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Using Expressive Arts Therapy to Test Construct Limitations in Temperament

Capstone Thesis

Lesley University

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Expressive Arts Therapy

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Abstract

This literature review puts forth the idea that temperament is a limited construct. The history of temperament, the current uses of temperament in clinical practice, and the limitations of temperament are all reviewed. It then seeks to explain that temperament as a concept could be more effectively explored through the expressive arts therapies. The use of the expressive arts therapies in this context are defended. This review attempts to explain the gaps in temperament as a construct and suggest the expressive arts therapies as a way of bridging some of those gaps. It is found that the expressive arts therapies offer a different perspective and range of skills that are necessary to fill the gaps of our current application of temperament.

Using Expressive Arts Therapy to Test Construct Limitations in Temperament

Temperament is an expansive topic that has been present in our analysis of human beings for centuries. The first recorded instance of temperament being named and explored was in Ancient Greece by Hippocrates (Kalachanis & Michailis, 2015). It is clear that temperament is a topic that's definition is shaped by the philosophy and context in which we look at it. The Merriam Webster's dictionary definition for temperament is "a characteristic or habitual inclination or mode of emotional response" ("Temperament," 2019).

In my experience, temperament is often used in describing the repetitive behaviors of an individual which are used to make a statement about how that individual tends to be. It is important to think about how temperament is defined because it is so often imposed on clients that we work with to make large statements about who they are, often without their say. In observing this trend in the field of mental health, I was prompted to question if the definition that I was taught of temperament as a concept is limited. I believe that temperament is a complex concept and its definition is limited. It would benefit the field, for us to expand our thinking about temperament and the expressive therapies are the ideal way to test and expand this construct.

Expanding the concept of temperament would benefit all of our clients, but especially clients who cannot speak for themselves. These clients can be labeled as having something like a "difficult temperament" when this is sometimes just an observed and projected perception of them. Clients who literally cannot speak for themselves or cannot advocate what they need emotionally are damaged by these false perceptions. Understanding and reframing temperament is important to our field because it will help us in how we look at our clients and aid our clients

in feeling more understood. The expressive therapies are a perfect means to expand our thinking about temperament, as they are a more abstract and fluid way to look at clients and concepts.

I will be analyzing existing literature on the topics of temperament and the expressive therapies. I have made this choice based on the fact that most of the work around temperament is theoretical and exists in the form of literature. I will first be discussing the concept of temperament itself as it currently exists, then I will be analyzing current limitations of the concept. Following that, I will be discussing how the expressive arts can expand the concept of temperament. I have discovered that temperament is a concept that is defined in many different ways, but is often applied in a narrow and rigid manner with clients. I seek to expand this idea to benefit our field and our current and future clients.

Temperament is a concept that has occurred to many throughout history. The research on temperament is dense and theoretical. It reflects that there are many different schools of thought when it comes to the matter. As Jerome Kagan (1991), a psychologist who devoted his entire career to temperament stated, “The variation among individuals in predominant pattern of behavior and mood is, like the periodicity of the moon, one of the most obvious phenomenon in our everyday experience, yet one of the least well understood.” (p. 856) The definition of temperament and what it means for us is still being debated.

History of Temperament

Musa, Ziatdinov, Sozcu, and Griffiths (2015) suggest that the concept of temperament traces back to Hippocrates. The first mention of temperament is in Hippocrates’ texts:

According to Hippocrates, the human body contains four basic element-humors, whose harmonious proportions are a catalyst for maintaining health. Moreover, also dependent

on the proportions of these humors in our bodies, are many attributes of our temperaments and characters. (Kalachanis & Michailis, 2015, p. 3)

Hippocrate's explanation of the concept of temperament was extremely body based.

In Kalachanis and Michailis' (2015) work, it is highlighted that Hippocrates strived to create a system by which one could identify parts of the body and their individual health. Through this system labeled the "humors" of the body, one could deduct which humor (blood, yellow bile, black bile, or phlegm) was out of balance. According to Hippocrates, each humor and its issues were related to elements of temperament and personality: blood being related to a sanguine temperament, yellow bile to choleric, black bile to melancholic, and phlegm to a phlegmatic temperament. These four categories of temperament served as the first mention of the concept in recorded history and the first attempt to categorize and label these kinds of specific individual tendencies. Interestingly enough, Hippocrates also made mention of environment being a factor that weighs in on the tendency towards specific temperaments: "Both the temperament and the mood of the inhabitants of a particular region are subject to changes by factors such as the ambient air, its weather, and its general conditions" (Kalachanis & Michailidis, 2015, p. 3). It is still debated whether environment has a large effect on temperament, so it is fascinating that Hippocrates, in his many travels, observed this factor.

Current Ideas on Temperament

The explanation of temperament has evolved over the years with considerations of modern science and psychology. As mentioned previously, Harvard psychologist, Jerome Kagan, published most of his work in the 1990's. Kagan is seen as having a large hand in the development of current ideas on temperament. Kagan's (1991) research reflects that he believed that temperament is a major factor in human development. Kagan's (1991) research on

temperament revolves around its emergence in infancy, which is why his study took place with young infants and toddlers. Kagan (1991) stated that “The young infant's behavioral profile interacts with its social environment to produce, over time, a particular constellation of moods and behavioral propensities” (p. 856). Kagan (1991) truly believed that toddlers exhibited the purest form of temperament.

Kagan (1991) believed that temperament is mostly genetics being influenced by environment. He stated that “Psychological characteristics are neither fixed permanently by biology nor shaped entirely by social interaction. Rather, each child's changing profile is a historical product of genetically influenced reactions accommodating to particular sequences of experience” (p. 856). This means that Kagan’s response to the nature versus nurture argument was simply, both and neither. Kagan divided temperament into two possible ways of being: “inhibited” and “uninhibited” (p. 857). Someone with an inhibited temperament is cautious and shy, whereas someone with an uninhibited temperament is considered to be impulsive and outgoing. Kagan (1991) defined these two categories with research he did with introducing infants to “novel experiences” (p. 857) and observing their reactions. Kagan worked primarily with middle class white mothers and toddlers in his studies, which is a definite limiting factor in the validity of his work. Kagan is also criticized for having such broad categories for the two different types of temperament.

Temperament and Mental Health

There are vast theoretical differences between Hippocrates and Kagan’s work around temperament, and yet the desire to have a categorical definition of the concept remains between the two. A current common clinical mention of temperament is in the fifth and most current *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5; APA, 2013). Temperament is

mentioned under multiple disorders as a risk factor, meaning that certain temperaments are associated with the risk of developing certain disorders. “Several cross-sectional studies have linked various temperamental traits to behavioral problems in children and adolescents” (Rettew, Copeland, Stanger, & Hudziak, 2004, p. 383). According to the DSM 5, a few of these disorders are obsessive compulsive disorder, externalizing behaviors, and anorexia (APA, 2013). For example, in the case of the development of ADHD, “Temperament can be thought of as an individual liability (or protective) factor for subsequent emergence of ADHD. It is conceptually an early emerging set of behavioral tendencies that may set the stage or create vulnerability for ADHD” (Ullsperger, Nigg, & Nikolas, 2015, p. 167). Currently, though temperament’s definition is not necessarily categorized nor standardized it is mentioned in various studies of disorders and often presented as a risk factor. This is a rather vague way to mention temperament in a clinical context.

Although temperament is a concept that is occasionally looked at in a clinical light as a repetitive maladaptive behavior that is strongly associated with the manifestations of certain disorders, there is some current literature that suggests that temperament is a concept that is simply to be used in a manner that benefits clients and students. McClowry (1998) advocates for the categorization of different temperaments if only to use them to further understand and work with an individual. In McClowry’s article, “The Science and Art of Using Temperament as the Basis for Intervention,” it is discussed how temperament as a concept can be used to help clinicians and teachers understand how to work with certain people. “Temperament provides clinicians with a framework for appreciating and supporting the individual differences of children while prompting ways to handle skillfully their behavior” (McClowry, 1998, p. 551).

McClowry advocates for temperament to be used in a strength based way instead of seeing it as a negative trait or a risk as the DSM does.

McClowry (1998) mentions several pieces of literature and current interventions that include clinicians, researchers, doctors, and teachers using temperament as a positive intervention. She mentions an educator who “framed child temperament in a way that helps parents recognize the strengths of their children. She [the educator] then offered practical suggestions for managing common behavioral problems” (p. 552). This reframing of temperament in a strengths-based manner had a positive impact on both the parents and the child. McClowry (1998) then mentions a psychiatrist who “used temperament to assist parents who perceive their children as difficult to become more competent in managing their behavior” (p. 552). This guiding of parents through temperament made the parents feel more prepared to handle the issues that came up with their children. Finally, McClowry (1998) talks about a pediatrician who “devoted many years to advising parents and professionals about how temperament is related to health and illness” (p. 552). Thus, preparing parents to look for signs and symptoms and help them be invested in guiding their child to more healthy behaviors.

These are all clear examples of how temperament as a concept can be used, and is being used, to serve our clients. McClowry’s (1998) mention of temperament-based interventions is a hopeful side of the literature on temperament to encounter. While most of the other research on temperament highlights negative associations and problematic behavior, McClowry’s research prods us to think of temperament as a tool and a piece of information for us to use to help individuals with. The sole aspect that is unclear, however, in McClowry’s work is that temperament as a concept is still not universally defined and the definition is not discussed. This means that in the development of each temperament based intervention, there is a different

understanding of what temperament could be. This would qualify as a limiting factor in McClowry's points on temperament, seeing as she advocates using the concept in a universally beneficial way when it comes to understanding clients. Each clinician she mentions and applauds most likely has a separate definition of temperament.

Addressing Temperament in Clinical Settings

Though there is plenty of literature on temperament as a concept and on how it relates to other phenomena, there is no one definite and succinct explanation of temperament. This leaves us to question whether we can quantify this concept for use at all. Although temperament as a concept may be impossible to create a categorical definition for, there are many current applications of the concept that work under the assumption that we already know just what it means and how to use it in a clinical sense. Much of the literature begins to discuss temperament without acknowledging a definition, or if someone does define it, it is often just a definition created by that individual alone.

In fact, we have not solidified how we define temperament yet. We have taken guesses at the concept for years:

Explanations of these stable patterns have oscillated over the past 2,000 years between an emphasis on environmental forces, such as climate, diet, and social experience, and endogenous, inherent qualities that were presumed to originate in bodily fluids, prenatal events, or genes (Kagan & Snidman, 1991, p. 856).

For the literature to claim that there is one singular understanding of temperament as a concept is inherently flawed and not useful in our practice.

In Kagan's (1991) research, he suggests that perhaps temperament is something that we must create a spectrum to address instead of strictly categorizing it. "Whether some

temperamental characteristics should be treated as qualitative categories with respect to their origins, even though the magnitudes of the responses or physiological reactions that represent the operational definitions of the characteristics can be placed on a continuum” (Kagan & Snidman, 1991, p. 857). Yet, much of the literature still moves along on the assumption that there is a universal knowledge of temperament and what kinds of temperament are associated with different things. This creates clear limitations in the detailing of the construct of temperament.

The flaws in the literature do not stop at vaguely or ambitiously trying to categorize temperament, there are also some glaring limitations in foundational literature and research on temperament. For example, in all of Kagan’s (1991) studies done on temperament, a reoccurring limiting factor is that his population is completely made up of middle class white women and their toddlers. Kagan (1991) does not take age, race, or socioeconomic status into account. It cannot be assumed that temperament presents itself in the same manner in every race, gender, age, and so forth, especially when one takes into account that socialized norms and characteristics may get in the way. Not to mention, cultural differences would have a vast effect on Kagan’s (1991) research. If Kagan (1991) chose to study people of different races and ethnicities, it would be imperative that he understand the difference between a presentation of a cultural norm versus a personality trait.

Not only is Kagan’s (1991) literature limited in that sense, but he also only tests on exposing toddlers to novel experiences. This only gives us an idea of how a toddler reacts in one context which may be a vastly limiting view of that individual’s actual behavior. Individuals are complex and will act differently in different environments and with different people present or not present. For example, a toddler who is at home with its mother will react in a vastly different

manner than one who is without its mother in a strange place. Kagan's single testing setting does not account for these variables.

Finally, in Kagan's (1991) studies on temperament, he only observes temperament and behavior as an outsider. It can be debated that temperament can also be understood through the verbalized or expressed experience of the individual. This brings into question whether or not observed measures of temperament are accurate to the individual or if they're simply projections of the researcher. This limitation is not only present in Kagan's (1991) study but in a lot of the other literature on temperament where behaviors are only being observed and recorded but not being reported from the individual themselves.

No matter how far the literature goes and how thorough researchers are in explaining what they feel the concept of temperament is, perhaps the concept is too abstract to categorize and quantify. To say that we fully understand human temperament as a concept would mean that we had met and accurately understood every person in the world's behavior. This is impossible, however, there is still hope for what Kagan refers to as "emperamental constructs" experiencing "a renaissance" (Kagan & Snidman, 1991, p. 856).

With every published bit of research, on human behavior, there is a population that is directly affected by the conclusions drawn in that research. With the limitations in research on temperament, the largest population that would be affected would be our clients. Once a temperament is labeled in a client, negative or positive, there is a possibility that the client will feel stifled by the label of the temperament. Chess (2013) states in *Temperament in Clinical Practice* that "Any label that is used to bring together a set of separate behaviors into one conceptualization, no matter how useful and even necessary this is, will always present problems of precision of meaning and breadth of its implications" (p. 153). Just as a client may feel

powerless to a diagnosis, a client may feel that they will never be able to escape their labeled temperament. This feeling of helplessness may increase if our concept of temperament is defined as inborn or genetic trait. Clients may feel that there is no escaping their temperament, which is especially dangerous if they are given a narrow view of what temperament is.

The same goes for parents of children. It is a theme often repeated in the literature that many researchers believe that temperament presents itself in the earliest developmental stages (Kagan, 1991). A large problem that coincides with the early discovery of temperament is clinicians giving parents an often inaccurate or unfair idea of what their child is and will be like. Chess (2013) states “It can be argued that the label ‘difficult child’ is a pejorative term and that, no matter how it is explained to parents, they may interpret it as a judgement that there is something wrong with their youngster” (p. 154). The concept of labeling temperament in a clinical setting is neither beneficial nor productive if it is being used to point out flaws without a solution. Labeling a child with a temperament, especially a negative one, is bound to cause more problems for the clinician, the client, and the client’s family than it will present solutions.

These labels tend to follow a child around for a long time. The labels are passed off to other adults in the child’s life such as extended family members, teachers, other clinicians, and anyone else involved in the child’s care. There are instances when a child will be treated according to their label before even presenting a behavior. This is extremely unfair to the child. Chess states that “Certainly no useful purpose is served by such a statement if the parents are functioning effectively as caretakers, do not feel that their child is excessively difficult to manage, and the child himself is showing a positive developmental course” (Chess, 2013, p.154). This begs the question, once again, of how temperament, as a concept can be portrayed in a more

abstract sense that does not allow conclusions to be so easily jumped to when revealed to the client.

While temperament has a large effect on clients who are mislabeled due to an improper assessment, the mislabeling of temperamental traits can also have a large impact on populations that are subject to outside biases. While temperament is a separate theoretical concept from gender and race, these are two constructs that are very heavily stereotyped. This stereotyping and biases tend to overlap when these populations are being diagnosed or categorized behaviorally. For example, there was a study that was done by Jackson and Goff (2010) which reported that black children in the US are frequently judged to be older than they actually are and are assumed to be less innocent (p. 526). This study reveals that there is an implicit bias when it comes to observing black children, which could easily spill over to the observation and assessment of these children's temperaments. "We see that misdiagnosis is almost twofold when a socially advantaged therapist meets a socially disadvantaged client compared to seeing a socially advantaged client" (Nakash & Saguy, 2015, p. 1). If a child is told that they have a temperament that they do not possess, especially one that is associated with negativity, it could be confusing and aggravating for that individual. It would also add to the hostile and passive misunderstanding and stereotyping that this individual has to deal with on a daily basis. This is another aspect to consider when it comes to temperament research. When there has been hardly any temperament research done on subjects other than white toddlers, this cognitive bias could easily come into play and make commonly stereotyped populations feel more misunderstood by the mental health field and understandably frustrated. Stereotyping and basing assessments off of these biases are what are currently at risk with our limited understanding of temperament.

Undoubtedly, the concept of temperament being limited will negatively affect our clients, but there are also many ways that its limitations could affect clinicians themselves as well. As clinicians, our clients' trust is earned and it can always be revoked at any time. It is assumed that we will eventually let our clients down and our clients will realize that we are not perfect, just as they are not. This is a cycle in the therapeutic process that is essential to the client therapist relationship. However, mislabeling a client and their temperament or making them feel misunderstood with the mention of temperament, could cause a large rupture in the client therapist relationship. When a client is trying to present a counselor with their truest form of themselves, it would be damaging to misunderstand them or mislabel them with a temperament that they do not possess. This may damage our relationship with the client in a way that cannot be repaired. We as counselors should be keenly aware that our mislabeling or categorization of a client's temperament and behaviors could be detrimental to them and us. This is a large risk that is taken when clinicians utilize a limited definition of temperament or simply brush aside the impact of the construct.

Limitations in the temperament construct are not only detrimental to client and clinician relationships but they also have a negative impact on communication between professionals. When there are so many different definitions and ideas of temperament, it is impossible to know if a fellow clinician has the same definition of the concept as you. This can cause inconsistencies in how clinicians explain and encounter the concept with our clients, and it can also cause miscommunication and disagreement between counselors.

Not only can temperament's limitation cause a miscommunication between clinicians, it can also cause a compiling of similar research on temperament, without a common thread. As stated earlier, there are hundreds of definitions and narratives surrounding temperament and its

implications. When clinicians or researchers have differing views of this definition, things can become murky. Research will progress, as it has, citing the construct itself, without there being an agreement on what it means. This can be dangerous for the field of mental health because it takes away from the validity of the statements being made with that research. When using temperament, say, as an intervention, it is imperative to share a common idea of what it is with colleagues and others who would be reading the work once its complete. This is already occurring, and a portion of the reason for my exploration regarding temperament as a construct. The research on temperament assumes that there is an understanding on temperament that we have not yet come to.

Expressive Therapies

In the discussion of temperament and its limitations, it is revealed that temperament is a construct that people have repeatedly attempted to define, with no global success for generations (Kagan, 1991). Though there are definitions of temperament floating around in literature, it is hard to apply temperament as a helpful concept in clinical practice. Perhaps it would benefit ourselves as clinicians, our clients, and the mental health field to expand the understanding of temperament. We need not expand temperament in a way that adds to the list of categorizations and strict definitions, but perhaps it would be more helpful for our clients and ourselves as clinicians to expand the concept in a way that gives room to acknowledge differences and unknowns. Exploring temperament through a different lens would require a more abstract framework. This new framework should ideally allow room for client self expression and advocacy, as to lessen misunderstandings. This is precisely where the expressive therapies come in.

Pioneers of the expressive therapies field, Levine and Levine (2000) define the expressive therapies as a form of intervention that is “not grounded in particular techniques or media but in the capacity of the arts to respond to human suffering” (p. 11). In short, the expressive therapies are a unique style of intervention due to the fact that they do not use one style of theory or media to address the suffering of a client and the response of the therapist is usually based off of the client’s lived experience. This approach is often referred to as multidisciplinary, (Levine & Levine, 2000) meaning that the intervention calls upon different uses of the arts. Levine and Levine (2000) state that due to the multidisciplinary nature of this therapeutic process, “the expressive therapist must therefore be prepared to work with sound, image, movement, enactment, and text as they are required in the encounter with the lived situation of this client” (p. 11). The expressive therapies use art, drama, music, dance, play, and writing as tools when working to understand a client. This approach is extremely sensitive to understanding coming through mostly listening and witnessing a client’s experience.

A large, and important difference between the expressive therapies and other interventions that have been used to explore temperament, is that the expressive therapies focus heavily on the client’s lived experience. This means that while other interventions and tools may discuss the client’s reaction and perhaps their observed shortcomings, the expressive therapies’ analysis of a client comes from the client themselves (Levine & Levine, 2000).

Because the expressive therapies utilize the arts in regards to the client’s self expression, the work that is done is based on a creative expression of feeling or suffering. The clinician is using the expression as the jumping off point for analyzing the client, and therefore, everything that is being evaluated is coming from the client’s lived experience. This is important, especially in a clinician’s pursuit of the exploration of temperament as a construct, because a lot of problems

with the current research on temperament involve projections of the clinicians and a lack of say from the actual client.

The literature on the expressive therapies not only shows the diverse number of ways that clinicians can use this brilliant and new form of clinical intervention, but it also strongly points to the effectiveness of the mixed modality approach. In's (2012) evidence based literature review, he synthesizes the mass of literature that is floating around on the expressive therapies and analyzes the effectiveness of each separate modality on different populations. Dunphy, Jacobson, and Mullane (2012) found that “studies do confirm the positive impact music therapy can have on adults experiencing cancer, terminal illness, dementia and depression, and for children diagnosed with Autism Spectrum Disorder” (p. 6). Dunphy, Jacobson, and Mullane (2012) also states that dance-movement therapy “can be an effective therapeutic intervention for people with conditions including schizophrenia, cancer, depression, stress, emotional eating and dementia” (p. 9). Some of the disorders that Dunphy mentioned are, in fact, associated with temperament in the sense that temperament is listed as a risk factor for them in the DSM, as stated previously. This shows that temperament is close in proximity to the disorders that the expressive therapies are successful in working with. Meaning that the expressive therapies would be successful in addressing temperament as well.

It is clear from these syntheses of the data, that the expressive therapies can address issues that impact a multitude of populations. This is ideal when understanding temperament, as temperament, much like personality and behavior (Dunphy, Jacobson, & Mullane, 2012), is a concept that is intersectional with many other conditions and issues that people can experience.

Ray (2015) analyzed the results from various sources who used meta analysis, randomized control trials, observational studies, and qualitative studies such as case reports. The

population that the researcher was gathering data from was children aged 3 to 12. Once all the data from these various studies was collected and synthesized, it was found that the studies, though conducted with different methods, all had very similar results and themes. Ray (2015) states that “Research signifies that play therapy is an effective intervention for children who present with externalizing and internalizing problems, self-concept issues, reactions to traumatic events and complexities, developmental delays, social-emotional challenges, and relationship difficulties” (p. 15). This is extremely important, as the DSM (APA, 2013) correlates temperament as a risk factor for externalizing and internalizing problems. This is significant as it reiterates the point made earlier in saying that the expressive therapies is successful with issues associated with temperament and shows the expressive therapies’ proximity to working with temperament itself.

Evidence based research advocates for the legitimacy and proximity of the expressive therapies and temperament, but there is also a multitude of fascinating arts based research that has been done to connect the two as well. In Davis’ (2010) research on using music therapy with children who had recently experienced a community trauma, he states that “Creative and expressive arts activities are well suited for children who often do not have the words or vocabulary to explain or express complex feelings and experiences” (p. 131). This dimension of the creative arts shows that they are more effective in revealing ones true self, which would cause any false temperament being displayed related to environment to fall away. This is a more thorough and genuine way to reveal and define temperament. Though Davis (2010) did his research with children in the context of community trauma, his statement applies to all clients who cannot express complex feelings and experiences. This is important because, as stated earlier, these are the populations that often get mislabeled when considering temperament.

How Can Expressive Arts Therapies Address Temperament's Limitations

The issue with temperament's limited definition and how it is addressed can be understood and changed through the expressive arts therapies. The large gaps in the treatment of presenting issues involving temperament and around the construct itself, can be filled in with the uniqueness of a creative intervention like the expressive arts. As referenced previously, temperament is a concept that is still being defined. Clinicians are not on the same page about its place in intervention. Looking ahead, these issues could cause confusion and trouble in the mental health field. Temperament, in its current limited state, could be used to further stereotypes and stigmas placed on marginalized populations, and it could be used to wrongly define clients and stunt their personal growth. The final, perhaps largest, problem with temperament, from a client's perspective, is that it is a narrowly defined concept that is, in unhelpful cases, based on the projections of the counselor that are then thrust upon the client without a deep understanding of the actual individual.

It is my personal belief that the expressive arts therapies are the solution to expanding temperament as a concept and making it more effective when used in intervention. I believe that one of the large gaps in temperament as a concept and its application is that it is not at all strength based, meaning that it does not focus on a person's good qualities and talents. The expressive arts therapies, however, are known to focus on the strengths of a client, thus shifting the perspective and point of view of the individual and giving a broader picture of the client's full personality.

In Pearson, O'Brien, and Bulsara's (2015) work on multiple intelligence approaches to counseling, they discuss the expressive therapies and, in particular, how music therapy helped a client they were working with. They discuss how using music with this client "became a catalyst

for client self reflection, and a catalyst for clients reconnection with their abilities or talents (in particular their ability with music)” (p. 134). When using music therapy with this client, Pearson, O’Brien, and Bulsara were able to see a fuller picture of their client and help put her in an environment where she felt confident expressing this side of herself. This is how the expressive therapies can shift the picture of a client’s perceived temperament, by revealing a side of them not before seen and, often, a more positive side that could not have been noted before. I believe that the fact that the expressive therapies are strengths based, is essential to shifting our views on temperament and our clients themselves. This would have a large hand in making temperament less of a limited construct.

The expressive therapies can help solve the problem of defining temperament through research. By using the expressive therapies in research, clinicians can get a fuller picture of what temperament may be and the differences between temperaments without having to narrowly define them and add to the long list of definitions. In a study on temperament done through the visual arts domain of the expressive therapies, this point is made clear.

In Musa, Ziadinov, Sozcu, and Giffith’s (2015) research on developing different computer animations based on different human personality types, it was found that there is a distinct correlation between types of personalities and similar aesthetic choices. The sample of participants were 252 teenagers ages 14 through 17 and the samples were taken at their high school. The students were questioned on their experience with animation and technology. The participants were then surveyed on their temperaments, neuroticism and stability, and their introversion or extraversion. The students were surveyed on their preference for certain fonts and it was compared to their recorded temperaments to see which temperaments matched with

and preferred different types of fonts, colors, and shapes (Musa, Ziadtinov, Sozcu, & Griffiths, 2015).

The findings were that certain temperaments tended to associate with the same colors and shapes. The preference between different temperaments were very different. This is a solid example of ways that the expressive therapies can expand, abstract, and progress research on temperament, making the research less concrete gives us a larger framework in which to use the research and shift the focus from defining temperament to using it as a tool in intervention.

As discussed previously, when clinicians are evaluating a client's temperament for various reasons, missteps can be made in the area of race and gender. Due to the fact that assessing ones temperament can be sheer projection on the therapist's part if done incorrectly, stereotypes surrounding race, gender, and sexual orientation can sneak into the discussion around temperament. This is unfair to the client and perpetuates problematic and hurtful stereotypes. This is an issue that was mentioned when it came to current views and applications of temperament.

It is my belief that expressive therapy can remedy this problematic behavior that occurs all too often. In *Using Art Therapy with Diverse Populations*, Kristal (2013) mentions, in her chapter on culture, the power that expressive therapists can have in exploring the inner world of the client:

We test boundaries and limits of what is artistically possible in a safe and ethical way in order to help individuals access their deeper selves, to calm the places within that are hurting, to change and reframe their understanding of themselves physically, emotionally, and spiritually. We utilize images, narrative, and a deep connection between therapist

and client to empower and strengthen individuals to find their voice, and themselves, in a co-creative journey. (p. 33)

This unique and tender relationship between an expressive therapist and their client indicates that using the expressive therapies would transcend the act of the clinician's ability to project on the client due to something that they cannot control such as race, gender, or sexual orientation. To use the arts with a client and attempt to base therapeutic interactions off of the client's lived experience is to transcend projections and misunderstandings. It is more difficult to misunderstand a client when they are speaking about their lived experience and the clinician is intently listening and attempting to grasp what it is like to be them. Kristal (2013) states that "culture is learned, shared, and symbolic" (p. 32). The arts are also learned, shared, and most of all, symbolic. This commonality between the arts and culture makes it clear that the expressive therapies would be the most culturally competent way to explore temperament further.

Perhaps, the largest issue that the expressive therapies can help solve in the realm of temperament is how clinicians understand our clients. As mentioned previously, it is unfortunate when a therapist misinterprets or speaks for a client, leading us to a false idea of their general temperament, however we may define the concept. Traditional talk therapy does not allow for the self advocacy that the expressive therapies do. With traditional talk therapy, the client is put in the position of being expected to have processed their feelings and traumas in a way that they can verbalize to the therapist (Howie, Prasad, Kristal, Maat, & Bordonaro, 2013). It may not seem like it, but this is a lot to ask from a client, especially when that client might have other intersecting issues such as disabilities, trauma reactions, and processing difficulties.

It is unfortunate that these populations can be short changed by talk therapy as they, in particular, are the ones who are vulnerable to being spoken for and over. Again, in *Using Art*

Therapy with Diverse Populations, (Howie, Prasad, Kristal, Maat, & Bordonaro, 2013) it is explained that “Traditional talk therapy methods involve the therapist interpreting the communication of the patient to reveal the implied unconscious meanings and motivations” (p. 38). In this effort to interpret the unconscious and implied meanings, the client who is struggling to verbalize, may get lost in translation. The client may not be able to express their implied unconscious as some who are particularly traumatized do not have access to their subconscious, to venture there is perceived as too dangerous.

The expressive therapies are proven to be the form of intervention that can “bridge the gap between a person’s inner and outer worlds” (Howie, Prasad, Kristal, Maat, & Bordonaro, 2013, p. 38). As mentioned previously, clients struggle immensely with expressing deeply stored highly emotional content verbally. This interferes with the clinicians view of the client through their own expression of self, of course. Research shows that the verbal and non verbal brain are both to be understood if we want to get a full picture of the client we are working with. “It is the inhibition imposed by the verbal brain’s dominance that isolates the nonverbal brain and adds to aversion issues between hemispheres. In simple terms, the verbal brain just doesn’t speak the language of the nonverbal brain” (Howie, Prasad, Kristal, Maat, & Bordonaro, 2013, p. 37). Traditional talk therapy can only take mental health clinicians so far in understanding a client inside and out, if clinicians do not attempt that depth of understanding before discussing a client’s temperament, we are doing them and the subject of temperament a disservice. This is where the expressive arts, once again provides aid.

Expressive arts therapy is the solution to this issue as it introduces the concept of art making through different mediums. “Art making allows the nonverbal brain to ‘speak out’ in its own language and bypass the intrinsic, phobic, and avoidant resistances to nonverbal

information” (Howie, Prasad, Kristal, Maat, & Bordonaro, 2013, p. 38). In essence, art making is a safe way to explore and present the client’s inner emotional life. This presentation is much more authentic as it comes from deep within the client, from a place that cannot be verbalized. This could aid clinicians in the true detection of behavior and temperament in clients and would give more depth to the concept of temperament and interventions that surround it.

Discussion

Temperament is a topic that has been long explored and used in a clinical context. After analysis of temperament and discussion of the origin of the concept, it was clear that there is no one set definition of this construct. Discussion of temperaments current uses was illuminating in discovering how the concept is used and misused in current clinical settings. Through research on temperament past and present, it has become clear that the construct is limited in a few senses. Temperament as a concept and in use in clinical practice lacks cultural consideration, has only been explored in a way that privileges those able to verbalize, and the concept could be looked at with more of an abstract perspective.

I proposed that the expressive arts therapies would be a new and enlightening way to explore the concept of temperament. The expressive arts’ ability to be client centered and build off of the client’s lived experience solves the problems of clients going unheard and being projected on to. Expressive arts therapies research also comes at the concept from a very different angle than the previous perspective. The expressive arts could help unlock new possibilities when it comes to assessing clients’ temperaments and utilizing the concept to benefit them in therapeutic work. It is my hope that this literature review will help shape the way that temperament is looked at in the future. I hope to bring consideration to temperament research and question the way that we breach temperament with clients. I hope that this

literature review will inform our field and eventually that temperament can be used to our clients' advantages. In mental health, we would do a disservice to the concept of temperament if we were to limit its definition and application. I hope that this literature review is a step in the other direction.

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