Instructor’s Manual

for

CREATIVE HEALING IN MENTAL HEALTH: ART & DRAMA IN ASSESSMENT & THERAPY

with

JUDITH RUBIN, PHD AND ELEANOR IRWIN, PHD

Manual by
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psychotherapy.net
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Tips for Making the Best Use of the DVD

1. USE THE TRANSCRIPTS
Make notes in the video Transcript for future reference; the next time you show the video you will have them available. Highlight or notate key moments in the video to better facilitate discussion during and after the video.

2. FACILITATE DISCUSSION
Pause the video at different points to elicit viewers’ observations and reactions to the concepts presented. The Discussion Questions section provides ideas about key points that can stimulate rich discussions and learning.

3. ENCOURAGE SHARING OF OPINIONS
Encourage viewers to voice their opinions; no therapy is perfect! What are viewers’ impressions of what works and does not work in the sessions? We learn as much from our mistakes as our successes; it is crucial for students and therapists to develop the ability to effectively critique this work as well as their own.

4. CONDUCT A ROLE-PLAY
The Role-Plays section guides you through exercises you can assign to your students in the classroom or training session.

5. SUGGEST READINGS TO ENRICH VIDEO MATERIAL
Assign readings from Related Websites, Videos, and Further Reading prior to or after viewing.

6. ASSIGN A REACTION PAPER
See suggestions in the Reaction Paper section.
Perspective on Videos and the Personality of the Therapist

Psychotherapy portrayed in videos is less off-the-cuff than therapy in practice. Therapists may feel put on the spot to offer a good demonstration, and clients can be self-conscious in front of a camera. Therapists often move more quickly than they would in everyday practice to demonstrate a particular technique. Despite these factors, therapists and clients on video can engage in a realistic session that conveys a wealth of information not contained in books or therapy transcripts: body language, tone of voice, facial expression, rhythm of the interaction, quality of the alliance—all aspects of the therapeutic relationship that are unique to an interpersonal encounter.

Psychotherapy is an intensely private matter. Unlike the training in other professions, students and practitioners rarely have an opportunity to see their mentors at work. But watching therapy on video is the next best thing.

One more note: The personal style of therapists is often as important as their techniques and theories. Therapists are usually drawn to approaches that mesh well with their own personality. Thus, while we can certainly pick up ideas from master therapists, students and trainees must make the best use of relevant theory, technique and research that fits their own personal style and the needs of their clients.

Privacy and Confidentiality

Because this video contains actual therapy sessions, please take care to protect the privacy and confidentiality of the clients who have courageously shared their personal lives with us.
Introduction to Using Art & Drama in Therapy*

**WHY ART & DRAMA?**

*Need for New Techniques*

Over the last 50 years, it has become clear that traditional forms of psychotherapy have limited effectiveness for many people. “Talk therapy” does not work with those who are less articulate, or who, for emotional or neurological reasons, are not able to use language to access their feelings and ideas. For optimal mental health, everyone needs to be able to connect feelings and ideas (both right and left hemispheres of the brain), to link past and present, to make sense of the now, and to plan for the future. For those who have particular difficulty expressing themselves verbally, the arts offer a way to make contact, connect, and begin meaningful dialogues. In multiple settings—community agencies, schools, jails, inpatient and outpatient centers—art, drama, music, poetry, and dance therapy have expanded treatment options for the “worried well” as well as for “at-risk” or fragile populations, from the very young to the elderly.

*The Arts Offer Many Avenues for Communication*

The arts may use words, but they do not depend on words—allowing ideas and feelings to be expressed in color, gesture, movement, sound, or drama. These forms of communication can bypass the usual defenses, clarifying what was unclear and confused, making visible what was hidden or invisible. The arts help individuals affirm what they know, discover what they do not know, and discern what is vaguely felt, yet out of awareness. Through pre-symbolic, symbolic, or representational imagery, people can be helped to recognize, tolerate, and manage the anxiety that entangles past painful experiences, memories that Freud said were both “unrememberable and unforgettable.” Painful memories are sometimes out of awareness, stored in the right hemisphere of the brain. Intrusive images as well as kinesthetic and sensory body memories can encapsulate frightening ideas and feelings. These emotions, while they cannot be expressed in words, often exert
enormous (unconscious) impact on an individual’s life, but can be expressed effectively through art, movement, sound or drama.

**ESSENTIAL CONDITIONS**

An atmosphere of playfulness can reduce anxiety and enrich the arts experience, helping people of all ages to be more open, less guarded. To stimulate the imagination and encourage play, Winnicott believed that the “good enough” therapist, like the “good enough” mother, provides a psychologically safe “transitional” space. In time, empathy enables the growing child (or changing patient) to become more authentically himself, more real.

The arts provide an intermediary play space, encouraging patients to express themselves freely and to try out new behaviors and feelings, in the effort to become real. Thus, the arts can be the bridge from a diffuse to a more definable sense of self. Over time, a symbolic bridge is formed as well, linking patient and therapist in their mutual journey. Through the arts in therapy, individuals can gradually learn to be more introspective, becoming familiar with the hidden true self.

**Materials**

Creative materials that are durable and aesthetically pleasing and that stimulate the imagination are critical to success. However, materials need not be costly. For example, while many sand play therapists have shelves full of miniatures, it is also possible to offer fewer items, while at least including some of the following categories: people (adults, children, fantasy); animals (wild, tame); and aspects of nature (trees, rocks).

While most use a tray, one can also use a plastic container, a table, or the floor, with materials stored in cabinets, baskets, or on shelves. There is no one “right” way to do sand play—or any art or drama activity, for that matter.

Basic art materials include something to draw, paint, model, and construct with. These need not be fancy or extensive, but they do need to be sturdy enough to be used without frustration. Likewise, good quality puppets are essential, and variety spurs the imagination. Try to include some of the following categories in your collection: people (realistic, royalty); animals (wild, domestic); occupation figures (doctor,
police officer, fire fighter); symbolic characters (witch, devil, skeleton, fairy, wizard). Puppets are a good investment and have a long shelf life.

**ENHANCING CREATIVITY**

In both art and drama, having a variety of materials available and providing choices help to reduce anxiety and promote self-definition. It is also essential to explain the task clearly, and to convey the idea that there is no right or wrong way to participate and that all creative work is acceptable.

Helping individuals to feel more comfortable and less self-conscious about a creative task is illustrated through a variety of warm-up activities and “starters” for both individuals and groups (e.g., a scribble drawing or a round robin story). These can vary according to what is comfortable for the therapist.

**WHAT TO DO**

The therapist has three elements available to achieve assessment or treatment goals: *Materials, Themes, and Methods*. First, it is essential to be clear about one’s goals. It is then possible to choose art or drama materials that will facilitate achieving those goals. One can suggest a theme, or invite the individual(s) to do so. In addition, the method of working can be specified by the therapist, i.e., working alone or with another, with or without prior discussion, with or without a time limit, etc. It is important for activities to be stimulating, yet age-appropriate, for people to be able to fully engage.

**HOW TO DO IT**

*Observe the Process*

The therapist’s task during the creative process is to observe carefully and unobtrusively. Patients “talk” through their selection and use of materials, revealing valuable diagnostic information. While people are choosing materials, the therapist can pay close attention to facial expressions, body movements, and spontaneous verbalizations. It is important to note which media, puppets, props, or toys are selected
from the array of choices offered, and which are considered and then rejected.

Once creative work begins, the therapist should carefully observe both nonverbal and verbal behavior, especially the sequence leading to the final product. It is also helpful to keep or record the final product, noting any spontaneous verbal reflections on it as well as on the process of creating it. In understanding creative products, both content and form are useful indices.

**FACILITATING REFLECTION**

As with all symbolic activities, it is assumed that in projecting material from their inner worlds, patients are telling about themselves. Thus, all parts of the story are probably parts of the author, owned or disowned. In fact, this is true of all creative products. After the story or artwork is finished, there is a time to look at it and reflect on it together—along with an assurance that no “mind reading” will be going on!

It is best to ask about the artwork or story in an open-ended way (e.g., “Tell me about it”). Then both parties can work together to facilitate the process of self-discovery. It is critical to let the patient be in charge, while the therapist tries not to project his or her own ideas about either the process or the product of the creative experience.

However, because the arts have the capacity to bypass defenses, one must be sensitive and tread carefully, particularly when inquiring about and discussing the event or the artwork. Since the arts elicit powerful material, it is also vital to facilitate closure, thereby helping people make the transition from the therapy session to outside life.

*Adapted from Creative Healing in Mental Health: Art & Drama in Assessment & Therapy by Expressive Media, Inc.*
Reaction Paper for Classes and Training

Video: Creative Healing in Mental Health: Art & Drama in Assessment & Therapy with Judith Rubin, PhD and Eleanor Irwin, PhD

- **Assignment:** Complete this reaction paper and return it by the date noted by the facilitator.
- **Suggestions for Viewers:** Take notes on these questions while viewing the video and complete the reaction paper afterwards. Respond to each question below.
- **Length and Style:** 2 to 4 pages double-spaced. Be concise. Do NOT provide a full synopsis of the video. This is meant to be a brief response that you write soon after watching the video—we want your ideas and reactions.

**What to Write:** Respond to the following questions in your reaction paper:

1. **Key points:** What important points did you learn about using art and drama in assessment and therapy? What stands out to you about how the featured therapists work?

2. **What I found most helpful:** As a therapist, what was most beneficial to you about the models presented? What tools or perspectives did you find helpful and might you use in your own work? What challenged you to think about something in a new way?

3. **What does not make sense:** What principles, techniques, or interventions did not make sense to you? Did anything push your buttons or bring about a sense of resistance in you, or just not fit with your own style of working?

4. **How I would do it differently:** What might you have done differently from the featured therapists in the sessions highlighted in the video? Be specific about what different approaches, interventions, and techniques you might have applied.

5. **Other questions/reactions:** What questions or reactions did you have as you viewed the video? Other comments, thoughts, or feelings?
Related Websites, Videos and Further Reading

**WEB RESOURCES**

Expressive Media, Inc.: Arts Therapies Films and Resources, founded by Judith Rubin and Eleanor Irwin

www.expressivemedia.org

The National Coalition of Creative Arts Therapies Associations

www.nccata.org

American Art Therapy Association

www.arttherapy.org

National Association for Drama Therapy

www.nadt.org

**RELATED VIDEOS AVAILABLE AT WWW.PSYCHOTHERAPY.NET**

Art Therapy Has Many Faces, with Judith Rubin

Person-Centered Expressive Arts Therapy, with Natalie Rogers

Gestalt Therapy with Children, with Violet Oaklander

Person-Centered Child Therapy, with Anin Utigaard

Exploring Narradrama, with Pamela Dunne

The Zerka T. Moreno Psychodrama Series, with Zerka Moreno

Healing Childhood Abuse and Trauma Through Psychodrama, with Tian Dayton

**RECOMMENDED READINGS**


Discussion Questions

Professors, training directors and facilitators may use some or all of these discussion questions, depending on what aspects of the video are most relevant to the audience.

1. **Personal experience:** Have you ever been a client in art or drama therapy? If so, how was the experience for you? After watching this video, would you like to be a client with a therapist who uses some of these creative healing modalities? Why or why not?

2. **Professional experience:** Have you ever used art or drama in assessment and therapy with any of your clients? If so, what did you like and dislike about it? If not, can you see yourself incorporating any of these creative healing techniques into your work with any of your clients?

3. **Techniques:** What did you think of the various art and drama techniques demonstrated in this video? Were there any that you found particularly intriguing, fun, or useful? Any that you didn’t understand or thought were not so useful? Which techniques can you see yourself using in your work?

4. **Matching clients and interventions:** Do you think certain types of clients might be more likely to benefit from some of the approaches demonstrated in this video? If so, with what types of clients would you see using these approaches? Do you ever experience limitations with pure “talk therapy” where active or creative approaches may be helpful? Can you discuss a client with whom you are working and how you might incorporate art or drama therapy into your work?

5. **Therapist stance:** In the sessions highlighted in this video, what stood out to you about the way the therapists related to their patients? Can you see yourself interacting with any of your patients in this way, or is your style of relating to your patients significantly different? For example, does your stance tend to be more or less reserved than the therapists in the video? Do you tend to be as active? Do you tend to be more or less directive? Were there any particular therapists whose styles you particularly admired or
disliked? What was it about their style that you liked or disliked?

6. **Not analyzing:** Several therapists in the video assured their patients that they wouldn’t be analyzing or interpreting their creations. Why do you think they emphasized this? When you work with patients using creative modalities, do you also make it a point to emphasize this? What do you think the advantages and disadvantages could be of analyzing or interpreting a patient’s creative expression?

7. **Sand play:** What did you think of the sand play technique? Have you had the opportunity to be a client using sand play? If so, discuss your experience. Have you utilized the sand play with any of your clients? If so, what do you like and dislike about incorporating sand play into your work?

8. **Follow patient’s lead:** The narrator emphasized the importance of following the patient’s lead, particularly when the patient is telling a story using sand play. Why do you think this is so important? For some therapists who like to be directive, following a patient’s lead can be challenging. Is this true for you? If so, how do you deal with this challenge?

9. **Choice:** The narrator emphasized the importance of giving patients choices when utilizing creative modalities, saying, “Being able to choose is vital.” Why do you think there is such an emphasis on choice in art and drama therapy? What do you think the connection between choice and self-expression is? What role does choice play in your work with clients?

10. **No right or wrong:** In her instructions to her client, Natalie Rogers said, “There is no right or wrong to this and I don’t interpret art,” and her client responded, “That’s a good thing.” What do you think her client meant when she responded this way? Why do you think Rogers and other art and drama therapists put an emphasis on “no right or wrong”? Is this judgment-free zone something you try to cultivate with your clients? If so, how do you do it?

11. **Closure:** The narrator spoke about the importance of closure in sessions that involve creative expression and that reviewing
the experience helps patients transition from the session to the real world. Is providing closure something you try to do in your sessions? What are some of your favorite ways of ending sessions? Have there been cases when it was challenging to provide closure because the emotional intensity was so high? How did you handle this?
Role-Plays

After watching the video and reviewing *Introduction to Using Art & Drama in Therapy* in this manual, assign groups to role-play a therapy session utilizing art and/or drama therapy techniques as described in the video. Organize participants into groups of two, consisting of one psychotherapist and one client. If time permits, rotate so each person has a chance to play the role of therapist. The point here is not to try to resolve the client’s issues, but to experiment with some of the creative healing techniques presented in the video.

**Instructions for Role-Players:**

One person will start out as the therapist and the other person will be the client, and then switch. Therapists can choose any drama/art modality they saw demonstrated in the video, or may choose from the three options listed below, depending on what materials are available.

Therapists should keep in mind that the purpose of the session is to help clients express themselves in a relaxed setting. Begin by explaining the task clearly, and convey the idea that there is no right or wrong way to participate and that all creative work is acceptable. The therapist’s role during the creative process is to observe both nonverbal and verbal behavior carefully and unobtrusively. When the client has completed his or her project, use open-ended questions to facilitate reflection, such as, “Can you tell me about what you made?” and, “How does it make you feel to look at what you made?” Then both parties can work together to facilitate the process of self-discovery. It is critical to let the client be in charge, while the therapist tries not to project his or her own ideas about either the process or the product of the creative experience. As it is important to provide closure at the end of the session, therapists can invite clients to review the experience to help with the transition, by asking something like, “How was this experience for you?”

Therapists should focus primarily on practicing the following skills: creating a relaxed, nonjudgmental environment; observing and listening unobtrusively during the creative process; giving clients
choices so that they are in charge; following their clients’ lead; and asking open-ended questions that facilitate reflection and self-discovery.

Choose from the following techniques or select another one from the video:

- **Scribble drawing:** *(materials needed: 8” x 11” white paper, colored markers)* The therapist should invite the client to draw a scribble, without thinking too much about it. After the scribble is finished, invite the client to find an image within the scribble. Then ask the client to add lines to help the therapist see the image he sees. Ask the client to talk about what he has made and the meaning it has in his life. Conclude by asking the client how he felt during this experience.

- **Self-portrait:** *(materials needed: clay or Play-Doh)* Invite the client to make something with the clay or Play-Doh that represents who she is or something she wants to express about herself. Then invite her to tell you about it, inviting as much detail as she wants to share. Conclude by asking the client how she felt about this experience.

- **Empty chair:** *(materials needed: two chairs)* The empty chair technique provides a safe way for the client to engage with another person. Invite the client to sit facing an empty chair and to imagine that someone from his current or earlier life is sitting in that chair. It can be someone he wants to confront, someone with whom he would like to have a difficult conversation, or even someone who is no longer around to actually talk to. This is an opportunity for the client to fully express any emotions that he has in relation to this other person. Encourage the client to say whatever he longs to say (whether or not he would actually say it to the real-life person) and follow up with a conversation about his experience doing the exercise.

After the role-plays, have the groups come together to discuss their experiences. Invite the clients to talk about what it was like
to participate in the particular creative modalities they used. How did this kind of session feel different from traditional talk therapy? Did they feel comfortable and relaxed? Did they feel able to express themselves fully and freely? Did they feel that the therapists were following their leads and giving them choices along the way? What did clients like and dislike about the way the therapists related with them? Then, invite the therapists talk about their experiences: How did it feel to conduct a therapy session using these creative modalities? What was it like to facilitate reflection on the process? How was it to follow the client’s lead and yet also be somewhat directive? Did they find the techniques useful? Did they enjoy themselves? Finally, open up a general discussion of the strengths and the challenges in using art and drama in therapy.

An alternative is to do this role-play in front of the whole group with one therapist and one client; the rest of the group can observe, acting as the advising team to the therapist. Before the end of the session, have the therapist take a break, get feedback from the observation team, and bring it back into the session with the client. Other observers might jump in if the therapist gets stuck. Follow up with a discussion on what participants learned about using art and drama in therapy.
Complete Transcript of
Creative Healing in Mental Health:
Art & Drama in Assessment & Therapy
with Judith Rubin, PhD & Eleanor Irwin, PhD

Narrator: This film is designed for trained mental health workers who want to be more creative in their work. It’s about using art and drama in assessment and therapy with people of all ages, ideally or if possible under the guidance of an expressive arts therapist.

What are the benefits of including simple art and drama activities in your own work? Well, the arts allow even those with little or no language to express themselves more freely and more fully.

Ralph Rabinovitch: Something like that? Show me what. Show me.

Carole Kunkle-Miller: So what do you think you would like to start with? Looks like it’s the magnets, huh?

Zac: Yes.

Kunkle-Miller: They are pretty amazing, aren’t they? So you can use them in any way you want. What are you thinking as you are putting this together?

Zac: I don’t know. How tough it is.

Kunkle-Miller: It is tough, isn’t it? It is tough.

Margo: Hello? This is Margo. And we want to order two large pizza.

Narrator: The arts help people to relax and to project aspects of themselves that are often hard to know about.

Participant: I was dragged here entirely against my will. I was supposed to be lunching at the manse. I don’t know what you people are up to, and I was here to lunch the governor and his wife. I have no idea where you frutaloon have come from.

Narrator: Even verbal patients have trouble when overwhelmed by
strong feelings.

**Violet Oaklander:** What I would like to do is I want you to imagine that this is Sara.

**Child Client:** Mm-hmm.

**Oaklander:** This rough figure. And I would like you to tell Sara what you would like to say to her, about her.

You really are angry at her, huh?

**Child Client:** Mm-hmm.

**Oaklander:** Do you have any words that you could say to her with that?

**Child Client:** I would like to mutilate you.

**Traumatic Memories**

**Narrator:** Because traumas are often remembered in images and the body, the arts are an ideal pathway for coping with the pain they leave.

**Client:** And I still get nervous. I mean, I really get nervous. I like being able to do the drama therapy because you get to talk about things. And that’s what helps me. I don’t know why, but that stuff helps me feel better.

**Mary Lou Lauricella:** What is the thing that you could say that could change a person’s mind, even as a combat veteran?

**Client:** So how these images in my head. It’s like it’s real. They are like real, you know?

**Therapist:** Yeah.

**Client:** You know that. I be alone and I start to paint. You went through that kind of thing where you just want to talk to somebody and don’t get the chance to talk to anybody, just you by yourself, you know?

**Therapist:** I thought these were portraits. This is Vietnam.

**Client:** Yeah. Those are the images that don’t go away. And there’s no one I can talk to about it. You know, they just—
**Therapist:** I know.

**Client:** Yeah.

**Narrator:** Body memories from a time before a child has words can be more easily expressed with a visual language.

**Linda Gantt:** Diane, yesterday we worked on a series of drawings to illustrate the trauma that you had described in going through a tonsillectomy. You were almost two.

**Diane:** Something is in my mouth.

**Gantt:** Okay. Could you do a picture, then, that would represent those body memories of feeling cold and not being able to breathe, and having your mouth hurt because there was something in your mouth?

**Diane:** And my mouth is really big. It’s really big. And it won’t shut. And it hurts.

**Gantt:** Okay. And you have done that picture, then, of the body memory of being cold, and having your mouth hurt, and not having any air to breathe, and your mouth felt very big. When you and I look at this series of pictures again, we will remember that that’s the hurting tickle that came in your throat after you woke up from the operation.

**Narrator:** One essential condition for more creative healing through the arts is to establish a relaxed, playful atmosphere, as in this workshop for child-life specialists in a hospital.

**Judy Rubin:** And the instructions for this activity are to fool around. Fool around with the clay. Use one or more of what you have made, and pretend it is alive. And have a conversation with the person next to you. Find a voice for this character. It doesn’t have to be your voice. Like, “Well, hello, how are you?”

**Irwin:** “I think you are new in this neighborhood. Aren’t you?”

**Rubin:** “Yes, and I’m a little uncomfortable.”

**Participant 1:** Hi, I’m the bright new shiny heart.

**Participant 2:** Leave me alone.

**Participant 1:** Why, why? I just want to talk. I want to be friends.
Why?

**Participant 2:** Because. Go away.

**Participant 1:** What’s the matter? Tell me. Tell me.

**Participant 2:** Because I’m mad. I don’t want to talk to you.

**Participant 1:** Well, I am going to pester you until you talk to me.

**Participant 2:** I’m hiding.

**Participant 1:** No, no, no, come out of hiding. Look, I’m giving my friend my bright shiny flower to come out.

**Participant 2:** I can’t hear you.

**Participant 1:** No, come out.

**Participant 2:** La, la, la.

Why won’t everybody just leave me alone?

**Participant 1:** Because I want to be your friend.

**Participant 2:** I don’t want any friends, because all of my friends forgot about me.

**Participant 1:** Well I’m not forgetting about you. I’m right here now.

**Participant 2:** I miss my old friends.

**Participant 1:** You miss your old friends, but why can’t we become friends? And then I can eventually become an old friend, but I won’t forget about you.

**Participant 2:** Well, maybe.

**Narrator:** This child psychiatrist is learning how to use puppets under the supervision of a drama therapist.

**Alex Strasser:** All right, we have got a lot of puppets right over here. I would like you to pick a few, okay?

**Lauren:** Okay.

**Strasser:** And then bring them over.

**Lauren:** These ones.

**Strasser:** You’ve got all the ones you want?
Lauren: Mm-hmm.

Strasser: All right.

Lauren: Um, no, but I know who did.

Strasser: And so you are best buddies now? What are you going to do next?

Lauren: I’m going to go to work again.

Strasser: Thank you.

Lauren: You are welcome.

Strasser: All right, Lauren. Do you want to sit in a chair? And can we talk about the play?

So, if you were going to give the play a title, what would it be called?

Lauren: Thanksgiving dinner.

Strasser: Thanksgiving dinner.

**MATERIALS**

Narrator: In addition to establishing a playful, non-judgmental atmosphere, you will also need some materials, but they can be quite simple.

Judy Merritt: Sometimes a newspaper is just a newspaper. Sometimes it is a magic newspaper. I think this newspaper could be—a telescope.

Participant: I’m Miss Cool.

Merritt: Miss Cool. I think you need a scepter.

Participant: New York City. Nobody’s going to mess with us, right?

Narrator: You don’t need fancy art supplies, but you do need to offer things that are sturdy and attractive, like paper that won’t tear.

Kunkle-Miller: I have different sizes of some white paper here, and I have a lot of color paper back there, too. So look around and see what you would like to draw on.

Client: I think I will draw on this white paper.

Narrator: You will want to have something to draw with.
Kunkle-Miller: And I have colored pencils, markers.

Narrator: Something to paint with. Something to model with. And something to construct things with. People will respond to the materials themselves, as well as what they make with them.

Child Client 1: I never saw paint things like this before. Now these colors I know are Halloween colors. We went to a lot of houses. And my bag got so heavy I could barely hold it. This paint dries out really quick.

Child Client 2: It’s so sticky on my hands.

COSTUMES, PROPS, JEWELRY

Narrator: People of all ages like to pretend, and props really help. An eye patch can make you a pirate. A stethoscope can make you a doctor. A hat and tie can help you feel like a daddy. A hat or jewelry can help you be a fine lady, and even a princess.

Ellie Irwin: Oh, Miss Princess, are you getting dressed up to go somewhere?

Narrator: Or a bride.

Yehudit Silverman: The moment you create your space, put on the costume and enter in a complete different reality, that’s really amazing. It is make-believe but it is just as real, what happens during that time.

MINIATURE TOYS

Narrator: Creating a story with small figures and toys allows someone to feel truly in control.

Irwin: Look at all the toys and then—

Child Client: And see what I can play with.

Irwin: And see what you could play with. Yes. Whatever you want to do.

Narrator: Organized shelves or baskets help people to find what they need to tell their stories.

Child Client: This guy is going to have a spear.
Then he shot this.

**Irwin:** What are these guys fighting about, anyway?

**Child Client:** Well, the knights were rich.

**Irwin:** They wanted the money?

**Child Client:** And no one lives in the house because it is full of gold.

**Irwin:** Wow.

**Child Client:** It wasn’t just in one room. It was all of the rooms, in the hallway, everywhere.

**Irwin:** My goodness. So much money. And what is going to happen to all that money now?

**Child Client:** Well, at the end of the war they decided to put the money, to give all of the money to the poor because—

**Irwin:** To the poor?

**Child Client:** Mm-hmm.

**Irwin:** Oh, my goodness.

Then, if you could be somebody in this story, yourself, who would you like to be?

**Child Client:** If I was a hockey story, then I would be Sydney Crosby.

**Irwin:** You would like to be Sydney Crosby if it were a hockey story. But it is not a hockey story. It’s a story about knights and army men.

**Child Client:** Yes.

**SAND PLAY**

**Narrator:** The sand table can also be a stage. The therapist follows this girl’s lead in her drama.

**Therapist:** What’s happening?

**Child Client:** You can have her.

**Therapist:** You want me to have this girl?

**Child Client:** You have to knock on the door, okay?

**Therapist:** I knock on the door and then what?
Child Client: I have to come.
Therapist: And then you come, okay.

KNOCK, KNOCK, KNOCK.
Child Client: Hi.

Therapist: Hello.

Child Client: How are you doing?

Therapist: I’m doing okay.

Child Client: Hi.

Therapist: Hello. What’s your name?

Child Client: Judah.

Therapist: Judah. It’s nice to see you, Judah.

Child Client: I’m at my table.

Therapist: Okay.

Child Client: Here’s my table. It’s really deep.

Therapist: That’s some deep table, all right.

Child Client: Ow, help!

Therapist: There’s somebody saying help. Judah, what’s happening?

MASKS

Narrator: Since ancient times, although they can be made of very simple materials, masks have been used to show as well as to hide feelings and fantasies.

Ellen Hiltebrand: The outside is the way you think people saw you and saw your family when cancer came into your life. And then the inside of the mask is how you really felt inside when cancer came into your life.

Participant: Tears represent the time when we didn’t know if my sister was going to live, because that was really painful, if you don’t even know if your own sister is going to live.

Narrator: Puppets, too, can be made of simple materials but can carry
powerful messages because they offer the safety of disguise, like this drama about being cut by two hospital therapists.

**Therapist 1:** Hi.

**Therapist 2:** Hi, I’m Sunny the Sun.

**Therapist 1:** I’m Piper the Pumpkin.

**Therapist 2:** You seem sad.

**Therapist 1:** I am.

**Therapist 2:** Why are you sad?

**Therapist 1:** Because it is almost Halloween.

**Therapist 2:** I get excited for Halloween.

**Therapist 1:** Not me.

**Therapist 2:** What makes you sad about Halloween?

**Therapist 1:** People always cut me.

**Therapist 2:** That sounds terrible.

**Therapist 1:** I don’t want to be cut at all. Why do I have to be cut?

**Therapist 2:** Because you are a pumpkin.

**Therapist 1:** But why not cantaloupes? Why is it always the pumpkin?

**Therapist 2:** Because pumpkins are special.

**Therapist 1:** Thank you.

**Therapist 2:** You are welcome.

**Ben:** Hello.

**Rosemarie Perla:** What’s your name?

**Ben:** Napoleon Bonaparte.

**Perla:** Ah, Napoleon Bonaparte. Well, thank you. You are quite a famous character, aren’t you?

**Ben:** Indeed I am.

**Perla:** And tell me, Mr. Napoleon, what do you do?

**Ben:** I take over the world.
Perla: Ah, you take over the world. Hmm. Wow, that’s a big job.

Ben: It is a big job, one I am very good at.

Perla: So, tell me, do you have a name?

Ben: Oh, yes, my name is Frederick.

Perla: Frederick. Well, Frederick, at first you seemed kind of ominous but now you seem kind of, I don’t know, how would you describe yourself?

Ben: Well, no disrespect, I think that first impressions can be very deceiving.

Perla: You are absolutely right. You are absolutely right. We do have to be careful about those things.

There is a very interesting character, historical character, Mr. Napoleon I would like to introduce you to.

Ben: Hello.

(as Frederick:) Hello.

(as Napoleon:) Do I own your country?

(as Frederick:) I do not know.

(as Napoleon:) I will see to it that I do.

Perla: Hmm. Wow. Mr. Napoleon, you certainly get to the point right away, don’t you?

Ben: I am a man of no subtlety.

Perla: All right, Anna, let me meet your character here. Hello.

Tell me, what is your name?

Anna: My name is Bobo.

Perla: So Lucy, I would like to introduce you to someone. This over here is Bobo.

Anna: Ahhhh!

Perla: What’s wrong, Lucy?

Anna: They scare me.
Perla: What was that like today, using puppets?

Anna: I felt like I was a little kid again.

Perla: Hmm. How about you, Ben?

Ben: Yeah, it brought back a little bit of deja vu for me just because Anna and I used to play with puppets all the time when we were little.

Perla: I see, I see. What do you find yourself playing with these days?

Ben: Facebook. The TV.

Anna: Yeah.

Narrator: As you will see, there are many ways to offer puppets, but it is very helpful if the therapist structures the session by asking to meet the characters.

Irwin: So, would you introduce your character?

Mary: This is Cody the Octopus.

Irwin: Could you tell us where the story begins?

Mary: Well, I live in the Pacific Ocean.

Narrator: Mary then enacts a dramatic story about three friends and gives a surprising association to it.

Irwin: But what would you say this story is about?

Mary: I think this story is about Cody overcoming his fear and helping other people overcome their fears.

Irwin: Mary, did that ever happen to you?

Mary: Well, one time whenever I was sick, I had the flu. And I was afraid that I was going to die.

Irwin: Oh, my.

Mary: But then my mom and my dad explained to me that the flu can be cured because doctors have figured out a way to make you better. And so after that I wasn’t so worried about it.

ENHANCING CREATIVITY

Narrator: How can you help each person to find their own creative
voice? Well, having a choice helps everyone, even someone with Alzheimer’s disease.

**Kunkle-Miller:** What I first do is I will give you a choice as to whether you would like to use white paper—I have some of that out—or color papers. So what are you in the mood for today?

**Client:** Oh, that’s a good question. I think I like the color better than the white.

**Kunkle-Miller:** A color paper. Okay, now what color?

**Client:** I like blue.

**Kunkle-Miller:** There is a blue.

**Client:** I like that blue.

**Kunkle-Miller:** All right. Now think about whether you would like to use the oil pastels or use the markers. You can make anything you want.

**Narrator:** It also helps if you are clear about what you are asking people to do.

**Irwin:** Okay, Danny. You’ve picked out these things from the toys, and now you are going to do a sand world. No right. No wrong. Just do it any way you want, as thought you are making a world there in the sandbox. Okay?

**Danny:** Okay. Once upon a time, there were two horses that lived in a little sand world.

**HELPING PEOPLE TO BE COMFORTABLE**

**Narrator:** While young children are usually spontaneous, warm-ups help those who are inhibited to relax and to create.

**Therapist:** We will do “pass the story.” So there were pumpkins on a fence, and it was dark. And then—

**Participant 1:** A crow flew by.

**Participant 2:** And the littlest pumpkin said, “I’m scared. I don’t know what that is.”

**Participant 3:** “Is there anybody brave among us?” says the pumpkin.
Participant 4: “I’m certainly not brave. I’m very afraid of whatever is up there. There is a cat crawling around on the ground down there. Maybe the cat can help us.”

Participant 5: That is the scariest—

Participant 6: Crow I have ever seen.

STARTERS

Narrator: Here are some ways to help people get ideas—boosters for their creativity, like the scribble drawing that often leads in meaningful directions.

Kunkle-Miller: And you are going to just move your arms over the paper and then just make a really easy scribble.

Katie: Okay.

Kunkle-Miller: So just like kindergarten. It can look like anything.

If you have ever looked up in the sky and you have seen clouds, and you look at them and you say, “Wow, that one looks like a car,” or “That one looks like an airplane,” so I want you to look at the lines that you have made and find an image within that. You can turn it in all four directions, so you are looking for an image within the scribble.

Katie: Okay. All right, this is kind of far-fetched.

Kunkle-Miller: Far-fetched is good. We like far-fetched.

Katie: I kind of feel like this looks like a head with legs.


Katie: I’m not sure what this would be. So I feel like this is a person, maybe holding something or—

Kunkle-Miller: You could make it into that, sure.

Katie: Like bowing down a little bit.

Kunkle-Miller: Right. So now either take thin markers or the regular markers you have and add lines to it so that I can also see the image that you see. And, again, don’t worry about what it looks like.

Katie: This looks good. Is that good?

Kunkle-Miller: Okay, great. Just tell me something about what you’ve
Katie: Okay. Well I guess I made her getting water.

Kunkle-Miller: Mm-hmm.

Katie: I don’t know—I guess the image that comes to mind is—have you ever seen, I don’t know why this came to my mind, but have you ever seen The Jungle Book?


Katie: Whenever the little, I forget his name, like Mowgli or something, and he goes and he finds the—this is weird—the first time he sees another person, and it’s a little girl and she is getting water out of the river in one of those jugs that they put on their heads.

Kunkle-Miller: Oh, right. Yes.

Katie: You know, and they carry them on their heads. So that is kind of what I feel like this might be.

Kunkle-Miller: If she were to say something out loud, what would she say?

Katie: Maybe what is past the river.

Kunkle-Miller: So she is thinking about what’s ahead, what’s in the future.

Katie: Should I put my jug down and go further than the river?

Kunkle-Miller: Mm-hmm. So she is trying to make a decision.

Katie: Yeah.

Kunkle-Miller: So if you were to give this drawing a title, what title would you give it?

Katie: Maybe “Girl with Options” or “Girl with Decisions.”

Kunkle-Miller: If this jug of water were to symbolize something in your life, what might that be?

Katie: Hmm. To put down and move forward, you mean?

Kunkle-Miller: Mm-hmm.

Katie: I think I value my parents’ opinion very much, but I think
sometimes I can turn into not so much valuing but, like, needing their opinion.

**Kunkle-Miller:** Mm-hmm. Or approval?

**Katie:** Yeah. And sort of just—instead of I mean making my own, or just doing things and not calling my mother or father and saying like, “Oh, hey, I’m going to do this,” and kind of waiting for a response, you know?

**Kunkle-Miller:** Now, actually, the answers are all within you. And—

**Katie:** Yeah. That’s scary.

**Kunkle-Miller:** Yes, I was just going to say. You know, it can be scary. Exciting, but scary. So if you could give her advice, what advice would you give her?

**Katie:** Just whatever decision you make, be strong in it, maybe?

**Kunkle-Miller:** Mm.

**Narrator:** You an even make a poem from a scribble.

**Kunkle-Miller:** This was a scribble drawing. This is what I am calling a scribble poem. And so we are not going to worry about rhyming, but what I would like you to do is to put some words to describe how you are feeling these days.

So you have “caring, busy, safe, contemplative, silly, love, finally doing school, too young.” If you could give this particular scribble poem a title, what title would you give it?

**Katie:** Current Katie.

**Kunkle-Miller:** Oh, I like that. You can write that on there.

How did you feel during this experience?

**Katie:** I like this. I like finding something in something.

**Kunkle-Miller:** Yes.

**Katie:** And having to make it into a creative process. I like that.

**Kunkle-Miller:** Right. And I would think the big thing to keep reminding yourself again is how strong this girl is, and how strong you are in the decisions that you have made and in your opinions.
Katie: Hopefully.

Kunkle-Miller: Yeah.

Narrator: Photographs of people, especially of feelings, can stimulate many ideas related to the self.

Alice Karamanol: Well, which one can you think of that says something? One of these things must be saying something to you. What is she saying? Wow, she has a look on her face.

Child Client: “I’m very upset.”

Karamanol: All right. “I’m very upset.”

Narrator: Here, too, being able to choose is vital.

Anna: I like this one, though. This is what I feel about Ben sometimes. Shocked. The kid is shocked.

Ben: You are shocked at me?

Anna: Sometimes.

**WHAT TO DO**

Narrator: What to request depends on your diagnostic or treatment goals.

Kunkle-Miller: So often what I will do is I will give people a choice whether they want to do their own thing or if you want me to give a suggestion. And either way is perfectly fine. So—

Client: Okay, I think I would probably do better off with you directing me.

Kunkle-Miller: Okay, that’s good. Let’s go with drawing a feeling—a feeling that you have had.

Client: Okay.

Kunkle-Miller: And—

Client: And I have something in mind already.

Kunkle-Miller: Okay, great. Okay, so tell me something about what you have made.

Client: What I have drawn is a picture of myself and my horse,
following a traumatic amputation of my left foot. It’s very frustrating not being able to mount, dismount, ride the way that I used to.

**Kunkle-Miller:** So if you could be saying something in this image of yourself, what would you be saying?

**Client:** I would be saying I’m coming back, and that I’ll be there soon.

**Kunkle-Miller:** Hmm.

**Client:** And I won’t see this angry, owie, painful thing that I feel.

**Kunkle-Miller:** Mm-hmm.

**Client:** If there was a series of this, and this was picture number one, the next picture would be more healing and me on the horse.

**Kunkle-Miller:** So if the horse could say something in this image, what might the horse say?

**Client:** And he does say, “I’m waiting on you.” And he knows.

**Kunkle-Miller:** Yes.

**Client:** He knows I’m hurt, and he does things that I can’t imagine him doing before I was hurt.

**Kunkle-Miller:** Hmm.

**WHAT TITLE WOULD YOU GIVE IT?**

**Client:** “In progress.”

**Kunkle-Miller:** Hmm.

**Client:** But I never would have thought I would have drawn that when I walked in.

**REDOING THE IMAGE**

**Narrator:** At times, it helps to make a different ending.

**Kunkle-Miller:** The one thing I was thinking we might be able to do is to redo the image. And this time you can create that sense of yourself the way you would like to be.

**Client:** Mm-hmm.

**Kunkle-Miller:** So tell me about this picture.
**Client:** This is me outside on a horse. My foot is in the stirrup, it's in there fully, wrapped around the horse, connected with the horse. Because that is the cool thing about riding, is when your body and another body are moving in unison.

**Kunkle-Miller:** Yes. So what title would you give this picture?

**Client:** “Soon.”

**Kunkle-Miller:** “Soon.”

**SELF-PORTRAIT**

**Narrator:** To evaluate self-perception, a self-portrait makes the most sense.

**Byron Fry:** Think about something that would either represent something about yourself, something you want to say about yourself to one of the other members here. An interest—it could be an interest that you have.

**Participant 1:** My symbol is supposed to be a shoe because one of my main interests is to travel and to discover a lot about places and people and things.

**Participant 2:** This is supposed to be a book because I like to read, and this is a little piece of chocolate because I like chocolate.

**Participant 3:** And this is a happy face because I like to think of myself as a happy person.

**WHO AM I?**

**Narrator:** After talking for a while, the therapist suggests a theme emerging from their conversation.

**Natalie Rogers:** The question of “Who am I?” has come up a couple of times. And I was wondering if you would be interested in just using color just to express. It doesn’t have to be a picture. It could be just lines to express, “Who am I?”—the various aspects of you. And I would suggest you use your non-dominant hand so that you don’t have a lot of control over it.

There is no right or wrong to this, and I don’t interpret art.

**Client:** It’s a good thing.
Rogers: Yes, it’s just like, “Who am I?” So who is this person? So this is something like a butterfly, then it has got some antenna out to do what?

Client: In other words, that’s how I receive my signals.

Rogers: There’s something about a butterfly image—what is it that appeals to you?

Client: I’m probably somewhere in a cocoon, somewhere—going to break free soon.

Rogers: And something of a cocoon stage, but has the potential to really become this butterfly.

Client: Mm-hmm.

Rogers: Does that ring true to you?

FAMILY DRAWING

Narrator: To assess someone’s perception of the family, a family drawing can be representational or abstract.

Client: That was the different branches and all of the little hearts represent the different members of the family.

Therapist: Mm-hmm.

Client: But they are all held together by love.

Therapist: Can you tell us which one is you?

Client: The one down at the bottom, probably the rest of the family is going to stay together and I’m going to be leaving, but we will still all be together.

FAMILY SCULPTURE AND DIALOGUE

Narrator: When the family is made of clay, members can interact dramatically.

Oaklander: What I would like you to make—your family out of clay. I want you to imagine that you could talk to them, and you could tell them one thing you like and one thing you don’t like about each one of them.

Child Client: One thing I like about my dad is—
Oaklander: “You.”

Child Client: Oh, yeah.

Oaklander: Talk to him.

Child Client: One thing I like about you is when you do spend time with me, or when you do have time to spend with me, you use it wisely. The thing I don’t like about you is that you don’t use that time a lot.

Oaklander: There isn’t enough of that time.

Child Client: Right.

Oaklander: Not enough of that time.

DEALING WITH LOSS

Narrator: These children who have lost a loved one are making the cart chart of different feelings about it.

Mavis Hines: Select a word and write the word on the line. So let’s say you might feel mad. And then you choose a color to go with mad. So mad might be, I don’t know, red or black, whatever. You choose as many as you want. And when you are finished that, I then want you to color in the circle to match the feelings that you feel.

Child Client 1: Yellow is angry, black is shocked, and red is wounded.

Hines: Red is?

Child Client 1: Wounded.

Hines: Wounded. Can you say anything about that wounded feeling?

Child Client 1: Well, like, it just hurt me.

Hines: I want you to draw a picture of the person who died. Okay? And that person can be doing anything—whatever you want to do. Caitlyn, do you want to start over there?

Caitlyn: This is a picture of—this is my dad and me and we are playing catch because we both loved baseball, and we always loved to play baseball or to play catch in the backyard or something like that. That was something we liked to do.

Hines: And now I want you to draw a picture—we will hand out some
paper, and I want you to draw a picture about the weather inside. What did the weather feel like inside?

**Child Client 2:** It’s a picture of a storm with thunder, because when my dad died it was really sad.

**FEARS**

**Narrator:** People of all ages bring their fears to therapy. Eddie drew about his diabetes.

**Rabinovitch:** Eddie, do you have a name for it?

**Eddie:** Fear of when you first get diabetes.

**Rabinovitch:** These are the fears you had? Do you want to tell us about it, Eddie?

**Eddie:** Well, this first picture here of a syringe is when I first became a diabetic. I was sort of afraid of getting shots because people told me that they knew somebody that had gotten a needle broken off in their arm from jerking suddenly.

**Rabinovitch:** That was scary, wasn’t it? How about this one?

**Eddie:** Well, when I am swimming a lot it takes up a lot of my energy, and my blood sugar goes down. And sometimes when I do swim, I have to get out and get something to eat right away.

**Rabinovitch:** So you are afraid in the pool?

**Eddie:** I’m afraid I might drown or not make it back to the side.

**Rabinovitch:** I see. How about this one?

**Eddie:** Amputation is one of the things that have helped me learn to take care of it better.

**Rabinovitch:** How do you mean?

**Eddie:** Well, if I don’t take care of part of my life or part of my body, it will be amputated. And I wouldn’t be able to use it again.

**HOW TO DO IT**

**Narrator:** There are many ways of working in drama and in art. Here are some simple techniques for trying out new behaviors. The empty chair is a safe way to confront another person.
Therapist: In our sessions we have been talking a lot about relationships. So is there one in particular that you wanted to talk about today?

Client: There was. The one that I really wanted to talk about is the one about my boyfriend. You know, we have been dating on and off for nearly a year, and I don’t think it is the most healthy environment for me or my son. And I really think that it would be better if we just parted ways and ended it.

Therapist: So what is getting in the way of your doing that?

Client: Every time I try to do it, it is like he knows that’s what I am trying to do. And he will just try to combat it, just say, you know, “I love you and we can work this out.”

Therapist: And then what happens on your part?

Client: And I feel bad because he starts saying, “I love you, I would do anything for you.” And then he will be nice, and then for a couple of days it will be great, and then it will go back to the way it was.

Therapist: Okay. So it sounds like what you would really like to say to him somehow gets more difficult to say when he acts that way.

Client: Right.

Therapist: Would it be okay if we used a little method today that I sometimes use with clients that helps them to get some clarity about communication? Would you be willing to do that?

Client: Sure.

Therapist: What this involve is it is something called the “Empty Chair.” You are going to imagine Marvin sitting in this chair.

Client: Okay.

Therapist: And what I am going to ask you to do is talk to Marvin and tell him about your feelings and your thoughts regarding your relationship with him and what you would like to do.

Client: Marvin, you know that I love you and I care a lot about you and your children. But you know we have had our share of ups and downs. And it seems like recently the downs have been more than the
ups. And I think it is best if we just cut our losses and move on.

**REHEARSAL**

**Narrator:** Rehearsal offers a chance to practice without consequences.

**Therapist:** Is there anything that sounded like you would like to say it again, or you would like to clarify it or say it differently?

**Client:** Yes. Just to say that I think I would like to say it in a better way about doing better without him. I would like to say it in a way that is not offensive to him.

**Therapist:** And so why don’t we do this? Would you mind if I stayed in the seat and I would be Marvin, and you can practice it with Marvin’s responses?

**Client:** Okay.

**Therapist:** Okay.

**Hey, how are you doing?**

**Client:** I’m good.

It’s good to see you, too, but there are some things I think we need to talk about.

**Therapist:** Oh, yeah?

**Client:** Yeah. We have talked about this before, but I really think that we really need to sit down and talk about this now. I’ve been thinking a lot about it.

**ROLE REVERSAL**

**Narrator:** Role reversal allows you to see things from the other’s point of view.

**Therapist:** So I am going to be you. We are going to switch chairs.

**Client:** Okay.

**Therapist:** And you be Marvin.

**Client:** Okay.

**Therapist:** So hey, how are you doing, Marvin?

**Client:** I’m good baby. How are you doing?
Therapist: Great. You know, there are some things that have been on my mind and I would really like to talk to you about. You know, we have known each other a while.

Client: We have. There’s a lot of things I want to talk about, too.

Therapist: I think it is just time for us to cut our losses and move on.

Client: But I don’t think that you mean that, baby. I think you know that God put us together and we need to work this out.

Therapist: Was this helpful what we did?

Client: It was very helpful.

Therapist: Okay. And can you say a little bit about what made it helpful?

Client: It’s helpful, for one, to be able to express it, and also be able to see some of the things that the person would say back to you, so I can basically practice my response. Because that is the way it is really going to be.

Therapist: Right. So maybe in future sessions we might want to explore this a little bit more.

Client: I would like to do that.

WORKING TOGETHER

Narrator: Family members, like siblings, can work side by side or together.

Ben: Where?

Anna: The camel. I’m going to use this so don’t use it.

Narrator: So can parents and children.

Mother Client: All over. See how it is making little—? Okay, that’s good. What color should the leaves, of our sunflower be?

Child Client: How about some orange?

Mother Client: You want some orange?

Child Client: Orange will be pretty.

Mother Client: Okay. And who is this up top?
Child Client: A birdie.

Mother Client: And what does it say?

Child Client: Mommy’s and Sloan’s Gardens.

Mother Client: Very, very good. I think it is awesome. You think we should take it home?

Laura Greenstone: What was it like working together today?

Mother Client: How did you like drawing with Mommy?

Child Client: Good.

Mother Client: I had fun. I liked when we did our sunflower together the best.

Narrator: Couples can also work jointly and silently, as in this example.

Kunkle-Miller: So what I am going to ask you each to do is to begin to draw, but not talk to each other. So I don’t want you to plan out what it is going to be. So I am going to give you about four minutes to begin to put together a drawing that you two have done without words.

Don: You first.

Wife Client: Let’s go. No. Simultaneous, come on, man.

Don: Okay.

Wife Client: All right.

Kunkle-Miller: Tell me what it was like to work on the paper together without speaking to each other?

Don: I had an idea in my head of trees and forest, and I just started to draw that, and then saw what she was drawing and said, “Okay, how can we make the two work together?”

Wife Client: I guess I sort of made the assumption that this is where we live. I mean, it may not be what you were thinking.

Don: No.

Kunkle-Miller: So, now, could you come up with the title? A title together for this image that you have made?
**Wife Client:** “Life space”?

**Don:** There you go. “Life space.”

**Kunkle-Miller:** Do either of you have anything else you wanted to comment on before we finish this?

**Wife Client:** For me this house really does symbolize our ability to work together and compromise, because the backstory is that we had saved up money because we thought we might move to Boston, because I had this potentially wonderful job opportunity. But as we went through the process, there really weren’t the same opportunities for Don. And then ultimately it wasn’t the right thing to do for the family. But we had saved up all this money, and so what we did was that is we created a new home for ourselves in Pittsburgh. I think, to me, where we live right now symbolizes compromise of vision to accommodate each other’s needs—nobody getting exactly what they want, but everybody getting good enough, so that it is okay.

**Don:** And you don’t think about it when you look at it every day. But then when you are drawing it you say, “Oh, yeah, that’s what it means.”

**FAMILY PUPPET STORY**

**Narrator:** During both assessment and therapy families can be asked to work together to see how they function as a group. One possibility is a family puppet story.

**Therapist:** So why don’t you each find a puppet?

**Samantha:** Who is starting the story? Do you have an idea?

**No?**

**Hal:** I have an idea. You want me to come up with an idea? You know what, it’s funny, it’s a funny thing happened, is how on one of me and mommy’s first dates. We was in—

**Samantha:** I know what Daddy is going to talk about.

**Hal:** We was in North Park, so there was owls, and there were raccoons all around. And your mommy is a—she loves animals. Daddy is a city boy. And there was this raccoon, was rummaging around in the trash can. And I was so nervous, I’m like, I’m looking
at the trash can, and your mommy is cracking up about me being nervous about the raccoon.

Samantha: So thanks for dinner, Hal. It was really good.

Christopher: Well, you are welcome, Samantha.

Samantha: Why are you hiding?

Christopher: I’m kind of nervous about raccoons.

Samantha: Why? It’s just an animal. He is probably more scared of you than you are of him.

Christopher: They have rabies and bite.

Samantha: True. Good point. What should we do?

One of the reasons that I wanted to go out with Dad is because I didn’t think he was ever scared of anything. And I thought that was kind of neat.

Therapist: Do you think your daddy ever gets scared?

Christopher: Yeah.

Therapist: You do?

Christopher: Mm-hmm.

Therapist: Dad, do you ever get scared?

Hal: Mm-hmm.

Therapist: Yeah.

Hal: What do you know that I really get scared at?

Christopher: When I might get hurt.

Hal: Mm-hmm.

Therapist: What is something that you are not scared of that dad is?

Christopher: A raccoon.

Hal: What about the water?

Samantha: Yeah, that’s what I was going to say.

Therapist: So Dad is scared of water?
Christopher: Yeah, and he can’t swim.

Therapist: Oh, wow. So Dad, what do you do when you are scared?

Hal: Try to find ways to overcome it. I rely on me a lot—just inner strength.

Therapist: What do you do when you are scared, Christopher? What have you found?

Christopher: I try to think about happy things and how I do stuff.

Therapist: Like your dad. So thinking of things you do well and what you are maybe able to do to help yourself.

What about Mom? What do you do?

Samantha: I usually try to change the situation that is scaring me. So—or I cry.

Therapist: And what do you do when you can’t?

Samantha: Cry, or get mad at someone. You think? Yeah.

Narrator: Another option is to create a picture together.

Child Client: I guess we will make a shadow.

**FACILITATING REFLECTION**

Narrator: Learning from the creative experience is part of why it is so helpful in therapy. This girl is worried that the therapist will see through her by analyzing her drawing under a microscope. He reassures her that there are no formulas and that understanding is a collaborative process.

Client: Not really. Because then we had to draw. But if you want me to, I will.

Robert Coles: Pardon me?

Client: If you want me to, I will.

Coles: Okay, why don’t you draw a picture of your father and a picture of your mother?

Client: Are you going to analyze the drawings?

Coles: You know what I will do? I will let you analyze the drawings.
Client: I’m not going to know what they mean.

Narrator: This boy talks more freely about his picture when the therapist pretends that a marker is a microphone.

Rubin: Now, if you were going to give it a title, what would you call it?

Child Client: “Home Sweet Home.”

This is the tree that like all of the bees are in front of.

This is one of the bees’ hive.

Narrator: The best questions are open ended ones that don’t suggest an answer or reflect the projections of the therapist.

Eliana Gil: So now, tell me a little bit about your world.

Child Client: Some animals are running around. The bee’s on this bear because the beer stole the bee’s honey.

Narrator: Interviewing the characters and asking for the main idea are ways to discover meanings.

Irwin: And could I talk to that little girl for a minute?

Denny: Mm-hmm.

Irwin: What could her name be?

Denny: Sally.

Irwin: Sally. You fell off the horse.

Denny: Yes.

Irwin: I’m so sorry. What happened when you fell off the horse?

Denny: I was riding the horse and we made a turn, and it made me fall off.

Irwin: So if people were watching this story, what do you think they might learn from it, or what would you say the main idea of this story might be?

Denny: The main idea would probably be that there is always a better side to things.

Irwin: And Denny, do you find that to be true for you, too?

Denny: Mm-hmm.
**Irwin:** Could you give an example of a time that you thought things were going pretty rough, but then there was a better side to it?

**Denny:** Well, today I had a picnic with my church, and it was getting real fun. And we came here and this was really fun, too, and I’m glad I could do it.

**Irwin:** Well, I imagine that when you had to interrupt your picnic to come here, you weren’t so happy.

**Denny:** Yeah, we were about to do a balloon fight.

**Irwin:** Oh, boy. And you had to give up the balloon fight to come here.

**Denny:** Yeah. But now it seems a lot better.

**Irwin:** Oh. Well, I’m glad. And I’m glad you had a good time doing the story. One more thing, Denny, if you were to give a name to your story, what do you think you would call it? Let’s suppose it was a movie. What would be the name of it?

**Denny:** Probably “The Girl, the Horse, and the Construction Crew.”

**Irwin:** “The Girl, the Horse, and the Construction Crew.” Denny, is there anything you want to ask me? I ask you a lot of questions. Is there anything you want to ask me?

**Denny:** Did you like my story?

**Irwin:** I thought it was a very fine story.

**Narrator:** Creating and the arts is fun, engaging what is healthy and strong in human beings of all ages. This helps both clients and therapists to manage the inevitable stresses of assessment and of therapy.

**CLOSURE**

As in all therapy, it is important to provide closure.

**Kunkle-Miller:** So when you look at the image that you have made, how does it make you feel, and what kind of memories does it bring back?

**Client:** It makes me happy because I did go to a beach that had shells and stones washed upon the shore, and it did have a lot like somewhat
like this. And I had lots of fun going there. So it brings back happy memories.

**Narrator:** Reviewing helps the transition from the intensity of the session to the world of reality.

**Merritt:** Okay, so I want you all to close your eyes. And the talking stick is a Native American tradition where the person who has the talking stick is the one who is speaking, and we are just listening and holding the space. So I want you to go back into what you have experienced this afternoon. So you can open your eyes, and I will put the talking stick down. And then whoever would like the stick an pick up the stick.

**Participant:** What I think is going to stick with me today is some of the friendship and the support that we did share today, which was wonderful. So thank you to everybody.

**Narrator:** We hope that you have enjoyed learning some of the many ways in which art and drama can enhance both assessment and therapy for people of all ages. Remember that it is safest to give them choices so that they are in charge of whatever they express.

Then it is best to observe, to listen, and to always follow the lead of those you are treating. Helping people to learn more about themselves by working together to find meaning in both process and product is rewarding and enjoyable work for patient and therapist alike.
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