

Special Edition on the Treatment of Trauma and Creative Arts Therapy



These stone sculptures represent how treatment strengthened one patient’s adult ego state so that, in turn, he could nurture his inner-child ego state.

**A Model of Creative Arts Therapy:
Eight Essential Processes**

“Art gave me the language to become emotionally literate... Art therapy helped me bridge my current state to the traumatic events... and gave me an opportunity to heal the younger self and liberate the older self... I’m not sure the term ‘catharsis’ is strong enough to describe the impact of my session. ‘Liberating’ would be a term I would also use; the freedom from the deep wounds that were destroying me. The wounds are still there, but I feel empowered with the freedom to move on and to rebuild my life.” (Patient Graduate 1)

In Sierra Tucson’s Program for Sexual and Trauma Recovery (PSTR), we are able to address, treat, and heal both trauma and addiction. As a treatment team, we have worked with many forms of grief and loss; childhood trauma; sexual harassment/molestation/abuse/rape; domestic violence; torture; and traumas related to accidents, natural disaster, terrorism, and war. We also treat a myriad of compulsions and addictions to substances and processes. Due to individual differences regarding types of trauma and responses, treatment plans for patients in PSTR are individualized. The patient is seen as a whole individual, more than the total sum of personality traits and diagnoses.

PSTR identifies and, in many cases, rectifies damage to the psychological structures of the patient. The primary impact of trauma on each individual’s systems of attachment and meaning are processed through relationships to self, staff, and peers. The center of our program is group therapy. It is through group processes that the relational (conflicts with self and others) is best addressed. It is through existential dialogue with group members that the meaning of life and purpose are established.

Bessel van der Kolk references positron emission tomography research of the brain when declaring the importance of incorporating creative arts therapy into treatment for those who have experienced trauma (van der Kolk, 1996).

The creative arts therapy component of our program, (which includes painting, drawing, collage, psychodrama, integrative movement, mask-making, sculpture, and dance therapy) engages the pre-verbal, nonverbal, metaphorical, symbolic, and right-brained processes necessary to aid the amelioration of traumatic symptoms.

Research studies show that the creative arts are able to reach difficult-to-treat patients, patients who have not faired well in traditional talk therapies (Korlin, D., et al., 2000). When the creative arts are provided, patients are more likely to remain in treatment until therapeutic objectives are met and to describe their experience more favorably (Pizarro, J., 2004).

Dr. Ericha Scott, primary therapist for the trauma group, is a registered expressive arts therapist and a registered art therapist. In 2002 Ericha was asked to teach the associate fellows in the Program for Integrative Medicine at the University of Arizona how to use the creative arts as a healing tool. Her model of creative arts therapy, a succinct distillation of seven essential processes, emerged from that effort and is a culmination of 20 years of professional experience in the healing arts. Recently, she added one more element to the model, now entitled “Eight Essential Processes.”

There is no all-encompassing theory that defines art therapy. Rubin (1987) stated that such a theory will be born out of the practice of creative arts therapy and will include aspects of different theoretical disciplines. Ericha’s Eight Essential Processes are **authenticity, catharsis, projection, sublimation, balancing locus of control, identification of developmental ego states, integration, and transcendence.**

Authenticity ~ Art is used to identify, explore, and express emotions with integrity. The arts provide a safe ground for

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processing painful affect with color, line, texture, form, tone, timbre, rhythm, flow, movement, and shape. As individuals develop integrity and congruency with their emotions and thoughts, they experience empowerment.

Catharsis ~ An art form can be used to find a symbol that closely represents the person's inner world. Finding and portraying this symbol provides relief. Catharsis includes a purging process and a review of the person's history with attention to what is "me" or "not me."

Projection ~ The art piece is used as a mirror of self. The use of projection as a creative therapy technique helps people bypass cognitive distortions and gain insight. For example, a patient creates a painting that is very chaotic and is able to recognize how it is a reflection of his or her own chaotic life.

Sublimation ~ Kramer (in Rubin, 1987) states that to sublimate is "to give symbolic vent to... pain" (p. 31). A Freudian definition of sublimation would be to transform primitive urges. When a safe place is created for trauma survivors and addicts, they are able to channel negative energies into a creative process instead of against the self or others.

Balancing Locus of Control ~ Martin Luther King, Jr., said that life was a combination of fate and choice and that "freedom is the

act of deliberating, deciding, and responding within our destined nature" (King, 1969, p. 90). We have a choice in how we respond to our fate and, thereby, shape our destiny. Whether or not one believes in fate, attention to locus of control helps us determine what we are able to control and what we need to accept.

"Locus of control (LOC), a psychological construct developed by Rotter (1966), refers to the manner in which an individual perceives reinforcements or rewards. Reinforcement is seen as contingent either upon one's own behaviors, actions, efforts and skills or upon the actions of powerful others, luck, fate and chance. A LOC continuum is thus formed with rewards being externally dependent at one end and internally dependent at the other end." (Rosal, 1993, p. 231).

Balancing LOC is a bi-directional process, in that some may need to internalize and others externalize more, thereby helping the individual modify his or her own level of accountability or actions.

Identification of Developmental Ego States ~ It is essential to identify and honor the normative ego states within all of us. For whatever reason an adult enters therapy, especially if in a crisis, there is often a bridge to a younger self that experienced a similar precipitating event at an earlier age. Due to the nature of art therapy, this bridge is made and both dimensions of self have

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Letter from the Executive Director David E. Anderson, Ph.D.

Dear Friends,

With great excitement, I share with you that, as of May 2005, Sierra Tucson is under new ownership! After over 21 years of providing his visionary and passionate leadership, our founder and primary owner, Mr. Bill O'Donnell, decided earlier this year that the time was right to pass on the reins to a new ownership group. We are proud to announce that we are now a member facility of CRC Health Group, Inc., based out of Cupertino, California.

CRC is committed to providing comprehensive treatment for persons with chemical dependency and behavioral health problems. CRC emphasizes the physical, mental, emotional, and spiritual transformation to assist individuals in taking responsibility for their own recovery and well-being. Because CRC consists of many types of facilities, they can offer a continuum of seamless services for both adults and adolescents, including inpatient care, partial/day treatment, intensive outpatient groups, therapeutic living/half-way house environments, aftercare centers, and detoxification centers. This means that Sierra Tucson will have more resources to offer to the wide variety of individuals' needs. I invite you to visit www.CRChealth.com to learn more about CRC's mission and resources to create new beginnings.

So, what else does this mean for our patients, referents, management, and staff? The answer, in very practical terms is, "Not

much will be different." CRC realizes that Sierra Tucson is an extremely unique treatment center with a wonderful track record of clinical success, and CRC is committed to keeping our treatment model in its entirety... and actually providing additional resources to support and enhance our clinical services.

We continue to make improvements to our programs, our physical environment, and also our website. To give you better service, our website now provides customized Registration Forms for the many events that Sierra Tucson hosts. As always, you may check our website at any time for upcoming events, and now you can quickly register online for most activities! Visit the "Events" section of www.SierraTucson.com for an event near you!

We encourage you to contact us if you have questions. Our website also provides contact information for the clinical outreach coordinator in your region. Click on "Professional Resources," and then "Outreach" to find the coordinator in your area, or call our Intake Department at **1-800-842-4487**.



Thank you for your continued support. May you find delight in each day's blessings.

Sincerely,

David E. Anderson, Ph.D.

David E. Anderson, Ph.D.
Executive Director

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the opportunity to heal. These multiple selves are revealed in the variety of maturational stages of art produced by the person in therapy. During a disinhibiting stage, the patient's art may look very childlike. This experience of multiple selves (and roles or archetypes) and the linking bridge needs to be consciously identified and addressed by the therapist.

Integration ~ It is essential to identify disparate parts of self such as young and old, hopeful or depressed, rigid or wild, and integrate them. Another way to describe this process would be to integrate polarized energies, which can be done symbolically through the use of color or other media. Accomplishing integration is an ultimate task in developing maturity, balance, and wholeness. Integration is one of the curative processes.

Transcendence ~ This is the ability to transform self, others, or situations through a spiritual connection to a higher source. It is well documented that while producing art, many experience altered states of consciousness or hypnotic states (May, 1975). In this state, the experience of intentionality (as described by phenomenologists) can be realized. This is the ability to investigate the full experience of things without preconceived notions or reductionistic models of mankind (Betensky, in Rubin, 1987). This trance state provides a threshold for crossing into realms of what can be referred to as the cosmos, the collective unconscious, the inner self, or God, depending upon the person's spiritual or religious orientation. It is here that we transcend the limitations of humanness and embrace multiple possibilities and greater potentialities, i.e., miracles.

Finally, it is through the process of making art that the artist/patient embraces the cyclic process of creation, preservation, dissolution, and re-creation. May (1975) said, "Every act of creation is first of all an act of destruction" (p. 63). This process helps the artist accept the world in non-dualistic terms and gain acceptance of even the most difficult situations.

Although the Eight Essential Processes might be considered a stage theory, it isn't strictly sequential. It is more like a multidimensional game of billiards. It may be disputed which stages are more important—whether the stages are just supportive or curative. What is most important is that all stages work together.

Examples of patients' creative arts therapy ~ The three modalities described in this article include **Blind Contour Self-Portraits**, **Sandplay Therapy**, and **Psychodrama**.

Brief Description of Blind Contour Self-Portraits ~ Elizabeth Layton was the first person to use blind contour drawings in a therapeutic way. Elizabeth began drawing for the first time at age 68 while depressed over the death of her alcoholic son. With her sister's urging, she took a drawing class and studied a blind contour drawing technique. The blind contour drawing technique is widely used in art programs to teach new students

how to draw. By focusing on sorrow and loss in her drawings, Elizabeth was cured of depression within six months. Her depression never returned, and she ultimately exhibited artwork and her story at the Smithsonian Museum (Lambert, 1995).

The directive for the blind contour self-portrait process is for the artist to draw while looking in the mirror, but not at the paper, except to periodically orient or register the image. It is hypothesized that this drawing discipline forces the patient to use both sides of the brain. If this is so, the drawing technique would evoke a bilateral processing of trauma, not unlike what is achieved by Eye Movement Desensitization and Reprocessing (EMDR). This concept may explain the power of the exercise. Please refer to Figure 1 to see the image described below.

Case Example: The patient used this exercise to process verbal abuse perpetrated by a deviant religious group. The artwork was entitled "Jezebel," a name she had been called as a derogatory reference to her sexuality. An adolescent at the time, she internalized the messages of shame regarding her budding sexuality and acted out in ways that were self-destructive, even dangerous. As she began to recognize and identify normative sexual development, she asked the question, "Why would God give me passion if it is a bad thing?" As she processed the pain of the abusive (and unfair at the time) title of Jezebel, she began to realize that she didn't have to live out a role assigned to her by someone else. The patient dialogued with a representation of herself as Jezebel and offered to this assigned role educational information, forgiveness, and a new set of sexual boundaries and values.



Figure 1

Brief Description of Sandplay Therapy ~ Dora Kalff, one of the first theorists and practitioners to use miniature figurines, referred to her unique approach as "western meditation." She was most influenced by Carl Jung, Margaret Lowenfeld, and a Tibetan monk refugee who lived in her home for seven years. Dora brought to the practice of sandplay therapy a combination of

Neumann's theory of personality development, Carl Jung's concept of active imagination, and spirituality. Dora's therapeutic directives for the process were very simple. She told patients to make a picture with the sand and figurines and then tell the story portrayed in the sandbox (Kalff, 1980). The following words of a Sierra Tucson patient best describe his experience of a sandplay therapy session. Please refer to Figure 2 to see a photo of the sandbox.

Case Example: "To be honest, when Ericha first told me I was scheduled for a sand tray therapy session, I was skeptical. My initial thought was that it seemed pretty silly to put a bunch of figurines and toys in a sandbox. However, at the time I was suffering from so much mental and emotional pain, I was open to just about anything. There have been so many traumas in my life, from being molested as a child, to finding my infant son dead in his crib, to dealing with numerous suicides, and providing

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CPR to 13 different people. My life was a total mess, my marriage was in big trouble, and suicide seemed like the only viable option. When I created the sand tray, I was surprised at how I felt. I started placing items in the box, including a baby in a crib, and various other figures that represented the traumas in my life. I placed the figures in chronological order around the box, ending with my wife and children. It was difficult to relive these traumas and to see them in such a vivid picture, but as I stared at the box I began to realize that I needed to deal with the past trauma, because I could not make it go away. What I most realized was that I needed to get better because I wanted my family back, and suicide was no longer an option.”

Brief Description of Psychodrama ~

Psychodrama can be described as using peers and props to create a multidimensional visual of the patient’s presenting problem, trauma, addiction, or relational dynamic. Moreno, the creator of psychodrama as a psychotherapeutic intervention in 1921, said, “Psychodrama puts the patient on a stage where he can work out his problems with the aid of a few therapeutic actors” (Moreno in Dayton, 1994, p. 10). The protagonist patient (main character or leading role) is instructed to select patient peers to play various individuals or parts of self (auxiliaries/doubles).

Case Example: Although only 8 years old at the time, the patient carried misappropriate feelings of guilt and shame from a childhood experience when his house burned to the ground. He requested a psychodrama due to his difficulty accessing grief. Just before the house caught on fire, he described himself as struggling, wiggling, and fussing while his mother tried to wash his hands. He thought his mother was frustrated with him for fidgeting. Somehow a candle was knocked over, setting the curtains on fire. The next thing he remembered was hearing his father yelling for them to get out of the house. He remembered seeing his father run through the smoke, pick up his mother, who was holding him in her arms, and carry both of them out over the flames. The patient saw his father as the hero and himself as the “guilty one.” During the enactment by his peers, as he watched the scene played out before him, he regressed into terror. He hunched over, his toes pointed inward like a small boy, and he appeared frozen—in shock. With direction from the therapist, he was able to ground himself. With the patient’s permission, the scene was replayed again, but this time the patient was asked to rescue himself emotionally and spiritually from the event. He jumped into the flames (symbolically represented by whirling scarves), took his inner child by the hand, and led him to safety. He comforted the double (a peer representing his inner-child self), and explained that he was too little to have rescued his family, “Your legs were too small to carry anybody.” He went on to say, “It wasn’t your fault that a fire was started in our home or that the house burned down. It was Dad’s job to help us; he was a grown up.” As the patient continued his dialogue with his double (inner-child self), he was asked to switch roles back and forth until it was clear that the patient harbored no more false guilt. The patient then integrated his child ego state



Figure 2

into his heart for safety. Tearfully, the patient described how he felt more whole and complete. As the patient processed his experience of the psychodrama, he reiterated something he had always known, which was that his father had been a hero by rescuing their physical bodies from the fire. More importantly, he recognized that he, himself, was a hero for rescuing his inner-child ego state emotionally, physically, and spiritually from the flames of misappropriated guilt. At this point, the patient, who had been emotionally frozen, began to weep deeply from relief.

Conclusion ~ As healers, we are called to identify and treat the grief, loss, and trauma that fuels a compromised lifestyle. The Eight Essential Processes, as a model for creative arts therapy, may be used to structure one session, as well as short-term or long-term treatment. Liberation isn’t a quick fix, like a drug or an addiction. It is a beautiful, creative process of self-discovery that manifests throughout one’s lifetime. Below is a quote from a recent graduate of the trauma group:

“I am great!! I never thought I could wake up each morning and be happy as well as thankful for the person I am and the life I live. I’ve been telling any one who will listen about my experience. NO MORE SHAME!!! I miss being there some days when it gets a little scary or hard, but overall I am beyond grateful for the staff and

friends I made at Sierra Tucson. I have focus and clarity for the first time in my life. My trauma will always be a part of me and my memories, but I see now it no longer owns me, my decisions, or my perspective on life.” (Patient Graduate 2) ■■

By Ericha Scott, Ph.D., M.Ed., NCC, ATR, REAT, ADC-III.

With permission, excerpts were taken from *Integrating the Creative Arts into Trauma and Addiction Treatment*, by Ericha Scott and Second Author Carol Ross in *Psychological Trauma and Addiction Recovery*, edited by Bruce Carruth, Ph.D., to be published by Haworth Press in 2006.

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SUMMER/FALL 2005

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***Meet Ericha Scott, Ph.D., M.Ed., NCC, ATR, REAT, ADC-III
 Primary Therapist, Program for Sexual & Trauma Recovery***

Before Dr. Ericha Scott joined Sierra Tucson’s staff in April 2004, she referred clients to Sierra Tucson from her private practice. With 20 years of professional experience, she sees her role in the treatment of trauma as a “wonderful process of bearing witness to the healing of brokenness.”

In 1997 Dr. Scott moved to Tucson for doctoral studies and an internship at the University of Arizona with Gary Schwartz, Ph.D., a Professor of Psychology, Neurology, and Psychiatry and an expert in repression, spirituality, and energy psychology.

Dr. Scott is a nationally certified counselor, registered art therapist, registered expressive arts therapist, diplomat addictions counselor, and holds licenses in three states. She received her doctorate in Clinical Psychology and Creative Arts Psychotherapy from Union Institute; post-master’s Graduate Art Therapy Certificate from the College of Notre Dame; M.Ed. from Florida Atlantic University; and completed additional studies in fine arts at Sarah Lawrence College in Lacoste, France. Dr. Scott has been a board member for the International Expressive Arts Therapy Association and Allen Street Gallery. Her dissertation, which was a phenomenological study of self-mutilation, a long-term sequela of trauma in adult dissociative-disordered women, was published in the *Journal for the Arts in Psychotherapy*. Dr. Scott received training from Dr. Renee Fredrickson, a mentor for John Bradshaw, and is also certified as an Interfaith Spiritual

Director. She has designed many experiential, therapeutic workshops and presented at state, national, and international mental health conferences. She produces a television show, “The Freedom of Art,” which is a forum for dialogue about art’s meaning and contribution to our world, and has written a chapter on “Integrating the Creative Arts into Trauma and Addiction Treatment” with second author and Sierra Tucson staff member Carol Ross, M.A., LPC, CADAC, ICRC, for a textbook to be published in 2006 by Haworth Press.

Dr. Scott’s commitment to helping others was intensified through her own life’s events. She married Randy Tufts, a co-discoverer of Karchner Caverns in southern Arizona, three days before his bone marrow transplant. “This good, kind, brilliant, and funny man died 1½ years after we married, and I still miss him,” she says. Through her personal experience of grief and loss, Dr. Scott relates more deeply with patients.



“People ask me how I can listen to horror on a daily basis,” Dr. Scott reflects. “It is such a powerful thing to behold as people reclaim their connection to self and spirit. It is joyful to see the light come on—the spark return to eyes that have been dull and blank from despair. As wounds of the past are healed, patients become more whole and a new life begins. I was born to do this!”