

Book reviews

P.J. Knill, E.G. Levine, S.K. Levine, Principles and Practice of Expressive Arts Therapy: Toward a Therapeutic Aesthetics, Jessica Kingsley Publishers, London and Philadelphia, 2005 (256 pp., Paperback, \$29.95).

Most often as clinicians we are engaged in the process of facilitation, learning how to stay present, to employ an empathic connection and to create safe boundaries (time, disclosure, money, distance). As artists we are trained to open and tune the senses toward an authentic aesthetic expression of the human condition in order to affect an awakened state in the witness, audience, listener, or reader. In this way, therapists and artists are both looking for ways to understand and tune into the human condition. With all of this embedded into our consciousness we engage in the clinical encounter with the goal of change, transformation, insight, or resolution.

Laying out a philosophical, methodological, and practice-based thesis, Knill et al. give us a much-needed text that addresses the blended nature of the Expressive Arts Therapist. These are three masters in the field steeped in the language, education, and practice of arts-based psychotherapy. The basic premise of this book is that arts-based therapy is a valid therapeutic modality and must be understood on its own terms. The sentiment is that there has been too much emphasis on arts-based practice as a secondary or adjunctive modality that can fit into a psychology-based model. And while there has been much written on this subject, this text weaves together a sound pedagogical grounding in philosophical, theoretical, and methodological principles of expressive arts therapy.

In the first part of this book, S.K. Levine lays out the philosophical treatise. Based on the historical use of arts-based practice in healing rituals, where a mind–body integration occurs, engagement in the arts is seen as an important aspect of the healing process because of its transient nature and its ability to transform the human condition into a sensory and therefore known embodied experience. Viewed from this perspective the creative imagination is what sustains us and propels us forward individually, culturally, and as a species and it is how we make sense of our internal and external condition. Expressive communication particularly through artistic process makes direct links to primary process, which has been associated with the raw affects of our inner experiences (Robbins, 1998). As Jung (1969) summarized, “Imagination is therefore a concentrated extract of the life forces, both physical and psychic” (p. 394).

Emphasizing Edmund Husserl’s phenomenological principle of intentionality where experience through the senses is seen as the foundation of all knowledge, S.K. Levine goes on to outline the basic philosophical stance. He places expressive arts therapies into a neo-Cartesian, postmodern phenomenon. Extracting from Heidegger’s writings on art’s ability to authenticate being, Kant’s philosophy of aesthetics and later Merleau-Ponty’s analysis of art as a vehicle for bringing meaning to human existence, Levine prepares the ground for his thesis.

The main thrust of Levine’s argument, however, centers on his love of the concept *Poiesis*. In his seminal book on the subject (1997), he emphasizes the role the imagination plays as healing agent. Here these thoughts are expanded through the concepts of “shaping” and “play”. *Poiesis* is then seen as “. . . the act of responding to what is given, imagining its possibilities and reshaping it in accordance with what is emerging.” (p. 71) This emergent energy is manifested, shaped, and responded to through play and improvisation.

The importance of play has been emphasized in the writings of early developmental theorists such as Erikson (1955) and Piaget (1970) and in the psychological literature through the writings of Winnicott (1971) and Jung (1976). It is argued here that art-based practice has a transformative effect precisely because it involves one’s whole being in integrative movements not dissimilar to those first experienced in childhood free play where there is an unleashing of unconscious freedom. Winnicott’s notion of primary creativity is more than a cognitive resonance. “It is fully kinesthetic

in character, highly fluid in motion and charged with a variety of affective states.” (Robbins, 1994, p. 88). This free play found in childhood takes us to a non-linear frame where the lines of conscious and unconscious are blurred. In this trance-like, perhaps altered state of consciousness we enter into the flow of universal energies, losing sense of linear time and bounded space, opening the potential for an alteration in the experience of both therapist and client.

Psychologist Diamond (1999), describing the creative impulse, implies that it “can be understood to some degree as the subjective struggle to give form, structure and constructive expression to inner and outer chaos and conflict.” (p. 8). In chapter two Paolo Knill looks at how we shape and embrace this chaos through what is referred to as a process of “decentering.” This chapter poses a theoretical discussion of art as therapeutic change agent. The methodology proposed here is an increase in the range of play. By engaging the imagination and the senses (embodied experience) through a safe contained space we “offer an alternative experience of the world” (p. 81).

The focus then is on a process of “decentering,” where both client and therapist enter into an unknown liminal agreement. The idea is to play with the material (visual art, sound, dramatic enactment, poetry, movement) without having to know the outcome. The belief is that the process of discovery found through creative engagement of imaginative material will lead to a shift in perceptual awareness if the premature need to know is postponed in favor of staying with the uncertainty. “Decentering provides the opportunity to leave the zone of conflict with an opening to options for new actions and thoughts.” (p. 88).

Again the strength of the frame creates the necessary condition for decentering to occur. It is proposed that decentering + increasing range of play are the central ingredients for growth and change. A word of caution must be placed here for those who might work with dissociative clients and are wondering why in the world would a process of decentering be encouraged. While there is some mention of applications to crisis, conflict, trauma, and even psychotic states throughout the text I think more clarification, particularly for beginning therapists, needs to be detailed.

The second part of this chapter focuses on what might happen in an actual session. It is suggested that the session or “structure of architecture” consist of (1) opening or creating the frame, (2) art making or play which includes decentering (entering into uncertainty), (3) aesthetic analysis, (4) harvesting or recollecting what happened and guiding back to everyday reality, and (5) closing of session.

Once again as in previous writings (Knill, Barba, & Fuchs, 1995) the concept of “low skill, high sensitivity” is reinforced, opening the possibility for all levels of arts experience to engage in this methodology. Also as in his previous writings, Knill lays out his theoretical model of intermodal expressive therapies through a rendering of polyaesthetics, intermodal, and crystallization theory and aesthetic responsibility. It is a useful review particularly when read alongside S.K. Levine’s philosophical underpinnings and E.G. Levine’s examples of practice.

The last part of this text is devoted to case studies. Written by E.G. Levine, it covers training, therapy, and supervision. The important question of whether training should emphasize psychotherapy or creative arts is raised right away. Practitioners and educators are well aware that the swing in the mental health field has been toward the more mainstream psychotherapies and evidence-based practice. And while it is important and some might say imperative to be well grounded in psychological theory it is often at the expense of grounding in our core arts-based language.

E.G. Levine raises the point that in order to do this work we must experience it, and this means keeping up with our own artistic practice as well as experiencing a sense of chaos or decentering in our training, supervision, and practice. Toward the end E.G. Levine gives examples from her own clinical practice, training, and supervision groups emphasizing ways that art-making can reinforce and bring together aesthetic and clinical awareness.

One example that is particularly interesting is the introduction of the clown into training groups. Here the clown is viewed as an embodied artistic form with the ability to be outrageous, to embrace absurdity, to mirror suffering, and to exemplify chaos. As with the many other informative examples, the connections between theory and practice is illuminated, underscoring the ways presence, sensitivity, and staying with uncertainty can be embraced through play and improvisation.

This part of the text ends with applications to supervision following the same principles of creating order out of chaos and increasing the range of play outlined throughout; as stated here “. . . as with training and practice, supervision is an experience in which shaping and being shaped or aesthetic activity is at the center.” (p. 255).

As S.K. Levine says early on, “Poiesis happens not in accordance with intellect and will but through the experience of surrender to a process which I can neither understand nor control in advance.” (p. 41). And so the premise is laid out clearly throughout this text. This is a must read for anyone in the field and certainly for educators looking for a comprehensive overview in the principles, theories, methodologies, and practice of Expressive Arts Therapy. In the reader’s view, this is the essential pedagogical knowledge base in the field today and should be referred to at various

stages of professional development for inspiration, encouragement, and to affirm the arts as a way to respond to and shape life's uncertainties in the hope of finding healthier and more creative ways of affecting ourselves, those we work with, and our collective humanity.

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C.-L. Le Navenec, L. Bridges (Eds.), *Creating Connections Between Nursing Care and the Creative Arts Therapies*, Charles C. Thomas Publisher, Ltd, Springfield, Illinois, USA, 2005 (377 pp., 14 illustrations, \$73.95 hardcover, \$53.95 paper).

As a registered nurse who has recently become an art therapist, I was pleased to have been given the opportunity to review a book which recognizes the importance of communication and collaboration between nursing professionals and creative arts professionals. Too often, RN's and other nursing staff are so engrossed in task completion, coping with crises and managing overwhelming workloads that they lack time for the "caring" part of their profession. This can be frustrating and demoralizing for individuals who have chosen a nursing career because they want to provide care not only to the body, but also to mind and spirit. This volume offers a bounty of innovative ideas for self-care and creative patient-centered care, both of which can minimize the risk of exhaustion and burnout and maximize the joy and satisfaction offered by these callings.

The book is divided into five sections: Arts and Crafts; Music; Creative Writing; Dance and Movement; and Drama. Le Navenec and Bridges have chosen writings by licensed and credentialed practitioners from various disciplines, including five registered nurses, three art therapists, three dance/movement therapists, two social workers, two therapeutic recreation specialists, one occupational therapist, two music therapists, a musician, a musicologist, one actor and one drama therapist. They represent Canada, the United States, England and Ireland. In an effort to cover all developmental stages, there are case studies from varied settings including maternity, pediatrics, adolescent and adult psychiatry, oncology, nursing education, palliative care, rehabilitation, long term care and dementia care. The editors' stated objective is "to provide educational advancement for health care professionals on the topic of how the creative arts therapies can assist patients/clients to achieve specific goals or outcomes" (p. 4). They also emphasize that it is *not* intended to train nurses to practice art therapy or the other creative arts therapies, but rather to promote collaboration with creative arts practitioners on the health care team. Clear boundaries between professions are identified. Those who may profit from this book are not only nurses, social workers and creative arts therapists but also the entire