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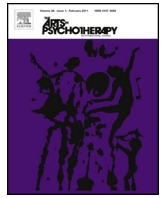
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Arts and health: Active factors and a theory framework of embodied aesthetics



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ABSTRACT

This article provides an approach to central specific active factors effective in the arts therapies that (a) can be distinguished from therapeutic factors present in other medical treatments and psychotherapies, and (b) that can be assumed to work as mechanisms of effectiveness across the arts. In the absence of a current aesthetic model for the arts therapies from psychology or the cognitive sciences that includes active art-making, a theory framework of embodied aesthetics is suggested that encompasses the active (expression) and the receptive (impression) aspects of the aesthetic experience. Five specific factors of arts therapies are identified: aesthetics, hedonism, nonverbal communication/metaphor, enactive transitional support and generativity. Aesthetics, including beauty and authentic expression, is considered to be the most specific arts therapy factor. The framework presented grounds the question of active factors in an embodied enactive model of the aesthetic experience, in which art-making is considered alongside art perception.

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Introduction

What is it that makes the arts therapies a particular source of healing?

Researchers, artists, philosophers and anthropologists have long struggled to define the effects of art. What are the benefits of art? What is the aesthetic experience? Identifying the function of the arts from a health perspective is challenging. In trying to define active therapeutic factors in arts therapies, the absence of theoretical models in which these factors and their interrelations can be grounded is evident. In order to successfully describe the factors effective in arts therapies the development of an accompanying model of embodied aesthetics provided a source into which those factors can be grounded. Since the succession of ideas was not from theory to factors but from factors to theory, the connection between the two may not yet be well explicated, and any shortcomings remain a task for future work. Yet this pragmatic endeavor of bringing the active factors of arts therapies together with embodied aesthetics potentially further illuminates the purpose of the arts.

Part A: the missing model

Arts therapies have increasingly been found to be effective for mental and other health problems (e.g., Gühne et al., 2012; Puetz et al., 2013; Schmitt & Fröhlich, 2007). What makes the arts therapies effective in healing? This article identifies active factors of art-making in therapy (and possibly beyond therapy). In an attempt to ground these factors in a theory, it became clear that there is no scientific theoretical model of art-making, suited as theory for arts therapies (Allesch, 2006). The models in cognitive sciences treating aesthetic experience focus solely on art perception (e.g., Leder, Belke, Oeberst, & Augustin, 2004; Zeki, 1998) not production, in-taking not making, appreciation not en-action (for an exception see Carbon & Jakesch, 2013, on haptic aesthetics). The revision of Leder et al.'s model (Leder & Nadal, 2014), despite doing more justice to emotion, has not brought any progress in the aspect criticized here: active art-making remains unaddressed (including in the prospect for the next ten years of Leder & Nadal, 2014). Aesthetic theory is for the most part an individualized perceptual theory. Similar to many other theories in psychology and cognitive sciences the *focus lies almost exclusively on perception and on the individual*. Enactive embodied approaches try to bring the active and interactive side to the forth (Fischer-Lichte, 2000). Yet paradoxically, even Alva Noë's enactive approach to the arts (2002) falls short of explaining the active side of art-making.

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Allesch (2006), in his work on psychology of aesthetics at the University of Salzburg, also pointed out that there is no suitable aesthetic theory for the arts therapies. Neither Gestalt (but see Muth & Carbon, 2013), nor neo-behavioral, nor cognitive theories are suited to fill the void of explaining effects in the arts therapies in a manner appropriate to this subject. Existing theories are too far from practice to be useful for the arts therapies. A theory spanning over all arts therapies is needed, and for this purpose Allesch (2006) suggests the joined efforts of aesthetic theorists and creative arts therapists, as applied arts practitioners, to develop of an integrative theory for the arts therapies.

Allesch is also the first aesthetician to identify the “sense of balance” (part of *kinesthesia*) as the basis of aesthetics (Allesch, 2009). This recognition is a consequence of Merleau-Ponty’s (1962) thinking, who in describing how *bodily resonance* is the basis of synesthetic experience concludes that: “movement or potential movement forms the basis of the unity of all senses.” (Merleau-Ponty, 1962; p. 272).

According to Allesch (2006) present-day arts therapies should avoid *three historical errors*:

- The *splitting of aesthetic experience into “partial aesthetics”*, isolating each arts modality, instead of using a transdisciplinary approach of an overarching psychology of aesthetics,
- Following paradigmatic *fashions* in psychology, the cognitive sciences and neurosciences without reflecting the applicability of those paradigms to the sensible field of the aesthetic (e.g., trying to fit into a fashionable paradigm such as neurosciences without reflecting the real fit of its premises to our field), and
- The *reduction of aesthetic theories to the arts* and therefore a neglect of environmental aesthetics (experiences of beauty from nature and other people) and everyday aesthetics (moments of beauty in everyday life, such as a sunray on my coffee pot), and the according shift of focus from subjective experiential processes to “*effects of arts objects*.”

One reason why empirical research in cognitive sciences is focused on perception, that is on the incoming sensory side, is that this side is better suited to be investigated with linear-model experimental methods. This is one of the reasons why psychology of today is foremost an individualistic psychology – a psychology focused on the investigation of individuals and their perceptions. Interpersonal and relational factors are difficult to investigate, and while hardly anyone wants to deal with their complex dynamics, some researchers succeed in doing so (e.g., Ramsayer & Tschacher, 2012; Singer, 2006; Ditzen & Auila-Raab, 2016). It is challenging to find a method to systematically capture person-environment interaction, but models that go beyond just the individual response are gaining importance such as ecological (Gibson, 1966) and dynamic systems approaches (Kelso, 1995; Thelen & Smith, 1994). While these models offer alternatives enabling us to capture more of the world’s complexity, they challenge us methodologically in different ways (Salvatore, Tschacher, Gelo, & Koch, 2015). In the field of arts therapies, we are confronted with the action-side of aesthetics and of psychotherapy: complex dynamic phenomena such as music-making, dance, visual and other art and drama have their effects on the client and his/her presenting problem. *Enactment* is central to the healing process in the arts therapies. With all this in mind, it is time for a new model that combines art making alongside art perception into a theory of aesthetic experience.

Embodied aesthetics

Because of its closeness to action, embodied enactive approaches are a potential missing link to further developing a theory around embodied aesthetics. Cognitive science computer

metaphor of mind has contributed to making us one-sidedly focused on how information is processed in the brain. The brain is, however, just a part of the body (Clark, 2000; Fuchs, 2008). In an embodied enactive framework the body is seen as a living organism (organismic metaphor), a unity with multiple interfaces to the environment and other persons, constituting emergent superordinate units beyond the person.

In accordance with Allesch (2006) – discarding theories of gestalt psychology, neo-behaviorist and cognitive theories, as well as psychoanalytic theories, because they are too far from practice and not adequately oriented toward action – I consider the phenomenological framework of Merleau-Ponty (1962/1966; 1964), Gadamer (1977; 1960/90) best suited as an appropriate building base for the development of the missing theory for the arts therapies. Those two phenomenological theories, expanded upon by an ecological embodied framework (Fuchs, 2008/2011; Gibson, 1966; Niedenthal, 2007; Koch & Fischman, 2011), dynamic enactive approaches (DeJaeger & DiPaolo, 2007; Froese & Fuchs, 2012; Thelen, 1995; Noë, 2002), and approaches of arts-based research (Eberhard-Kaechele, 2003; Hervey, 2000; McNiff, 1998; Meekums, 1993) can help build the framework needed for a suitable aesthetic theory for the arts therapies and ground selective enumerations of active factors in the arts therapies (e.g., Gruber, 2009; Gruber and Weis, 2010; Koch & Eberhard, 2014). Phenomenology has the advantage of being valid independent of time.

Embodiment theories assume that the living body is at the center of our development, including the development of consciousness, mind, and cultural practices such as art (Merleau-Ponty, 1962). Ecological embodied approaches include the constant interaction of our bodies and our *environments* (organism-environment coupling), which are both subject to change (Adolph & Berger, 2015; Kelso, 1995; Lewin, 1951; Varela, Thomson & Rosch, 1991; Thelen & Smith, 1994). *Enactive* theories see our actions and body movements as the basis of perception and at the center of our consciousness (De Jaegher & Di Paolo, 2007; Noë, 2002). The body through its actions forms the “I can’s” (Husserl, 1990) and the self-efficacy (Bandura, 1977) central to experienced and actual health (Schwarzer & Warner, 2013). Enactive theories may be complemented by *extended* theories (Clark, 2000) including objects as part of the concept of the “lived body” such as the stick of the blind man, computers as external memetic devices, or art objects (Koch and Fuchs, 2011) that serve as a *bodily* or a *symbolic self-completion* (Wicklund & Gollwitzer, 1981). Fig. 1 visualizes the “four ‘e’s as a series of concentric circles with the body at its center.

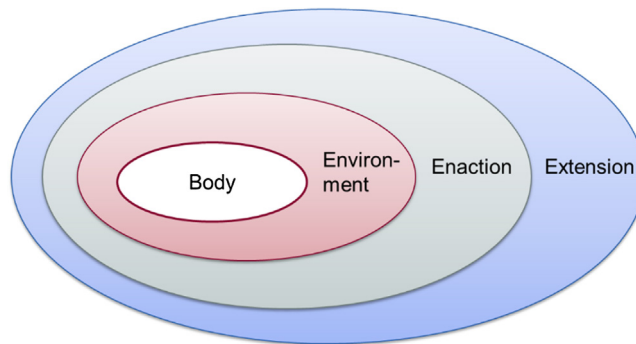


Fig. 1. Art-making is grounded in the body (embodiment), its interaction with the environment (ecology), its enactments (enaction), and its art objects (extension) (see Koch & Fuchs, 2011). In clinical conditions, the procedural succession of addressing these dimensions in therapeutic work is sometimes switched. In autism for example, therapists first address the body and its extension (leaving traces, masks, sculpture, drawing) to then go into deliberate action (enaction), or create a preparedness for intersubjectivity with another person (environment).

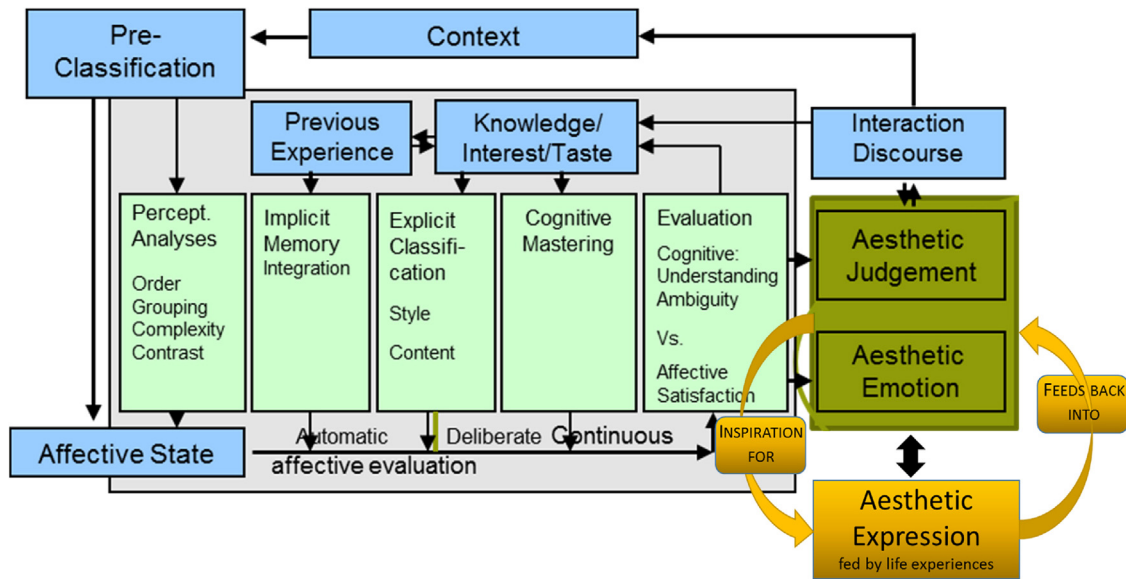


Fig. 2. Extended cognitive science model of aesthetic experience (Leder et al., 2004; Leder & Nadal, 2014; extension by Koch et al. (2016); right hand side below aesthetic emotion) toward an inclusion of aesthetic expression (Koch et al., 2016). Note the circularity between aesthetic expression and aesthetic impression (aesthetic emotion and aesthetic judgment) via feedback effects.

Since some theorists put embodiment at the core of the model and others enaction (not always without contradictions), we developed in an integrative way an embodied enactive approach to dance movement therapy (Koch & Fischman, 2011). Given that movement is experientially primary to the sense of the body (Sheets-Johnstone, 1999), movement and kinesthesia should be given the primary role from a phenomenological perspective. However, from a logical perspective the body is a necessary given, before movement can happen, and thus would be the primary source from an analytic perspective (Foerster, 2014). The development of a convincing anthropological theory from a dynamic embodiment perspective is in the making (Farnell, 2012) and needs to include the arts at its very core. The elaboration of such a model is the task of arts theorists and arts therapists.

The cognitive arts perception model of Leder et al. (2004); revision by Leder & Nadal, 2014), presently the most influential model in European psychology, needs to be extended by the enaction side to be a useful model to explain effects of arts therapies. The new model would need to include aspects on how subjective experience (and one's life story) is a source of art-making and would turn the outcomes of aesthetic judgment and aesthetic emotion of Leder et al. (2004) into starting points suited to inspire aesthetic expression (see Fig. 2).

In an attempt to specify causes and consequences of art making, the active factors described below emerge. The need for pleasure, beauty, meaning, authenticity, self-expression, being seen, growth, shelter/safety, creativity and generativity lead to aesthetic expression, and likewise result from aesthetic expression.

Then, in the third step, taking that circularity more to center stage (and putting the ideas featured in the first two figures together), I would like to suggest a circular model of embodied aesthetics, derived from the model of embodied affectivity (Fuchs & Koch, 2014; see Fig. 3).

The person from the source of her body enriched by her impression, her bodily resonance and body feedback sets out for acts of art making, such as movements that she experiences as beautiful, melodies that create pleasure, texts that come to mind, enactments that express or artefacts that reflect her inner states and inner movements. This can be caused or initiated by an idea calling for realization or simply be a result of functional lust. Confronted

with an object of art or an artistic performance another person is affected and moved in particular ways that resonate within his lived body. His affective impression is accompanied by an evaluation, a judgment, in conjunction with incoming former knowledge. The person's bodily resonance and the art object or performance change and influence each other on a moment-to-moment basis. The person is a living system with an enactive relationship to the environment. The person's perspective, expectations, attitude, knowledge and permeability can significantly influence the embodied affective experience and the evaluation of the art. Finally, the aesthetic emotion and judgment can stimulate new art-making or aesthetic expression.

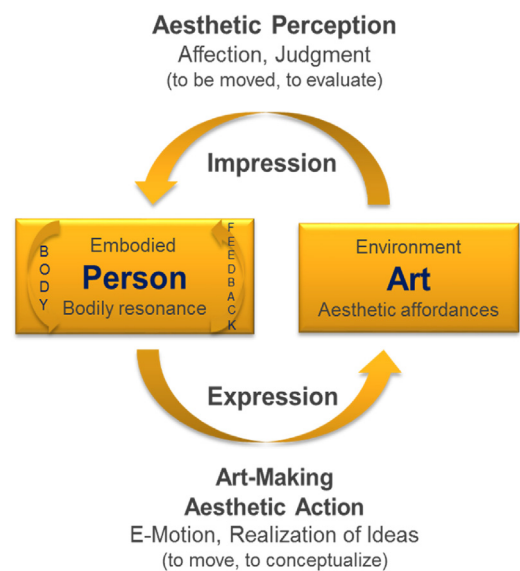


Fig. 3. Model of Embodied Aesthetics (Koch et al., 2016) including the perception and action side of aesthetics. Since movement is the basis of perceiving, but perceiving is also the basis for movement, it is most appropriate to talk about the unity of movement and perception, or action and perception (see Weizsäcker, 1940).

Part B: active factors in arts therapies: what works?

Rudolf Arnheim in his treatise about ‘Art as Therapy’ in 1980 in the Arts in Psychotherapy encouraged arts therapists – as applied artists – to take the lead on driving the arts further in the service of humanity (in a time when the arts were lacking purpose and direction). This humanistic and utilitarian approach to aesthetics is the inspiration for the attempt of defining some specific healing components of the arts from the perspective of an arts therapist.

When Alexander Baumgarten (1714–1762) defined aesthetics as “the science of the sensory perceptible” (Baumgarten, 1750/2007) he was not only considering the perception of art. Art-perception is focused on the impressive function of the arts (receptive arts therapies vs. active arts therapies). However, there is always both an expressive and an impressive side: The person creating the art is expressing some meaning related to their thinking and feeling, and this expression is also feeding back into his/her thinking and feeling. There is a circularity about the process of art-making with a constant interchange between expression and impression. This plasticity/flexibility between ex- and impression is related to the characteristic of the body: as the only object in the world that we can perceive from the inside and from the outside, the moving body is always being moved at the same time. Merleau-Ponty (1962) coined this “the ambiguity of the body”: the body is subject and object at once, active and passive, touching and sensing, e-moting from as well as affecting the self (Merleau-Ponty, 1962; Sheets-Johnstone, 1999; Fuchs & Koch, 2014). This overlap of sensory data is not only given within the person but also in relation to the environment or other persons: I feel what you feel, I integrate multisensory stimuli into one impression. We synthesize all the time and on multiple levels. In the act of watching a performance, we become an active part of it, through our embodiment and the emergence of inter-relations (Fischer-Lichte, 2000).

In arts therapies it is imperative to investigate the effective mediators of health outcomes to approximate new and secured knowledge on the working mechanisms of arts as therapy. Next to the empirically well-investigated *common factors* of psychotherapy such as the therapeutic relation or resource activation (Grawe et al., 1994; see discussion), there are the *specific factors* of arts therapies such as the aesthetic experience. What functions are there for art as therapy? One general human characteristic is the quest for meaning (Heider, 1958) the need to understand phenomena and causes. Art is meaning-making (De Jaegher & Di Paolo, 2007), a symbolizing process, as Langer (1957) described with reference to Cassirer (1925). In this respect, art fulfills a similar purpose as language (see Merleau-Ponty, 1964a,b). However, there are more functions to art as therapy. The following paragraphs, in an attempt to capture the central factors of arts therapies, list five clusters of active factors.

a. Hedonism: art for pleasure and play (affective function; creative, productive)

One important factor of effectiveness in arts therapies is *play* (Gadamer, 1977). Children and adults who come to surrender themselves to a playful mode when confronted with musical instruments, art materials, dance music or masks (affordances; Gibson, 1966) can activate their functional indulgence (“Funktion-slust”), their resources, their strength, their creativity, and their self-efficacy (i.e., the belief that they can make a difference). The personal experience of “this is fun” can create a flexibility of their systems, and support the bond with the therapist and the experience of a safe space. In the process of playful *improvisation*, personal characteristics and interaction patterns show in a nonverbal way and can be carried further on the nonverbal as well as to the verbal level. To share experiences of joy (“this is fun”) supports group

cohesion, bonding, and interpersonal support among group members (Gadamer, 1977; “Fest”, i.e., art as a feast).

b. Aesthetics: art for beauty and authenticity (integrative function)

The experience that I can produce beautiful actions supports my body self-efficacy (see Fuchs & Koch, 2014). The active factor of *aesthetics* or *beauty* (“I can produce something beautiful”) is not meant in an objective sense of beauty, but in the sense of the true me, my true self: *authenticity* as beauty. Beauty in the eye of the beholder, of the therapist, who validates my authentic expression, who sees me; of the peer who provides feedback of having seen me. There is a beauty in being true to oneself, in being present as one is, in being mindful (Langer, 1989), and experiencing one’s own beauty. This aspect of art fulfills a cognitive and an affective truth or authenticity function. Moreover, experienced beauty fosters the experience of a *body-mind unity*, a wholeness of being.

c. (Non-verbal) Meaning Making: art for symbolizing and communicating, art for being seen (identity-, social- and transpersonal function)

Meaning making – is about understanding, expressing and sharing the known as well as the unknown. The arts are particularly suited for symbolizing on the nonverbal level. Such symbolizing can be differentiated into three main aspects:

- (1) *Cognitive symbolizing*: Art is a means for structuring, categorizing, integrating, and thus meaning making on the cognitive level (Arnheim, 1980). In the human quest for meaning-making there is a need for cognition (Bless, Wänke, Bohner, Fellhauer, & Schwarz, 1994), fluency (Reber, Schwarz, & Winkielman, 2004), and symbolic self-completion (Wicklund & Gollwitzer, 1981) as social psychology has investigated. Having gained cognitive control over a subjective experience yields a feeling of intrinsic pleasure and mastery “I grasped this” (*cognitive function*). Repetition leads to mastery. Mastery is never only cognitive, it often chases away anxiety by making the world more understandable.
- (2) *Affective symbolizing*: Art serves *self-expression*, it serves *emotional expression and emotion regulation* (Geuther, 2015) on a personal and an interpersonal level, that is social affective symbolizing; for example, in trauma treatment (when words are too difficult or taboo; Sullivan, 1953), or in relating in early parent-child communication: to be seen, to be validated, to be taken for what one is, is an *affective and social function* of meaning making; leading to a feeling of “I can deal with this” and anxiety reduction. *Imaging* helps to create *metaphors*, which are condensed affective symbols grounded in the body (Lakoff & Johnson, 1999).
- (3) *Transpersonal symbolizing*: Art can be seen as a connection to some bigger force (*spiritual function*); God, the universe, the Buddha; shared with others (“the group”, *community*), and thus creating a feeling of connectedness and cohesion by acknowledging that what is bigger than me. It is a yield to non-control, a spiritual meaning-making, “I need to surrender to this” (I can only try to symbolize it). *Ritual* provides a (sub-)cultural structure and unity among the communities. *Rhythm* is a basic element of it, structuring the experience and thus reducing anxiety.

On all three levels the social function of symbolizing is crucial (“we are in this together” or “I symbolize for you”). The *symbolizing* sometimes takes place to *bridge a separation* with an object of meaning (Gadamer, 1977) or because *verbal communication is not possible*. In circumstances of suppression, for example in concentration camps of Germany or Chile, political critique was packed into theatre pieces and other arts activities to find a means of expression or communication at all (e.g., “theatre of the oppressed”, Boal,

2006). Similarly, the making of art in some mental health contexts can provide a means for the expression of the clients individuality and needs to be seen or heard, to experience safety, control, generativity, transcendence, and meaning, to express love or hatred, to *critique society* and its perspective of the “sick” (Prinzhorn, 1922/2011).

The important contribution of the arts is that the symbolizing can take place on the nonverbal level, which offers a completely independent level of entry (apart from the verbal entry level) to the affective or interpersonal problems for which the person is in treatment. During therapy there can be a switch back and forth between nonverbal symbols and verbal symbols in a process of focusing in on what is true for the person and helps them heal. All persons can profit from integrating nonverbal means of expression and impression into therapy. Children, elderly, migrants/refugees, and traumatized persons often thrive when nonverbal therapies are offered because they may fit with their self-experienced strength and resources.

Mirroring in movement (Eberhard-Kaechele, 2012) and in any arts modality fosters the therapeutic relationship and the feeling of being seen. Communicative processes are emergent phenomena. *Emergence* is a term from dynamic systems theory (see Haken & Schiepek, 2006; Thelen & Smith, 1994) that describes the unpredictable transition to a different state, e.g. a different unit (e.g., two individuals becoming a dyad, which is not merely the sum of the two individuals, but a third thing). This happens sometimes internally in *imagery* but in many cases as a result of the *organism-environment-coupling*, that can drive us beyond ourselves and make innovation possible. *Imagery* has also been widely described as an important active factor of arts therapies supporting problem solving on the nonverbal level (Kriz, 2011).

d. Enactive Transitional Support: art for shelter and test-acting in times of change (transition function)

In the therapy process, the client’s vulnerability is met with protection and a safe space from which strength can be recovered. In this healing process, to support the regaining of agency, enactments can be valuable for self-expression, and additionally allow the testing of action repertoire and possibilities through play-acting, test-acting, and pretending (Fuchs, 2016). Action and play action embody a means of control that can help to initiate and handle the change process adaptively and appropriately. However, change requires a loss of control. Artistic expression can then serve

the function of making the person feel more in control during times of transition. The repetition and trial of new ways of acting leads to mastery, and anxiety in consequently reduced. The art object or ritual can also serve as a transitional object (Winnicott, 1953) connecting the new action to the safety of older, or safer, actions and thoughts. Rituals and rhythms can have a consolidating role; providing a safe base, inserting structure, offering completion of past events, and strengthening the client’s resources to move on.

e. Generativity (Love and work): art for productivity/creation, art for self-efficacy, art for leaving something behind (cognitive-affective function; evolutionary function)

Art serves generativity, *creativity*, and *creation*. In creating, the person experiences their own effectiveness (contingencies of cause and effect). Art thus strengthens *self-efficacy beliefs*, the experience of one’s own abilities, the “I can’s” (Husserl, 1990), the feeling of being in control (enactive function; action control). It strengthens *resources* and *resilience* (affective function); “look what I can do/make/create.” It can give someone a purpose, or result from mere functional lust (“Funktionslust”). As Freud put it, love and work are the cornerstones of our humanness. Art also serves evolutionary functions such as mating and impression making. The idea that art-making may change one person’s mind about another could be one of its foremost cultural functions (Dissanayake, 1996). There is an inclination to express love and passion in art-making, and/or other feelings representing something bigger than oneself.

Anchoring the factors in the model of embodied aesthetics

The active factors can now be anchored on both sides of the model, the active as well as the receptive side (see Fig. 4). Some are causes for and others are consequences of art making. The need for pleasure, beauty, meaning, authenticity, self-expression, being seen, shelter, growth, creativity and generativity can lead to aesthetic expression, and the experience of those factors can result from aesthetic expression. This conceptualization allows to empirically investigate active factors of arts therapies. To investigate single active factors, *path models* are of particular use, a statistical technique specifying relations and their strength among variables that identify which of the factors are true *mediators* of health outcomes, and which may just be inputs or outcomes by themselves, or mediators of something other than health outcomes.

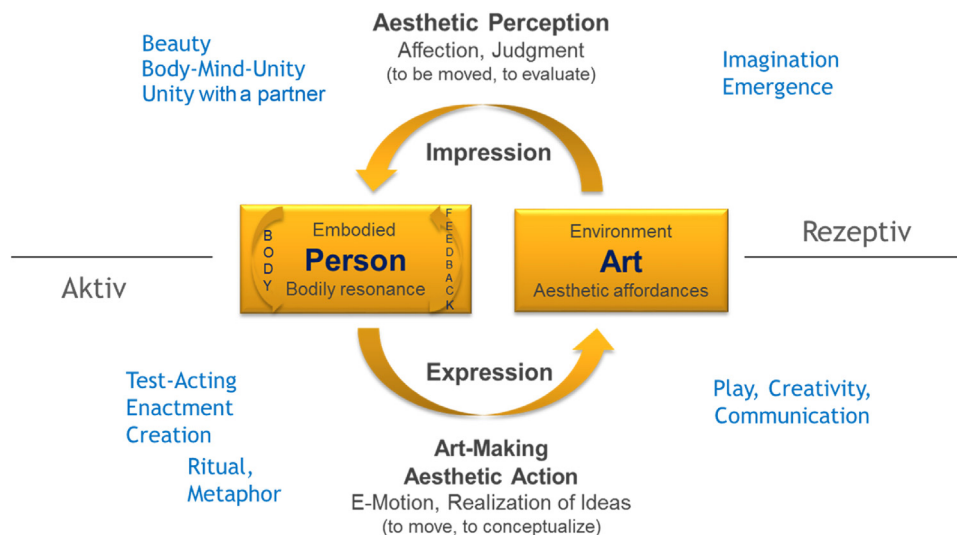


Fig. 4. Active Factors anchored in the model of embodied aesthetics (Koch et al., 2016); the active part corresponds to movement to the outside (e-motion), the receptive part to movements to the inside (affection); moving inward and outward is another basic dimension of embodiment (Fuchs, 2000; Kestenberg, 1968) to be further investigated.

The *body-mind unity*, the feeling of being whole, can be conceptualized as a result of the experience of beauty and authenticity. It is also present in play, shelter, work, love, authentic communication, and in self-efficacy experiences, and happiness is related to it (Koch et al., 2016). *Emergence* describes a phase transition that drives us beyond ourselves, stimulates creativity, and makes innovation possible.

It is heartening that experimental research is possible to examine all of these concerns. Such research is further needed regarding active-expressive dimensions to address the current void in this area. We can conceptualize the circular and synchronous processes of the framework as two sides with a cause and effect logic (this is actually a reduction, because in a circular process both mechanisms are working in parallel. Using this conceptualization as a basis, we can conduct experiments for validation of the active factors in arts therapies. A start has been made recently with the empirical investigation of the active factor of “non-goal-orientedness” of dance, exemplified in *improvisation in dance* (Wiedenhofer, Wagner, Hofinger, & Koch, 2016); this was tested against *goal-oriented* (directed, counted, and measured) movement activity, with the result that only non-goal oriented activity significantly improved health-related psychological outcomes such as stress, well-being, and (body) self-efficacy. This factor addresses that art is set apart from regular cause and effect relationships and an expression of the specific freedom of humans (Fuchs, 2016). Studies on other active factors need to follow, with the factor of the *aesthetic experience* as one of the foremost candidates of a *specific factor* in the arts therapies.

General factors of psychotherapy have been thoroughly investigated and described by Grawe, Donati and Bernauer (1994). In an analysis of more than 800 empirical source articles of different psychotherapy approaches, Grawe et al. (1994) found five common factors: (1) the *therapeutic relationship* (accounting for more than 50% of the therapy outcome according to Grawe et al., 1994), (2) *resource activation* (to foster self-efficacy experiences; in the arts modality), (3) *problem actualization* (going into experiencing, feeling, and sensing the problem; e.g., by enactment), (4) *motivational clarification* (where did it the ‘problem’ come from? what keeps it up? what do I really want? insight), and (5) *problem solving* (fosters coping experiences and strategies). These general therapeutic factors all apply to the arts therapies. There are many parallel interventions of arts therapists and verbal therapists, with arts therapies working on the nonverbal level. For example, *mirroring* in the arts modality (movement, music, or visual art, etc.; Eberhard-Kaechele, 2001) to build relationships, which was shown to be particularly effective to increase intersubjectivity, for example, in persons with autism (Koch et al., 2015; Schumacher & Calvert-Kruppa, 1999).

In trying to define the *specific factors* of arts therapies there are aspects that we need to investigate more closely, for instance the phenomenon of *body memory*. What knowledge is stored in the body? How do we activate preverbal memories through movement? How can we build embodied learning processes, for example, in dementia? (Koch, Fuchs, Summa, & Müller, 2012), etc. There is much work ahead of us.

Conclusion

The article identified active therapeutic factors of the art therapies such as pleasure, play, beauty, authenticity, symbolization, (nonverbal) communication, imagery, self-expression, self-efficacy, community, shelter in times of change, enactments (at the interface of expression and test-acting/“as if”), and cognitive and affective meaning making of personal, interpersonal and transpersonal experiences. We have started to anchor the identified factors in the theory model of embodied aesthetics (Koch et al.,

2016). It is not easy to separate the factors into distinct categories, because many of these causes and consequences of art are linked together in processes that intertwine. In fact, it is their procedural and somato-visceral nature that on many occasions impedes the formation of discrete entities (which also relate art closer to affect than to cognition; James, 1911). Maybe we need to re-invoke the old concept of the “soul” in order to grasp the holistic aspect of the arts. Our *aesthetic response* is that what reverberates within the soul (‘the sounding board of the soul’; Eberhard-Kaechele, 2001; p.1). Nevertheless, we have linked the factors to cognitive, affective, social, spiritual and holistic functions as one possible option to categorize them (Emrath, 2016; Hillecke & Wilker, 2007).

The discussion of a theory model of embodied aesthetics for the art therapies has been undertaken here. With the inclusion of aspects of action and perception it is intended that this model can support a better understanding of the function of arts for health. This new theory framework can potentially change the views about the place of aesthetics in the creative arts therapies, as well as in neighboring disciplines. As Marc Johnson envisioned in his book *The Meaning of the Body*: given that “these deep visceral origins of meaning (. . .) are dealing with aspects of experience traditionally regarded as the purview of aesthetics, (. . .) aesthetics should then actually become the basis for all philosophy” (Johnson, 2008; p. ix–X).

If better understanding is achieved as to how arts therapies interventions work, they can be better adapted to clients’ needs and the specific goals of the therapy. Research into the therapeutic mechanisms of arts therapies will continue to be crucial for the progress of the field.

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