

EXPRESSIVE ARTS THERAPY AS A PSYCHOLOGICAL INTERVENTION FOLLOWING SPORT INJURY

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ABSTRACT

Creative art practices are key constituents and interventions that can not only enhance physical performance of athletes and their subsequent sporting activity but can also help them out in recovering from injury(s). The way to achieve this is by transferring psychological skills to an injury, within an artistic rehabilitation setting, which can safeguard the well-being of the affected sports-personnel. Essentially, suggests Pennebaker (1997b), various forms of creativity exploited within psychiatric therapy – ‘from psychoanalysis to social, interactive, behavioral, developmental, communicative and cognitive therapies – have been shown to reduce distress and to promote physical and mental well-being’ (p.162). One key intervention has been the practice-based technique of writing creatively (Ansari & Lalani, 2013; Duncan, et al., 2013). A more widespread practice, however, that has been effectively utilized in most sports based therapies is integrating multiple forms of the Creative Arts in rehabilitation procedures (Arvinen-Barrow & Walker, 2013). This article explores the way varied forms of creative arts – that include music, painting, sculpturing, photography, and creative writing forms such as drama, poetry, or fiction – collectively labelled as ‘the Expressive Arts Therapies,’ can be successfully housed into a curative mechanism to combat sports related injuries. This proposition will be established by drawing on current research in sport psychology, which will focus on key psychological concepts concerning, and typical mental and emotional responses related to, injury; and psychosomatic aspects of rehabilitation processes. The theoretical and practical contexts of Expressive Arts discipline will also be explained in detail, which will establish how different art forms inherently complement one another once setup in a therapeutic praxis, and coupled with the multi-diversified range of human expression, to relieve symptoms of emotional distress brought on by a sports injury.

INTRODUCTION

For a long time now, higher education learners have been flocking to join the Creative Art

programmes in various parts of the world intending to become poets, novelists, musicians, dramatists or, plainly put, writers.

Trying to match up with their enthusiastic pace, a vast majority of institutes today have taken the center stage to offer creative practice courses for such students, most of them offering training workshops as a part of that course (Cole et al., 1999; Green, 2008; James, 2009; Mansoor, 2010; 2011; 2013; Monteith & Miles, 1992). The academic teaching of creative expressionism is therefore no longer given an alienated status. With the pedagogical mechanism of developing creativity in students contextualized with immense response, numerous academics have grasped the importance of an underlying standard which informs their teaching of creative skills to learners (Bell & Magrs, 2001; Smith & Dean, 2009; Donnelly & Harper, 2012; Harper & Kroll, 2008). At the same time, as Green (2008) informs us, despite the area being viewed as an academic discipline specifically aimed at training artists and writers, its predominant tenets can serve as effective assets to tackle any number of physical or psychological health issues, for any category of populaces.

While creative expressionism is seemingly beneficial for

instilling 'enhanced thinking, writing, expression, close reading, and critical skills' in learners associated with the field, it can also be viewed as a means of 'self-development' in Psychological and Humanist domains (Green, 2008, p.9). The same has been suggested to decrease emotional stress and treat the physical damage brought on by a sports injury, which often restricts active participation by an athlete in sports (Wadey & Evans, 2011; Wadey, et al., 2013a; Wadey, et al., 2013b). Numerous researchers have examined the role of psychological factors and reactions following sports injury, which sometimes lead to a worsening of subsequent physical health effects that sports personnel experience afterwards (ibid). This is because all physical aspects of sports injuries and their healing processes are conditioned by the way one's mind operates (Reese, et al., 2012). Therefore to ensure a swift recovery following an injury, and to ensure athletes' smooth return from post-traumatic adversity, relevant 'bio-psychosocial mechanisms' that could trigger their personal growth, emotional resilience and mental toughness must

be taken into account (Arvinen-Barrow & Walker, 2013).

Some rather pertinent research inquiries have been conducted in this regard, that exhibit the influence of creative skills on mental health wellbeing on one hand, and offer a rather profound interpretation of the usefulness of such practice with respect to the mind-body connection (a duality that had its origins in Aristotelian and Platonist philosophies) on the other (Mills & Daniluk, 2002). In several controlled clinical case studies, for instance, Psychologist James W. Pennebaker has discovered a kind of 'coping mechanism' inherent within narrative and storytelling techniques. See, for instance, Pennebaker (1993, 2004, 2011); Pennebaker et al. (1987, 1988, 2003); Pennebaker & Beall (1986); Pennebaker & Seagal (1999); Slatcher & Pennebaker (2006); and Tausczik & Pennebaker (2010) in this regard. The mechanism comes into action when individuals utilize their verbal and critical thinking skills to express their self-repressed thoughts and feelings in the form of a well ordered narrative,

which includes relevant vocabulary, concrete imagery, and objectified personal experiences and detail, on a piece of paper (Pennebaker, 1997a; 1997b). Research findings discovered by Baikie & Wilhelm (2005), Malchiodi (2003; 2005), McNiff (2009), Rogers (1993), Vick (2003) and White (2008) corroborate with Pennebaker's view in a similar manner. The researchers consider various art forms, like Creative Writing, as an 'Expressive Therapy,' which involves a practice oriented structure that enables physically and psychologically distressed individuals to order their lives with ease. Such research studies conducted in the medicinal domain, however, neither imply 'that creative writing classes are group therapy,' nor do they insinuate that 'writers are more physically or psychologically fit than other people are' (Green, 2008, p. 9). All they suggest is the notion that individuals who practice the craft and techniques grounded in creativity are primarily developing artistic tools and paradigms that can function as therapeutic coping mechanisms (ibid). Given the grounds, the first half of the 20th century witnessed an

innovative stance as medical practitioners became interested in examining 'the connection between the artwork their patients produced,' studying the 'emotional and symbolic ideas' such products represented, and finally identifying their impact on 'the various illnesses of the patients' (White, 2008). In the years that followed, 'Expressive Arts Therapies evolved into methods of evaluation, communication, assessment and treatment of persons of all races, ethnic backgrounds who may have developmental, medical or psychological difficulties' (ibid). What follows is the rationale of the present article, which sets out to explore the nature of sports related injury turmoil, disposition of Expressive Arts Therapies, and will shed some light on how such therapies could be applied in medical treatments in general, and to treat sports related injuries in particular. The aim of this study is therefore to exhibit the curative effect of different art forms that, when combined with human expression, act to counter symptoms of emotional distress brought on by a sports injury.

The Psychological Effects of Sports Injury

Injuries related to athletic activities have become a relatively common occurrence among sports participants these days (Timpka et al., 2005; Arvinen-Barrow & Walker, 2013). Following a massive increase in the rate of sporting injuries each year, researchers have recently begun considering the psychological aspects as opposed to the bodily aspects of such injuries alone (Nicholl et al., 1995). Not so surprisingly, therefore, most athletes, professional coaches and medicine personnel treating injured players are now aware of one principle fact: sustaining physical wounds in the aftermath of a sporting activity can cause both physical and grave psychological distress (Appaneal, et al., 2009; Carson & Polman, 2012; Tracey, 2003; cited in Duncan, et al., 2013; Walker & Heaney, 2013). Citing from multiple sources, researchers report that the incidence of athletic injury influences mental health and induces several emotional stress outcomes. Such psychological reactions typically include

feelings of anger, anxiety, tension, depression, frequent mood swings, low energy levels (McDonald & Hardy, 1990; Myers, et al., 2004; cited in Jon, 2014, p.1), denial or inability to accept reality, failure to sort-out jumbled thoughts, incapacity to restructure, reform or reorganise (The Open University, 2013), fear, decreased self-esteem (Walker, et al., 2007; Wiese-Bjornstal, et al., 1998; in Reese, et al., 2012, p. 71), problems in levying proper focus or sporting coordination, concentration or attention deficiency, and an addiction to exercises as well (Larson, et al., 1996; Smith, 1996; in Theodorakis, et al., 1998, pp. 2-3).

In their study on young athletes suffering from mental trauma, Duncan, et al. (2013) suggest the aforementioned sort of emotional disturbance often ends up preventing smooth healing to take place and acts as an obstacle to future performance. Thinking they may not be able to perform as effectively as before, injured sportsmen withdraw from training, avoid gaming competitions, and become destabilized (Walker & Heaney, 2013, p. 23). Those who view their injury as

an end to their career lose their athletic spirit, ethos and identity, pull out from the sporting climate, become isolated, and develop a frustration that leads to grief (Evans & Hardy, 1995; Morrey, et al., 1999). Post injury psychological consequences such as these, state Reese, et al. (2012), not only result in a loss of 'achievement of athletic potential,' but also tend to disrupt the lives of the injured athletes (p.71). Given that one's psychological input has a direct impact on their physical self, the 'functional loss or the inability to continue sports participation can be devastating and hinder the recovery process, and consequently affect the way athletes mentally deal with future injuries' (ibid). This does nothing to aid such individuals during therapeutic treatment or rehabilitation, or bring their professional practice back to life (Podlog & Eklund, 2010; Wiese-Bjornstal, et al., 1998). To make things worse, additional findings on injury coping models show that weak psychosomatic recovery often leaves athletes more vulnerable to further injuries (Arvinen-Barrow & Walker, 2013, p. 23; Wiese-Bjornstal, 2010). Evans, et

al. (2000) claim the reason why athletes cannot return to their pre-injury performance intensity is not because of the physical but their psychological turmoil. Even if they are physical fit, but not psychologically ready to face their practice, a return to the sporting environment would increase the risk of re-injury (ibid). Therefore, the sooner they can overcome the psychological factors that cause stress, the earlier they can be on their way to recovery, and return to their pre-injury psychosomatic state (McDonald & Hardy, 1990).

Psychological Interventions in Sport Injury Rehabilitation

It has become a widely accepted phenomenon that allowing athletes to cognitively process and deal with their sport-specific emotional afflictions, following their physical injury, are crucial for treatment and subsequent healing and recovery (Arvinen-Barrow & Walker, 2013; Evans, et al., 2000; Hagger, et al., 2005; Reese, et al., 2012; Theodorakis, et al., 1998; Wiese-Bjornstal, et al., 1998). The recognition of these aspects, write Duncan, et al. (2013), 'has led

to an increase in psychological interventions being implemented alongside standard physical sports injury rehabilitation protocols' as well (pp.1-2). This has also led to a proliferation of research studies conducted to examine the success rate of the same (Dridiger, et al., 2006; Evans, et al., 2006; Hamson, 2006; Hamson-Utley, et al., 2008; Ievleva & Orlick, 1991; Ievleva & Orlick, 1993; Jon, 2014; Rees, et al., 2010; Lichtenwald, 2013). The purpose behind these studies has been to provide comprehensive insight into sport and exercise psychology, investigate the efficacy of psychosomatic interventions in post-injury therapy, and examine all possible mechanisms and factors, even creative skills, that could accelerate the pace and quality of improvement in physical damage caused by acute injuries.

Any technique that serves to manage stress can help reduce the physical and psychological after effects caused by an athletic injury (Johnson et al., 2005). Unless a lessening of the psychological reactions to injury is observed, the resulting stress will continue having a negative effect

on rehabilitation and rehabilitation outcomes (Reese, et al., 2012). Coaches, physicians, researchers and sports therapists alike have suggested numerous user-friendly interventions, strategies and skills, 'designed specifically to reduce such reac-

tions,' which 'could potentially be of benefit' (The Open University, 2013). Table 1 presents a brief overview and analysis of specific interventions that have been successfully utilized to reduce the post-injury reactions of suffering athletes.

TABLE 1
Psychological Sport Interventions and their Correlating Context

Intervention	Details
Vivid Mental Healing Imagery	The creation/recreation of an imaginary scenario in the mind can be used to imagine the healing process is going well, or recovery has taken place, or the player has regained previous skills and returned to the field, etc., when none of them may be true, reduces stress and anxiety, manages pain (e.g. by acting as a distraction during painful treatments), and speeds up the healing process.
Mental technique of Goal setting	Imperative for helping injured athletes refocus their attention on regular rehabilitation and treatment, motivating them and increasing their adherence is allowing them to set short and long term goals. This speeds recovery and ensures a safe return to sport training.
Positive self-talk	To eradicate negative thoughts following an injury, <i>instructional self-talk</i> helps develop positive rehabilitation outlook regarding the <i>technical demands</i> of athletic skills and accuracy; whereas <i>motivational self-talk</i> helps restore the athlete's stamina or strength which are <i>less technical demands</i> . Both affect the way an individual experiences physical pain and can decrease it.
Relaxation techniques	Relaxation techniques like massages can help to relieve post-injury stress, anxiety and tension in the injured area.
Social support	After an injury, because an athlete gets detached from their sporting environment and separated from coach/team-mates, feelings of isolation, loneliness and loss of identity follow. Social support can be extended by allowing, e.g., rehabilitation procedures to be practiced alongside team practice sessions, which can alleviate distress.
Attitude & personal Coping Skills	The speed and quality of recovery, and the subsequent ability of an athlete to return to their pre-accident performance level and expertise, depend up on their personal view of their situation; their way of looking at their condition; or their perception of an injury experience. A positive minded athlete will have an easier recovery experience than the one with negative emotions.
Written Disclosure / Expressive Writing	This implies a reflection on the emotionally upsetting and/or traumatic injury experience and writing about it; athletes express cognitive understanding of their injury, their negative injury-related thoughts, emotions, and feelings artistically; the idea is to increase a sense of control, reduce intrusive thoughts, manage emotional balance, improve overall mood and self-esteem, boost immune functioning and generate positive perception by projecting sport stressors, and through purgation of negative feelings. This involves processing markers necessary for psychological adjustment to and recovery from (and facilitates coping with) severe injury.

The above table contains information referred from Arvinen-Barrow & Walker (2013), Hamson-Utley, et al. (2008), Ievleva & Orlick (1991), Ievleva & Orlick (1993), Jon (2014), Rees, et al. (2010), Theodorakis, et al. (1998), and The Open University (2013). However, as Duncan, et al. (2013) and Reese, et al. (2012) inform us, the utilization of most of these techniques has not been supplemented by extensive research, their density is too low and lacks a mechanism whereby they could be compared to other means to deal with psychological rehabilitation of injured athletes. What follows is a detailed analysis of Expressive Arts techniques, that could provide sports practitioners with more effective results.

Classifying the Expressive Arts Therapies

Therapeutic specialists and non-medicinal practitioners, alike, have concluded that a curative or restorative contrivance exists in creative art forms, which can operate as a rehabilitative course of treatment for stress induced conditions. This is what can be understood as 'Expressive Arts Therapies,' which tend to

bring a remedial action based on a specific creative mode of expression into physio and psychotherapeutic domains (McNiff, 1981, p. viii). In her research on the contribution of various professionals formally trained in one or more of the expressive therapies, Malchiodi (2003; 2005) observes that their philosophies and modalities used to treat a variety of psychosomatic disorders have been embraced in equal measure by psychologists, psychiatrists, social workers, and other medicine practitioners over the last decade. If on one hand counsellors and psychoanalysts use conversational means to treat mentally disturbed patients, on the other expressive therapists consider the various artistic styles in their work with clients – some of whom may be more visual and chromatic, others more kinaesthetic or tactile – and treat their subjects accordingly (Malchiodi, 2005, p.1). Just like people, all art forms have distinct characteristics or features and present different challenges to individuals who practice them (McNiff, 2009, p. 3). Yet despite them offering 'endless variations,' each form of art is ultimately 'linked to a common creative

purpose' – to deepen the range and imaginary content through expression, and enable one to engage in some kind of curative process through performance (ibid). The question now is, what exactly can be understood by 'Expressive Arts Therapy,' and how such therapies can be identified?'

Accepted Modalities: Definition and Taxonomy

Most specialists who practice Expressive Arts Therapies define them as the 'utilization of,' and 'an active engagement with,' one or more of the circumscribed domains of art for healing purposes, rehabilitation purposes or healthcare (Malchiodi, 2003, 2005; McNiff, 1981, 2008; Rogers, 1993; White, 2008). These include music, creative writing / drama / fiction / poetry, and visual art forms (McNiff, 2009, p. 4). The term 'Expressive Arts Therapy,' also referred to as Expressive therapy, or Creative Arts Therapy, has been applied to the coalition of 'all individual arts therapy specializations and their professional associations' (ibid). One of such organizations is the National Coalition of Creative

Arts Therapies Associations. The NCCATA was established in 1979 with an explicit aim to achieve the following:

- To promote education, wellness, and healing through the creative arts
- To increase access to quality creative arts therapies, in order to serve the public
- To further the creative arts therapies through facilitation of collaborative advocacy, research and education. (Diamond, et al., 2013).

The given mission and vision statements enlisted by the NCCATA promote a collaborative framework between the various arts practices and medical treatment, which is another reason why Expressive Arts Therapies are sometimes referred to as "integrative approaches" as well (Malchiodi, 2005, p.2). Citing from multiple resources, the researcher (ibid) presents a setup of individual therapeutic approaches and a mechanism specific to each artistic domain that can be taxonomized as follows:

TABLE 2
Expressive Arts Therapies and their Correlating Context

<i>Therapy Framework</i>	<i>Significant Identification Markers</i>
Visual Art therapy	It uses art media, images, and the creative process, and respects patient/client responses to the created products as reflections of development, abilities, personality, interests, concerns, and conflicts. It is a therapeutic means of reconciling emotional conflicts, fostering self-awareness, developing social skills, managing behaviour, solving problems, reducing anxiety, aiding reality orientation, and increasing self-esteem(American Art Therapy Association, 2004).
Music therapy	This focuses on music to effect positive changes in the psychological, physical, cognitive, or social functioning of individuals with health or educational problems (American Music Therapy Association, 2004).
Dance/movement therapy	It is based on the assumption that body and mind are interrelated and is defined as the psychotherapeutic use of movement as a process that furthers the emotional, cognitive, and physical integration of the individual. Dance/movement therapy effects changes in feelings, cognition, physical functioning, and behaviour (NCCATA, 2004a). It should be done if possible.
Creative Writing Therapy	<i>Poetry therapy and bibliotherapy</i> - terms used synonymously to describe the intentional use of poetry and other forms of literature for healing and personal growth (NCCATA, 2004b).
	<i>Drama therapy</i> - systematically and intentionally uses drama/theatre processes, products, and associations to achieve the therapeutic goals of symptom relief, emotional and physical integration, and personal growth. It is an active approach that helps the client tell his or her story to solve a problem, achieve a catharsis, extend the depth and breadth of inner experience, understand the meaning of images, and strengthen the ability to observe personal roles while increasing flexibility between roles (National Drama Therapy Association, 2004).
Play therapy	This is the systematic use of a theoretical model to establish an interpersonal process wherein trained play therapists use the therapeutic powers of playful activities to help clients prevent or resolve psychosocial difficulties and achieve optimal growth and development (Boyd-Webb, 1999; Landreth, 1991).
Sandplay therapy	It is a creative form of psychotherapy that uses as and box and a large collection of miniatures to enable a client to explore the deeper layers of the psyche in a totally new format. By constructing a series of “sand pictures,” a client is helped to illustrate and integrate his or her psychological condition.
Integrated arts approach or intermodal (also known as multimodal)therapy	This involves two or more expressive therapies to foster awareness, encourage emotional growth, and enhance relationships with others. It distinguishes itself from its closely allied disciplines of art therapy, music therapy, dance/movement therapy, and drama therapy by being grounded in the interrelatedness of the arts. (Knill, Barba, & Fuchs, 1995).

Identified from Malchiodi (2005).

Role of Expressive Arts Therapies: Treatment and Intervention

McNiff (1981, 2009) claims that once art and rehabilitative means for combating psychological or physical ailments are combined, an expansion in the scope and depth of each follows, to the point where they work together to achieve effective healing. This is because individual human beings contain, within themselves, a creative energy which is inherent in their life-force (Rogers, 1993). The researcher further states that a primary function of all psychotherapeutic processes is to ignite and stimulate that creative energy. This implies that 'creativity and therapy overlap,' and that 'what is creative is frequently therapeutic, and what is therapeutic is frequently a creative process' (1993). Using art formulation, musical coordination, fiction composition, poetic or dramatic performances to nurture and extend physical or mental healing processes can help therapists 'resolve inner conflict, and awaken individual creativity' of disturbed individuals (ibid). Below is a brief description of the visual art, music,

creative writing and sand-play therapies that do just that (Green, 2008; Malchiodi, 2003, 2005).

The Visual Art Therapy

In comprehensive terms, among all forms of 'Expressive Therapies,' *The Art Therapy* relies on an approach of using concrete artistic forms (colours or paintings, sketches, sculptures) and media forms (video recordings or photography) psychotherapeutically. This means that 'the creative process of art making is healing and life enhancing and is a form of nonverbal communication of thoughts and feelings' (American Art Therapy Association, 1996; cited in Malchiodi, 2003, p. 1). The basic premise behind the form, according to Levens (1995), is that repressed thoughts and feelings stemming from the subconscious mind can often achieve effective expression in images rather than through words (p.xi). The process converts fine art into an alternative language, which can be used to voice even the most restrictive emotions, at a time when 'words get in the way of the true experience of communication' (ibid). Mimicking the host

of forms associated with general medicinal practice, 'it is used to encourage personal growth, increase self-understanding, and assist in emotional reparation and has been employed in a wide variety of settings with children, adults, families, and groups (Malchiodi, 2003, p. 1). Once a patient artistically explores their motive that brought them into therapy, both the client and their therapist try to understand 'the art process and product of the session' (Case & Dalley, 1992, p. 1). Every single aspect from the colour, space and form to the client's association with the art object are taken to imply a personal statement, that becomes the focus of discussion, analysis and evaluation (Schnetzer, 2005, p. 12; Vick, 2003, p.7, 8).

The Music Therapy

Like the graphic art based therapies, Bunt (1994) considers *Music Therapy* as an art beyond words. This is one rehabilitative medium that has been in vogue for centuries, and there are numerous findings that testify to the 'curative or healing powers of music in the historical records of different cultures' (Campbell,

1991; Gouk, 2000; Horden, 2000; Pratt & Jones, 1988; cited in Wigram, et al., 2002, p. 11). While in some countries the field still hasn't been established as a scientific practice or as a profession, in most places Music Therapy has been officially recognized by 'political, clinical and academic institutions' alongside other 'paramedical professions such as physiotherapy, occupational therapy, speech therapy, and psychology within special education services provided by health and education authorities' (ibid). Researchers have identified a wide range and diversity in its style of work, operational mechanism, application procedures and focus on therapeutic approaches, all of which essentially depend on the clinical contexts where such practitioners might be working in, their training or even their communal background (Aldridge, 2005, p. 12; Pavlicevic, 2004, p. 13). All the same, Music Therapists are linked by a common perception that holds listening to melodies as a source of pleasure; informal chanting and the practice of regular rehearsals as a source of warm stimulus and satisfaction; formal exploration of musical

forms, their intricacies and structures as a source of intellectual delight; every single movement of one's body inspired by playing or listening to instruments as a source of exuded physical energy; and finally the over all harmonic or rhythmic ensemble as the root of spiritual connection between man and his innermost private or emotional self, his immediate cultural or religious environment, people around him, and a sense of his past, present and possible future as well (Bunt, 1994, p. 1). When viewed this way, therapeutically speaking, music serves to enable one achieve a perfect balance between the external and the internal, thereby introducing positive changes to the human psyche (Aldridge & Fachner, 2006, p. 10). Once human consciousness undergoes a change, only then can the healing endeavour begin (ibid, p.12).

***The Creative Writing Therapies
(Poetry Therapy/Bibliotherapy,
Therapeutic Narrative Therapy /
Fiction Therapy, Drama Therapy)***

Within the overall domain of *Creative Writing Therapies*, Williams (2010) believes 'works of

literature, or experiencing various art forms in general, and responding to them, have a therapeutic value' attached to them, which individuals can extend to any given situation (p.78). Almond & Almond (1996) likewise support that since the times of Sigmund Freud, as well those eras that preceded or followed him, practitioners including Freud himself have long been using 'myth, drama, novel, art, and sculpture' as 'subjects and sources' for physical and psychological therapies (p.ix). This practice of 'using literature for therapeutic and supportive purposes,' has not so surprisingly 'been known since ancient times' (Baruchson-Arbib, 2000, p. 102). Research further points out how 'Ancient Greeks called their libraries "The Healing Place for the Soul"; Muslim physicians encouraged patients in hospitals to read the Koran; Christians drew strength and comfort from the Holy Scriptures; and Jews never separated from their Prayer Book and the Book of Psalms' (ibid). Looking at aspects from this angle, it becomes easy to understand how literature and psychoanalysis have had a long and broad association, and for

what reasons medical analysts have been constantly trying to explore means that make literature 'psychologically appealing,' and the processes that enhance its prowess to deal with certain 'changes in psychoanalytic treatments and therapeutic situations' as well (Almond & Almond, 1996, p.ix).

Since its inception as a therapeutic field in the second half of twentieth century, practitioners associated with *Poetry Therapy*, for instance, have been applying it to a diverse range of therapeutic practices (Williams, 2010). At the same time, the therapy format has also been proposed to be applied to the way instructors teach and learners understand poetry (p.78). This has been mainly due to researchers' interest to explore 'the interface between poetry, therapy, and pedagogy for the purpose of aiding in student development and in positive social transformation' (ibid). Williams also suggests the mechanism of poetic-therapeutic reading. This enables readers to 'explore emotional states more deeply, become more self-aware and more in-tune with their

experiences, go out of themselves and empathize with others, and cope with problems or negative emotions.' This results once individuals 'recognize their woes in words and transcend their physical limits, which in turn stimulates their imaginations and lead them to become more creative, proactive people' (2010, p.78). Reasons such as the above specifically make *Bibliotherapy* an effective creative counselling tool or intervention that can be successfully utilized to treat 'grief' and 'loss'; two of the most common psychosomatic factors known to affect individuals of all ages (Briggs & Pehrsson, 2008, p. 32). These may ensue in wake of 'death and non-death-related incidents,' which can consequently cause 'significant stress, psychological trauma, and emotional distress including depression or anxiety (ibid). Reading, writing and sharing poetry, suggests Turner (2008), can help clients suffering from 'mild to moderate depression, stress, anxiety or social isolation--relax and talk about their feelings with benefits for their health and general wellbeing (p.56). This could be achieved by therapists working in the mental health

professions by establishing a practice of allowing their clients use self-help books that promote ideas focusing on healthy living and self-care (ibid).

With reference to the *Fiction Therapy*, much research points to novelists often being labelled as 'active observers of the complexity of the human psyche and the overall human condition,' while psychoanalysts being considered as 'those who study the human imagination' (Almond & Almond, 1996, p. ix). Within the domain of *Expressive Arts Therapy*, however, these two disciplines have now become 'linked by their recognition of the important role of narrative in individual and group life (p.ix). While fiction has always tended to generate semi-realistic, semi-imaginative stories, now such stories are no longer viewed as narrative-for-the-sake-of-narrative, nor even narrative-for-the-sake-of-providing-entertainment based approach alone (ibid). Instead, 'the concept of narrative is now being applied to understanding how individuals structure their experiences and self-concepts,' be it in terms of their culture or their medicinal needs (Almond &

Almond, 1996, p. ix). While reading this *Therapeutic Narrative*, or undergoing the *Fiction Therapy*, 'someone who views himself or herself as a victim will emphasize those aspects of personal history that support a picture of victimization'; read certain stories that mimic their own life, and perhaps apply certain newly-read fictional ideals as 'relief of their chronic depression,' thereby discovering 'the emotional appeal of the story much more satisfactorily' (ibid). Such sort of "healing" in novels, according to the mentioned researchers, provided 'an impetus for them to look at many other works with the idea that some sort of cure takes place through the agency of a meaningful storyline' (1996, p.x). This healing mechanism can also become activated while generating fiction. Novelists, themselves, are real individuals who deal with their problems by creating 'a picture that goes behind the facade, beneath the surface' of the harsh realities of their life or their society; present 'a questioning picture, exploring not only what is, but the silences, the gaps, the ambiguities and the contradictions; and in the process, they may end unearthing

'hidden truths that mere facts can never get at' (Deshpande, 2012, p. 381).

In the world of drama, suggests Pitruzzella (2004), individuals participate in the process by putting their heart and soul in it, just so it could penetrate 'to the living,' which makes this medium a 'healing hearth' and establishes is to be 'therapeutic in the deepest, most human, sense of all' (p.xi). *Drama Therapy* has been defined as 'a form of dramatic art aimed at enhancing the well-being of the persons involved via the guided exploration on stage of various ways of being in the world and having relationships with other people' (ibid, p.1). Sometimes, certain practitioners emphasise the role of spontaneity, creativity, body movement and playful group interaction within this form of therapy to heal individuals, therefore allowing 'a lot of freedom for self-expression, improvisation, experimentation and change' (Kedem-Tahar & Kellermann, 1996, p. 29). On other occasions, certain other therapists tend to adopt 'a more systematic and carefully controlled approach for exploring emotion-

nal issues through dramatic action' (p.29). Though most therapists end up utilizing 'a wide range of exercises built on music, movement, sound, mime, physical relaxation, narratives, guided daydreaming, imagery and play' (ibid). This implies that the area is, therefore, being practised against a broad range of therapeutic frameworks at present, and has become the focus of theatre practitioners and teachers alike (Jennings, et al., 1994). However, to treat individuals suffering from multiple physical and mental handicap, it is rather pertinent to construct a '*drama-therapeutic space*,' which is a specially designed 'concrete place where it is appropriate and safe to establish dramatic reality' (Jennings, 1994, p.7). For such clients, according to the named researcher, holding a dramatic performance at a space 'big enough to hold about a dozen people' may not be such a cosy idea. The important thing to consider in this regard is the privacy and convenience of the suffering individuals, and to make sure the space could produce significant experiences. This means that their performance should be held in a place that must pertain to the given setup;

TABLE 3
The Drama-therapeutic Space
(Excerpted from Jennings, 1994, p.7)

<i>Space Framework</i>	<i>Overall Setup of Performance Environment / Room</i>
<i>Privacy</i>	It should be private, so that outsiders or non-group members will not be able to invade it; yet it should not be completely isolated.
<i>Spacious</i>	It should be big enough in width, breadth and height in order for at least eight individuals to move about; yet not a thoroughfare space or a hall or somewhere used for lots of other things.
<i>Quiet, Neat & Resourceful</i>	It should not be cluttered and contain folding seats, shelves and cupboards for equipment, curtains or blinds at the windows, heater, etc.
<i>Reflexive Air</i>	It should be better at asking questions than producing answers; a space that the group uses and not one that uses the group.
<i>Suitable</i>	Above all it should be a space that 'gives rise to character'.

However, drama is not the only category of activity-based art form associated with Expressive Therapies. There are a few more.

The Sand-Play Therapy

The significance behind this therapeutic process, according to Kwasniewski (2005), has to do

with the way clients are expected to achieve positive energy through the combination of all basic elements - earth, air, fire, water - using which they shape and create their own individual or communal perspectives or images present in their mind in the form of 'wet-sand objects' (p.70). The *Sand Play Therapy* thence acts as a 'powerful, multi-dimensional experiential therapeutic tool' whereby clients are provided with a work-space, 'approximately 19.5 x 28.5 x 2.75 inches; floor and sides painted with water-resistant bright-blue paint; boxes of dry and moist sand (Kalff, 1991); and sometimes a number of small figures on a tray, corresponding to people, animals, natural objects of all sorts, houses, bridges, ships, fantasy creatures, symbolic objects, religious figures from diverse cultural spheres, and magical figures, etc.' (Kwasniewski, 2005, p.70). The clients - both adults or children - are thereafter encouraged to play with sand and create models of objects, if they have selected them, otherwise create objects from their imagination and present them in the form of a concrete visual scene 'bringing

their inner and outer worlds together through imagination' (Cunningham, 1977; Kalff, 1991). This form of therapy is however different than *Sandtray Therapy* (Bradway, 2006). The Sandtray therapy wholly relies on providing clients with a tray laden with figures and objects, which they are meant to utilize in their artwork created from sand (Kalff, 1991). Sandplay, on the other hand, refers to a specific method of therapy that may or may not include sand trays (Bradway, 2006, p. 7). Given that its therapeutic rationale is to 'interpret concrete daily life events, as well as unconscious material such as dreams, fantasies and active imagination,' all that sandplayers really require is sand and water (ibid, p.8).

The above therefore implies another therapeutic non-verbal exploration of an art form by means that include artistic freedom amidst a protected space. Though if necessary, there is no reason to suspect why an *integrated arts approach or intermodal /multimodal Therapy* would not be able to benefit individuals.

Given that all art forms have a genuine capability of blending

with and influencing one another, McNiff (2009) identifies coming across to most experiences within the Expressive Arts domain that tend to integrate the various fields therapeutically to function in unison (p.178). All the same, each art form, even if combined with the next, still succeeds in maintaining an individual identity and a distinct place; all they tend to do is give extra attention to 'free and exploratory movement as a way of generating imagery, themes, ideas and artistic compositions' (ibid). Ultimately all art forms are kinaesthetic in nature and tend to work best therapeutically through bodily movement and exercise (p.179). This includes Creative Writing as well, given that breathing mechanisms and bringing out subdued body expressions are an intensive part of the process (p.178). And since their basis of work is the same, all art forms can prove to be quite beneficial when combined in therapy (McNiff, 1981, 2009).

Using the Expressive Arts Therapy to Combat Sport Injury

Research therefore shows that while undergoing Expressive Arts Therapies, patients from all

age groups are encouraged to script or enact dramas, operate musical instruments like drums, write narrative stories, or engage in any other creative activity according to their abilities and interests, just so they could 'express their thoughts and feelings in a manner that is different than strictly verbal means and have unique properties as interventions' (Malchiodi, 2005, p.1). By incorporating 'these various expressive capacities in their work with clients,' coupled with brief forms of medical treatment, Creative Arts Therapists can more fully enhance each person's abilities to communicate effectively and authentically' (ibid). Physiotherapists and psychoanalysts alike find this field of practice entirely beneficial for suffering individuals, given that its means and strategies to foster an active communication of relevant issues accelerate the healing process in ways that medicine alone or psychiatric discourse cannot (Baikie & Wilhelm, 2005; McNiff, 2009; Rogers, 1993; Vick, 2003; White, 2008). This is another reason why various 'other health care professionals are turning to expressive modalities in their work with

individuals of all ages (Malchiodi, 2005, p.2). Green (2008) likewise claims that the general purpose of even the educational domain should always be to pay excessive attention to both their students' physical health and mental health wellbeing. This suggests that necessary steps need to be taken into account to ensure safeguarding learners' sound emotional state or welfare. Creative Arts in general, and Writing in particular, 'provide more than just an avenue for catharsis' (2008, p.10). They help individuals' learn to navigate emotionally complex situations in a wide variety of ways; provide psychological insight; encourage practitioners to make their own insights into the psychology of their creations; study one's own emotional climate and psychology, thus leading to an increase in personal awareness (ibid). This is a concept coincidentally evoked by Sports Rehabilitation Therapists as well (Arvinen-Barrow & Walker, 2013; Wadey & Evans, 2011; Wadey, et al., 2013a; Wadey, et al., 2013b).

Given that there are numerous psychological means that play an important role in

helping athletes recover from injuries, Jon (2014) asserts that 'the search for effective psychological rehabilitation methods is ongoing.' While a 'robust evidence base' examining a few creative contrivances or artistic interventions dealing with 'injury-related psychological distress' exists (Hudson & Day, 2012; Mankad & Gordon, 2010; Mankad, et al., 2009; Reese, et al., 2012), apart from a few exceptional cases not a lot of published studies are found to have utilized the same within a sports context, or being 'directly related to sports injury rehabilitation' (Duncan, et al., 2013, p. 2). At the same time, the investigations that have been carried out thus far lack in-depth output (Reese, et al., 2012). Researchers therefore recommend to extend further focus on particularly those means that provide elaborate information on the particular injury status and it's correlating psychological outcomes following an artistic intervention (Duncan, et al., 2013).

Conclusion

On the whole, this article has been written to build upon an existing body of research dealing

with the generation of art-and-sport based theories that aim to explain, predict and rationalize artistic processes, psychological factors and outcomes by encapsulating therapeutic view of athletic injuries and their treatment. It also emphasizes the need to utilize a holistic and multi-disciplinary approach to dealing with sports injuries and rehabilitation, and is an essential resource for students, scholars and practitioners working in sport psychology, sports therapy, sports medicine or coaching injured athletes as well. Given that the 'Sport and Exercise Psychology' is an ever expanding field, despite growing interest in utilizing psychological and creative interventions, Mankad (2009) and Reese, et al. (2012) believe there is a genuine need to conduct further objective and controlled outcome studies. Such experimental trials should examine the efficacy and effectiveness of any form of rehabilitative skills and strategies, develop psychometrically reliable and valid scales to investigate injury status and assess their post-intervention psychological outcomes, and finally construct means that deal with the limitations

and errors in existing measures (ibid). 'Understanding the role of psychological and other factors contributing to injury recovery,' state Reese, et al. (2012), 'will provide a critical foundation for the development, implementation, and evaluation of psychological interventions, which will subsequently improve the recovery process for injured athletes' (p.2).

References:

- Aldridge, D., ed., 2005. *Music Therapy and Neurological Rehabilitation: Performing Health*. London: Jessica Kingsley.
- Aldridge, D. & Fachner, J. eds., 2006. *Music and Altered States: Consciousness, Transcendence, Therapy, and Addictions*. London: Jessica Kingsley.
- Almond, B. & Almond, R., 1996. *The Therapeutic Narrative: Fictional Relationships and the Process of Psychological Change*. Westport, CT: Praeger Publishers.
- American Art Therapy Association, 1996. *Mission Statement*. Mundelein, Illinois: Author. Malchiodi, C. A. (1998). *The art therapy sourcebook*. New York: McGraw Hill-NTC.
- American Art Therapy Association, 2004. *About Art Therapy*. [Online] Available at: www.arttherapy.org
- American Music Therapy Association, 2004. *Definition of Music Therapy*. [Online] Available at: www.musictherapy.org
- Ansari, K. & Lalani, F., 2013. Creative Writing: An Antidote for Physical Injuries and Trauma. *The Shield; international Journal of Physical Education & Sports Science*, Volume 8, pp. 81-91.
- Anneliese G., Me Refliwe R., M. Ramagoshi & Darlene K. (2007) The Role of Traditional Dance in South African Society. *The Shield; international Journal of Physical Education & Sports Science*, Volume 02, pp. 1-13.
- Appaneal, R. N., Levine, B. R., Perna, F. M. & Roh, J. L., 2009. Measuring Postinjury Depression among Male and Female Competitive Athletes. *Journal of Sport and Exercise Psychology*, 31(1), pp. 60-76.
- Arvinen-Barrow, M. & Walker, N. eds., 2013. *The Psychology of Sport Injury and Rehabilitation*. New York: Routledge.
- Baruchson-Arbib, S., 2000. Bibliotherapy in School Libraries: An Israeli Experiment. *School Libraries Worldwide*, 6(2), pp. 102-110.
- Bell, J. & Magrs, P. eds., 2001. *The Creative Writing Coursebook*. 1st ed. London: Macmillian.
- Bosson, K. J., Swann, W. B. & Pennebaker, J. W., 2000. Stalking the Perfect Measure of Implicit Self-Esteem: The Blind Men and The Elephant Revisited?. *Journal of Personality and Social Psychology*, 79(4).
- Boyd-Webb, N., ed., 1999. *Play Therapy with Children in Crisis*. 2nd ed. New York: Guilford Press.

- Bradway, K., 2006. What is Sandplay?. *Journal of Sandplay Therapy*, 15(2), pp. 7-9.
- Briggs, C. A. & Pehrsson, D.-E., 2008. Use of Bibliotherapy in the Treatment of Grief and Loss: A Guide to Current Counseling Practices. *Adultspan Journal*, 7(1), pp. 32-42.
- Bunt, L., 1994. *Music Therapy: An Art beyond Words*. New York: Routledge.
- Campbell, D., 1991. Imagery and the Physiology of Music. In: D. Campbell, ed. *Music – Physician for Times to Come*. Wheaton, IL: Theosophical Publishing House.
- Carson, F. & Polman, R., 2012. Experiences of Professional Rugby Union Players Returning to Competition following Anterior Cruciate Ligament Reconstruction. *Physical Therapy in Sport*, 13(1), pp. 35-40.
- Case, C. & Dalley, T., 1992. *The Handbook of Art Therapy*. London: Routledge.
- Cole, D. G., Sugioka, H. L. & Lynch, L. C. Y., 1999. Supportive Classroom Environments For Creativity in Higher Education. *Journal of Creative Behavior*, 33(4), pp. 277-293.
- Cunningham, L., 1977. What is Sandplay Therapy?. *Journal of Sandplay Therapy*, 6(1).
- Dean, L. E., 2014. *Doing Nothing – One more approach to Sandplay Therapy*. [Online] Available at: http://www.sandplay.org/doing_nothing.htm [Accessed 21 April 2014].
- Deshpande, S., 2012. A Writer's Look at Literature, Fiction and Mental Health. *Indian Journal of Psychiatry*, 54(4), pp. 381-384.
- Diamond, S., Cruz, R. F. & Rodriguez, C., 2013. *National Coalition of Creative Arts Therapies Associations: Annual Report for Fiscal Year 2012-2013*. [Online] Available at: http://media.wix.com/ugd/58c7c6_e9c3a0d21eadc100863f94adc2eaa246.pdf [Accessed 19 April 2013].
- Donnelly, D. & Harper, G. eds., 2012c. *Key Issues in Creative Writing*. Bristol: Multilingual Matters.
- Dridiger, M., Hall, C. & Callow, N., 2006. Imagery Use by Injured Athletes: A Qualitative Analysis. *Journal of Sports Science*, 24(3), pp. 261-271.
- Duncan, E., Gidron, Y. & Lavalley, D., 2013. Can Written Disclosure Reduce Psychological Distress and Increase Objectively Measured Injury Mobility of Student-Athletes? A Randomized Controlled Trial. *ISRN Rehabilitation*.
- Evans, L. & Hardy, L., 1995. Sport Injury and Grief Responses: A Review. *Journal of Sport and Exercise Psychology*, 17(3), pp. 227-245.
- Evans, L., Hardy, L. & Fleming, S., 2000. Intervention Strategies with Injured Athletes: An Action Research Study. *The Sport Psychologist*, Volume 14, pp. 188-206.

- Evans, L., Hare, R. & Mullen, R., 2006. Imagery Use During Rehabilitation from Injury. *Journal of Imagery Research in Sport and Physical Activity*, 1(1), pp. 1-19.
- Gouk, P., ed., 2000. *Music Healing in Cultural Contexts*. Aldershot: Ashgate.
- Green, J. E., 2008. *Useful Things: The Creative Writing Discipline and its Relevance to the Liberal Arts Tradition*. [Online] Available at: <http://rompers.files.wordpress.com/2010/08/2008.pdf> [Accessed 7 April 2014].
- Hackney, P., 1998. *Making Connections: Total Body Integration through Barthelemy Fundamentals*. Amsterdam: Gordon and Breach Publishers.
- Hagger, M. S., Griffin, M., Chatzi-sarantis, N. L. D. & Thatcher, J., 2005. Injury Representations, Coping, Emotions, and Functional Outcomes in Athletes with Sports-related Injuries: A Test of Self-regulation Theory. *Journal of Applied Social Psychology*, 35(11), pp. 2345-2374.
- Hamson, J., 2006. *The Effects of Mental Imagery on Recovery Time and Adherence to Sport-injury Rehabilitation Programs of College Athletes*. Salt Lake City, Utah: American Alliance for Health, Physical Education, Recreation and Dance.
- Hamson-Utley, J. J., Martin, S. & Walters, J., 2008. Athletic Trainers' and Physical Therapists' Perceptions of the Effectiveness of Psychological Skills within Sport Injury Rehabilitation Programs. *Journal of Athletic Training*, 43(3), p. 258-264.
- Harper, G. & Kroll, J., 2008. Creative Writing in the University. In: G. Harper & J. Kroll, eds. *Creative Writing Studies: Practice, Research and Pedagogy*. Clevedon: Multi-lingual Matters, pp. 1-9.
- Horden, P., ed., 2000. *Music as Medicine. The History of Music Therapy since Antiquity*. Aldershot: Ashgate.
- Hudson, J. & Day, M. C., 2012. Athletes' Experiences of Expressive Writing about Sports Stressors. *Psychology of Sport and Exercise*, 13(6), pp. 798-806.
- Ievleva, L. & Orlick, T., 1991. Mental Links to Enhanced Healing: An Exploratory Study. *The Sport Psychologist*, Volume 5, pp. 25-40.
- Ievleva, L. & Orlick, T., 1993. Mental Paths to Enhanced Recovery from a Sports Injury. In: J. Heil, ed. *Psychology of Sport Injury*. Champaign, IL: Human Kinetics Publishers, pp. 219-245.
- James, G., 2009. The Undergraduate Creative Writing Workshop. *Creative Writing: Teaching Theory & Practice*, 1(1), pp. 48-62.
- Jennings, S., 1994. Prologue. In: S. Jennings, et al. eds. *The Handbook of Dramatherapy*. New York: Routledge, pp. 1-11.
- Jennings, S. et al., 1994. *The Handbook of Dramatherapy*. New York: Routledge.
- Jon, 2014. *Injured Athletes*. [Online] Available at: http://www.study mode.com/essays/Injured-theletes-4785312_6.html [Accessed 13 June 2014].

- Kalff, D. M., 1991. Introduction to Sandplay Therapy. *Journal of Sandplay Therapy*, 1(1).
- Kedem-Tahar, E. & Kellermann, P. F., 1996. Psychodrama and Drama Therapy: A Comparison. *The Arts in Psychotherapy*, 23(1), pp. 27-36.
- Knill, P., Barba, H. & Fuchs, M., 1995. *Minstrels of the Soul*. Toronto: Palmerston Press.
- Kwasniewski, E., 2005. What is Sandtray Therapy?. *Tone Magazine*, 20(10), pp. 70-72.
- Landreth, G., 1991. *Play Therapy: The Art of Relationship*. Muncie, IN: Accelerated Development.
- Larson, G., Starkey, C. & Zaichkowsky, L., 1996. Psychological Aspects of Athletic Injuries as Perceived by Athletic Trainers. *The Sport Psychologist*, Volume 10, pp. 37-47.
- Levens, M., 1995. *Eating Disorders and Magical Control of the Body: Treatment through Art Therapy*. New York: Routledge.
- Lichtenwald, T., 2013. *Sports Wrap: Self-talk, Visualization and Sports Performance*. [Online] Available at: <https://www.marshfieldclinic.org/sports-wrap/visualization-and-sports-performance> [Accessed 15 June 2014].
- Malchiodi, C. A. ed., 2003. *Handbook of Art Therapy*. New York: Guilford Publications, Inc.
- Malchiodi, C. A., 2005. History, Theory, and Practice. In: C. A. Malchiodi, ed. *Expressive Therapies*. New York: Guilford Publications, pp. 1-15.
- Mankad, A., 2009. *The Role of Inhibition and Written Disclosure in Sport Injury Rehabilitation*, Stirling Hwy, Perth: University of Western Australia.
- Mankad, A. & Gordon, S., 2010. Psycholinguistic Changes in Athletes' Grief Response to Injury after Written Emotional Disclosure. *Journal of Sport Rehabilitation*, 19(3), pp. 328-342.
- Mankad, A., Gordon, S. & Wallman, K. E., 2009. Psycholinguistic Analysis of Emotional Disclosure: A Case Study in Sport Injury. *Journal of Clinical Sports Psychology*, 3(2), p. 182-196.
- Mansoor, A., 2010. Teaching Creative Writing to University Level Second Language Learners in Pakistan. *New Writing*, 7(3), pp. 201-218.
- Mansoor, A., 2011. *Using Audio-Visual Aids To Stimulate Inventiveness In University- Level Second Language Creative Writers*. [Online] Available at: <https://iiu-pk.academia.edu/AsmaMansoor/Conference-Presentations> [Accessed 26 March 2014].
- Mansoor, A., 2013. The Recipe for Novelty: Using Bilingualism and Indigenous Literary Genres in an Advanced Level L2 Creative Writing Context in Pakistan. *New Writing: The International Journal for the Practice and Theory of Creative Writing*, 10(1), pp. 52-66.
- McDonald, S. A. & Hardy, C. J., 1990. Affective Response Patterns of the Injured Athlete: An Exploratory Analysis. *The Sport Psychologist*, Volume 4, pp. 461-274.

- McNiff, S., 1981. *The Arts and Psychotherapy*. Springfield, Illinois: Charles C Thomas Publisher Limited.
- McNiff, S., 2009. *Integrating the Arts in Therapy: History, Theory, And Practice*. Springfield, Illinois: Charles C Thomas Publisher Limited.
- Monteith, M. & Miles, R., 1992. *Teaching Creative Writing: Theory and Practice*. 1st ed. Buckingham: Open University.
- Morrey, M. A., Stuart, M. J., Smith, A. M. & Wiese-Bjornstal, D. M., 1999. A Longitudinal Examination of Athletes' Emotional and Cognitive Responses to Anterior Cruciate Ligament Injury. *Clinical Journal of Sport Medicine*, 9(2), p. 63-69.
- Myers, C. A., Peyton, D. D. & Jensen, B., 2004. Treatment Acceptability in NCAA Division I Football Athletes: Rehabilitation Intervention Strategies. *Journal of Sport Behaviour*, 27(2).
- National Coalition of Creative Arts Therapies Associations, 2004a. *Dance / Movement Therapy*. [Online] Available at: www.nccata.org/dance.html
- National Coalition of Creative Arts Therapies Associations, 2004b. *Poetry Therapy*. [Online] Available at: www.nccata.org/poetry.html
- National Drama Therapy Association, 2004. *General Questions About Drama Therapy*. [Online] Available at: www.nadt.org/
- Nicholl, J. P., Coleman, P. & Williams, B. T., 1995. The Epidemiology of Sports and Exercise Related Injury in the United Kingdom. *British Journal of Sports Medicine*, 29(4), pp. 232-238.
- Pavlicevic, M., 2004. *Community Music Therapy*. London: Jessica Kingsley.
- Pennebaker, J. W., 1993. Putting Stress into Words: Health, Linguistic, and Therapeutic Implications. *Behaviour Research and Therapy*, 31(6), pp. 539-548.
- Pennebaker, J. W., 1997a. *Opening Up: The Healing Power of Expressing Emotions*. New York: Guilford.
- Pennebaker, J. W., 1997b. Writing about Emotional Experiences as a Therapeutic Process. *Psychological Science*, 8(3), pp. 162-166.
- Pennebaker, J. W., 2004. *Writing to Heal: A Guided Journal for Recovering from Trauma and Emotional Upheaval*. Oakland, CA: New Harbinger Press.
- Pennebaker, J. W., 2011. *The Secret Life of Pronouns: What Our Words Say about Us*. New York: Bloomsbury Press.
- Pennebaker, J. W. & Beall, S. K., 1986. Confronting a Traumatic Event: Toward an Understanding of Inhibition and Disease. *Journal Of Abnormal Psychology*, 95(3).
- Pennebaker, J. W., Hughes, C. F. & O'Heeron, R. C., 1987. The Psychophysiology of Confession: Linking Inhibitory and Psychosomatic Processes. *Journal of Personality and Social Psychology*, 52(4), pp. 781-793.

- Pennebaker, J. W., Kiecolt-Glaser, J. K. & Glaser, R., 1988. Disclosure of Traumas and Immune Function: Health Implications for Psychotherapy. *Journal of Consulting And Clinical Psychology*, 56(2).
- Pennebaker, J. W., Mehl, M. R. & Niederhoffer, K., 2003. Psychological Aspects of Natural Language Use: Our Words, Our Selves. *Annual Review of Psychology*, Volume 54, pp. 547-577.
- Pennebaker, J. W. & Seagal, J. D., 1999. Forming a Story: The Health Benefits of Narrative. *Journal of Clinical Psychology*, 55(10).
- Pitruzzella, S., 2004. *Introduction to Dramatherapy: Person and Threshold*. New York: Brunner-Routledge.
- Podlog, L. & Eklund, R., 2010. Returning to Competition after a Serious Injury: The Role of Self-determination. *Journal of Sports Science*, Volume 28, pp. 819-831.
- Pratt, R. & Jones, R. W., 1988. Music and Medicine: A Partnership in History. *International Journal of Arts Medicine*, Volume 6, pp. 377-389.
- Reese, L. M. S., Pittsinger, R. & Yang, J., 2012. Effectiveness of Psychological Intervention following Sport Injury. *Journal of Sport and Health Science*, 1(2), pp. 71-79.
- Rees, T., Mitchell, I., Evans, L. & Hardy, L., 2010. Stressors, Social Support and Psychological Responses to Sport Injury in High- And Low-Performance Standard Participants. *Psychology of Sport and Exercise*, 11(6), pp. 505-512.
- Rogers, N., 1993. *The Creative Connection: Expressive Arts as Healing*. New York: Science and Behavior Books.
- Schnetz, M., 2005. *The Healing Flow: Artistic Expression in Therapy: Creative Arts and the Process of Healing: An Image/Word Approach Inquiry*. London: Jessica Kingsley.
- Slatcher, R. B. & Pennebaker, J. W., 2006. How Do I Love Thee? Let Me Count The Words: The Social Effects of Expressive Writing. *Psychological Science*, Volume 17, pp. 660-664.
- Smith, A., 1996. Psychological Impact of Injuries in Athletes. *Sports Medicine*, Volume 22, pp. 391-405.
- Smith, H. & Dean, R. eds., 2009. *Practice-Led Research, Research-Led Practice in the Creative Arts*. Edinburgh: Edinburgh University Press.
- Tausczik, Y. R. & Pennebaker, J. W., 2010. The Psychological Meaning of Words: LIWC and Computerized Text Analysis Methods. *Journal of Language and Social Psychology*, Volume 29, pp. 24-54.
- The Open University, 2013. *The Psychological Aspects of Sports Injury*. [Online] Available at: <http://www.open.edu/openlearn/ocw/mod/oucontent/view.php?id=3544&printable=1#section0>
- Theodorakis, Y. et al., 1998. The Effect of Self-Talk on Injury Rehabilitation. *European Yearbook of Sport Psychology*, Volume 2, pp. 124-135.

- Timpka, T., Lindqvist, K., Ekstrand, J. & Karlsson, N., 2005. Impact of Social Standing on Sports Injury Prevention in a WHO Safe Community: Intervention Outcome by Household Employment Contract and Type of Sport. *British Journal of Sports Medicine*, 39(7), pp. 453-457.
- Tracey, J., 2003. The Emotional Response to the Injury and Rehabilitation Process. *Journal of Applied Sport Psychology*, 15(4), pp. 279-293.
- Turner, J., 2008. Bibliotherapy for Health and Wellbeing: An Effective Investment. *Australasian Public Libraries and Information Services*, 21(2), pp. 56-61.
- Vick, R. M., 2003. Handbook of Art Therapy. In: C. A. Malchiodi, ed. *Brief History of Art Therapy*. New York: Guilford Publications, pp. 5-15.
- Wadey, R., Clark, S., Podlog, L. & McCullough, D., 2013a. Coaches' Perceptions of Athletes' Stress-related Growth Following Sport Injury. *Psychology of Sport and Exercise*, Volume 14, pp. 125-135.
- Wadey, R. & Evans, L., 2011. Working with Injured Athletes: Research and Practice. In: S. Hanton & S. D. Mellalieu, eds. *Professional Practice in Sport Psychology: A Review*. London: Routledge, pp. 107-132.
- Wadey, R., Evans, L., Hanton, S. & Neil, R., 2013b. The Effect of Dispositional Optimism Pre- and Post-Injury. *Medicine & Science in Sport & Exercise*, Volume 45, pp. 387-394.
- Walker, N. & Heaney, C., 2013. Psychological Responses to Injury: A Review and Critique of Psychological Response to Injury Models. In: M. Arvinen-Barrow & N. Walker, eds. *The Psychology of Sport Injury and Rehabilitation*. New York: Routledge, pp. 23-39.
- Walker, N., Thatcher, J. & D., L., 2007. Psychological Responses to Injury in Competitive Sport: A Critical Review. *J R Soc Health*, Volume 127, pp. 174-180.
- White, W., 2008. *Expressive Arts-Based Therapies History and Application - Yahoo Contributor Network*. [Online] Available at: <http://voices.yahoo.com/expressive-arts-based-therapies-history-application-2283388.html> [Accessed 18 April 2014].
- Wiese-Bjornstal, D. M., 2010. Psychology and Socioculture Affect Injury Risk, Response, and Recovery in High-intensity Athletes: A Consensus Statement. *Scandinavian Journal of Medicine and Science in Sports*, 20(2), pp. 103-111.
- Wiese-Bjornstal, D. M., Smith, A. M., Shaffer, S. M. & Morrey, M. A., 1998. An Integrated Model of the Response to Sport Injury: Psychological and Sociological Dynamics. *Journal of Applied Sport Psychology*, Volume 10, pp. 46-69.
- Wigram, T., Pedersen, I. N. & Bonde, L. O., 2002. *A Comprehensive Guide to Music Therapy: Theory, Clinical Practice, Research, and Training*. London: Jessica Kingsley.
- Williams, T. O., 2010. The Therapeutic Value of Poetry for Students and Readers. *Reader*, Issue 58/59, pp. 78-96.