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# Using Expressive Counselling Tools to Enhance Emotional Literacy, Emotional Wellbeing and Resilience: Improving Therapeutic Outcomes with Expressive Therapies

Authors:
Mark Pearson
M. Ed. (BEM); Dip T.; Cert TP; Dip. ERC.
Expressive Therapies Institute of Australia

Helen Wilson
M. Couns.; B. Bus. (HRM); G. Dip. ERC.; Cert SP; Cert. TP; Cert. ERC.
University of Notre Dame Australia (Fremantle)

Correspondence to Mark Pearson:
E: info@expressivetherapies.com.au
P: 041 949 2713

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**Abstract**

Research supportive of the use of an Australian approach to Expressive Therapies, developed since 1987, that has a focus on resolving emotional drives, is reviewed. Expressive Therapies (ET) utilises an emotion-focused, growth-promoting way in which clients can be engaged through the use of a range of creative arts-based, projective techniques. In particular, the engagement with creative arts tools has been found, by the authors, to enhance long-term changes and resilience. The development of Inner-Life Skills is discussed, with particular value being placed on the skill of emotional literacy. Evidence that a focus on emotions deepens therapeutic outcomes is discussed. Supports for the cultivation of wellbeing within the therapeutic relationship are gathered, including the way multiple intelligence theory enhances practice. Reference is made to recent research in neuroscience relevant to optimum therapeutic outcomes, and the development of resilience.

Current and past writers on human development and therapy suggest that creativity is an in-built drive and a major goal within the psyche. Poets, writers, dancers and painters all use expressive forms in attempts to convey the heart and soul of human experience. The imagination that inspired ancient Aboriginal rock art, paintings and inscriptions in Egyptian tombs, and Neolithic cave paintings arouses constant curiosity. How can counselling be practiced in a form that harmonises with, and supports the development of, imagination and meaning-making, while complementing the characteristic elements required by stakeholders in the counselling process - elements such as goal setting, productive outcomes, and fostering a positive helping alliance?

The goals of this essay are fourfold 1) to examine evidence on the effectiveness of applying an Australian emotion-centred, growth-focused experiential approach to counselling; 2) explore possible links between positive therapeutic outcomes and experiential activities in session, 3) explore the way Inner-Life Skills can enhance resilience, emotional literacy and emotional competence; and 4) investigate the contribution of Gardner's (1983) theory of Multiple Intelligence in relation to effective counselling.

Evidence that a focus on emotions deepens therapeutic outcomes is discussed, and support for cultivation of wellbeing within the therapeutic relationship is examined. Reference is made to recent research in neuroscience relevant to optimal therapeutic outcomes, and the development of resilience.

## What is ET and where did it come from?

*Expressive therapy* has been defined as the use of drama, painting, music and literature for psychotherapeutic purposes which include improving and enhancing the physical, emotional and cognitive functions of individuals, resolution of conflicts and stress reduction (Pies 2008).

Development of an Australian model of applying creative arts therapies or Expressive Therapies (ET) for therapeutic change, began in 1987 through the brainchild of Pearson and Nolan and their work with youth exhibiting persistent negative and anti-social behaviour. Initially referred to as Emotional Release Counselling (ERC) (Pearson & Nolan 1991), the interactive techniques developed and taught as Expressive Therapies in

Australia have, over the last 20 years, been consistently explored and revised by the authors' clinical observations, as well as through feedback from clients, students, and professional counsellors working in schools, sexual assault associations, private practice, government and agency-based settings. ET can be offered as a time-limited therapeutic option of say 6 – 8 sessions, or as a more open-ended strategy. Client ages range from 6 years through to later adulthood.

ET is an approach to counselling that promotes client wellbeing through offering a range of interactive, creative arts-based, projective techniques. ET has been identified in the USA as being beneficial for a broad range of productive and positive therapeutic outcomes (Gladding 1998; Malchiodi 2005; McNiff 2004). The Australian approach to ET has been developed, primarily, as an experiential, activity-based, psychodynamically oriented style of counselling and psychotherapy. It offers emotion-focused promotion of creative problem-solving, and a constructive dynamic for depthing counsellor / client interactions.

The practice of ET evolved from adaptations and new processes created from a blend of traditional verbal counselling, creative arts therapies, Gestalt methods, Jungian approaches, Emotion-Focussed Therapy and Transpersonal Psychology, underpinned by practical implementation of a psychodynamic framework.

## Creativity, Counselling and Expressive Therapies

Creativity is an in-built drive and a major goal within the psyche (Crane 1999; Gardner 1993; McNiff 2004; Maslow 1962; Reich 1979). Essentially, creativity can be said to refer to the production of work that is both 'novel and appropriate' (Thoresen 1969 cited in Gladding 1998). So how can the elements of efficacy, appropriateness, sensitivity and flexibility in counselling be blended into creative practice that harmonises with and complements client needs and focus with outcomes required by both client and agency?

Augmenting creativity in professional work, being able to support clients to develop more resourceful cognitive processes, and therefore enhancing productive decision making, has been found to be increased through the use of experiential techniques and client-centred approaches such as ET; approaches that advocate flexibility in implementation (Payne 1993; Pearson & Wilson 2007; Robbins 1980). Developing imagination can be regarded as critical in a person's learning process (Heath 2008). Heath argued that being able to imagine is prerequisite to being able to consider another person's point of view or how they experience the world.

There are similarities and differences between ET as it is taught in Australia, and expressive arts therapies as practiced in international therapeutic settings. The key difference in Australian settings would be cultivation, in a client, of increased tolerance for experientially working through emotional difficulties. What ET in Australia has in common with international practice is the use of methods such as self-awareness activities, visualisation and relaxation techniques, expressive writing, developing and recording personal narratives, and the use of art and music.

## Underlying Tenets

Hallmarks of ET are respect for, and cooperation with, natural self-healing mechanisms in the psyche, as posited by Jung (Fordham 1991); support for working more directly with emotion (Fosha 2000; Greenberg 2001, 2004; Grof 2001; Whitfield 2006), and use of an experiential, multiple-intelligence-focused range of modalities (Gardner 1983; Malchiodi

2005; O'Brien & Burnett 2000; Rogers 1993).

Theoretical frameworks supporting ET include Rogerian client-centeredness (Rogers 1951); the benefit of working through difficult emotions as proposed in Greenberg's Emotion-Focussed Therapy (Greenberg 2001); development of somatic awareness (Eiden 2002; Leijssen 2006; Lowen 1975; Lude 2003; Reich 1979;) and acquaintance with the concept of transpersonal experience (Boorstein 1997; Cortright 1997; Grof 2000). Resilience-building is also an important aspect of the ET strength-based approach (Bjorklund 2000; Howe 2005; Pearson 2006).

In session, the therapist focuses on drawing out client narratives to discover central themes and emotional disturbances, and to guide assessment, particularly in relation to whether an ET intervention is appropriate or supportive, and if so, which one. The offering of a particular activity is linked to a client's interests and emotional needs. Central to the process is the client-driven creation of 'emotional doorways' that activate interest in self, and curiosity about navigating the experience of the inner world.

**Emotion and Therapeutic Change**

Beck (1995), Greenberg (2004) and Whitfield (2006) have posited that accessing emotional content heightens cognitive processing of emotion-charged life experiences.
ET enhances the capacity to supportively decrease a client's psychological proximity to, and associated tolerance of, the emotional charge around, a distressing experience. This is achieved through offering interventions such as symbol work (Pearson & Wilson 2001), emotional release processes, somatic focus activities, self-discovery worksheets (Pearson & Wilson 2007), therapeutic writing (Thompson 2006), and emotional literacy tools (Bolton, Field & Thompson 2006), use of art (Wadeson 1995), sandplay therapy (Ammann 1991; Carey 1999; Kalff 2003; Weinrib 1983), projective techniques (Clark 1995) and bioenergetics (Lowen & Lowen 1977). The concept of a positive natural self-healing movement in the psyche was posited by Jung (Fordham 1991); a movement Jung likened to the body's natural healing mechanism (Allan & Brown 1993).

Central to the practice of ET is a focus on safe, therapeutic processing of emotions, supporting emotional healing, along with essential integration activities. Emotional healing leads to the desired changes espoused by several approaches to therapy. CBT, behaviour modification programs, systemic therapy work and strength-based problem-solving, seek to support positive relational and behavioural change (Porter 1996). ET has a compatible focus. In ET, emotional healing and self-regeneration may take place when activated emotions can be brought to awareness and processed, when the emotional charge attached to past events is reduced, and the client experiences a sense of moving forward with increased freedom from negative life patterns.

Fosha (2000) suggested that, within the therapeutic setting, contact with powerful emotion contributed 'to metamorphoses of the self', and becomes the central agent responsible for therapeutic change. Fosha (2000) also found that 'core affective states' contain powerful adaptive forces and processes with a heightened therapeutic potential capable of accelerating therapeutic change. It is these adaptive forces that emerge naturally when children are safe and free to play (Lowenfeld 1935). Subscribing to the concept that a nurturing connection with a caregiver sets human beings on a pathway to psychological and emotional wellbeing (Bowlby 1988; Cozolino 2006) it would seem critical that cultivation of experiences of supportive, meaningful relating about the emotional world assist significantly with emotional regulation, psychological growth and overall wellbeing.

ET supports a client to process activated, distressing emotions through combining somatic, emotional and cognitive processes. The concentration on an intrapersonal focus within ET sessions has been found, by the current writers, to generate increased client cooperation with the client's own uniquely experienced, innate healing drives, thus reducing resistant responses.

The ET session framework identifies six stages of a session: joining and rapport-building, developing self-awareness in the client, focussing on emotional processes, integration, reflection on strategies, and a time for future focus, reflection on self-care and possible post-session homework (Pearson & Wilson 2001). After initial engagement, development of self-awareness may provide an opportunity for clients to enhance their somatic awareness. In the next stage the focus becomes centred on processing emotional distress, the integration stage offers time to engage a client's focus on review and reflection of the process. The final stage supports consideration of future actions and direction. After analysing several research projects Greenberg (2001) confirmed that combining expression and reflection together in a therapy session led to beneficial outcomes. ET sessions typically combine times of self-expression and self-reflection.

ET processes are offered by a trained therapist in such a way that emotional disturbances that have been negatively influencing behaviour, attitudes and relating, are given safe exposure; re-experienced in symbolic form; and expressed in a way that releases the emotional charge surrounding the experience or event. This has been found to support a client to regain the feeling of a calm and balanced state (Greenberg 2004; Pearson & Wilson 2001; Robbins 1980).

**Accessing emotions**

People who do well in therapy move from talking about external events in a detached manner, through to focusing on internal feelings in 'a richly descriptive and associative way', to readily accessing feelings to solve problems (Greenberg 2001; Whitfield 2006). Moving, in therapy, beyond content level to a process level has been claimed to encourage authenticity in session and better integration of the concept of a more complex 'self' (Teyber 2006).

In his research into consciousness, Damasio (2000) found emotion was necessary for rational thought. Body sensations cue awareness of emotion, underlie emotions and form the basis for weighing consequences, deciding direction, identifying preferences (Damasio 2000). Awareness of body sensations may then be a foundation for accessing the emotional messages that support a client into rational states (Le Doux 1998; Lowen 1975; Roberts 2004; Saarni 1999).

Long-term change often occurs by extending an intellectual understanding of oneself to include emotional experience of oneself (Greenberg 2001). The finding that therapy works most profoundly to promote change by activating deep, and sometimes painful, emotions (Greenberg 2001) underpins the practice of ET. Greenberg's research lead him to state that 'Processing bodily felt experience and deepening this in therapy in a good therapeutic relationship environment may be a core ingredient of change in psychotherapy' (Greenberg 2001, p. 7). Developing experiences of mastery over emotions, within a good therapeutic alliance, by experiencing emotions long feared, has been shown to be regenerative and empowering for adult clients (Fosha 2000).

A significant therapeutic outcome from encountering a deep emotional experience within a supported context was that clients were found to experience increased aliveness and

meaning (Fosha 2000). Fosha (2000) claimed that the experiencing of what she termed 'core affect', provided healing in and of itself.

Practice application of ET activities can be adapted to each particular client's needs - for example, with regard to the level of emotional content and expression with which a client is comfortable. ET's flexible approach provides a non-threatening connection with the individual's emotional life, awareness of body sensations, and self-direction from accessing positive emotions. Using expressive means can also support a client to utilise emotions as a guide in positive and constructive problem-solving and productive self-direction (Greenberg 2001; Pearson 1997; Rogers 1993).

**Positive Emotional Functioning**

An individual may have spent many years attempting to avoid re-experiencing difficult emotions, believing that they are to be ignored, forgotten, or that re-awakening 'sleeping dogs' might be threatening, or dangerous, to the sense of self. Fosha (2000, p.13) noted that people disconnect from their emotional experience . . . . 'only to pay the price later in depression, isolation and anxiety'. The therapeutic encounter benefits from patiently developing positive trust and rapport, a sense, for the client, of psychological safety, and provision of some rationale for reversing unhelpful self-protective mechanisms (Cozolino 2002; McNiff 2004).

An effective therapeutic experience that leads to change, produces a combination of increased emotional, somatic and cognitive awareness. Emotional healing can be said to have occurred when incomplete emotions, impulses, urges, actions in the psyche are completed, when unfinished business no longer intrudes on cognition, motivation, or causes reactivity. For example, emotional healing can lead to clearer thinking, improved behaviour, better relating and access to personal strengths (Greenberg 2004; Malchiodi 2002; Pearson & Wilson 2007).

Healing can be enhanced by accessing, symbolising and externalising internal conflicts so they can be recognised and worked with; for example through art, sandplay or symbol work (Ammann 1991; McNiff 2004; Malchiodi 2005; Pearson & Wilson 2001). For this to occur within the therapeutic setting, a sense of trust and safety is essential (Cozolino 2002; Fosha 2000; Greenberg 2001; Pearson 1997).

Emotional healing can also take place on several levels within the psyche – biographical (from birth to the present), perinatal (around the birth) (Chamberlain 1998) and the transpersonal or metaphysical domain (Grof 2000). While therapists can most readily support clients to access feelings and issues from the biographical domain, an individual's psyche may ultimately require some resolution of conflicts or stress from any of these three dimensions.

**Integration in ET**

A central task of therapy is facilitation of the 'activation, organisation and release of emotional energy' through verbal and nonverbal means (Robbins 1980). An important fourth element that ET provides to expand this framework is integration (Pearson & Wilson 2001).

Integration is an essential final step in dealing with emotions – a step not identified in existing research on the process of emotional ventilation. Integration follows activation and expression and can involve linking heart and head, body and brain, left and right hemisphere functioning (Cozolino 2002; Siegel 2005). Integration, using calming verbal and non-verbal reflective activities, and the sharing of the experience with a 'trusted guide', consolidates a

transformational experience (Greenberg 2001; Siegel 1999).

The aim of the integration stage is to support emotional restoration - for a client to make sense of their experience, begin to view their life from a broader perspective, and in this calmer space, begin to plan self-care and new directions. Within ET training courses it is considered unethical to guide a client into activation and expression of emotions unless there is adequate time for full reflection and integration (Pearson & Wilson 2007). In addition, the need to conclude therapy sessions with an integration stage is highlighted in ET training, to consolidate gains from the expressive steps in session. The integration stage of a therapy session purposefully offers a client time to focus on reflection, self-care, problem-solving and action steps.

Within the early stages of ET sessions, and in the integration phase, frequent use is made of projective techniques. These can be helpful to provide symbolic or metaphorical representation of challenging conflicts and to gain supportive imagery in the reflection stage.

**Projective Techniques**

Projection is a natural phenomenon in the psyche through which intrapsychic material that has been disowned can be externalised (Grant & Crawley 2002) without immediate recognition of the contents. The use of projective techniques is an ideal intervention with neglected, abused and traumatised clients, for whom overload of the nervous system, or re-traumatisation, should be avoided (Rothschild 2000).

Through projection, emotional states can be externalised with less impact from defence mechanisms. A fundamental assumption of projective techniques is that the client spontaneously expresses or 'projects' his or her personality through the use of art, symbols and the completion of set tasks (Clark 1995). Projective techniques provide alternative means to traditional verbal disclosure. The process of projection allows the client to create an external reality, give visible shape, through story, word, symbol or picture to both known and unknown aspects of the psyche that are emerging for resolution. Both spontaneous and directed projective art has been found to be an effective way for unconscious impulses, memories and feelings to emerge (Furth 2002).

Projective techniques greatly enhance client and counsellor interaction since there is an intermediate activity that calls forward involvement in the client. This intermediate activity can also diminish client defensiveness and reduce the level of transference (Pearson & Wilson 2001).

The relaxed attitude of many projective techniques – that depend on 'allowing' in contrast to a 'doing' effort - opens up neural pathways that allow easier discharge of feelings (Robbins 1980). This opening up, or activation, of neural pathways allows for change. Robbins suggests that the neural pathways are freed for the reorganisation involved in new learning and adaptation.

Projective techniques allow focus on reparative methods rather than beginning with a problem focus (Clark 1995). Weinrib (1983) pointed out that initially clients using sandplay therapy passively project their fantasies onto the figurines. After some transformation a client may exhibit more energy, awareness and self-assurance; the projection is more meaningful to them and more purposeful. ET utilises a range of projective techniques that are incorporated in modalities such as sandplay therapy, symbol work, use of drawing, music, and art media, dreamwork, and expressive writing.

Spontaneous projection of meaning through the use of miniatures, sandtrays, art, verbal metaphors, personal narratives allows clients to move carefully and safely towards challenging core issues (Pearson & Wilson 2001), and can be the foundation for increased self-awareness, communication, and emotional literacy.

**Inner-Life Skills and Emotional Literacy**

Emotional literacy is a core Inner-Life Skills (ILS) that clients can develop through an on-going therapeutic relationship (Pearson 2004). ILS are the range of abilities clients develop through the experiential work, with an expressive therapist. Sometimes these skills are taught directly, in most cases clients gain them indirectly, simply through involvement in the activities. These skills provide improved means of dealing with personal issues, greater access to the intrapersonal intelligence. Use of these skills is reinforced as clients repeat some activities and reflect on their process of growth, healing and change.

There are several broad categories of ILS used in ET that support emotional healing and the ability to regulate emotional expression (Pearson 2004). Emotional literacy involves the skills of self-knowledge, understanding the emotions, self-expression and communication. Other ILS include managed emotional and physical release, relating to and supporting others, and understanding motivation and direction in life.

The core skills of emotional literacy require some competency in using what Gardner (1993) identified as the intrapersonal intelligence, and Goleman (1995) has named the emotional intelligence. The present writers have observed that the more experienced a client is with intrapersonal exploration, the more effective and lasting the therapeutic encounter can be.

Gardner defines intrapersonal intelligence as 'knowledge of the internal aspects of a person: access to one's own feeling life, one's range of emotions, the capacity to effect discriminations among these emotions and eventually to label them and to draw upon them as a means of understanding and guiding one's own behaviour' (Gardner 1993, p. 24).

Emotional literacy includes the ability to sense and locate emotions in the body, recognise and name emotions, communicate about them, speculate about causes and express or process them in a suitable way (Pearson 2006). Ability with emotional literacy supports emotional healing, therapeutic release, the integration of emotional experiences, and the ability to regulate emotional expression beyond the therapy room. Observations from implementation of *The Innerspace Programs* (Pearson 2006) indicate that emotional literacy contributes to the speed with which rapport can be established in group work.

Natural development of emotional literacy can occur, to a certain extent, through positive modelling and use of multiple intelligences in education. Emotional literacy can be enhanced through the use of creative media within the therapeutic relationship, within personal growth groupwork, and in educational settings. Some of the tools used in ET to develop emotional literacy include: self-discovery worksheets, body outlines, mandala artwork, feeling word lists, texture examples and words, use of colours, lines, shapes, and use of recorded or live music (Pearson 2006). Informal feedback over a few years from practitioners using these tools indicates that they develop in clients and group participants a sense of optimism and confidence about self and communicating emotional experience. They find there is a way to talk about challenging experiences and to gain relief from difficult affect.

The option to choose from an array of emotional literacy tools supports a client to find and make use of their preferred intelligence. When clients can use their preferred intelligences they are more able to communicate, express, process, learn and understand (O'Brien & Burnett 2000).

**Multiple Intelligences in Therapy**

We are all different, largely because we all have different combinations of intelligences (Gardner 1993). Gardner recommended that 'if we can mobilise the spectrum of human abilities, not only will people feel better about themselves and more competent; it is even possible that they will also feel more engaged' (Gardner 1993, p. 12).

Initially Gardner (1983) described seven intelligences, however, his further research provided evidence for an eighth intelligence. There is ongoing discussion about the possibility of a ninth intelligence. His ideas have had the most considerable impact in the field of education. Gardner (1983, 1993) proposed that quality education depended in part on providing instruction and learning experiences that involve accessing a wide range of intelligences. He argued that western education had predominantly focussed on verbal/linguistic and mathematical/logical intelligences. An extrapolation of Gardner's ideas may be that western counselling and psychotherapy, in general, have also focussed excessively on these two intelligences.

We are indebted to O'Brien & Burnett (2000) for researching the link between Gardner's theory and the field of counselling. Multiple intelligence theory highlights the way counselling and psychotherapy approaches seem to specialise in one or two of the intelligences. O'Brien and Burnett (2000) drew links between ET and Gardner's (1983) theories of multiple intelligence. Their research - based on Sandplay Therapy and ET modalities - strongly supported the effectiveness of a counselling approach that utilises multiple intelligences. Gardner's framework also sheds light on some of the reasons that the availability of a range of in-session modalities – therefore choice of intelligences – will often lead to beneficial therapeutic outcomes (O'Brien & Burnett 2000).

The way in which emotional experience is encoded is non-linear and not based on language, but is regarded as primarily body-focussed, and experiential (Fosha 2003). This would suggest that to work through challenging emotional experiences the use of the bodily / kinaesthetic intelligence and the intrapersonal intelligence may be essential. Fosha (2003, p. 225) describes how right brain functioning . . . 'involves processes that are affect-laden, visual/imagistic, sensorimotor, and somatic'. In the emotional healing stage of a counselling session the client may be supported to use right-brain functions that process issues in a multiple-intelligence way: imagery (visual / spatial intelligence), emotional experiencing (intrapersonal intelligence), body awareness and movement (bodily / kinaesthetic intelligence). The session may be completed with reflection (intrapersonal), discussions (interpersonal), problem-solving and planning (logical / mathematical intelligence).

**Neurobiology and emotional wellbeing**

It is becoming more widely recognised that emotional experience is not processed through language and logic alone (Fosha 2003; Greenberg 2001; Rothschild 2000). As the right hemisphere of the brain 'speaks a language of images, sensations, impressions, and urges toward action, therapeutic discourse must be conducted in a language that the right hemisphere speaks' (Fosha 2003, p.229). The promotion of healthy brain development through the modulation of emotion (Stien & Kendall 2004 cited in Gil 2006) therefore becomes a central focus in therapy. The ET approach embraces the findings of

neurobiological research that argues the case for supporting emotional stability through interventions that most adeptly maximise opportunities for integration of left and right hemispheres of the brain (Siegel 2005).

Surveying recent neurological research reported by Cozolino (2002), and Greenberg (2001) revealed a compelling argument that, in terms of brain function, emotion precedes cognition. Sustainable emotional and behavioural change requires neurological change, neural re-organisation - 'plasticity in the brain' (Schore 2003). Emotional healing through multi-modal activities that stimulate somatic, emotional and cognitive experiences has the possibility to deepen change in this way. Cozolino (2002, p.63) posited that catharsis in the absence of cognition did not lead to integration and that the prerequisite for 'optimal neural functioning' was participation of both the client's affect and cognition. For example when client and therapist co-construct narratives what is created neurologically, is an environment in which multiple neural networks can become integrated (Cozolino 2002). In support of constructing narratives through a variety of expressive means, ET provides activities that use images, metaphor, symbol, draw attention to sensations, open memories and explore impulses; in other words, these techniques work to motivate action in the right hemisphere through first initiating right-brain activity (Gil 2006).

In a treatment that promoted the expression of unresolved angry feelings and then post-expression reflection, clients resolved their feelings more effectively than clients in a condition that only promoted either expression or reflection (Bohart 1977). Therapy that brings a synthesis of expression and reflection offers optimal results. In terms of what is happening neurologically during therapy, it would seem that emotional and somatic awareness and expression should be the initial focus, followed by developing reflection on the process and on possible future actions. The integration stage of a session aims to create associations between right brain activity through reflection, naming, description and time-sequencing – activities that the left hemisphere favours. It is this stimulation of the left hemisphere that can result in positive actions and more optimistic motivation (Stien & Kendall 2004 cited in Gil 2006).

Siegel (2005) indicated that long-term change depended on 'neural plasticity' - adaptability and the ability for change in the brain - reflected in synaptic change. Synapses are the gaps, the joining places in the neurons. When neurons fire up, new connections can be made. Siegel pointed out that one important activity that fired up neurons is attention. Where attention goes, neural firing is activated, and new neural pathways are created (Siegel 2005, 2007). New experiences alter connections in the patterns in nerve cells, networks and systems (Ratey 2001 cited in Gil 2006). So, turning attention within – a new experience for many clients - building up somatic awareness and emotional awareness – frequent activities in ET – invigorates new neural connections. Without new awareness, or new experience, previously established neural pathways – that is, previous symptomatic ways of being and behaving, the default settings, the old scripts or emotional schemas, tend to repeat. Supporting clients to connect to self, tune in, and attach value to intrapersonal awareness, may create new neural pathways and assist reversal of tendencies towards defensive dissociation.

Before therapy a client may have some recognition of emotional and physical impulses that are being acted out - or held in check. They frequently report cognitive confusion. During therapy, given that rapport, safety and motivation have been established, a client would be sensitively supported by a trained facilitator to reconnect with experiences that are assessed to benefit from physical and / or emotional release.

Clients have reported to the current writers that strong emotions are experienced, somatically, as 'flowing' to and from specific locations in the body. The current writers have received substantial in-session feedback indicating clients have a felt sense of their emotions, their body and their energy oscillating between contraction and expansion, control and expression. After ET therapy clients often report feeling a lighter or freer state, feeling calm and more expansive, as well as being aware of clearer cognitive processing.

Further support for the argument for a wider use of multi-modal, experiential and emotion-focussed ways of working with clients, comes from a review of the functioning of the two types of memory.

## Memory

In creating memory, the brain processes perceptions and stores them as thoughts, emotions, images, sensations and behavioural impulses (Rothschild 2000). Each of these components of memory may need to be processed in a specific way. Rothschild (2000) also described the two types of memory that need to be addressed in therapy, particularly with a traumatised client, as implicit (procedural) and explicit (declarative). Creating links between these two types of memory supports successful therapeutic outcomes.

Implicit (procedural) memory bypasses language, involves procedures and internal states that are automatic, and operates unconsciously. Projective techniques and the range of non-verbal activities routinely used in ET can build bridges between conscious and unconscious processes. This makes these techniques highly conducive to processing implicit memory.

Explicit (declarative) memory - dealing with facts, concepts and ideas - enables the telling of one's life story, narrating events, putting experience into words and sequence, and extracting meaning. These are some of the tasks that may be offered to a client in the later integration stage of a session. These emotional literacy tasks activate the left hemisphere functioning and explicit memory and build links to the right hemisphere functioning and implicit memory.

## Providing Enhanced Support for Clients

Emotional healing requires that a client experience good rapport – along with safety, respect, choice, collaboration and presence from a therapist. Rapport has been described as an illusive ingredient that creates a sense of connection, understanding, and safety 'within which vulnerabilities and insecurities can be explored' (Morena 2008, p. 192). Morena (2008) claimed that without rapport healing did not happen. In researching the application of ET in Australian schools, Pearson (2003) found that the most common observation of changes in the way clients related to counsellors during sessions, after the introduction of ET, was significant improvement in rapport. Well-established trust and rapport with the therapist is essential, and is supported when the client feels that the counsellor is fully present to them.

Emotional healing is more likely to be achieved when the client has an experience of the counselling environment as safe (McNiff 2004). This environment should suggest respect, care, and contain a sense of beauty (Gibney 2003). Using art therapy with clients, McNiff (2004) found that his clients experienced therapy as most effective in an environment that felt safe and non-judgemental.

Safety in early attachment promotes an expanded range of exploration in the infant (Siegel &

Hartzell 2003). It seems a similar process of creating a new, good attachment may be at work during therapy. . . .'therapist activities that promote the patient's sense of safety are essential' (Fosha 2003, p. 230). Kalff (2003) recommended creating the ideal 'mother/child unity' within therapy. She felt that the success of the sandplay therapy process she created, was supported by providing a 'safe and protected space'.

Schore (2003) pointed out that the same system in the brain that is shaped by the early attachment relationship also regulates expression of aggression. Could we extrapolate from this that the stimulation of a good attachment with a therapist could eventually, positively influence a client's ability to regulate emotional expression?

Secure attachment is at the foundation of 'optimal mental health and resilience, and operates as a powerful protective factor against the development of trauma' (Fosha 2003, p. 225). It could be that the new experience of a secure attachment within therapy can support the therapeutic process and provide a corrective experience for some clients (Grof 2000).

Research in early attachment (Siegel 2005) indicates that the response of the caregiver is embedded in neural firing patterns of the child – and then passed on. Therefore, as therapists and counsellors who provide on-going care, how we respond to a client may be just as vital as what we try to do with them. How we *are* within the therapeutic relationship can be a direct neurological model for the client. The discovery of mirror neurons (Siegel & Hartzell 2003) reinforces the need for therapists to be in a calm and focussed state. Mirror neurons may also 'link the perception of emotional expressions to the creation of those states inside the observer' (Siegel & Hartzell 2003, p. 65).

Mindful practice (Siegel 2007) creates in a therapist states of reflection and emotional availability that are at the heart of effective clinical work. 'The ways that we help others grow will be directly shaped by our own mindful presence' (Siegel 2007, p. 277).

Fosha (2003) summarises the evidence that just one relationship with a caregiver who is capable of autobiographical reflection can support long-term change in trauma victims. . . . . 'a caregiver who possesses a high reflective self function, can enhance the resilience of an individual' (Fosha 2003, p. 223).

Use of self by a therapist within the therapeutic context is a core skill (Rowan & Jacobs 2002). Who we are, how we respond, the quality of our attention to the client, the sense of compassion the client experiences while with us, all this depends on the self-awareness we have developed through personal development. Cozolino (2004) claimed that the more fearless therapists are in self-exploration, the greater their self-knowledge, the better is their ability to help clients. This would suggest that training for therapists and counsellors should include significant experiential work where trainees are able to immerse themselves the client role.

It would seem that our responsibility as therapists is to be engaged in our own inner process, to strive for enhanced personal awareness, to have cleared some of the backlog of unfinished business, and to remain vigilant in noting any elements that may block our creativity, presence and acceptance of clients. The highly experiential training in ET programs can support enhanced self-awareness, and provides opportunities for counselling students to experience from peers the qualities they are called on to provide for clients.

Marinucci (2004) suggested that in order to offer a holding space for a client, therapists must

be capable of listening to self, to be aware of the influences from their past, the present, and their desires for the future. 'Any nexus of unconscious problems that remains ignored or non-elaborated profoundly alters a person's sensitivity to the other' (p. 88). A safe collaborative relationship with a therapist, as well as the therapist's empathic attunement to clients' feelings, are important preconditions for working with emotion (Greenberg 2001).

Factors, considered common to all forms of therapy, that produce positive outcomes have been described by Cozolino (2004) as the therapist's care, compassion, or empathic attunement; providing a balance of nurturance and challenge; providing a balance of affect and cognition. Use of the ET exercises allows a therapist to maintain a high level of nurturance, and support the client to deal with the emerging intrapersonal challenges. The therapist rarely has to apply the challenge. The ET activities and session stages make it possible to balance work with affect and work with cognition.

## Outcomes from Emotional Healing

There are a wide range of emotional, cognitive and social outcomes reported and observed in clients who have completed a series of ET sessions that include some emotional release and emotional healing (Pearson 2003). Using ET has been shown to lead to a wide range of positive outcomes for a client, and has also been found to support heightened professional satisfaction in practitioners (Holian 2001; O'Brien & Burnett 2000; Pearson 2003; Tereba 1999).

Some emotional changes, observed by the authors, when a client works through emotions include: a calmer mood, less aggression, less anxiety, increased self assurance and assertiveness (Pearson 2003); sense of freedom, lightness and balance (Pearson & Wilson 2007); re-connection with a sense of control and emotional strength, resourcefulness and creativity; increased sense of self-acceptance; more hopeful view of the future (Pearson & Wilson 2001); confidence (Pearson 2006) aliveness and meaning (Fosha 2000).

Some of the cognitive changes, include: improved attention span and interest in learning; increased capacity for creative problem-solving. Relational or social outcomes include: improved capacity to relate positively, more willingness to cooperate, a more hopeful worldview – which can have a positive social impact (Pearson 2003). Fosha (2000) describes an energetic outcome from processing deep emotion: access to new resources and renewed energy. This leads to what she terms 'adaptive action tendencies'. The ability to adapt is at the heart of developing resilience.

## Building and Promoting Resilience

Resilience is 'the individual's capacity for adapting successfully and continuing to function competently under stress and adversity' (Howe 2005, p. 219). According to the American Psychological Association (2007), basic resilience is developed through caring and positive relationships. Fosha (2003, p. 228) claimed that the roots of security and resilience are found in the sense of being understood by 'and having the sense of existing in the heart and mind of a loving, caring, attuned and self-possessed other'. In particular, Doyle (2003) found that a key factor is the presence of someone who can give the child unconditional, positive regard, as advocated in the theories of Carl Rogers (1980, 1951).

ET aims to help clients access more resilient tendencies. To support the development of resilience ET therapists concentrate initially on promoting a warm accepting relationship with clients. Nurturance for the self of the client is encouraged through offering self-esteem-building activities, self-discovery opportunities, supporting a client's more positive view of

self and fostering their creativity for formulation of problem-solving steps (Pearson & Wilson 2007).

Offering choice and giving clients some control within sessions can also build a stronger sense of self (Baloche 1996). When expressive therapists offer choice - inviting rather than instructing – clients engage in some reflection, discernment, and this leads to a decision. The decision, although sometimes arrived at quickly, does support client motivation to participate (Pearson & Wilson 2007). Doyle (2006) found that children who believe they can have some control, and attribute any success and achievements to their own abilities, are likely to do better than children who believe they have no control over the process.

ET invites clients to participate, construct, create, play, manipulate and control media, and observe their creations. The client has tangible evidence of creative engagement. The fact that something came from within them – an artwork, a sandtray picture, a clay sculpture, a piece of written work - enhances a sense of productivity and satisfaction through their own achievement. Positive aspects of the self that may have otherwise remained hidden or diminished can be encountered and explored (Field 2006).

When distressed children were able to form friendships, something that their behaviour often denies them, it was found to enhance resilience, reduce loneliness and build a sense of greater acceptance than in children without friends (Bolger & Patterson 2003). This might incline counsellors to offer group work for young clients, so that new bonds can form among participants. This is reinforced by the writers' observations - and practitioner feedback – on the bonding that takes place during *The Innerspace Programs* - a school-based groupwork program for children (Pearson 2006). Howe (2005) indicated that enhancing a child's ability to 'mentalise' and make sense of themselves and others as psychological and intentional beings provided that child with high levels of resilience.

When a client can explore and integrate a new, positive image of self this supports the effectiveness of therapy (Siegel 2005). Through participation in ET clients can make sense of self and develop more sensitive awareness of others, build skill with what Gardner (1983) identifies as the intrapersonal intelligence, develop a new image of self, experience warmth and acceptance, make choices and activate imagination and creativity in problem-solving and decision-making. This process reinforces the research of O'Brien and Burnett (2000) that argued it is the intrapersonal intelligence that acts as the hub from which skill with other intelligences extends.

## Conclusion

The natural healing movements in the psyche can be a third 'presence' in therapy. An expressive therapist aims to be alert for clues from the client's psyche that indicate the direction of these movements; and aims to follow and support the depth and focus that is individually appropriate.

Therapy is considered to be enhanced when a client has the time and space to re-focus their awareness on deeper self-reflection and self-connection. This happens when rapport is well established and when a client feels safe. Within the range of possible activities that an expressive therapist might offer are rapport-building, developing somatic awareness, safe, supported expression of emotion, integration, and reflection on the future. Except in a crisis or an emergency situation, the task of building rapport is regarded as prerequisite to effectively dealing with client issues and precede a focus on, or activation of, emotions. Allowing time and space to get to know the lens through which a client views the world is

an important aspect of ET.

The use of projective techniques allows clients to explore and express both known and unknown contents of the psyche. The multiple intelligence framework helps counsellors find client-preferred ways to engage in and deepen their own healing process. Initially it is appropriate to process emotional experience through focussing primarily on right hemisphere methods. Training and experience are needed to enable practitioners to confidently offer activities suitable for both hemispheres and both types of memory, at the appropriate times.

There is evidence that how counsellors 'are' is vitally important, not just what they do (Blackburn & Price 2007; Shaw 2004; Weiss 2008). Personal development supported with practical supervision provides access to more effective use of self in a therapy setting.

**The Future**

Counselling and therapy using ET supports the processing of emotions, finding balance and building resilience. Resilience leads to adaptability, personal rejuvenation, and can be developed through the quality of the therapeutic relationship.

It could be that each generation of new counsellors will define client-centred practice in their own way. Rogers (1951) originally differentiated between having client-centeredness as 'operational' rather than just 'verbal'. His prescription for operating in a client-centred way was to experience the unconditional positive regard from another in personal development activities.

The establishment of small-group opportunities for student counsellors and experienced professionals to undertake personal growth, could become a regular activity, as important as supervision. The research on the therapeutic relationship brings implications for flexibility in supervision style; bringing focus at times on the client and their needs, and at times on the counsellor and their responses to the client, and their own needs. Working through problematic emotions or reactivity could lead to better professional work.

Positive changes, as a consequence of engaging in ET techniques have been discussed and included: regaining sense of calmness and inner balance, behavioural, relational and academic improvements, aliveness and meaning and the added benefit of professional satisfaction for therapists. Drawing on neuroscience research can help counsellors discern a spectrum of treatment: the use of activities that support management of behaviours and symptoms, and the use of activities that contribute to long-term therapeutic change.

Expressive Therapies methods and frameworks have been in evolution since 1987. There has been positive refinement in the practical application of methods and a broader understanding of theory. ET is currently widely studied and used in contemporary counselling around Australia, and has been enthusiastically studied and implemented in South-East Asia. Further evolution of ET can occur through enhancing practitioner self-awareness, refining therapeutic activities, and through pursuing more extensive empirical and practice-based evidence.

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