person has a high resilience to mental/emotional traumas.

4. The 'I'

Steiner (1997, p. 43) described the 'I' as the highest level of human consciousness. Like Pierrakos, he saw it as the place of volition and it represents the unique spirit or self-aware, insightful human capacity. What there is of the spirit in the 'I' is the transcendent principle which connects the person to the highest transcendent powers. Within the 'I' are the resources of the human spirit; the capacities to rise above traumatic experiences and to bring back hope, healing, and growth. It is also the place of the 'daimon' which the Greeks defined as the source of an individual's creative expression as well as unique destiny (McNiff, 1992, p. 89). Maslow (1968) termed this self-actualisation. It is the part of the human being that can access resources of strength, courage, commitment, beauty, love, joy, and other qualities which Maslow (1973) named the 'B values or higher order values.' Mental health depends upon whether the person can integrate his experiences with his 'I,' so that defence mechanisms are not required (Sherwood, 2004, p. 21). The strength of the 'I' is cultivated through acts that strengthen the will, through insightful practices, meaningful transpersonal experiences, and vocational fulfilment. Steiner (1997, pp. 39–40) describes the relationship between the physical, etheric, and astral bodies and the 'I' as dynamic, each interpenetrating the other, and this is detailed by Bott (1996).

Sherwood (2007, p. 32) notes the important connection between the 'I' and the breath. The presence of breath signifies the presence of the 'I.' When traumatic experience is vibrationally imprinted on some part of the astrality, the breath contracts and the 'I' withdraws from that site. The contraction in the astrality is carried by the etheric through to the physical body. With the withdrawal of the 'I,' insight disappears and that which McNiff (1992, p. 1) describes as 'loss of soul,' or the integrated self. The artistic languages of colour, sound, movement, gesture, and visualising can recover to the self these lost aspects, communicate their needs, and bring integration back to the self.

Expressive artistic languages as mind–body communication

Communication between client and psychotherapist is facilitated by artistic mediums, whether drawing, colour, sound, or gesture. They externalise the inner and often unconscious experience of the client and make that which is subjective, intersubjective, which opens the doorway for inter-communication. The intra communication that happens for the client is profound, for the artistic form makes visible to the client his inner world. Essentially, it becomes a mirror for his experience (McNiff, 1992, p. 1). Lowen (1976), Pierrakos (1987), and Trager (2004) all identified the role of bodily gesture in the mapping of emotional trauma. McNiff (1992) named the importance of colour. The therapeutic benefits of movement and gesture expressed in drama therapy are documented by Hammer (2000), Koch and Brauninger (2005), and Koshland, Wilson, and Wittaker, (2004). Sound based on human consonants and vowels is documented by Tagar (1999b, p. 48), who builds on Steiner's vibrational model of a human being. Human sounds enable one to access the

rhythmic, vibrational dynamics of the etheric, astral, and 'I,' which create patterns which eventually leave imprints in the human body which is a map for inner experience.

Gesturing/movement

It was Reich who first emphasised the need for bodily movement to enable a repressed experience to emerge so that change and healing could occur (Eiden, 2002, p. 27). He was acutely aware of how repression causes the individual to repress feelings and constrict the body through armouring it and reducing its ability to feel and move. Reich's character types (Eiden, 2002) represent the bodily gestures resulting from repeated contracted bodily responses to particular environments. The research on dance therapy with client groups is impressive. Mannheim and Weiss cited by Koch and Brauninger (2005) cite its effectiveness in treatment for reduction of depression and anxiety among oncology clients, the reduction of pain and increased energy among fibromyalgia clients (Horwitz cited in Koch and Brauninger 2005), and stress reduction (Brauninger cited in Koch and Brauninger 2005). In addition, Koshland et al. (2004) found dance therapy interventions effective in reducing aggressive behaviours among 54 multicultural elementary school children who undertook the programme.

Every repressed human experience can be directly expressed in a particular gesture or movement which reflects how we constrain the breathing when confronted with a particular experience which is experienced as vibrationally contracting by the body. For example, we hear sudden news of the loss of someone we love and we experience it in the stomach, like we are winded by a sudden unexpected punch, and it creates a temporary spasm in our breathing. The shape of that spasm of not breathing, as drawn by the client, captures the experience of the loss as it is energetically imprinted in his body. The gesture of the pain represents also the vibrational shape of how that particular experience is held in the body.

Tagar (1999b) developed a process of movement and gesture to facilitate the explication of inner experience through a process which he termed enter-exit behold and which involves literally stepping into the imagined part of the body holding the tension. Sherwood (2007, p. 28) developed the added process of tracking the contraction in the breathing underlying the trauma by drawing patterns sensed in specific parts of the body, at moments of trauma. These patterns she named imprints and used them diagnostically to determine the severity of the trauma. The darker the colour, the more contracted the space and the more irregular the lines, the more difficult and severe the traumatic experience. These imprints are drawn by the client prior to any counselling interventions. Following these interventions, the client is again asked to sense into the same part of the body and draw the movement of breath/energy there. This is called the post intervention drawing and, if the intervention has been effective, there will be a lightening of colour, expansiveness, and the emergence of rhythmical patterns. This change has been observed in over 6000 samples from client sessions.

Sensing

The most immediate way of expressing our sensing is through bodily gesture and movement. We sense into these energetic patterns within oneself and around oneself and between persons. It is the core language of all persons and it is usually overdeveloped in clients who are prone to 'fusion' with others and unable to maintain clear boundaries. On a daily basis, we use this integrated quality of sensing to give us information about others and our world. We sense, for example, whether our children are heading for a sickness, whether our friends are 'bursting with energy' or 'rundown.' We sense aggression when we enter a room even if we were not present to the argument.

Sounding

All vibrational patterns can be translated into sound. Locked in each gesture and movement is a sound which is derived by repeating the gesture until a matching sound spontaneously emerges. Sounds will create echoes within particular ranges of human experience. Steiner in *Speech and drama* (1924/1986) propounds that every human experience, once expressed in a gesture, can find its precise counterpart in a particular combination of sounds of speech. Sherwood and Tagar (2000a) found nurses' burnout

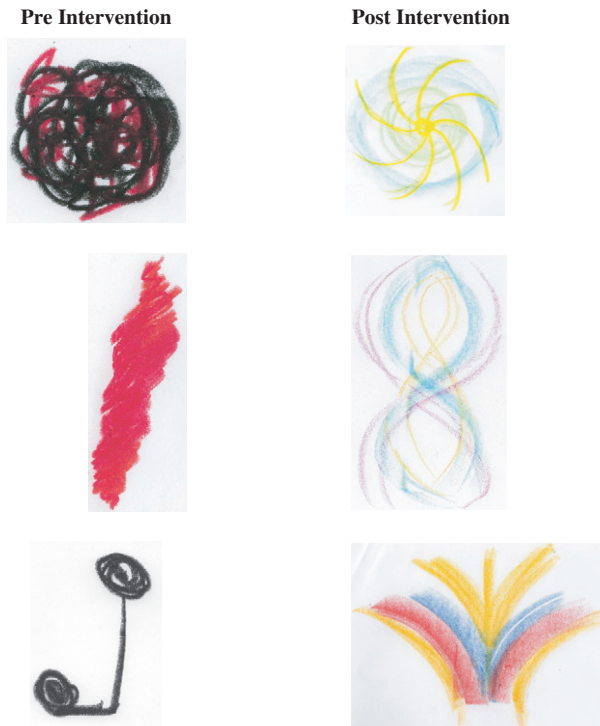


Figure 1. Examples of pre and post imprint client drawings (Sherwood, 2007, p. 28).

symptoms lessened significantly using sound and movement based interventions. Tagar (1999b, p. 84) explicates how sounds work to access experience:

human experience ebbs and flows, swirls and pulsates within its own echo chambers . . . Events of inner life alongside events of outer life take place and pass away with the ongoing flow of time. But their echoes remain, continuing to resound: below time, above time, not in time at all.

In these patterns of resounding live all the aspects of experience one has ever had, and from this place they govern the basic patterns of one's life (Tagar, 1999b, p. 84).

Visualising

Here the imaginative ability of human beings creates images that act as concentrated pictures of information, communicating to the client and the therapist often profound experiences not accessible by words. These images may be communicated through colour in paintings. They enable the client to enter into the vast array of imagery in the collective unconscious, the inspirational figures of human archetypes that represent experiences in deep and profound ways. Through the use of archetypes, a person can access particular qualities of vibrational patterns that are missing in one's own experience. The possibilities are immense, as Hillman cited in McNiff:

With Freud, Know Thyself extended to mean knowing one's past personal life, a whole life recalled. But after Jung, Know Thyself means an archetypal knowing . . . It means familiarity with a host of psychic figures from geographical, historical and cultural contexts, a hundred channels beyond my personal identity (McNiff, 1992, p. 71).

The vibrations of the archetypes can be embedded in the body cell memory by enlarging them through gesture, sound, and movement, so the very body takes the shape of the new positive vibrational quality required.

Expressive artistic therapies as reconnecting mind–body experience

Breath is the mediator of mind–body experience. Benson (1991, p. 39) spearheaded a research project in which participants' heart rates, breathing rates, brain waves, and metabolism were measured pre-meditation, during meditation and post meditation. It was demonstrated that, during meditation, the breathing slowed down and the whole body entered a state which was the opposite of the stress response. The positive mental thinking produced a state of bodily calm and relaxed rhythmical breathing. Breathing is also connected with feelings, and Reich (cited in Totton, 2003) argued that we stop ourselves feeling by contracting our breathing:

Imagine that you have been frightened or that you anticipate great danger. You will involuntarily suck in your breath and hold it. You will soon breathe out again but the respiration will not be complete. It will be shallow . . . It is by holding their breath that children are in the habit of fighting against continual and tormenting conditions of anxiety (Totton, 2003, p. 83).

Through gesture and movement, clients can become the shape of how they have contracted and restricted their breathing. For example, a client experiencing fear over being home at night alone can locate the part in their body that feels most disturbed by the fearful experience. I would ask the client to literally take a step forward imagining they were stepping into that part of the body and first draw the contracted shape of how they are not breathing. This shape I call the imprint of trauma underlying the fear, which has become largely unconscious as it has been repressed into the bodily structure. If the client steps with full bodily gesture into the shape he has drawn of how he is not breathing, then the memory associated with that gesture will spontaneously arise into consciousness. It may be that the client, when entering into a tightly curled up gesture, recalls an experience of being home alone at six years old, terrified by the noises of mating foxes outside the house. Making the imprints in clay will also evoke spontaneous emergence of the emotional repressed experience, underlying the presenting traumatic condition. Clay, because of its density and its demanding input of bodily energy, is particularly successful in bringing the repressed emotional experience to consciousness in resistant and inarticulate clients. In Sherwood (2004), I have documented a series of artistic bodily-based sequences using clay for working to reconnect mind-body experiences in relation to presenting fear, anger, grief and loss, blocked speaking, and family of origin dynamics. Clay is particularly powerful because it provides three dimensional concrete gestures of one's inner experience, that stand like lighthouses on a summit illuminating all that has been buried, denied, avoided, and pushed down into the bodily organism.

In reconnecting mind and body through the artistic process of breath-based enter-exit behold, the client reports are documented using a phenomenological research method derived from the work of Moustakas (1994), Van Manen (1990), and Devenish (2002). Categorized clients' reported experiences are of two types of imprints, yin and yang. I have named 'yin' if a sense of hollowness or emptiness is present. Clients draw these imprints in black or shades of blue and report feelings of coldness, aloneness, abandonment. The second type of imprints is named 'yang.' Here the clients experience being attacked by some energetic force, invading them energetically as a result of a physical, emotional, mental force which may or may not have been directed at the client. For example, a client might feel deeply resentful when his partner criticises him. When entering into the place where he experiences this in his body, then drawing the shape of the contracted breathing and entering into it in full bodily gesture, the client may experience a force of energy attacking him with the associated memory of his mother and father arguing intensely when he was four years old. It is the gesture that evokes the earliest memory which is prompted by the question 'what is your earliest memory of your body being in this gesture?' Often, the clients' experience is tracked back to an earlier repressed life experience when they experienced being physically, mentally, or emotionally invaded energetically by another person or persons. The key differences between yin and yang imprints are tabulated below.

Table 1. Differences between yin and yang imprints.

Yin imprints	Yang imprints
Cooling diseases: MS, cancer	Heating diseases: 'itis'
Emptiness/hollowing out/black holes	Toxicity, feel contaminated
Depletions/lacks	Invasions/flooding
Collapsing effect on energy field	Irritating effect on energy field
Self-nurturing work is required	Boundary work is required
Imprints often drawn in black and/or blue	Imprint often drawn in black and/or red
Dominant overt feeling is fear	Dominant overt feeling is anger
Addictions: attempt to fill black holes	Repressions, rage, or hysteria to cope
Soft compassion archetypal resources	Fierce compassion archetypal resources

Expressive artistic therapies as integrating and renewing mind-body experiences

The languages of the expressive artistic therapies have energetic resonances which can change the patterns of unhealthy experiences within the layers of the human being and restore healthier patterns. Grief and loss work will illustrate this. Schut, De Keijser, Van den Bout, and Stroebe (1996) note improvements in grief and loss clients using group art therapy and behaviours therapies. Sourkes (1991) identifies the benefits of art therapy with children in grief and loss with cancer to promote therapeutic change. Glover (1999) identifies the positive outcomes of using art therapy with clients with a history of incest and addictive behaviours. Finn (2003) lists its benefits in helping students cope with losses in their lives.

Healing grief and loss imprints

The grief and loss process may be completed with watercolours, clay or crayons and involves:

- (1) Restoring breath to the shrivelled part of the body or organ that is holding the grief so that it starts to recover vibrationally;
- (2) Using movement, sound, and colour to provide the qualities that have been lost;
- (3) Creating an artistic ritual to honour the potential of the meeting that has been lost, broken, destroyed, or interrupted (Tagar, 1996).

Restoring breath to the shrivelled part of the body or organ that is holding the grief

When one is experiencing grief, there is the innate response to contract breath into the part of the body that is energetically experiencing the trauma. The breath needs to be restored and movement is essential for bringing back life flow to the etheric, and hence to the part of the body wherein the grief is lodged. Gendlin (1974) noted that trauma is experienced bodily through his

focusing technique. The client is asked to sense the part of the body where the grief is lodged, to place the hand on that part of the body and to breathe back into that part of the body. The client then paints, in watercolour (a medium which allows movement), the shapes and colours of this place of grief. On completion of the painting, the client reflects on the colours they have used as they relate to their feelings. If a client is uncertain of any colour, then the counsellor will ask the client to take a step forward imagining that they are stepping into the colour and the client will immediately sense the meaning of the colour. During this time, the client may weep as the breath flows again through the previously contracted part of the body and begin to expand the bodily gesture.

Vibrationally resourcing the lost qualities

The client is asked to sense the qualities that have been lost in his life as a result of the loss. The qualities are listed, and for each quality the client engages his 'I' to complete an artistic resourcing process that brings the missing vibration back into the astral, the etheric, and the physical body. This resourcing process is completed as follows:

- Choose the quality you wish to develop within yourself first and recall somebody, living or dead, personal or archetypal, who has this quality in abundance and imagine receiving this quality from that person;
- Breathe in that quality into the part of the body that is wounded by the grief;
- Choose a colour for that quality and breathe in that colour;
- Gesture and move so that the body cells experience the vibration of the missing quality;
- Paint the missing quality in watercolour;
- Paint another picture to convey the transformation resulting from the meeting between the grief site in your body and the now present quality that was previously lost.

This process is completed for all of the missing qualities which may take several sessions because after each quality has been completed one would explore with the client how to bring more of this quality into his life personally, socially, and vocationally.

Creating an artistic ritual to honour the potential of what has been lost

Create a ritual using the healed place drawn in watercolour to honour the potential of the relationship or the attributes of the person. This may be done in many mediums but must involve the bodily movement in the activity. It could involve a clay piece, building a garden, or creating a collage, a poem, a song, or a painting.

This is a powerfully transforming exercise. Through the dance of colour, gesture, and sound into the client's energetic system, new vibrational elements

transform and rebalance the places of energetic emptiness and begin or accelerate the process of the return of the breath, the 'I,' and the integrated self presence. This occurs by using these expressive artistic languages in particular sequences of which the grief and loss sequence is one example.

Healing imprints of shock and betrayal

Clients who step into the part of the body in which they feel the distress when they think of the shock can tell you if a force is attacking them and the shape of the force attacking them. They may feel they are being stabbed, torn apart, slowly suffocated, twisted, drawn out like on a rack, flattened, whipped, or slashed. The shape of the force represents how the energy of the external act is imprinted in the client's body energetically. Through 'reversing' a sound and gesture process developed by Tagar (1999a, p. 41), the energetic invasion can be expelled by the client, so the client experiences that it is safe to breathe back into that part of the body which his 'I' or integrated self has vacated. These can be illustrated by a sequence developed and described in Sherwood (2007, p. 75) to deal with shock resulting from betrayal or bad news.

Restoring mental well-being following loss or betrayal

All shocks are an energetic reality and all clients know where in their bodies they feel the shock. It is essential for a client to step into his body and find where the shock is lodged. Clients are asked the shape of the energetic force lodged in them. Clients describe the shock as lodged in their bodies using a range of descriptions for the energetic injury including 'a knife in the heart,' 'a punch to the chest leaving me winded,' 'a knot in my stomach,' or a 'stab in the back.' Once the client has identified the shape of the shock in the body, it is removed by 'reversing,' which removes the shock by doing the opposite gesture and sound to the gesture and sound of the shock. So, for example, if the shock is a knife into the heart, it may sound *k* and be sharp and pointed in gesture. The client reverses this with a contracted *nnnn* which may explode as *arrrh* and gestures the explosion which releases the block in the breathing caused by the force of the *kkk* which contains the vibration of the shock. The energetic site in the body is now clear for the client to rebuild the missing energetic vibrations. In the case of betrayal, the missing quality is trust. The client will breathe in this quality, find a colour for it, locate a gesture and movement for trust, discover a sound and then paint it, draw it, or make it in clay until the new vibration of trust is experienced in the client's body. The client will need to repeat this with at least three archetypes of human beings who have held trust despite betraying influences on their lives.

Conclusion

The expressive artistic therapies speak directly to the hidden vibrational dimensions of our experience, so the stories of our fractures and wounds may

be communicated to the conscious self. The expressive artistic therapies, like midwives, provide the possibilities for the birthing of our mind–body connectedness by bringing into concrete view and awareness that all parts of ourselves are interconnected, one part is but the mother of the child of another part of us. Through the gifts provided by art, colour, sound, dance, movement, and drama therapies, we can bring our lost and hurt children home to the integrated self. We can rescue them from their tombs. As we breathe back into all the places of our newly found parts, the vibrational mind–body medicine of the expressive artistic therapies will create flourishing mental health.

Notes on contributors

Dr Patricia Sherwood supervises doctoral students in the fields of artistic therapies, phenomenological based research and complementary health at Edith Cowan University. She is also director of Sophia College which has campuses within Australia and which specialises in artistic therapies, holistic counselling and Buddhist psychotherapy. She has published widely in the fields of counselling, community development, and education and her most recent publications are *The healing art of clay therapy*, *Holistic counselling: a new vision for mental health*, and *Infertility to fertility: the journey of the psyche*.

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