

**SPECIAL ISSUE**

Music, drama, dance movement and art therapy: Interdisciplinary dialogues

Guest editorial

Interdisciplinary dialogues

Vicky Karkou

Edge Hill University, UK

I was fortunate to be invited as the editor for this special issue on a topic that speaks to me both personally and professionally. On a personal note, I find that working collaboratively, challenging as this may be at different times, has been my default and preferred way of working. Engaging with colleagues from different arts therapy disciplines has offered me opportunities to learn and reflect upon my practice, encouraged me to articulate what I am doing and offered the sense of belonging to a community. Although a trained dance movement psychotherapist, I often perceive myself to be located within the wider community of arts psychotherapies, a sense of belonging that echoes the concept of *'koinonia'* (community) introduced by de Mare in large groups (de Mare, Piper & Thompson 1991).

In terms of my prior professional experiences, looking at what is similar and common across arts psychotherapies and what is unique and different has certainly taken a lot of my research time including the work I undertook for my PhD studies (published in my first book: Karkou & Sanderson 2006). I was fascinated to discover that there are indeed things that arts psychotherapists do have in common. We define the arts in the same democratic, participatory and non-elitist way. We see creativity as a key concept that enables engagement and supports therapeutic outcomes. We see imagery, symbolism and metaphors as additional tools which go beyond the particular characteristic of the modality and the art form, and enable internal, communicative, implicit, and thus safe engagement with difficult issues. We tend to value the non-verbal aspects of our work, believing that change takes place through a combination of

artistic engagement and the therapeutic relationship. We all agree that what is happening within sessions involves an intentional use of the arts affecting clients in different ways; for this reason we assess needs and evaluate process and outcomes as a routine task. Finally, instead of operating with our own artistic biases, we anchor our work within clearly defined therapeutic frameworks in order to better serve the needs of the clients we work with and work for. In the 1998 survey of arts psychotherapies (published by Karkou and Sanderson in 2006), six frameworks were identified, presented and discussed: the humanistic/existential, psychoanalytic/psychodynamic, the developmental, the artistic/creative, the active/directive, and the eclectic/integrative. Arts psychotherapies in the UK – in different degrees, combinations and with multiple variations – appear to somehow make use of one or more of these theoretical and practice-based frameworks that guide the work with clients and offer direction and psychological meaning to the therapeutic process. The book (Karkou & Sanderson 2006) also covers distinctive practices, practices that are unique, adding richness and creating interesting variety, if not at times also generating creative tensions. A dialogue often comes from these tensions opening up possibilities for new ways of thinking and working.

This special issue on interdisciplinary dialogues is therefore one more attempt to enable the professionals in this field to talk, debate, agree, find connections and move – collaboratively and jointly – forward. Having a clear professional identity may act as a holding concept that enables both an internal definition as well as useful

dialogues to take place.

In the first paper of this issue we turn to Europe, and Latvia in particular, to see, in a paper written by Akmane and Martinsone, how professional development has been facilitated amongst arts therapists in this country. In particular, attention is paid to the development of the professional identity of both qualified and student arts therapists. Arts therapies, being a new profession in Latvia (one that has arisen within only the last ten years) has seen an impressive growth, with training programmes in place within higher education institutions, legal recognition of the profession and established posts in healthcare. The article explores Berliner's (1994) definition and stages of development of professional identity which was developed within education. This definition and stages are adopted as a theoretical frame to research the complex concept of professional identity amongst students and qualified professionals. Turning points in one's professional identity – such as the shift from the first to the second year of one's training – are discussed next to factors that support (e.g. the presence of colleagues, the legal framework of the profession) or hinder (e.g. limited finances, overall stress and health problems, uncertainty about the future) the development of such an identity. When the acquisition of this identity is taking place, external factors such as supervision and continuing education appear to play a more important role in its development. However, the development of an internal sense of this identity, even if it may take place over time, suggests that such an identity has been achieved. Interestingly, the rapid development of not only the profession, but also of the professional identity of practitioners in Latvia, can be partly located in the collaborative character of this development. Unlike several other countries where different arts therapies have attempted to grow independently, collaborative and coordinated action has enabled the profession in Latvia to grow fast while taking advantage of joint support and cross-discipline fertilisation.

On the other side of Europe, in the UK, where the tradition of arts therapies is longer, we can find examples of such collaborative ideas both within and beyond the education of arts psychotherapists. In higher education – where the education of arts psychotherapists takes place in the UK – Laahs and Derrington contextualise their paper within the widely discussed principle of 'interdisciplinary education', which is extensively discussed in healthcare contexts. Interdisciplinary sessions in a Scottish setting involving a music therapy student

and a dance movement psychotherapy student are presented and discussed. The authors conclude that this work added to the experience of the students in terms of peer support, enabling each of them to widen their understanding of neighbouring fields, and strengthening their skills to communicate ideas and thoughts relating to their clinical work across disciplines.

In this special issue, two additional UK-based examples of such collaborations are included which are located within the National Health Service (NHS). The first paper by Hackett presents work that takes place in the north of England, while the second by Havsteen-Franklin, Maratos, Usiskin and Heagney refers to practices in the south of the country. The former focuses on collaborative work amongst arts psychotherapists who work primarily with people with learning disabilities and autism, while the latter has a mental health focus, making clear suggestions that collaborations are not limited to a particular client population but can take place for the benefit of diverse client needs. Along similar lines, the first paper discusses collaborations amongst arts psychotherapists on a number of levels. Borrowing terminology from the NICE (National Institute for Health and Care Excellence) guidelines, it conceptualises arts psychotherapies as complex interventions that share therapeutic aims, clinical observations and evaluation, techniques and therapeutic work. The paper investigates the practice of a team which consists of practitioners from all four arts psychotherapies. Team members meet monthly for case study discussions, share practice in away days and facilitate joint therapy groups next to their engagement in ongoing research and collaboration with multiple work environments including higher education establishments.

In the south, the second paper describes collaborative work that connects with evidence-based interventions such as mentalisation-based therapy and dynamic interpersonal therapy. More specifically, areas discussed involve the concept of mentalisation that are present in arts psychotherapies, and aspects of the arts psychotherapies work that can be potentially of value to verbal-based therapies. This takes place next to a very thorough exploration of what we do as arts psychotherapists. Through a thorough investigation of arts psychotherapies practice within a particular Trust and the engagement of practising arts psychotherapists, the authors present and discuss their discoveries of a number of aspects of shared practice. They study particular concepts in greater depth through the use of video-recorded role-

playing scenes. The way a music therapist is using affect attunement, for example, is studied as a way for different arts psychotherapists to explore how this concept can be used with clients with psychosis. The authors conclude that there is certainly scope to investigate further what happens in arts psychotherapy sessions and attempt to identify a common language, while exploring further *what* we are doing as practitioners and *why*. A complex relationship between theory and practice is suggested which links back to the idea discussed by Hackett about arts psychotherapies being complex interventions. Certain aspects may be articulated, some of our actions within sessions can be explained and justified, but the field retains – and many would argue should retain – space for the unpredictable, for the creative and the intuitive.

Moving from the UK to Germany, collaboration amongst arts therapies is explored by Aroni in the area of oncology. The paper discusses how a continuing professional development programme on oncology originally designed for dance movement therapists was adapted to include all arts therapists. The paper highlights the usefulness of bringing together the different types of arts psychotherapies, offering a rich dialogue between disciplines that has allowed new types of educational practice to emerge and potentially grow.

A less formal collaboration has been followed in the paper that explores the life of the group 'CATI' (by Athanasiadou, Kagiafa, Karkou, Lykopoulou, Mpampalis, Mpitzaraki, Mpouzioti, Sampathanaki and Tsiris). The group consists of over 15 therapists from each of the different arts therapies disciplines, who are based mainly in Greece and the UK, and came together to deliver collaborative seminars, workshops and events. The paper reports on the authors' reflections regarding their experience of being part of this group. These reflections emerged through a process of artistic inquiry (Hervey 2000); a methodological approach which becomes increasingly popular within art and dance movement therapy. Six of the members of the group immersed themselves in arts-making processes, responding creatively to the question: *"What is the meaning of the group CATI for us?"* After 'dialoguing' with images, movement and music created during the data generation process, a number of important themes emerged that appeared to be meaningful to the group members. The themes were: (i) new perspectives, (ii) personal and collective growth, (iii) exploring identities, (iv) commitment, demands and difficulties, (v) personal engagement, (vi) theoretical

perspectives, (vii) collective processes of the team, and (viii) collaboration. The authors conclude that the group has operated as a platform for mutual explorations, a forum where professionals with common interests can exchange ideas, co-operate and develop. Initiatives like the one taken up from the group CATI can inspire further actions, highlighting what is common and of value across disciplines, while attempting to bridge theoretical or methodological differences.

This special issue continues with an area with increased sensitivity, that is the contribution of creativity, the arts and arts therapies to the end of life care. In the interview Hartley gives to Ridley, he shares his 25 years experience of working in this area arguing for the need of flexibility and responsiveness to both the private and social needs of patients. The contribution of the arts and arts therapies to patients' end of life care is also captured in the book edited by Hartley and reviewed by Petta. The book informs us of ways of working and reminds us of the unique and diverse contributions these interventions can make to people faced with death. In all cases, collaborative work is highlighted.

This special issue closes with two additional book reviews. The first book, reviewed by Derrington, is a highly informative and comprehensive book on the role of evaluation in arts therapies by Tsiris, Pavlicevic and Farrant. Derrington recommends it as a user-friendly guide to evaluation that can be used by practising arts therapists as well as students. The second book, reviewed by Athanasiadou, refers to mindfulness in the arts therapies. Edited by Rappaport, this is a pioneering book that manages to bring together and balance inner listening with creativity, while forging links not only amongst arts therapists but also with the fields of meditation, neuroscience as well as different creative and body-based practices and psychotherapies.

At a time when we are faced with a global recession and cuts being implemented in all services, working closely together, finding a common language and offering support for each other become vital for professional survival. The strengths of the one discipline can be added to the strengths of the other, creating a professional front that operates on the basis of mutual respect for one's unique practice, experience and potential contribution. The papers included in this special issue certainly demonstrate that such collaborations do not challenge professional identities but add value, offer better services to clients, safeguard professionals from potential isolation, and – as was

certainly the case with the CATI group that I was part of – add an enormous amount of enjoyment and excitement. Furthermore, this issue highlights the need to engage in a dialogue with other important initiatives outside the field of arts therapies, such as medicine (e.g. oncology), healthcare (e.g. interdisciplinary education, complex interventions, mindfulness), initiatives in other psychotherapies (e.g. mentalisation-based therapy, dynamic interpersonal therapy, body psychotherapy), the arts (e.g. interdisciplinary projects and improvisatory experimentations) and research (e.g. artistic inquiry, evidence-based models, and neuroscience). For all of us, this certainly seems a good time to engage in these discussions.

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