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May 8, 2010
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*Arts as Therapy:
Can Creativity Help Heal in the Midst of Disaster?*

When I was eleven years old, my mother encouraged my principal to enroll me in a gifted and creative writing class at my elementary school. Naturally, I was slightly reluctant given the fact that – as far as I understood it – I was a terrible student. Never mind that my grades were less than stellar and my attitude poor according to my teachers: my mother saw it differently. And she was right. I flourished in the creative writing class, composing poem after poem, short stories and musical verse. The instructor of the course adored me and my work. I had found my calling. Since then, I have turned to creative writing not only in times of hope and happiness, but also when I have experienced despair, sorrow and loss. Expressing myself through creative arts has been a beacon helping me navigate my way through tough times and difficult situations. Discovering the utility of this process during my childhood has had a particular impact my development into an adult as well as my ability to negotiate stressful and seemingly disastrous situations. Though this experience was solely my own, I am not the only individual who has sought refuge and comfort in the safe haven of creativity.

The arts have been cited as one of a handful of necessary fields children should engage in order to encourage the development of a particular set of cognitive skills. In her article on cognitive learning in arts-based settings, psychologist Karen Reid suggests: “recent brain and cognitive research have found connections between our mind & feelings that cannot be disconnected without cognition loss... Therefore, cognition is influenced by

our emotive responses, which affects our rational thinking” (Reid). Young people engaged in activating multiple intelligences have been known to learn from accessing their cognitive toolkit which includes feeling and other reflective, mental abilities. Mastering these proficiencies at a very young age has been proven to stimulate positive mental health growth and encourage the advancement of vital developmental skills such as critical thinking and personal reflection. Similarly, the arts, especially the visual and performing arts, have served as safe spaces for young people to allow their imaginations to roam free outside the realm of adult scrutiny and the oft hostile reality of day-to-day living. I believe that this attempt to activate the arts has witnessed its highest utility and proven its greatest value in situations where disaster or conflict has arisen. This paper will examine some the history, utility and practice of arts-based therapy, particularly its use and practice as it relates to traumatic situations such as political conflict and natural disaster.

Ralph Waldo Emerson wrote that "By descending down into the depths of the soul, and not primarily by a painful acquisition of many manual skills, the artist attains the power of awakening other souls." Arts therapy is an ever-evolving form of therapeutic and academic research. It began in the 1940s as a serious profession when psychiatrists began exploring the correlations between artwork, mental illness and recovery. The methodology of arts-based therapeutic approaches continued to grow as the field of research expanded and according to the American Arts Therapy Association, “grew into an effective and important method of communication, assessment, and treatment with children and adults in a variety of settings. Currently, the field of art therapy has gained attention in health-care

facilities throughout the United States and within psychiatry, psychology, counseling, education, and the arts” (American Arts Therapy Association).

The purpose of art therapy is similar to that of other psychotherapeutic modalities: to advance or sustain mental well-being and emotional health. Art therapies, also known as expressive therapies and creative therapies, utilize a variety of forms for expressive purposes, including photography and painting, drawing and sculpture, as well as theater, dance, music and mask-making and other non-traditional forms of art expression. Art therapists learn how to distinguish nonverbal symbols, descriptions, images and metaphors which are exchanged during the creative process. The field of practitioners of art therapy is varied as the process itself, and continues to diversify with the advent of new methodologies and the establishment of new university research departments.

Elizabeth Coss, a lecturer in the relatively new Steinhardt Department of Art Therapy at New York University as well as an Instructor Supervisor for the Creative Arts Therapy Department for the Department of Psychiatry at Jamaica Hospital in Queens, New York, recently recounted how she became interested in the field of arts therapy: “I trained as an art therapist specifically... It was from my interest as an artist and in psychology and wanting to do something more meaningful with my life that prompted my change which was midlife.” In considering how arts-based therapy is situated in the context of the larger psychotherapeutic field, Ms. Coss posits “... [arts-based therapies] are growing and emerging and often are the mental health modality of treatment choice in psychiatric units and other settings in the US - mainly because they work and patient's/clients like/enjoy and come to the sessions.” The notion of pleasure and satisfaction is particularly important when discussing the success of this brand of programs with both patients familiar as well

as those unfamiliar with these emerging psycho-analytical trends. In describing arts-based group therapy, Cathy A. Malchiodi, a leading practitioner in the field of arts therapy suggests “There is a distinctive kind of creative energy generated when people work together to create art. Call it synergy or collective flow. But whatever ever you call it, it's an experience that has the potential to change our perceptions of who we are and shows us how to get by with a little creative help from our friends. While art making is often defined as a solitary pursuit, creating with others or in the presence of others taps the curative factors beyond those that can be found within oneself” (Malchiodi).

Creative therapy exists in many allied shapes and styles. Among the most popular of these are a series of forms which lend themselves to personal expression. These include visual or art therapy, music therapy, dance/movement therapy and psychodrama. Just as

<p>Table 1. Chart of the Halprin Process</p> <ol style="list-style-type: none"> 1. The physical level is addressed through the study and practice of basic principles of human movement and dance. 2. The emotional is addressed through the examination of autobiographical material and explored through the mediums of movement, drawings, writing, performance techniques and therapeutic practices. 3. The mental is addressed through the study and practice of elements of the creative process, communication skills, creative writing and presentation of theoretical principles and concepts. 4. ... Spiritual growth is enhanced when people are able to express themselves creatively on all three levels. <p style="text-align: right;"><i>(Sophia)</i></p>

there are many forms of expressive therapy, there are similarly several popular models for implementing this practice. One such model is the Halprin Process as outlined in Table 1. Created by Anna Halprin and her daughter Daria Halprin, this technique investigates the interplay between the conscious understanding of the body and its creative connection to life stories. Halprin is

practiced and has been integrated into fields as disparate as healthcare, education, and community service. Another popular model is Intermodal Expressive Therapy developed in 1970 by Shaun McNiff, Paolo Knill and Norma Canner at Lesley University. This model combines all of the many various art therapies into “an interdisciplinary framework with

the emphasis on creative process” (Sophia). This approach was devised after the Lesley scholars realized that their work might be better served and their outcomes advanced by combining all of the expressive therapies into one. It is important to note that nowadays most art therapy practitioners employ some form of the interdisciplinary or intermodal model into their practice.

With all of these choices, how does one select the best method or form of arts-based therapy to implement? Though the subject often decides the form in which they choose to practice, it is also true that the form sometimes chooses the subject. With the case of traumatized children or children in conflict zones, these lines of distinction typically become integrated even further.

In one of his most popular poems *The Second Coming*, W.B. Yeats writes “Things fall apart/The centre cannot hold/Mere anarchy is loosed upon the world/The blood-dimmed tide is loosed/And everywhere/The ceremony of innocence is drowned” (Yeats). The final line in Yeats poem serves to illustrate the traumatic impact of disaster on a portion of the population intermittently overlooked. In my opinion, *the ceremony of innocence is drowned* is the perfect summation the particularly harrowing experience that a child often encounters when propelled into the throws of a national catastrophe.

According to Happy Hearts Fund, a non-governmental organization that helps rebuild the lives of young people affected by disasters, as a result of their general invisibility children are among some of the most vulnerable victims both during and following a disaster. Children are at higher risk of suffering long-term distress due to mitigating factors that arise in the midst of, and as a result of, natural catastrophe.

Phenomenon such as widespread community displacement and loss of family, as well as lack of sufficient, sustainable and immediate resources from emergency personnel do nothing to support a child's burgeoning development and in fact predictably contribute to a child's swelling sense of distress. Inadequate and inappropriate child services can create permanent psychological deterioration. The physical and psychological thrust of such a cataclysm can have repercussions far beyond the echo chamber caused by the disaster itself. Happy Hearts Fund explains that:

"....more than anyone else, children are the ones suffering the most from the devastating effects of natural disasters. When disaster occurs, parents struggle to calm the nerves of their injured children, many of whom are inevitably traumatized or in a state of shock. The loss of loved ones and the trauma of going through such terrifying experiences leaves deep emotional scars. Even once the immediate relief operation is over, children still require a lot of assistance." (Happy Hearts Fund)

The harrowing nature of such a task has dumbfounded many disaster relief workers. Researchers continue to create new approaches to combat the challenges faced by emergency assistance personnel working with children. Dr. Milan Nadkarni, Associate

Professor of Emergency Medicine and Pediatrics at Wake Forest University Baptist Medical Center, has practiced pediatric medicine in both India and the United States for more than 33 years. In a medical paper that addresses the trauma faced by children in situations of natural disaster, Dr. Nadkarni describes the necessity of addressing this problem in tandem with delivery of other forms of aid relief. He admits, "As much as emergency personnel are 'helpers and doers' they are faced with a situation for which they have no training or supplies.... They can help with food, water, and shelter but 'what to do

TABLE 2: **Helping Children during Therapeutic Play**

1. Children who have been through a disaster are normal children who have experienced a great stress. Behavior problems are transitory.
2. Let the child know you are interested in them.
3. Promise only what you can deliver and don't say 'everything will be OK' (it doesn't look like it will be to them).
4. Talk to the child face-to-face and use words they know.
5. Do something positive for them: get them water, wash their face, get them into a warmer/cooler place, etc.
6. Don't ask the child what he/she is drawing/making as they play; they will tell you if they want to – just be there with them.
7. The child may want to save his/her drawings or may want to destroy them – both are OK.
8. The child may want you to join him/her in play or may not – both are OK.
9. Some children may verbalize their fears while playing. You should acknowledge their fears – 'Yes, it was very scary' or 'Yes, it was very sad'.
10. Your job is to be with the child and help him/her feel secure. The art of play therapy in which they are engaged, however he/she does it, is therapy.

(Nadkarni)

with [the children]' is a real problem." Dr. Nadkarni offers that constructive engagement with traumatized children on their level, both physically and psychologically through the use of what he calls *therapeutic play* and *play therapy* can have a positive and calming effect as outlined in Table 2. Instead of delivering children orders and giving guided tasks, he suggests strategies as simple as offering them access to art supplies (paper, pencil, crayons) and gender neutral toys (blocks, stuffed animals) and allowing them space and time to play

freely. These interventions are widely believed to be non-intrusive and encourage a personal, experiential healing process. This very practice of therapeutic play was put into action in May 2008, following a natural disaster in Burma.

When I first visited Burma in 2004, I was amazed by how startlingly beautiful it appeared. Of course, it is not in every military dictatorship across the globe that civilians (and even many uniformed police officers) smile so generously and wave with delight in the direction of foreigners. But one should not be fooled by a few smiles. The reality which lies behind the subtle eyes of the citizenry is that there is a suffering taking place in Burma whether you see it or not.

Burma is, by landmass, the largest mainland nation in the geographic region known as Southeast Asia. It is also the only nation in the region which borders five other countries: India, Bangladesh, Thailand, Laos, and China. Since Burma gained independence from British colonial rule in 1948, and following a brief period of democratic governance, the country suffered a series of military coups. Today, the country is ruled by a clandestine group of eighteen superstitious military generals who believe they are decedents of former Burmese kings. These generals, known as the SPDC – State Peace and Development Council (formerly the SLORC – State Law and Restoration Council), have ruled Burma with impunity and an iron fist since 1988. (CIA Factbook)

With the exception of a few neighboring countries that wish to be in good graces with the military regime, including Thailand which relies on Burma's wealth of natural gas and China which is building a massive gas-pipeline project to snake oil from the Andaman Sea, no one has been fooled by the SPDC's mismanagement of the affairs of the people.

With a population nearing 55 million, the nation continues to languish far behind its neighbors in providing even the basic needs of the population including a stable economic system and access to public education. Burma's military rulers continue to run the country's social systems, and by extension its people, into the ground. To fill in the void left by the military's inability to make any real progress, the peoples of Burma have turned to members of a growing civil society movement which has taken up the charge of assisting those in most need of help.

The Music Center rests in a small township north of Burma's largest city. In the ancient Buddhist language Pali, *gita* means "music", and in Burmese, *meit* is "friendship." Founded in 2003, The Music Center is a multi-disciplinary music school where students come to learn instruments as disparate as woodwinds and percussion, as well as vocal training, music theory, and contemporary dance. Though young in comparison to other similar institutions in Burma, The Music Center is one of a handful of schools which can truly call itself semi-independent of the military regime.

The school, like all businesses and institutions in Burma, suffers arbitrary taxation by random, corrupt military officials who show up claiming to be owed a cut of its earnings. Like the citizens of Burma who must register any overnight visitors with the local magistrate, the school must register its ongoing activities with the district police chief. And like all aspects of life in Burma, The Music Center is closely monitored by Military Intelligence (a group of rogue spies and informants, something akin to the U.S. Federal Bureau of Investigation gone whack). While this level of scrutiny might certainly break the weakest of us, the peoples of Burma have resilience and a resolve that is seemingly unshakable. Even in the face of such woeful daily circumstances, the students persevere.

And that is exactly the attitude which was manifested in a time when these students needed it the most.

“Everything is different now”, says Ko Latt (names have been anonymized). The Music Center was founded seven years ago by a group of Burmese and American musicians who shared the belief that music can change lives, even in a country as war-torn and politically stagnant as Burma. Ko Latt is one of its most dedicated volunteers. He continues: “Before the cyclone, everyone would live their daily lives and do their work and hope for something better.... Then the storm came and our lives turned upside down. No one knew what to do. Especially the government. They were completely confused.”

The storm was a category 4 hurricane which swept through the Indian Ocean making landfall on Burma’s coastline in the early morning hours of May 2, 2008. Cyclone Nargis as it became known, devastated much of the southern tip of Burma, including most of the small villages which were scattered across the coast along the Bay of Bengal. According to the Burma Campaign UK, a European-based advocacy agency pushing for democratic change in Burma, the storm left more than 200,000 dead or missing and nearly one million people homeless. (Burma Campaign UK). When the students, some of whom are originally from the storm-swept region, heard news of the devastation they wanted to offer help.

“These are musicians and singers, not relief workers”, explained an American familiar with Gitameit, “But they wanted to participate using what the tools they had at their disposal.” It was clear in the days which followed the storm that Burma’s paranoid military regime was helpless to assist the nearly 2 million affected and displaced, too busy

screening and scrutinizing incoming foreign aid workers to ensure that they were not in fact foreign spies sent to advance an invasion of their borders. The music students who had grown living under this regime for so long, knew that they could not rely on the military to provide relief. The students began brainstorming what each one of them and their families and friends could contribute to the impending relief efforts via funds, food, equipment, medicines, man power and raw, creative talents.

In the weeks following the cyclone, students from the school made multiple journeys to the Irrawaddy Delta, the area most affected by the cyclone. In addition to delivering much needed relief aid such as water, medicines, and mosquito nets, the students also began working with many of the children left orphaned by the storm. Utilizing their creative talents, the students gave the children pencils, pens, colored markers and paper, and allowed the children to draw until their hearts content. While many of the children drew familiar scenes of home, others used the opportunity to create as an outlet to purge themselves emotionally (see Figure 1). “The children were telling us that the drawing was taking their minds off of the tragedy” Ko Latt explained. “I really believe that if we were not there at that time then many of those children would have probably lost their minds. Even though we are not doctors ourselves, we were able to help them cope.”

Though the success of the art therapy program is uncontested, the evolving study and practice of art therapy is not without its critics from both the realm of professional mental health care provision to the field of emergency medical relief. As a result of its roots in American psychology, art therapy has often been called a pseudo-form of cultural

imperialism. Both licensed creative clinicians and lay counselors are regularly described as hippies, quacks and non-professionals. A common claim from the field of psychotherapy is that though case studies and anecdotal examples abound, the lack of accessible and sound empirical evidence in support of arts-based therapy make it an uneven and thus unreliable form of treatment. According to a report released by researchers from the University of Ulm in Ulm Germany, “...there are only a few empirical studies regarding art therapy”, and that one of the leading studies contends that “...there is a lack of standardization regarding these therapies” (Eitel, et al). Others claim that art therapy is ineffectual precisely because it has no clear goals, procedures or uniform outputs. They argue that arts therapy has no real lasting impact on the psychology of the patient and question its effectiveness in disaster situations. What happens when creative practitioners, often short-term volunteers, leave patients to their own devices? Without sustained reinforcement, will any of their efforts have a lasting, long-term impact?

In January 2009, American artist Ross Bleckner visited Uganda as a UN Goodwill Ambassador to meet former child soldiers and discuss his work. The mission, organized by the UN Office on Drugs and Crime (UNODC) and the ICC Trust Fund for Victims, highlighted the need for innovative therapeutic interventions outside of the forms traditionally employed in conflict zones. Bleckner led a weeklong workshop for a dozen children that focused on painting as an outlet for expressing internalized emotions and deep-set trauma. As children conscripted into the Northern Ugandan guerilla army, most of the boys in attendance had been and forced to kill or mutilate other children and elders; the girls had been raped or forced to marry guerilla soldiers twice their age. Bleckner, a longtime AIDS

activist, did not direct the children on what experiences they should express, but rather, encouraged them to be open to painting whatever they felt in the moment. The children painted pictures of the horrors they had witnessed, images of the people they had killed, and the faces of the guerilla soldiers that had made them do it (see Figure 2).

Conceived by Simone Monasebian – chief of the New York UNODC Office – this new, groundbreaking UN initiative was created to examine whether an arts-based campaign could be developed to combat human trafficking. Following Bleckner’s mission to Uganda in January, an exhibition of the paintings created by workshop participants went on display at UN Headquarters in New York City. The paintings, along with other artwork donated by Bleckner, were subsequently sold at a posh New York art gallery to raise awareness of the ongoing conflict and to “support abductees in the fight to eradicate human trafficking led by the United Nations Office on Drugs and Crime” (Black). Renowned celebrities like Nicolas Cage, Donna Karan, and Alec Baldwin attended the exhibition’s opening reception. Also in attendance was UN Secretary General Ban Ki-Moon who commented on the arts-based mission: “Only an artist as visionary and compassionate as Mr. Bleckner could allow the victims to express themselves so eloquently” (Black). Though Bleckner’s mission to Uganda was widely considered a success and drew massive media attention at the time, news on any similar, future missions as well as follow-up on the dozen or so workshop attendees has gone largely underreported.

Was this event simply flash-in-the-pan, or does UNODC and other constituent bodies of the United Nations consider arts-based therapy a serious undertaking? Will artists like Ross Bleckner and other UN Goodwill Ambassadors continue to advocate on behalf of arts-

based interventions or will this moment merely exist as a remnant memory in the minds of those who attended the exclusive, New York art exhibition?

Despite the naysayers, advocacy on behalf of art therapy continues to grow strong and has gained allies from multiple sectors of society with the most vocal supporters being artists and patients themselves. Also, the arts therapy movement continues to garner support from top political figures which is important for helping enshrine its place in the legitimate canon of psycho-social research. Following the terrorists attack in New York on September 2001, the work of creative counselors was put to the test on American soil with the help of the American Art Therapy Association (see Figure 3). Leading politicians spoke out in support of the efforts employed by creative therapists during the national crisis including Hillary Clinton, the junior Senator of New York State at the time, who gave a floor statement to the US Congress on November 2001 praising arts-based therapy:

“... since the terrible tragedies of September 11, many Americans, both adults and children, have been forced to deal with a level of pain and anxiety that most people have never had to endure before. Art therapy--the process of using art therapeutically to treat victims of trauma, illness, physical disability or other personal challenges--has historically been under recognized as a treatment. However, since September 11, many of us have witnessed its enormous benefits in helping both children and adults alike express their emotions in a very personal, touching way.... And that is why I rise today to encourage my colleagues in Congress to support the field of art therapy and expand awareness about this creative form of treatment. At this time of heightened awareness about the importance of maintaining mental health, we should recognize art therapy as a way to treat those among us who have experienced trauma” (Clinton).

In Burma, Uganda, the United States, and many other locations across the globe, arts-based therapy has proven its healing power, its utility and its ability to be complementary to the existing work of treatment practitioners. As the list of believers in arts-based therapeutic approaches continues to grow, the movement for this new form of

treatment will continue to gain momentum, recognition and respect. In order to ensure that advancements in arts-based therapy are adopted and implemented in future natural disaster and conflict situations, governments must continually be encouraged to embrace these new approaches to mental healthcare. As the birthplace of formalized art therapy, the United States should take the lead in the United Nations General Assembly to promote the use of arts-based therapies in the disaster relief trainings conducted by the UN Office for the Coordination of Humanitarian Affairs. Similarly, international non-governmental organizations and first-responders that regularly work in disaster relief scenarios should employ arts-based techniques in their future efforts on the ground and institute follow-up measures including thorough public reporting to help advance the field of arts therapy. In addition to implementing arts-based strategies, civil society such as the American Art Therapy Association as well as its allies and affinity groups should commit to pressure US and UN representatives by monitoring and reporting on their progress in achieving the implementation of these much-needed approaches.

If the success of these innovations is not recognized and reapplied at length, than the advancements of both the artists and psychologists working in this field may die along with the dreams of future victims who find themselves in desperate need of alternative psychological treatment. It is not merely the role of the few individuals working in this small field to ensure its success; this duty falls on the shoulders of mental health practitioners, lay counselors, community leaders, and concerned citizens across the globe who have a true and vested interest in the psychological well-being of our planets' inhabitants. In the words of Ralph Waldo Emerson: "Imagination is not a talent of some men, but is the health of every man."

Figure 1. Art therapy drawings created shortly following Cyclone Nargis



In the weeks following Cyclone Nargis, Burma's military rulers refused to let foreigners into the devastated Irrawaddy Delta.

As a result much of the initial relief effort was left to smaller groups with a permanent presence there.

One such organisation - the Foundation for the People of Burma - managed to mobilise about 300 people.

The workers noticed the children were "listless and in need of playful outlets" - so they gave them crayons and pencils and encouraged them to draw.

Fourteen-year-old Moe Thu described the struggle for survival.

"The villagers' homes, valuables, livestock as well as our jobs were lost," he told aid workers.

He described how the villagers tried to restore a damaged pagoda but "could only contribute our labour, not any money, since everything had been lost in the storm".

Nargis also wrecked the village schools, but as he pointed out: "With our parents struggling just for survival, [the schools] won't be repaired soon."

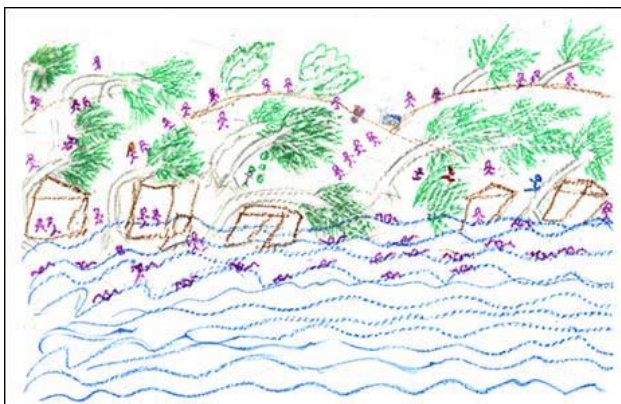


Backed by donations from individuals, the US-based foundation has been working in Burma since 1999.

It continues to help in the reconstruction effort, focusing on health and education.

Nargis left about 130,000 people dead and many more homeless.

"Looking at the drawings makes me incredibly sad. Every time the monsoon rains start coming down here, I start to cry because I know the conditions so many thousands are living in," says one aid worker.



(Boyle, *BBC News*)

Figure 2: Art therapy drawings from the "Welcome to Gulu"



Figure 3. Hillary Clinton and art therapist Irene Rosner David of New York City's Bellevue Hospital with post-9/11 artwork from New York



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