Using expressive arts to work with mind, body and emotions

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By 1987 over 450 identified therapeutic methods had been created in the practice of counselling and psychotherapy (Guinagh, 1987). The field has continued to expand with Miller, Hubble and Duncan (1996) noting that since the 1960s the number of psychotherapy approaches and theories has grown by approximately 600 per cent. It seems as if there are more and more approaches to human well-being claiming the title of 'therapy'. Each claims a core theory, focus, methodology and stated outcomes. Rivalry between approaches has been the subject of long-standing debate, involving many claims and counter-claims about value, efficacy and outcomes.

Behavioural theorists have placed little importance on non-observable intra-psychic phenomena and viewed aggressive behaviour as a learned, maladaptive response resulting from specific environmental events and influences (Rosenberg, Wilson, Maheady & Sindelar, 1997). The behaviourist approach subscribed to the belief that behaviour is learned, and can therefore be unlearned. Change in behaviour is the goal and is achieved partly through the use of positive and negative reinforcers (Porter, 1996). Another perspective put forward from learning theory conceptualises aggressive behaviour as the result of frustrated attempts by the organism to satisfy basic needs (Rosenberg et al., 1997). From a social learning perspective, the external environment is seen as a major contributing factor in the acquisition and maintenance of defensive behaviour (Espelage, Bosworth & Simon, 2000). The cognitive hypothesis, the behavioural hypothesis and the thwarted needs hypothesis can all be viewed as contributing factors; however, they are not the only causes of challenging, symptomatic behaviour or distorted thinking.

Accurate understanding of cognitive patterns is essential for effective support, and cognitive behaviour therapy (CBT) has a particular focus on the problems generated by inaccurate perceptions of others and flawed expectations (Teyber, 2006). CBT combines behaviourist approaches and the cognitive styles of the client with methods and interventions that aim to influence or adjust patterns of cognition (Porter, 1996).

Brand's (1987) discussion of the primacy of emotions over cognition contrasts with approaches to behaviour management and counselling that have a predominant cognitive focus. This discussion supports the claims of expressive therapies (ET) that emotions need to be dealt with first in order to improve behaviour and cognitive focus. Brand described links in the brain between language, cognition and emotion—it is the brain's properties of language that enables change and psychological healing. Many young clients find it difficult to use language as an aid to emotional healing; however, the use of art and symbols with the written word are their keys to enhanced expression.

Rogers' person-centred approach has had wide influence in the field of therapy (Thorne, 2003). A central focus of the person-centred approach is to offer a climate that nurtures a client's emotional needs, creates conditions to activate an 'actualising principle', establishes a democratic relationship with the client, and establishes ownership of the problem

(Mearns, 1997). Rogerian theory centres on *'unconditional positive regard'* for the client with an emphasis on the therapist's ability to listen, help a client rehearse assertiveness, and foster a sense of collaborative problem-solving (Rogers, 1951).

The psychodynamic approach to therapy views problems as originating in past experiences and events that have an emotional charge, stored at an unconscious level. Symptoms are considered to be *'the result of unresolved conflict and impairments in ego function'* (Leichsenring, Beutel & Leibing, 2007, p. 59). There is a long-established focus on resolution of patterns from the past, and the integration of unconscious impediments to healthy functioning in the present. It can be argued that experiences with a similar emotional charge, such as loss or bereavement, become stored together within the unconscious, and form a condensed system of experience (Grof, 2000).

Present experiences of emotional charge may activate unprocessed, incomplete past experiences that contain the same emotional charge. A person may feel abandoned by their partner, and that sense of abandonment can be made more acute and urgent if there are unprocessed experiences of emotional suffering from past abandonment. This concept adds direction to the aim of psychodynamically-oriented therapists who work to support the release and integration of emotional energy tied up with anxieties from the past (Jacobs, 1988). Previously, psychodynamic frameworks relied on the verbal/ linguistic abilities of a client. This led to a stereotype of emotional release techniques based on a psychodynamic approach as characterised by intense emotions in session, replete with excessive, dramatic sounding such as screaming, yelling or crying. In ET, emotional transformation has been observed to be unique to each client, and the degree of emotional expression spans a wide range and depth.

Creative arts therapies include the use of tools that facilitate expression without undue focus on language. ET techniques can include artwork, music, sandplay, drama, dance and movement, and even poetry. An underlying principle is the use of a creative process—often symbolic— that can assist the client to externalise internal states through something they can do, or create, and then relate to. The construction of metaphor through art, music, movement, symbol or some other means becomes a language for activation of the change process— often offering ways to express the inexpressible. De Robertis (2007) claimed that the use of metaphor is *'not that of camouflaging or sidetracking'*, but activation of material that is still emerging.

ET marries elements of creative arts therapies with a psychodynamic focus that includes recent research and dynamic exploration of experiential techniques. The problems of a client are assessed, not just for the disruption of their psychosocial environment, but also for the intra-psychic influences on the individual.

An occasional criticism of ET is that it lacks a clear theoretical basis. An approach is bound to attract some controversy when it undertakes active consideration of the unconscious without interpretation of its contents, does not view resistance as something to be reduced, largely ignores transference, and supports, if not encourages, the expression of defensive, symptomatic behaviour. However, ET draws from several core theories and, when practised by an experientially trained, well-supervised counsellor, can achieve equivalent outcomes to approaches that have established theoretical frameworks.

ET offers experiential therapeutic activities centred on tailoring therapeutic context and methodology to the individual's style. This essential work with emotion can catalyse emotional healing in conscious and unconscious levels of the psyche. Symptom relief can result in a flow-on of changes in attitudes and behaviours.

The aim of ET is to create a doorway, through a supportive therapeutic relationship, that leads to positive changes in behaviour, beliefs, attitudes and relationships. This is achieved through change-oriented, creative and expressive activities with a focus on intra-personal emotional exploration, and processes and skills that clear the way for cognitive clarity, choice and productive interactions.

Central to our style of ET are: invitational relating; clinical competence with the methods; the offer of choice; support for the expression of symptomatic, defensive behaviour; formation of healthy, practical relationships; and, a focus on client-specific emotional healing.

Expressive experiential counselling

According to Robbins (1980), one of the tasks of therapy is facilitation of the activation, organisation and release of emotional energy through verbal and nonverbal means. Oaklander (1988) placed great value on expressive activities in therapy with children. Her eclectic interventions, evolved from Gestalt therapy, included drawing, finger-painting and foot-painting, clay modelling, sculpture, collage, storytelling, writing, puppets, sensory experience, drama, play therapy and sandplay.

Consistent with our approach to ET, Erickson claimed that whatever the client did could be used in a positive way (cited in Combs & Freedman, 1990). He believed people do not require a conscious understanding of how, or why, or even what, they have changed in order to change. This is evident when young clients achieve positive behaviour change through art or sandplay therapy without any indication that they have a cognitive understanding of this process.

Combs and Freedman (1990) recommend a multidimensional approach that works with conscious and unconscious elements of the psyche, verbal and nonverbal communications, active and passive intentions, positive and negative emotions, the individual and the group. They view the use of symbols, stories, ceremonies and metaphor in counselling as effective tools, and refer to the smallest units of metaphor as 'symbols'—words, objects and mental images that are dense with meaning. A symbol is a *'discrete thing that sets off powerful associations'* (p. xiv). In symbol work and sandplay therapy, the multiple associations that the small figurines can carry for a client heighten the effectiveness of the process. Metaphor allows the process to bypass client defences, helps the counsellor to build a foundation before being direct, and encourages a more active mental search on the part of the client (Combs & Freedman, 1990). This active engagement opens access to forgotten resources, stimulates new associative pathways, and elicits client creativity and responsiveness to the therapy process. Client engagement in the session, and with the counsellor, is a key to effective outcomes (Ammann, 1991; Bachelor & Horvath, 2006; Hubble, Duncan & Miller, 1999).

Healing our emotions

The core principle of ET is that emotional healing is a natural, inbuilt movement in the psyche, just as it is in the body. This principle draws support from Jung's understanding of the positive healing forces in the unconscious (Fordham, 1991). His clinical observations and anthropological investigations led him to propose that the psyche contains drives that manoeuvre us towards wholeness and existential meaning. This view set Jung apart from the aggressive and libidinous drive model described by Freud (Tarnas, 2006). Implicit in this healing movement is a trust that each client has an organic 'wisdom' as to when, where and what needs to be dealt with in order to allow what Ammann (1991) called the *'process of transformation'*.

The aim of an expressive therapist is to tap into and follow this movement. A first step in emotional healing is the development of an honest and trusting relationship between client and counsellor that can support the feeling of safety required for a natural unfolding of the healing drive.

A client needs to feel that the counsellor is straightforward, genuine, empathic, flexible in relation to the therapeutic agenda, prepared to wait, respectful of defences, comfortable when emotions emerge, able to be silent and allow inner processes to work through (even if the client is not able to explain them), and responds with optimism, no matter which way the

session unfolds. In the words of Rogers (1951), clients would need to feel the person-centred approach as 'operational' in the counsellor. Time may be needed for the development of trust and rapport. Where there is a diagnosis of post-traumatic stress, a significant number of sessions may be needed to engender trust as a prelude to deeper level healing. For some highly traumatised clients, re-establishment of trust becomes the core of therapy (Rothschild, 2000).

With these qualities for effective clinical work in place, the issues, topics, feelings and timing for emotional healing proceed logically, and become directed by this innate healing drive. During initial sessions a counsellor may try to understand how the person's 'resourcefulness' has been attempting to bring about resolution and transformation, or has tried to strengthen and defend against further emotional pain (Teyber, 2006).

Symptomatic behaviour can be the result of attempts to kick-start the healing process. The relationship between challenging behaviour and a client's inner healing resources may not be overt or observable immediately. For example, a client may exhibit anger, when the deeper issue to be addressed is unresolved loss or grief. As a therapist it can be challenging to surrender some control, develop trust in a client's inner resources and begin to resonate with the direction in which they need to proceed. Even if the process does not make immediate sense, we can create optimal conditions for a natural process to unfold. ET achieves this through engaging a client in activities that seek to open more inner space for self-discovery.

Client cooperation with this drive towards healing can depend on an awakening of interest in self-awareness and self-discovery. Clients often come to counselling with firmly held beliefs about being defective, inadequate or unloved. Maladaptive patterns of feeling, behaving and thinking can support an assumption that there is little in life about which to be optimistic. Motivation to get to know their inner processes is often masked by a fear of being overwhelmed by painful feelings. In ET, the first session can focus on awakening self-interest through finding strengths, recognition of positive qualities, or an activity that offers a glimpse of the way their psyche works. The invitational approach is essential to the development of a sense of safety. Permission to say 'No' and to make choices can support clients to open up when they are ready. A cautious adolescent, assured that her responses to expressive writing sentence-starters can remain private, often becomes more willing to share her thoughts and feelings.

Indicators of emotional healing

The most obvious, and most often used, measure of emotional healing is positive behaviour change. Closure of recent and past emotional wounds, resolution of unmet needs, positive changes in relating, are also signs of emotional healing. The impact of past experiences may have been evident through, for example, disruptive, destructive or highly reactive behaviours. These begin to soften as the background emotional charge and the drive for release and resolution is reduced. Ideally, the therapist has a range of creative arts techniques at their disposal. Emotional healing can be enhanced when conflicts can be recognised, articulated, worked with, and resolved through externalisation. The storage of unresolved negative emotions in the psyche can result in the client feeling negative about self and about the world. When clients are able to process some of the backlog of emotions and issues, they can view the world and their future in a more hopeful and positive way.

Resolution of emotional stress can unblock creativity, release energy for clear rational choice and action. Greenberg (2001) found that people do well in therapy when they can move from talking about external events in a detached way, to accessing internal feelings that can assist in problem-solving.

Adults and children experience emotional healing in different ways. In general, an adult client may present as more willing and interested to connect with problematic feelings, whereas the focus for a young child will be on survival and establishing an identity. Children deal with the degree of emotional stress that satisfies the immediate need for resolution, and

then focus on moving ahead. An increase in self-acceptance is often observed after processing distressing emotional material.

Therapist reports indicate that young clients who are supported through ET become more relaxed, calmer, have an increased sense of well-being, and become less aggressive (Pearson, 2003). Once the psyche is no longer driven by an emotional charge, clients can report increased freedom and ability to make choices in behaviour and ways of relating. This may be followed by a 'freeing up' of creativity and resourcefulness for problem-solving.

A reduction in emotional triggering such as misunderstanding the motives of others is often noticed. The psyche is less reactive and more able to respond.

Outcomes of healing include: more secure and stable moods, less aggression, less anxiety, increased self-assurance and assertiveness (Pearson, 2003); sense of freedom, lightness and balance (Pearson & Wilson, 2007); connection with a sense of control and emotional strength, resourcefulness and creativity, increased sense of self-acceptance, reduction in self-blame, and a more hopeful view of the future (Pearson & Wilson, 2001); confidence (Pearson, 2006); and aliveness and meaning (Fosha, 2000).

A developing interest in self-care and self-regulation goes hand-in-hand with self-awareness—clients are more aware of self when troubling emotions and psychosomatic symptoms have been processed and resolved. Emotional and behavioural regulation is more possible when impulses to express feelings are addressed, when a client feels heard, their affect understood and responded to, and a range of alternative means for self-expression are established (Teyber, 2006). Awareness of emotional arousal is increased, so that rather than experiencing shame, blame or guilt, help-seeking behaviours can be activated before inner tension creates an explosive outburst. Evidence of this awareness is presented by ET school counsellors who reported increases in self-referral and peer-referral after their clients participated in ET sessions (Pearson, 2003).

Since emotionally charged scripts are reduced through emotional release processes, there can often be a dramatic decrease in self-sabotaging thoughts or behaviours. Clients who felt too overwhelmed to follow through with constructive plans for new behaviours can participate more effectively in behaviour management programmes. And this, of course, provides great support to a newly emerging positive sense of self. Self-perception becomes a feeling of being more creative and, in particular, young clients may play more, utilising the inner life skills gained through the counselling process for successful negotiation of developmental challenges.

A frequently reported outcome from emotional healing is increased creativity in daily living. Not only does this appear in creative problem-solving and renewed energy for life, but for many it manifests through artistic pursuits. There have been cases of young adult clients gaining a better understanding of career interests through the use of metaphor and symbol work. Some clients find that artistic endeavours have a renewed attraction for them.

The counselling relationship in ET

Research has shown consistently that the quality of the therapeutic relationship is a major indicator of positive outcomes in therapy (Lambert, 1992; Wampold, 2001). The ET approach values being able to work in a field of paradox: the counsellor being separate, neutral and objective, and at the same time warm, empathic and available. While a counsellor listens intently, ready for opportunities to explore issues, they also encourage focus, provide some direction, help the client negotiate emotional terrain, and link mind, body and feelings. There is a dance between following and leading, watching and suggesting, waiting and supporting forward movement.

Silence is considered of great value. Sadly, it is often experienced as discomfort, even by the most well-meaning of therapists, and the space can become filled quickly with words. Before being silent the counsellor may invite a client to tune in to their feelings, sensations,

their energy state, any emerging imagery, or answers to their own questions that materialise from within.

Silence provides time and space for the client to reflect, review, feel and formulate an expression or response. *'Silence is an important aspect of therapeutic communication, something to be seriously considered and fully explored'* (Cozolino, 2004, p.89). Premature invitations to relate, discuss or reveal may interrupt the internal therapeutic process. Bradway, Chambers and Chiaia (2005) advocate the use of silence during sandplay therapy, and claim it supports a deeper relationship between counsellor and client, and supports the client to access deep levels within. An expressive therapist would need to find their own way to be natural, to drop any persona or 'role', to let go of the temptation to use learned mannerisms, and to work with what Cortright (1997) refers to as an *'optimistic heart focus'*. To enable this it is imperative that a counsellor engage in personal development—and possibly undertake their own journey as a client. A counsellor would benefit from resolving any need to control the client, or to focus on their own issues during the client's time, or to display their knowledge and skills.

Many traditional counselling skills may be utilised, such as reflection or mirroring, and offering a summary of the client's narrative when the content is varied and extensive. Summarising may also be offered when the discussion indicates or highlights some energetic, emotional or cognitive confusion. Guidance may be offered when it would appear useful for the client to do a review of the session or process so far.

Invitational relating

Therapy is not a 'one size fits all' methodology. To accommodate variance in client-preferred therapist behaviour, ET encourages practitioners to offer choice, to use invitational relating, and to *'follow the client's process'* and *'meet them where they are'* (Pearson & Wilson, 2007).

Invitational relating forms a core element in a person-centred, growth-focused ET paradigm. The aim of inviting, rather than instructing, supports the process of reflection and decision-making about life experiences, and even the therapeutic process.

Brief moments of client decision-making also result in growth of self-acceptance, trust in the relationship, relaxation of defences, and a more open and full engagement in the therapeutic process. The client's own sense of readiness is afforded utmost respect through inviting a client: to participate more fully or keep their distance; to reveal or to retain privacy until they are ready; to use action or stillness, words or pictures; and, to tell the story or share the feelings. Through this reflection, motivation to participate increases (Pearson, 2003), a more democratic relationship evolves, there is a reduction in transference onto the counsellor, and a client discovers how to make decisions that are life-giving, how to discern what they want, in a relaxed way. Baloche (1996) claimed that an offer of choice in group work was accompanied by a dramatic increase in motivation to participate, and an increase of creativity in group member participation.

Invitational relating requires an attitude of curiosity in the counsellor. Rather than making statements, the focus is enquiry and active listening. Invitational relating aims to promote 'allowing' rather than 'doing'. In offering questions that facilitate choice, skills of discernment are drawn out and reinforced in a client. Simple, open-ended questions encourage an increase in self-awareness and can support choices about therapy and life.

- Is there a way you would like to begin today?
- How about drawing, writing, working with the symbols or some movement?
- When you feel ready, can you say anything about what happened?
- Would you be willing to share anything about your drawing/ worksheet/symbol with me?
- Do you feel ready for us to move on to the next activity?

Other questions draw the client's focus to sensory, somatic, cognitive, energetic or emotional ways of knowing:

- Is there a particular activity that might help you express this? How about drawing, moulding, writing, shaping the sand, choosing symbols?
- If you tune in to your body, could you describe the main feeling you have?
- Are there any thoughts, feelings, sensations that seem more important to you in this moment?
- Would you be able to take a couple of minutes to tune in to your feeling self right now?
- Is there anything in particular you notice? Does anything stand out?

Trainee counsellors may often wish there was a textbook of prescribed questions. However, finding the question to ask becomes easier through focused presence, and active listening that pays attention to what a client says, their nonverbal messages, the energetic component of the interaction, and to the embodied resonance experienced by the therapist. All the clues are there. Like a detective, with careful observation we wait for and value even the smallest clue, and support the client to develop a similar attitude towards their internal experiences.

Offering choice

Having the opportunity to choose from a wide range of expressive modalities can support clients to be guided by their inbuilt healing drive. Some young clients who seem to have had few choices in their life feel empowered by being offered choice within the counselling session. An invitational approach supports a feeling that the therapeutic process is about the client—not about pleasing the counsellor or following an external agenda.

If the client can relate to the therapist and the therapeutic setting in a way that does not evoke further anxiety, it is likely that participation in counselling will be more effective. For example, many young clients like drawing, but may have memories of being embarrassed by past attempts at artistic productions. They may not relate well to the use of art in initial phases of counselling. A choice of sandplay, symbol work, modelling, writing, worksheets or movement can facilitate engagement, and deepen rapport with their own resourcefulness—and the counsellor.

While an ET therapist engages in assessment and planning for how best to respond to client distress, setting the agenda, categorising, interpreting, pathologising, emoting for the client, giving advice or problem-solving are not part of the clinical repertoire.

Being, not doing

To create a connection with a client, and provide a positive emotional environment for self-exploration, expressive therapists aim to operate from an attitude of openness and curiosity about the client's world. This attitude can be supported by holding questions in mind, such as:

- How does the client's psyche work?
- What particular coping mechanisms have been in place?
- How is the client trying to process what has happened?
- Which elements are to the forefront at the moment?
- What is this client saying that is most urgent and important?

Expressive therapists aim to develop their trust in the client's own healing mechanisms, even if the therapeutic direction seems unclear. An interest in the logic of the client's internal drives to protect and heal, can lead to the client feeling accepted and to gain trust in their own way to work through problems. Unconditional acceptance helps the client to differentiate between who they are and what they do.

The client is not required to fit in with, or validate, the counsellor's assumptions and

theoretical framework. If a client needs to talk for an entire session, and does not want to engage with the expressive modalities, the session can still be described as ET.

The primary aim of the therapist is to enhance the client's self-awareness. This can be encouraged directly and indirectly as the client focuses on body sensation, energy, mood, and self-image. Occasional use of reflective questioning, mirroring and feedback may also achieve this.

Resilience can be enhanced through the client gaining a sense of satisfaction in their level of involvement in the therapeutic process. After clearing emotional blockages, the client often has better access to their own ideas, plans and action steps.

Working through emotional distress

There is no standard way to respond to emotional expression in the therapy room. Some clients emphasise the need to gain cognitive understanding. Some seek physical release of body tensions that result from emotional distress, while some may be ready to connect with their feeling state. The expressive therapist's role is to create supportive conditions that allow the client to proceed in their own way, without a fixed agenda about the starting point, the topic, the focus or depth of therapeutic work.

An inclusive emotional healing process offers combined cognitive, somatic, kinaesthetic and intra-personal reconnection with sources of past and present experiences. On a cognitive and verbal level, processing may begin with talking about what happened, writing or using colours, lines and shapes to depict what happened and the associated feelings. This initial cognitive/verbal level may include discussion about attempts at problem-solving, and efforts to set goals, strategies and boundaries, and to gain emotional support. Initial discussions may be supported through drawing feelings, some process drawing, talking about feelings, clay modelling, and sandplay or symbol work. At a somatic level, a need for an enhanced connection to the body and for physical release may be indicated. This awareness might emerge through the use of body focus exercises, bioenergetics, or, for a young client, energy release games. Feelings can be expressed as colours, through symbols, by using metaphor or body shapes, or using music.

Projective activities in ET

Usually, clients approach emotional healing activities with caution—even within a safe and empathic therapeutic relationship. Without intending to, they can circumnavigate impactful issues and experiences, and move slowly towards a more direct contact with painful feelings and memories once safety and rapport are established. For some, the psyche will begin to express itself obliquely through symbolic form, metaphor or other forms of projection. This can be a means to lessen the emotional load without having to confront pain or fearful memories directly too early in the therapeutic process.

Projective techniques have long been used for assessment of personality, but have been used less widely as therapeutic tools in counselling until recently (Robbins, 1980). Examples of established therapeutic projective activities are sandplay therapy, dating back to Lowenfeld's world technique (use of miniatures in a sandtray for nonverbal thinking) in 1930, and art therapy, developed since the 1940s. Projection is a natural phenomenon in the psyche, through which intra-psychic material is externalised. ET uses a range of projective methods for supporting healing and insight. Through projection, emotional states can be externalised and processed without intellectual defences. Since the mind works by association, free association is used to trace the source of symbols, to access layers of the psyche and find meanings.

ET also uses the associative mechanism in the form of roleplay exercises, developed from Gestalt techniques. Roleplay can support clients to connect with deeper aspects of their

psyche in a gentle way, to search beneath the surface layer, and make more meaningful connection with emotions, self-image and energetic states (Pearson & Wilson, 2001).

Symptomatic behaviours and resolving emotional stress

There are many ways in which feeling and affect remain active and influential in the psyche, mind, body and emotions. The hormonal system is involved in the transmission and storage of emotion (Pert, 1997); the body has the ability to respond to difficult feelings, and to create and use its own sedatives, tranquillizers and feel-good hormones. The muscular system is involved in inhibiting expression or releasing impulses physically. The existence and documentation of the body's energy system is becoming more widely understood in Western cultures (Brennan, 1993; DiCarlo, 1996), and has been catalogued and used therapeutically in Asia for centuries.

Frequently, symptomatic behaviours are the result of unresolved experiences from the past. Feelings that are too strong for a child to deal with, or not accepted by others, or not safe to express, become relegated to the 'psychological background'. Despite attempts to exclude these experiences and the associated feelings from awareness, the feelings remain, and create the basis for emotional stress.

Reich (1979) wrote extensively of his observation of muscular armouring, the layers of chronic tensions that develop over time in order to hold back emotions and energy. As far back as 1895, Freud observed that after release and integration of a distressing experience the body returns to a more relaxed state (Guinagh, 1987).

Working with the physical aspect of emotional blockage requires an awareness of the somatic signs of emotional arousal. The transformation of tension involves an awareness of the physical state, and then an opening to some of the underlying emotional causes. Ventilation or catharsis can be emotional and physical, can involve gross motor movement, and can lead to significant cognitive changes. When body-mind awareness is stimulated, and a client feels safe and ready to process and complete unfinished business, there is often a need to ventilate unexpressed emotion. Cathartic processes are beneficial in a context of support and when they are accompanied by integrative activities.

The theory and practice of counselling—especially in educational settings—has focused primarily on cognitive approaches (Porter, 1996). The assumption that an alteration in thinking can change emotion and behaviour has prevailed. However, Robbins (1980) comments that when neurological pathways are less activated by unresolved emotions, there is space for improved learning and an interest in academic work. Anecdotal reports from parents of young clients often convey positive comments from classroom teachers on significant transformation in attention span and academic interest after only a few sessions using ET.

The presumption of the primacy of cognition over emotion has been challenged by recent findings in brain physiology (Brand, 1987; Cozolino, 2002; Greenberg, 2001; Siegel, 1999). Recent research suggests a more holistic approach to treatment that includes both left and right brain activities and linkage, use of body, sensory awareness, emotional connection and cognitive reflection (Fosha, 2004; Rothschild, 2000; Schore, 2002).

An aim of therapy is to create the conditions that allow new plasticity in the brain and change processes that support the formation of new neural networks (Cozolino, 2006). Siegel (2007) and Schore (2002) suggest that the best conditions for rewiring of the brain are similar to the ideal state of early parental love, acceptance and protection— in essence, positive attachment. Therapists need to develop these roles in order to support long-term change.

The body manufactures substances that assist or block the conveying of impulses in the nervous system. The area of the brain involved in the regulation of emotional expression is also the area that is most active and grows through the initial stages of good child–parent bonding (Schore, 2002); this attachment area also seems to be the emotional regulation centre. The development of a temporary healthy attachment within the therapeutic setting can create a corrective experience of support at a deep neural level.

Due to the discomfort of many adults with strong emotion, children's emotions are often controlled, diverted, reasoned away, modified, soothed and calmed, squashed or ignored. Adult clients can identify their family of origin's particular style of dealing with emotions, and can recognise the coping mechanisms they have developed in response. Emotional stress can have more influence on behaviour than conscious plans, and begins to shape a sense of self, and to influence character. Symptomatic behaviour may begin as a way to reduce tension. As the negative aspects of the behaviour come to be regarded as an intrinsic part of personality, a downward spiral of deteriorating self-esteem is created. Where an adult is unable to process challenging aspects of their emotional world, or reflect on their coping behaviours, they are less able to cope with the emotional demands of a work colleague, a friend, a child—or even a client.

Eventually, unresolved emotional stress may be acted out in destructive, disruptive or aggressive ways, or may implode, causing withdrawal. This stress can contribute to learning difficulties and health problems. The churning emotional energy needs to move and to be expressed. A constant effort to constrict unfinished business and unconscious feelings creates emotional stress, which in turn impacts on the body's tension and energy field. The respiratory system then becomes an ally in the containment or expression of emotion. Reich identified how healthy breathing can be disrupted by the need for emotional and energetic containment (Gilbert, 1999). Breath becomes more shallow and slower when significant amounts of repressed experiences become contained and constricted within the person. Grof (2000) described how many cultures have used breath to expand consciousness and increase self-awareness through practises such as yoga, zen meditation, shamanic practices, chanting, singing, and deep experiential psychotherapy methods such as holotropic breathwork.

In order to support emotional health and long-term behaviour change, and reduce acting out, these unconscious feelings need a safe avenue for expression. While many clients need to learn behavioural boundaries and emotional control, the therapeutic principle is that, to be healthy, emotions need to move (*e*-motion). While many clients are able to contact and process feelings with ease in a direct way, others find it difficult to acknowledge feelings. Engagement in emotional release processes can range from direct and dramatic catharsis, to subtle contact with emotion accompanied by few external signs. Some adult clients report growing awareness of how energy changes in and around their body in relation to their emotional fluidity. Where there is an accumulation of unaddressed issues, the energy is described as blocked, static, stuck, dull, contracted, heavy. When issues have been addressed, clients report feeling more emotionally free, and energy is described as flowing, light, expansive, alive.

Emotional release is not relevant or suitable for all clients. There are many categories where activation and direct expression of negative affect may be contraindicated. Within ET there are a wide range of modalities that allow some form of gentle processing, with no need for the client to access experiences in a direct way. Acknowledgement, validation and acceptance of the emotional lives of clients, and provision of a comprehensive range of expressive activities, allows 'education' about natural, regular expression and promotes a sustainable state of well-being.

Therapeutic release and acting out

Therapeutic release through ET is supported by a trained facilitator, in a safe and private place. There are significant differences between acting out feelings and the therapeutic process of emotional release. Acting out is usually disruptive, or destructive and unfair, and leads to a decrease in self-esteem. While acting out may leave the individual with a temporary sense of reduced tension, it does not lead to resolution, therapeutic change or enhanced cognitive awareness.

Skilled facilitation supports clients to avoid premature confrontation with material that is too sensitive. When indicators are present in the therapeutic process, clients are supported to

focus on original causes of current emotional stress. The reason the present feels challenging may lie in the past. In dealing with current reactivity a client might be asked: Have you felt like this before? Is there anything familiar about this feeling?

In distinction to acting out, therapeutic release is not disruptive or destructive. No one is offended or hurt. It may be that occasionally an angry client may wish to rip up some newspaper, or release physical tension into a cushion, or even express themselves in a verbally colourful way. It may be that a grieving client is able to release the dammed-up tears, and risk connecting with the vulnerable feelings that had to be quarantined for so long. Whatever level of expression or catharsis emerges, at the completion of the process the world is intact, the therapeutic relationship is strong, the client feels supported. They have dealt with issues that have caused suffering, or may have caused feelings of exclusion and alienation. Now they sense acceptance, support and lack of judgment. If they can witness a model of emotional calm and stability in the counsellor, they can become less identified with 'old' feelings.

A final stage in bringing closure to therapeutic release utilises integrative activities. Integration allows the body time to relax from the activation and adrenaline release that accompanies emotional expression. The client is given time and the means to connect emotional experience with understanding, to experience the past in relation to their whole life narrative. Left and right hemisphere integration is supported by putting the experience into words, using writing and language, and reflecting on the process.

Therapeutic release often leads to an increased ability to solve problems creatively. Clients learn to prefer therapeutic release over acting out, and their capacity for emotional self-regulation evolves. They develop 'take-home' skills. Once emotional overload is reduced and the drive to complete emotional processing is relaxed, clients can see their problems in a different light. What seemed dominant at the forefront of their psyche recedes into the background. Where there seemed no way to change their life, clients begin to formulate new ideas and new ways to make internal and external changes. Instead of acting on an impulse to be hurtful as they feel hurt, they can process their own feelings. Clients may learn to create a series of drawings, engage in a flow of writing, or simply channel agitation into movement such as unstructured 'dance' or bioenergetic movements. They may simply allow and 'stay with' activated feelings, without having to 'do something'. Having experienced, they can move on.

Catharsis and cognition

From analysing a broad spectrum of therapeutic methods, Guinagh (1987) identified two general patterns in psychotherapy: the cathartic approach that encourages emotional expression, and the cognitive approach that seeks change by modifying the client's thinking. Through an investigation into the relationship between catharsis and cognition in psychotherapy, Guinagh claims that catharsis and cognition complement each other: *'Both processes lead to change and need to be respected in ourselves and in others'* (p.v). After a cathartic experience clients are able to engage in clearer decision- making and exhibit less reactivity towards their environments (Guinagh 1987; Pearson & Nolan, 2004). Guinagh recommends a combination of cathartic and cognitive therapeutic methods. Catharsis on its own is not recommended within the ET framework. Cathartic expression must be embarked on with great respect, sensitivity and awareness, and only after extensive experiential training for the support role.

As a whole, ET bridges both cathartic and cognitive approaches, through a combination of a somatic focus and emotional processing methods that incorporate integration. Scheff (1979) believed that effective therapeutic catharsis should lead to a *'decrease in tension, an increase in mental clarity and feelings of well-being'* (p.66). Perls (1969a) also noted that completion of 'unfinished business' led to a reduction of tension.

Greenberg (2001) recommends finding a safe and private space for anger expression.

He observes that after anger expression we are more able to decide what we want, take action, and set boundaries. He delineates between 'acting out' anger and being informed by it, and recommends that within the therapeutic relationship clients *'fully experience, express, and work through'* each feeling, with a focus on helping clients discern messages or 'information' from their emotions (p.230).

Greenberg's observations contrast with some earlier research that found catharsis, or ventilation, of anger may increase the emotional charge (Bushman, Baumeister & Stack, 1999; Geen, Stonner & Shope 1975; Holt, 1970). These studies were conducted with adults who were not counselling clients, in experimental settings that bear little resemblance to the safe, emotionally warm conditions of individual counselling sessions. Long-term neurological change, re-organisation of the synapses, is enhanced by an accepting, warm environment (Schore, 2002). When emotional release is included in the ET repertoire, clients are supported to reconnect with any significant unresolved experiences. Feelings are observed, identified, and re-experienced for a few moments, followed by an exploration of preferred ways to release emotions in a safe, supported environment. These steps can flow, largely in nonverbal exchange. This is followed by reflection on the significant memories, feelings and insights, in an emotionally calm state. Integration activities support the client to move from the symbolic and language-free processes of the right hemisphere, to the use of language and the time-frame development processes of the left hemisphere. The integration phase of ET activities seeks to develop the skill of meta-cognition through encouraging clients, in the final phase of the session, to find language to articulate their experience of the therapeutic activity, to identify their own resourcefulness and to participate in creative problem-solving.

Another reason to combine cognitive aspects of therapy with expressive work is that, although emotions may be discharged through some cathartic release, clients may still be influenced by long-term, established behaviour patterns. In other words, although the emotional driving force may be reduced through expressive activities, the attitudinal and behavioural habits that developed as a result of these feelings may also need time, support, clarity and intent to change.

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