

## **The Interface between Art and Psychotherapy: The place where the heart can speak**

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## Introduction

This paper arose from a conversation between myself, a psychotherapist, and my client. It went like this: a client told me at the end of her treatment that the psychotherapy (or “therapy” as she termed it) that we had done together had changed her life. She said that what had made the difference and allowed her to move toward real change and understanding was the drawing work we had done. She told me that this work had allowed her to explore her heart, both the pain and heartbreak that it held but also the hope that existed there. At the time I was somewhat surprised at the emphasis that she put on the drawing. While I had realised the importance of drawing as a therapeutic tool I had not fully understood its power.

The work we had done together involved asking her to draw her emotional reactions of pain and distress while talking about her primary relationship. Her drawing work began tentatively but evolved over time into a deep exploration of her inner-self and her emotional experiences of what it meant for her to be in a relationship with her partner. This theme continued through a number of sessions, each building upon the last. Ultimately it led to her drawing her heart symbolically and in it she placed not only the hurt she had felt at her partner but also the hurt from her cold and absent father.

This client’s response to our time together is not the only one of its nature that I have received from clients since adopting an emotionally focused approach to the psychotherapy that I provide. As I reflect on the way my work has changed due to the influence of EFT I realise that not only has it had positive impact on my patients but also on myself. It is from this perspective that this paper comes. I want to explore the connection between emotionally focused psychotherapy and art and the metaphor of heart. I want to do this for two reasons. One is to clarify my own thoughts around EFT and art. The second is to give voice to what I now consider to be a powerful part of my psychotherapy practice. I will demonstrate through clinical examples how the heart can find its voice through this interaction.

I will start this paper with discussions on the topics of art in psychotherapy, emotionally focused therapy and the heart as metaphor. These discussions will

provide the foundation for exploring the magic that can occur when art and psychotherapy meet. In doing this, I will discuss the theories that underpin being an emotionally focused practitioner and the ways that art can be used to allow our clients to explore their lives. I will also demonstrate how the interaction between art and good therapy allows the heart to speak and briefly look at the neuroscience research that tells us why it is good for our patients to do this type of work. Last, I will provide examples from my clinical practice as signposts along the way.

### **Art in Psychotherapy**

The Oxford Dictionary defines art as an “imitative or imaginary skill in design, for example, in paintings etc.” (Fowler & Fowler, 1978, p.38). When researching art in connection to psychotherapy practice one becomes caught in a body of information relating to art therapy. It becomes apparent that philosophical stances direct the way one defines art therapy (Husky, 2009). For instance is art the therapy, or is art a tool to aid psychotherapy (Husky, 2009)? Is art therapy only limited to drawing or painting or does it include other mediums? The definition of art therapy has been broadened over the years to include drama, sculpture, sand play, physical expression, dance as well as painting and drawing (Edwards, 2004). For the sake of this paper I will focus on the use of drawing using paper, crayons and pencils as art. When discussing art Webster (2010a) talks about art *in* therapy – I think this is a good distinction as it clearly indicates that the primary aim in treatment is psychotherapy and art is a tool inside that frame. I do not personally view myself as an art therapist; rather I am primarily a psychotherapist who uses art tools and processes to inform my practice.

Art therapy has its origins in the psychoanalytic school of therapy (Dalley, 1984). It is now considered to be a humanistic approach closely linked to such therapies as person-centred, Gestalt, cognitive, behavioural and narrative to name a few (Malchiodi, 2009; Wadeson, 2010). Art therapy has been shown to be effective in the treatment of trauma, grief, loss, mood disorders, serious mental illness as well as inter and intra-personal arenas (Husky, 2009; Killich & Schauerien; 1997; Wadeson, 2010).

English artist Adrian Hall is considered to be the founder of art therapy (Waller & Gilroy, 1978 cited in Edwards, 2004). Hall used drawing and painting as tools to help him navigate through a bout of tuberculosis (Waller & Gilroy, 1978 cited in Edwards, 2004) and from his experience he realised that the use of art was conducive to coping and healing from illness (Waller & Gilroy, 1978 cited in Edwards, 2004). This realisation led Hall to approach the local mental health professionals where he found support for his thesis (Waller & Gilroy, 1978 cited in Edwards, 2004). Subsequently he was invited to establish an art clinic in the local mental hospital where Hall reported that positive gains were made by the majority of those attending his clinic (Waller & Gilroy, 1978 cited in Edwards, 2004). Hall believed that it was the process of doing painting that led to change, he never considered or analysed the meanings of those paintings. Thus, art therapy was born. Hall remained in this field for the next 35 years, collecting some hundreds of thousands of drawings and paintings (Waller & Gilroy, 1978 cited in Edwards, 2004).

At the same time that Hall was developing art therapy in England, psychologist Margaret Naumberg and artist Dr Edith Kramer were pioneering art therapy in the United States (Edwards, 2004). Naumberg, who was trained in the psychoanalytic school believed that the unconscious mind could be accessed through the medium of art (Edwards, 2004, Webster 2010a). Naumberg described the results of such a process as “symbolic speech between the patient and therapist” (Edwards, 2004). Webster (2010a) agrees with this concept of drawing as symbolic representation, as do I. I have often noticed that what my clients can’t put into words they may be able to represent visually. For example, one client drew her heart in a very dark colour, she then drew a knife in it. As she haltingly processed what she had drawn she was able to finally speak of her shame about past events in her life. The knifed heart was symbolic representation of unspoken pain. She had kept these emotions tightly contained and hidden away from view not only from others but also from herself. From this drawing she began the journey of reclaiming her self and her life (Miller, 1990a; Miller, 1990b).

While there are many articles written about art therapy and art in therapy based on case studies, there is a scarcity of empirical research into the *why* such therapy is successful (Husky, 2009; Kaplan, 2001). However, the concept of art as symbolic is

supported by recent neuroscientific research. It seems from recent studies that art therapy may beneficially activate particular areas of the brain (Hass-Cohen & Carr, 2008; Husky, 2009; Malchiodi, 2003). Essentially, the use of both the right and left brain leads to hemispheric integration potentially increasing understanding and make choice making more effective (Riley, 2004). Hass-Cohen & Carr (2008) describe how neurotransmitters and hormones may be activated in art therapy leading to a possible enhancement of neural plasticity potential. Arden & Linford (2009) write that adult emotion can be understood symbolically created through developmental processes and early sensory reactions. They then go on to say that this process creates links between reason, emotion and a felt sense of self. Emotions then arise when particular neural networks connected to differing parts of the body are activated (Arden & Linford, 2009; Malchiodi, 2003). The above studies demonstrate how symbolic representation of emotion by our clients through drawings enables the development of awareness of their inner needs and patterns of relating (Husky, 2009; Watson, Greenberg & Lietaer, 1998).

Art therapy can be divided into two categories (Edwards, 2004; Husky 2009; Malchiodi, 2009). The first category focuses on the process of drawing, how it feels to draw, to use the crayons, to select the colours (Edwards, 2004; Husky, 2009; Malchiodi; 2009). Hall's approach is indicative of this category. For instance, a large number of my clients have selected the colour red to express their anger, or a dark colour such as black or dark blue to express depression. The second category focuses on the interpretation by both therapist and client of the symbols or metaphor contained in the drawing (Edwards, 2004; Husky, 2009; Malchiodi, 2009). However, the concept of therapist interpretation has been criticised in the past as being merely a projection of the therapist (Edwards, 2004). I can see that there is a point here; transference and counter-transference occurs in all our therapeutic relationships (Webster, 2010a), so it makes sense that it will also appear when working with art. Yet, in my own practice I have found that I can avoid this potential pitfall by giving my clients the space to interpret their own drawing. This process allows me to invite them to explore their own reactions to their drawing. I can deepen their experience by asking them to tell me more about a particular object or point – an interested inquiry. At all times I try to remain mindful of my own reactions and therefore hold myself

and my boundaries (Kabat-Zinn, 2005; Kornfield, 2008). I have found that this process is very effective in building insight for my clients.

In my own practice I find that I work with both categories. In relation to the first category, I am interested in the process of drawing, the colours that clients choose, the way they draw, the intensity of their lines, scribbles, shapes or whatever appears and how they feel about doing the drawing. Regarding the second category, I am fascinated by the meaning they give to their work both as they are creating it and then when they step back from the finished picture and examine what they have drawn. I am always intrigued at the symbolic nature of their work. It is an amazing thing to see someone start with thick lines, scribbled ferociously with great heat – often tears and roars – and end with a deep sigh of relief followed by de-briefing or processing where I am told their story. Events like this are moments of great honesty and must be honoured by the therapist for the trust and hopefulness that is contained in the sharing. It is no easy thing to reveal your inner life to another person.

### **Emotionally Focused Therapy (EFT)**

EFT has its origins in the humanistic theories and is, in fact, very similar to art therapy – it is a theory focused on the expression of emotional experience. It is often simply explained as being a process-oriented expressionist approach to psychotherapy. Webster (2010a) writes that EFT can be best understood as lying in the middle of the intrapsychic-systemic continuum. EFT's therapeutic aim is to assist clients to identify and experience their primary (often hidden) emotions thus identifying those parts of themselves that have not been realised or clearly understood (Webster, 2010a, 2010b). The premise is that through such a process emotional reactions can be understood in the context of self and other (Bohart & Tallman, 1998; Elliott, Watson, Goldman & Greenberg, 2004; Greenberg, Rice & Elliott, 1993; Greenberg & Paivio, 1997; Webster, 2010a).

The theory believes that adult behaviour has its origins in childhood experiences (Greenberg & Paivio, 1997; Webster, 2011). Experiences at this early age are coded within us as emotional responses to be replayed over and over again (Arden & Linford, 2009; Badenoch, 2008; Webster, 2010; Webster, 2011). The theory posits

that from the moment we are born we are influenced by the behaviour of others, especially our primary caregivers (Greenberg & Paivio, 1997). These influences shape the formation of our neural networks creating the foundations for lifelong patterns of behaviour. If we begin with attachment influences (Ainsworth, Blehar, Waters & Vall, 1978; Bowlby, 1988) we understand how caring loving parents who meet their babies demands leads to the creation of a secure attachment pattern that will positively inform all relationships throughout that person's life (Ainsworth et al, 1978; Bowlby, 1988; Greenberg & Paivio, 1997). However, if our primary attachment figures were chaotic or disorganised, then the child develops patterns of avoidance and anxiety and their relationships as adults become fraught with "danger" (Ainsworth et al, 1978; Bowlby, 1988). Again, recent neuroscientific research supports this approach (Husky, 2009). For instance, Badenoch (2008) offers interesting insights into the role of the limbic system and emotional regulation and attachment concerns that has direct links to the EF approach. Arden & Linford (2009) write that research indicates that there are neurological underpinnings related to early attachment experiences that are carried into adult relationships.

EFT is also considered to be a facilitating process whereby therapists guide or facilitate their clients to have their normally blocked or limited emotional experiences so that they can remove the unwanted patterns that keep them stuck both inter and intra-personally (Bohart & Tallman, 1998; Elliott et al, 2004; Greenberg, 2002; Greenberg & Paivio, 1997; Webster, 2010). Emotional experiences can be complex and the therapist needs to be attuned in order to understand what is to be worked with during each presentation (Bohart & Tallman, 1998; Greenberg & Paivio, 1997). Greenberg & Paivio (1997) write that successful interventions shift between expression and intervention. It is through this uncovering and the expression, experience and processing of the pain and loss created in childhood that healing can occur in the adult (Miller, 1990a, 1990b; Webster, 2010, 2011). The following quote from an interview between Michelle Webster and Leslie Greenberg succinctly sums up the process of an EF therapist: "*ultimately we're working towards finding the internal resources and strengths which are emotionally based*" and Webster's response "*... have patience, stay with it to get to that primary emotion and to facilitate that adaptive response*" (Webster, 1998, pp 5.).

In order for EFT to be effective we need to have tools at our disposal that allow us to safely and effectively enable clients to have their emotional experiences (Webster, 2010a). Predominantly we need tools that enable the expression of feeling, cognitive and behavioural aspects of ourselves in an external manner that can be seen and examined. In effect we make seen what has been hidden. Therapists at the Annandale Institute traditionally use art, cushion work, two chair technique and many other similar externalising techniques.

### **The heart as metaphor**

I have often thought that emotion is overlooked in psychotherapy especially with the present day focus on cognition that is widely held as being the most efficacious therapeutic approach. As part of my EFT study I was presented with a paper by Webster (1999) titled “A Little Heart Therapy” in which she demonstrated the use of the heart as metaphor for emotion and emotional experience. I felt like cheering when I read this paper. It seemed that through being with her clients’ “hearts” she had respectfully facilitated a great healing process. I was inspired!

The heart symbolises our emotional place or centre, the place where we hold our hopes, joy and pain; the place that breaks when loved ones leave or die, the soft centre of each of us that is vulnerable and that we will often protect. Songs, poems and stories are written about the heart, love and pain. On a personal note, I sit daily with loving kindness meditation that opens my heart. It seems strange to me that holding these constructs we, as therapists, often deny or avoid looking at the heart of our clients. Sadly, I believe we do the same to ourselves.

Webster’s (1999) article influenced me to try a little heart work with some clients with very good results for both client and myself. For instance, one client, a woman in her 50s who was struggling in her relationship with her husband, drew a gingerbread man after an observer visualisation. She placed her hurt and sadness in the stomach, chest and throat. I was prompted to ask her how her heart was affected by these feelings. That question opened a whole new dimension of emotional experience for her.

I believed that because our relationship felt safe enough for her she was able to open herself and talk and feel her pain about how her heart felt shattered by an incident with her husband five years ago. She said she was surprised to see that her heart still suffered. She told me that she had carried this shattered heart inside her since that time. She protected it by blocking herself off from feeling the pain or from trusting or talking to her husband about what had happened. Such blocking denied her heart the opportunity to heal. As can be imagined this conversation was distressing for her, however she allowed herself to open her heart with me and to look at what had and was happening for her. At the end of this very important experiential session she drew a box or wall around her heart to keep it safe from further hurt and decided that she was going to look after her heart herself. In debriefing she told me how hard it had been to talk about her heart but how relieved she felt to tell me.

At our next session she told me how much seeing her heart drawn on paper had helped her to realise how truly hurt she had been. Through this experiential process she was able to access her primary emotion of hurt and experience her pain. This is the core of EFT work – as Webster (1999) puts it, we assist people to work through past and present events through the use of experiential techniques such as drawing or metaphor (Webster, 2010). My client decided she didn't want to lock her heart away so we began work on how she could let the fence down around her heart at her own choosing. She tells me that through this work her heart feels lighter.

Why is it important to consider a person's heart in psychotherapy? The answer to this question is, I think, that our clients come to us with the hope that we will eventually see their hearts, the goodness and kindness that lies under the pain and that in that seeing and understanding we can help them be transformed. This hope is usually below consciousness; it is our task as therapists to make it conscious. While this may sound simple it is rarely so, as humans have developed many ways to avoid feeling overwhelmed or distressed by a painful or hurtful experience (Webster, 1999a). Often it seems that because actually naming or feeling that emotional experience is too much so it is masked or defended and can only be presented by metaphor be it spoken or presented through creative mediums (Webster, 1999a).

I consider the heart to be a truly wonderful metaphor for emotional expression. “Heart” seems to be the word that people choose naturally when speaking of their inner lives. In our Western culture “heart” is intertwined with the notion of love and connection, be it romantic, platonic or familial. It is spoken representationally for both inter and intra-personal relationships. We speak of love for others and for self. When our relationships fail or die we speak of broken hearts. When our loved ones leave us, our children grow up and leave home we talk of our wounded or empty hearts. We speak of giving our hearts to a god or gods. We fear that we will lose our heart. We have externalised the concept of heart as having great meaning, therefore it is not surprising to find that “heart” has become a symbol of our inner life (Webster, 1999a; Webster, 1999b). It is through the use of the heart as metaphor that we can access our subconscious inner-selves (Webster, 1999a; Webster, 1999b).

### **The interface of art and EF psychotherapy – where the heart speaks!**

I have always enjoyed drawing or scribbling, be it a doodle while talking on the phone or a more detailed sketch while relaxing. I have always loved art galleries, finding that I can be touched emotionally by many paintings that appear to sing to me. I noticed that while reflecting on a work of art that something relating to my life on a deep personal level was opened. As a result I became rather awed by such a process. So I was delighted to find that the Annandale Institute’s model of EFT used art as a tool to externalise and broaden emotional experiences. Based on the EF approach it felt natural to begin to ask my clients to draw. I also use drawing as a tool to process my reactions to sessions and keep a personal drawing book in my desk drawer. I recall feeling quite annoyed with a client after a session so I sat and drew just my emotion in my journal. As I drew and allowed myself to stay with my emotion I discovered that I was feeling touched on a personal level by the topic of our conversation and that my irritation was a way for me to push that feeling away. Through my drawing I was able to work through my counter-transference and increase my insight of my own patterns.

Clearly I often use art in my EFT practice – it is an approach that suits my style of working as well as my personality. It has other aspects that I find attractive: it is easy for everyone to do, paper and crayons etc are easy to have on hand, and there is no setting up time. Essentially it is a tool that clients can use in the moment while they

are “hot” (Greenberg & Paivio, 1997). It does not require any skill on the client’s part just the willingness and interest to explore their experience. If they are not yet at this stage the drawing process can be put aside and used later if deemed suitable. Even the process of not being ready to draw is one for potential investigation as it can often uncover hidden fears. Those of us born and bred in Western cultures appear to have a self-limiting filter when it comes to drawing or art, especially with others present, it seems our abilities to self-express are subsumed in this fear. Clients often say to me, “Oh, I can’t draw” for fear of being less than perfect. Once this is talked through and more importantly trust in the therapeutic relationship is strong this fear can be put aside.

The process of drawing that I use is quite simple. My clients usually begin their drawing work with simple scribbles using a colour of their choice that expresses their emotional experience. For instance, a client chose a bold orange and scribbled to express her irritation at her partner’s thoughtlessness. Through debriefing she was able to uncover and then express the hurt that lay under her irritation. This simple drawing process sets the stage for trust to develop with the tools and process allowing deeper experiences to follow.

A containment drawing can frequently be done at this stage if the emotion expressed or experienced in debriefing is still hot (Webster, 2010b). For example, a client covered the page in strong red slashes as an example of anger, then they accessed their pain and covered the red with dark brown squiggles expressing the fear that lay under their anger. When looking at their drawing they felt afraid that they would carry this fear with them on the outside – like a coat – whereas prior to our session it had been hidden. What I did then was to have the client choose a safe colour, she chose green, and I had her draw a square around their original drawing and to visualise this square as a containment box – in order to keep the fear inside the box where it could not flood her. She did this and, during debriefing, reported feeling an immediate relief. She said that she knew the fear was there but she felt safe from it overwhelming her. From this place she was able to reflect on her experience and very importantly able to move forward from our session into her day to day life.

As therapy progresses each drawing becomes a deeper exploration of the client's underlying patterns of behaviour. As clients become used to the process of using art to express themselves they are able to open to the deeper parts of themselves more readily. This process frequently comes to the point where clients start drawing their heart or symbols of it. In reflection, it seems to me that it is this drawing that allows the real opening of the deep, inner pain experienced by my patients. I have seen clients identify for the first time in their life their broken heart. One client, after many other drawings finally drew her heart with a crack right through it. She sobbed as she drew her picture and began to talk about the family. Here we see an example of the client interpreting her drawing. As I asked her to tell me more she was able to go deeper in to her experience of childhood loss and fear – she was processing her pain. She talked about seeing her heart for the first time and finally understanding how she had carried that pain with her throughout her life, shaping all her relationships. This insight led to the healing of her heart which she then draw at a later session.

Given my practice experiences using drawing I realised the importance of the heart in emotional experience and felt more confident of trying heart work with more clients. One client described to me an incident from the previous night that reflected her distress over her husband's ongoing emotional and psychological abuse. Given that she tended to be cognitively oriented I encouraged her to draw an image of how she felt in order to access her emotional experience. She was able to draw her anger and hurt and began to talk about how this felt for her. I was then prompted to ask her how her heart felt and, like the previous client, the door to her heart opened. She was able to talk about her broken heart, how she had locked it away years ago but had opened it over the last six months as her husband's behaviour improved. However he had recently reverted to old patterns and the prior night's event saw her decide to lock her heart away again. As a result she felt heartbroken. She was able to draw her broken heart and talk about the fence around her heart and how it keeps her safe. She was able to have her emotional experience with me safely. We talked about different ways to keep her heart safe so that she could continue in the relationship – her choice. In debrief at the end of the session she told me that she felt relief to see and talk about her heart, that she trusts me with her heart and that helped her to see how she truly felt and how she behaved to protect her heart.

Having worked in this way with my clients I am mindful of a number of issues and concerns for me and my practice. I see that I have been working intuitively when introducing the heart into therapy, I haven't gone into the session with the idea of "Okay, today we'll look at the heart" – I understand that a part of me has seen an opportunity that has its roots in my reaction to Webster's (1999) article.

I have also understood that the healing nature of EFT work occurs through the experiencing of emotion (Greenberg, 2002; Greenberg & Paivio, 1997; Webster, 2010). When I reflect on my behaviour as a therapist I realise that I deeply internalised Webster's (1999) work with the end result of making it my own. Having said that, I am mindful of the power contained in working with the heart metaphor. There is power in the strength of the metaphor; our heart is our emotional survival centre. We as therapists need to be very careful, very respectful and very safe when working in this way (Webster, 1997; Webster, 2010). I see that I must be aware of the quality of the relationship we have and where the client is up to in their work (Webster, 1997; Webster, 2010).

Personally, working with clients' hearts has led me to reflect on the state of my own heart particularly after each session. I found that I felt good after each of these heart sessions – it felt like we had really connected at a deep emotional level. I wrote in my journal about my heart – I saw how I too had and still occasionally do hide it away so it's safe. I see its scars and know that they are "battle scars" well earned from a life lived. I am also aware that I bring my heart into therapy every time I see a client, just like they do. Webster's (1999) article has had a profound influence on the way I now allow myself to work and the respect I hold for the EFT approach.

This type of art work has had major impact on the lives of my clients. Many clients have opened their hearts and allowed them to "speak" through their drawings. For instance, one client began a series of drawings and paintings after the unexpected death of her younger brother. Her drawings enabled her to open her heart and express her pain, grief, anger and loss not only at her brother's death and sad and lonely life but also at the loss of childhood experienced by them both through an abusive childhood. Each painting represented a particular emotion ranging from despair

through to broken heartedness and finally to hope. In the first painting of despair she placed a symbol of herself and her brother in her heart. Next she painted her heart bleeding down the page. Finally hope brought bright lively colours flowing from her heart. Through this process she found self-understanding, forgiveness and peace. Her heart had found its voice.

## Summary

I have written this paper with the aim of exploring and sharing my experiences and the experiences of some of my clients while working as an EF psychotherapist who uses art in her work. I began with the aims of clarifying my thoughts around EFT and art as well as to give voice through clinical examples as to what I consider to be a very powerful part of my practice. I believe that art is a powerful tool that we often overlook. Perhaps we don't realise its potential influence or perhaps our own inner restrictions stop us from using drawing with our clients. Through the use of even very simple drawings clients are enabled to express their most deeply held emotions. As trust in within the client-therapist relationship builds we can move on to a deeper exploration of the clients internal experiences and make real life changes. Such a process allows the symbolic use of the heart as metaphor for interior experience to emerge. The process of drawing and subsequent de-briefing that brings meaning and awareness creates the pathway to acceptance and healing. I am always profoundly honoured when clients have enough trust in me to show me their hearts.

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