



Using bodily movement in supervision for expressive arts therapy students: A case study



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ARTICLE INFO

Article history:

Received 16 June 2015

Received in revised form

29 December 2015

Accepted 29 December 2015

Available online 6 January 2016

Keywords:

Movement-based supervision

Multiculturalism

Dance/movement therapy

Expressive arts therapies

Creative learning

Bodily-felt experiences

ABSTRACT

This qualitative study aimed to explore the experiences of six Korean expressive arts therapy students in Korea in five consecutive clinical supervision sessions integrated with visual art and body movement. Two research questions guided this study: How do Korean expressive arts therapy supervisees describe meaningful moments in supervision? What happens in Korean supervisees' bodily movements? Three types of data were gathered via a demographic questionnaire, video recording of movement, and individual interviews. Data analysis revealed three themes, each including two categories; (a) knowing through moving and sensing the body (categories: physical touch as a powerful moment, physical sensations from visual art), (b) an emerging need to be alone and together (categories: finding space between the self and others, moving boundaries), and (c) gaining insight from symbolic and artistic exploration (categories: connecting body knowledge, knowing one's need for self-care). The results of this study support the assertion that using arts media in clinical supervision facilitates students' artistic journeys, helping them to find insight, awareness, and expression. This study also underscores the importance of educators' openness to the creative process, as well as the importance of cultural components in teaching with students in Korea.

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In Korea over the past decade, the field of expressive arts therapy has been developed by being incorporated into graduate school programs that require clinical supervision. Clinical supervision is a fundamental element of any type of psychotherapy training, and facilitates students' growth as mental health professionals by deepening and enriching their knowledge surrounding their clinical experiences (Bernard & Goodyear, 2004, 2009). For instance, Edwards (1993) indicated that the supervisor's role in supervision is about creating a "space for thinking" (p. 218), to explore and deal with supervisees' emotional difficulties, such as "anxiety, confusion, uncertainty, vulnerability, and helplessness" (p. 214). Similarly, supervision has to provide a space on the conscious level to process learning, thinking, feeling, and reflection regarding clients' material (Deaver & Shiflett, 2011; Mollon, 1989). Within that perspective, arts media have been adapted for use in clinical supervision to foster a unique approach in line with expressive therapists' abilities, as well as to facilitate supervisees' creative

process of thinking and reflecting. Marshall (2007) described the arts as "an exercise in knowledge construction; [a] process of coming to know" (p. 24), and Payne (2008) stated that use of drawing, writing, or dancing can be used to enrich the clinical supervision process.

However, extensive literature has revealed challenges specific to the Korean education system that are not as present in Western culture (Bang & Park, 2009; Kim, 2005, 2007, 2010; Soh, 2011; Sohn, 2005). Bang and Park (2009) interviewed 11 Korean supervisors, and found that Korean supervisors were hesitant to seek feedback from their supervisees and their supervisees preferred to get the right answer from their supervisor. None of the participants in Kim's (2005) study reported making art in supervision; they perceived a supervisor's role as instead including guiding treatment plans (27.3%), pointing out mistakes (12%), and helping them to develop self-awareness (1%). Confucianism, which has a strong influence in Korea, tends to encourage a strong power differential and a hierarchal social relationship between Korean supervisors and their supervisees (Bang, 2006; Killian, 2001; Soh, 2011; Sohn, 2005; Yoon & Jepsen, 2008). This in turn creates a lack of space for supervisees to explore, think, and engage in the supervision process. As a result, studies on students in Korea (e.g., Bang & Park, 2009; Soh, 2011) tend to have findings that clash with key Western assumptions, such as Anderson, Rigazio-DiGilio,

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Cochran-Schlossberg, and Meredith (2000) emphasis on “openness” (p. 64) as the most important element in the quality of supervision. Other such Western assumptions include the idea that supervision should provide a space for thinking, feeling (Edwards, 2010; Mollon, 1989), and keeping creativity alive (Gomez & Smart, 2008); and that supervision should allow for playfulness and imagination (Bravesmith, 2008). These cultural differences draw attention to the need to embrace the benefits of using arts media in clinical supervision; however, before attempting such a new way of delivering supervision to this population, a thorough review of the existing literature is necessary.

Types of arts media in supervision

Use of art in art therapy

There have been numerous studies regarding the benefits of using arts media in clinical supervision (Deaver & Shiflett, 2011; Fish, 2008; McNiff, 1986; Yoo, 2011). Durkin, Perach, Ramseyer, and Sontag (1989) noted that using art in supervision “brought interpersonal richness to [supervisory] relationships, [and] cut through to the core of many issues very quickly” (p. 392). For example, therapists’ intentional use of art media – referred to as *response art* in clinical supervision – helps therapists to gain new perspectives and knowledge (Fish, 2005, 2012; Jackson, Muro, Lee, & DeOrnellas, 2008). This art-making process also offers tools to improve self-awareness and self-care (Fish, 2008). Deaver and Shiflett (2011) suggested using visual journals to help process and manage countertransference. Other benefits of using art in clinical supervision were found to be more open communication between supervisee and supervisor (Williams, 2000), as well as more empathic supervisory relationships (Yoo, 2011).

Using music within music therapy supervision

Very little has been written about music making in supervision (Young & Aigen, 2011). Music-making in supervision has been implemented to enhance the supervisee–supervisor relationship (Scheiby, 2001) and to promote group cohesiveness (Austin & Dvorkin, 2001).

Nordoff Robbins Music Therapy (NRMT) supervision training uses live music to generate an empathic understanding of clients when the supervisee has blocked feelings. The supervisor gradually adds expressive music elements and identifies repressed emotions to help the supervisee to feel free and to unblock his or her fears (Turry, 2001). The supervisor is asked to play music about the supervisee’s feelings about clients, as well as about the role of the therapist, with a goal of revealing and addressing countertransference. This approach is used to work on supervisees’ awareness indirectly, in an effort not to break down their defenses too openly or aggressively.

Using action within drama therapy supervision

Theater of the Oppressed (TOTO) training mainly involves using bodies-in-action methods such as sculpture and role-play; incorporating objects placed around the room; and using gestures, sounds, and movements in a symbolic way (Lahad, 2000). Proctor, Perlesz, Moloney, McIlwaine, and O’Neill (2008) studied the use of TOTO techniques in supervision using participatory action research. Data were gathered via the participants’ journals, reflective body action, case vignettes, and group discussions for eight two-hour sessions over the course of 10 months. Several themes emerged, including “power, invisibility, gender, voice, and normality” (Proctor et al., 2008, p. 47), which revealed that TOTO offered a safe and grounded process in supervision, and that body-oriented supervision can be

beneficial for drama therapists (Proctor et al., 2008). Wilkins (1995) suggested a structured approach that involved three steps: exploring relationships with clients through the medium of art, exploring the role of clients through psychodrama, and exploring and investigating relationships further via role play and psychodrama. A creative arts approach to supervision broadens and channels intuitive aspects, because it allows spontaneity and promotes deep personal processes that other approaches may not be able to offer.

Using dance and movement within dance/movement therapy supervision

The crucial role of body movement in clinical supervision and psychotherapy has been emphasized as a way of understanding, knowing (Cooper, 2001; Csordas, 1993; Lewis, 1984; Meekums, 2007; Payne, 2008), and guiding honest sharing (Ko, 2014). Panhofer, Payne, Meekums, and Parke (2011) suggested new ways of self-examination by proposing embodied clinical supervision in five stages: “identifying the presenting problem, warming up, allowing the movement to emerge, composing a final narrative, and evaluating and contemplating” (p. 13). Qualitative data were collected based on a one-day workshop consisting of three phases: a writing exploration based on significant clinical work, creating movement based on the initial narrative, and constructing a movement narrative for further written exploration. The researchers found that embodied practice deepened the connection to personal countertransference material, facilitated their “body knowledge and memory” (p. 15), and helped therapists to see “behind the scenes” (p. 11). Results indicated the importance of using body knowledge, which can be beneficial for integrating and exploring a deeper process.

In another study, Meekums (2007) listened to her body during supervision, and described how her “inner eye” and “inner ear” waited for “received” information, rather than rushing to “understanding” (p. 96). The purpose of the study was finding “phenomena associated with spontaneous symbolism within clinical supervision by asking what is really going on here?” (p. 96). Meekums collaborated with a supervisee in a non-led warm-up to enter the wisdom of the body beyond the logical area, and then shared symbols that emerged spontaneously. The results indicated that an embodied approach employing a symbolic process can open unknown areas of body knowledge as wisdom beyond a logical place, based on a narrative self-journal.

Summary

According to the existing research discussed in this section, it is clear that using the arts in clinical supervision for expressive arts therapists addresses the limitations of traditional models of supervision, which have lacked a deeper understanding of the arts (Marion & Felix, 1979; Wilson, Riley, & Wadson, 1984). Although using art media could take time away from verbal discussion (Fish, 2008), the majority of Western studies indicated several benefits of integrating arts media (Austin & Dvorkin, 2001; Cooper, 2001; Deaver & Shiflett, 2011; Fish, 2008; Lewis, 1984; Scheiby, 2001; Turry, 2001; Yoo, 2011). Even if the type of arts media could be used differently in clinical supervision, arts media have common strengths. These include movement in TOTO and music in NRMT, both of which help to ensure a safe and indirect guided process (Turry, 2001); action and art can also be used to explore deeper processes (Wilkins, 1995; Yoo, 2011). Integrating several arts media is also a way to deepen supervisees’ exploration within simple structures in different phases, such as combining a mandala with journaling, drawing, and art making (Deaver & Shiflett, 2011), or combining narrative journal and body movement (Meekums, 2007). However, despite evidence of the benefits of using arts media in clinical supervision, arts media have not yet been actively

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