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Circus Arts as Expressive Arts Therapy

Capstone Thesis

Lesley University

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Mental Health Counseling with an emphasis in Expressive Arts Therapy

Elizabeth Kellogg

Abstract

This capstone thesis investigates therapeutic benefits of circus arts, such as juggling, trapeze, acrobatics, and more, in the context of expressive arts therapy. Circus arts are inherently interdisciplinary, combining numerous creative modalities together, which makes them ripe for incorporating into intermodal expressive therapy. Likewise, the field of expressive arts therapy was built on a foundation of drawing in diverse perspectives and theories. In this paper, circus interventions are examined through the framework of three methods of engaging in creative therapies, which include arts as healing, arts as therapy, and arts in therapy. Literature reviewed on the subject includes history and current use of circus arts in social, educational, and therapeutic contexts. The paper presents existing research on an emerging field called “social circus,” or the use of circus arts for social change through youth and community development, and other applications within occupational therapy, mental health, play therapy, and related interventions. Based on a study regarding anxiety reduction through juggling, a method is developed incorporating juggling into an expressive arts group in a women’s partial hospital program. Results of this intervention are presented through the author’s experience. The thesis concludes that circus arts fit well into the existing structure of expressive arts therapy, and offers comments on further possibilities for application and research.

Circus Arts as Expressive Arts Therapy

Introduction

Hearing the word “circus” may conjure a rich well of associations and images. The term has been applied to a broad range of disciplines as well as to a culture and community, to a historical institution as well as its current evolution (Loring, 2007). Central to the concept in each historical moment is pushing the limits of human capacity through “seemingly impossible” stunts, and cultivating connection with the audience through ideas such as “anticipation” and “awe” (Loring, 2007, p. 8). Despite performers appearing to move with ease and grace, circus requires the day-to-day work of focused training that can be decidedly slow, awkward, frustrating, and painful. It requires artistry as well as athleticism, but also perseverance and trust.

Circus has its own unique history in many parts of the world, and in the United States that legacy includes the traveling big top. Although the institution saw a decline in popularity during the mid to late 20th century, interest has soared again worldwide over the last few decades (Loring, 2007). Collectively, this has evolved into contemporary circus, which focuses primarily on human expression, theatricality, and storytelling, while retaining much of the sense of magic and aesthetic of traditional shows. Loring (2007) wrote that “the circus has transformed itself significantly over the years, often going to far as to discard attractions that were once its most emblematic. Nevertheless, its singular identity persists; one still recognizes the circus when they see it” (p. 1).

Loring (2007) described “a new kind of circus” that emerged beginning in Europe at the end of the 20th century, that aimed to “resurrect “circus” by reemphasizing its humanistic and artistic nature” (p. 8). Cirque du Soleil, based out of Montreal, has become a household word, and is one of the best-known examples of “circus nouveau” (Loring, 2007, p. 8). Independent

schools have opened all over where anyone can enroll in recreational classes. The physical and mental health benefits unique to circus arts have also inspired growing therapeutic applications, harnessing the sense of mastery that can result from skill building as well as the use of drama and narrative. These applications will be explored through the literature review.

Therapeutic use of circus arts has begun to produce increasing amounts of research and interest over the last few years in particular. Current research has focused on using circus arts—particularly object manipulation (juggling, spinning plates, feather balancing, hula hooping), partner acrobatics, aerial arts (trapeze, silks, rope), and clowning—within the fields of occupational therapy, social work, and related interventions. Another strong area of research has to do with social circus, an emerging field which focuses on using circus arts for social change through youth and community development.

What these interventions have in common is that they each challenge the body and brain to learn new ways of interacting with objects, with the environment, and with other people. They also provide vehicles for creative expression and performance art. From these commonalities come the potential for therapeutic benefits of circus arts and part of the reason why circus has expanded beyond entertainment and even recreational instruction.

Research has highlighted specific therapeutic benefits of circus arts, which will be discussed in further detail in the following section. In short, these benefits fall into a few categories. Skill building can improve self-esteem, sense of mastery, self discovery, and confidence. Skills specific to circus arts can additionally improve coordination, focus, patience, frustration tolerance, and goal orientation, and can provide an environment for safe risk taking. Working closely with others in groups can increase collaboration, teamwork, communication, trust, and a sense of community and belonging (Lafortune & Bouchard, 2011).

The purpose of this paper is to place circus-based interventions within an expressive arts therapy framework. While research has outlined benefits listed above, less detail is available concerning therapeutic aims specific to the arts components of circus. However, there is potential for circus to be additionally utilized for its expressive capacity. Circus arts are inherently multimodal and inclusive of dance, drama, visual aesthetics, and musicality, and are oriented toward expression of self and community.

The framework of expressive arts therapy, while sharing some overlap with social work and occupational therapy, brings an ability to highlight the potential of circus interventions in a different way. The field is the newest of the creative therapies, arising in the 1970's with the intention of working in an integrative and interdisciplinary manner. It was formulated in contrast to a trend, noted by Vivien Marcow-Speiser, in which creative therapies became increasingly rigid in their practices in order to establish themselves as effective methods of psychotherapy. Theories had begun to move away from arts-based approaches (McNiff, 2009). Expressive arts therapy is a specific discipline, distinct from other branches of creative therapy, that utilizes connections between different modalities and approaches.

Shaun McNiff (2009) described interdisciplinary work and collaboration as values integral to the field from the beginning, writing that "different art forms naturally complement one another in therapeutic practice in commitment to the breadth of human expression" (p. 3). This is in reference to different arts modalities, but McNiff also described how the field drew in people and concepts from outside of psychotherapy, most notably from arts education (McNiff, 2009). Eleanor Ullman (2001) wrote about this phenomenon in art therapy as well, reporting the use of "widely varying practices in education, rehabilitation, and psychotherapy" (p. 16). She defined the commonality as "that the materials of the visual arts are used in some attempt to

assist integration or reintegration of personality” and also notes that the relationships between art therapy and occupational therapy is ripe to be explored further (Ullman, 2001, p. 16). Cross-pollination of ideas continues to enhance expressive arts therapy as a profession.

This is particularly relevant to a discussion about therapeutic circus for two reasons. First, because expressive arts therapy has a legacy of inclusivity and crossing borders between fields, circus can easily be incorporated. Although it is not already used as a modality of expressive arts therapy, it can be brought in to enhance the field. Second, circus is inherently an interdisciplinary art form. Johnson (1999), in a discussion of the developmental spectrum in expressive therapy, described multidisciplinary art forms as those that employ a combination of media, such as theater, opera, and circus.

Expressive arts therapy approaches can be conceptualized as three types: arts as healing, arts as therapy, and arts in therapy. These run parallel to various ways in which circus has been used for mental and physical health, and this framework will be used as lens through which to view circus arts interventions. Each of these may incorporate different benefits, drawbacks, staffing and spatial requirements, or simply present divergent approaches.

The arts as healing approach refers to the inherent capacity of the arts to facilitate healing, growth, self-help, and expression. It is well described by Shaun McNiff (2009), stating that “the pure experience of an art form unto itself can be profoundly therapeutic and healing outside the context of professional therapeutic practice” (p. 12). This occurs “by giving the psyche opportunities to treat itself through creative expression” (McNiff, 2009, p. 13). He advocated for greater use of the arts in personal practice, schools, health and cultural centers, and community programs.

Arts as therapy and arts in therapy apply less to a self-help or recreational approach, and more to the direct incorporation of the arts in therapeutic encounters. An arts as therapy approach may hold artistic or creative goals as the central outcome, while an arts in therapy approach may see the arts more as a vehicle to further verbal processing. Ullman, writing from the perspective of art therapy, expanded upon the distinction by describing “two main trends in existing practice and theory: some art therapists put emphasis on art and some on therapy” (2001, p. 17). She continued, “the art people tend to exclude procedures where completion of the creative process is not a central goal; the therapy people often explain that preoccupation with artistic goals must be minimized in favor of a specialized form of psychotherapy” (Ullman, 2001, p. 17).

These three distinctions within expressive arts therapy provide not only a way to understand why the arts have therapeutic benefits, but also a framework in which to place circus arts interventions within the field. Existing research in therapeutic circus will be discussed in the literature review, and areas of focus as well as areas for further research will be identified. The review of literature will also further discuss theories indigenous to expressive arts therapy that are applicable to circus and which will assist in framing it as an appropriate intervention. This paper will culminate by describing a method of using juggling in therapy that was developed and implemented based on existing research, a presentation of the results of the intervention, and a discussion regarding possibilities and limitations of the use of circus arts in therapy.

Literature Review

Therapeutic circus interventions can be conceptualized in parallel to the three methods of engaging in expressive arts therapy, as described above. When positive changes are byproducts of engaging in social or recreational circus, this fits into arts as healing. As for arts as therapy and arts in therapy, therapeutic circus may be split into both. Some interventions take circus arts

and place them in a clinical setting as a vehicle to further therapy, while some rely on the healing nature of engaging in circus arts to provide the therapy. This literature review will survey literature that exists on circus in therapy and healing, and additionally draw from other sources, to provide an overview of research and work that exists currently in relation to the topic.

To locate this research, a number of searches were conducted using databases available through Lesley University. Search terms included “circus” and “circus arts” by themselves as well as in conjunction with other terms including “therapy,” “occupational therapy,” “play therapy,” “expressive therapy,” “art therapy,” “education” and “social work.” This process was repeated with specific modalities including “juggling,” “trapeze,” “clowning,” and others previously mentioned. A search was conducted specifically for “social circus.” Additionally, social workers, therapists, and community workers who use circus in their work were consulted for recommendations of sources.

Articles that were located include both quantitative and qualitative research about therapeutic circus arts interventions. Others investigated reasons why circus has therapeutic value, encompassing artistic goals, such as cultivating creativity, expression, and imagination, as well as physical, emotional, and interpersonal goals. Much of the creative goals are aligned with aims of expressive arts therapy, and much of the literature focuses on benefits associated with learning specific new skills, with the risk-taking and challenge involved, and with the nature of working with and depending on others for safety. This research is presented below.

Social Circus

Social circus is the name given to an emerging field that utilizes circus activities toward aims of social change through youth and community development, and it generally occurs in a community or educational setting. It is one of the most notable applications of therapeutic circus

currently in existence, and an example of the “arts as healing” paradigm because a licensed therapist is not required for facilitation and the model draws from the benefits of being in community. Social circus facilitators could be social workers or educators, but they could also be circus professionals. This section will provide a brief history of the concept, focusing on Cirque du Monde, which is the largest social circus organization currently in existence, and present research on other organizations and projects.

Arrighi (2014) surveyed the history of youth and social circus in Australia, which parallels art and social circus movements in other parts of the world. Arrighi described social circus as a direct descendant of the community arts movement prevalent in Australia and other Western countries in the 1970’s and 1980’s. Three “waves” of community circus were identified; first in the 1970’s with community performance movements, second in the 1990’s when Cirque du Monde was establishing social circus programs around the world, and the third wave is the current trend from 2010 onward, which is considered by those in the field to be “unprecedented” (Arrighi, 2014, p. 201). Particularly since the 1990’s, youth-oriented social circus has established “a considerable global presence” (Arrighi, 2014, p. 200).

To define the term in more depth, Arrighi described a “re-imagining and a re-purposing of the circus arts within a social situation other than the professional commercial/entertainment arena” (2014, p. 200). She called it a “co-opting of circus skills to an agenda of social change” (Arrighi, 2014, p. 206). It has maintained a focus on young people who are disenfranchised physically or socially and a belief that creative engagement can be utilized for positive change in individual lives. This is in alignment with goals of expressive arts therapy.

Arrighi referenced Cirque du Monde’s Community Workers Guide to describe goals of social circus, including personal and social growth, development of self esteem and social skills,

artistic expression, and occupational integration, noting that emphasis is placed more heavily on the experience than the artistic results. She pointed out other reasons that circus skills are attractive, including the risk factor, the enduring mythology of the circus, and the invitation to play and have fun. Additionally, she described an alignment with Madden and Bloom's definition of art therapy as "the use of art in service of change on the part of the person who created the artwork," where the artistic process dominates, and where the subject takes on the role of producer rather than consumer (Arrighi, 2014, p. 218).

Many examples of social circuses within Australia are mentioned. Although the term is often used to refer to youth circus, there are also organizations specific to adults. In Australia there is a Women's Circus for women who are survivors of sexual abuse, a performing older women's circus, an indigenous group called the Blackrobats, and many other youth circus organizations, including those that work with disabled youth to develop physical and social skills (Arrighi, 2014). The Westside Circus is a nonprofit community circus organization, which is described as providing programs for people with emotional and mental health issues as well as intellectual and physical disability (Maglio & McKinstry, 2008). There are many forms a social circus can take.

As Arrighi mentioned, one of the largest social circus organizations at this time is Cirque du Monde. It is the social projects branch of Cirque du Soleil, which has been in existence since 1995. Founded as an interventionist approach to using circus arts as an educational alternative for youth at risk, it runs projects in 80 countries around the world. Circus instruction is provided free of charge to youth who may be struggling with poverty, violence, disease, and more (Fournier, Drouin, Marcoux, Garel, Bochud, Theberge, Aubertin, ... Fleet, 2014). The Cirque du Monde model pairs circus instructors with community workers to draw from the unique strengths

of each in a collaborative manner. Additionally, partnerships with local organizations are crucial in this model to make sure the work is based in the community and participants are supported before and after the workshops (Lafortune & Bouchard, 2011).

Cirque du Monde has published a Community Workers Guide for training purposes, and it also lists objectives and principles of social circus. The guide describes aims of development and social inclusion through leaving “room for freedom and creativity while demanding tenacity, perseverance and discipline” (Lafortune & Bouchard, 2011, p. 14). The aims that Lafortune and Bouchard listed are similar to Arrighi’s description, referencing benefits such as improving constructive risk-taking, aspiration, confidence, fun, individualization, hard work, awareness of abilities, and sense of belonging to a group. In addition, they stated that in places where there is conflict, social circus projects can become a vehicle for reconciliation and understanding between people. The guide also notes that social circus has been drawing increasing interest from traditional sectors of mental health.

Cirque du Monde’s Community Workers Guide describes parts of the history of circus, naming various iterations of circus practice in ancient China, ancient Egypt, and by itinerant traveling performers in Europe. In fact, the guide states, the idea of itinerancy has become central to the circus’s identity and can be a way for people to connect to it. “Coming from elsewhere, ever in transit, ever in movement, since time immemorial circus artists have brought with them novelty, knowledge, skills and openness to other cultures” (Lafortune & Bouchard, 2011, p. 14).

Fournier et al. (2014) explored the work of Cirque du Monde from the perspective of medical students analyzing its usefulness in physical and mental health interventions. The authors conducted a literature review and noted that while articles on social circus described primarily social, cultural, and artistic aspects, there was a lack of literature regarding it as a

clinical therapeutic intervention (Fournier et al., 2014). They found two studies intriguing; one described the use of circus in a First Nations community and the other was a website describing the use of social circus in a hospital setting for youth with severe psychiatric disorders.

The bulk of their review focused on preliminary unpublished studies conducted in this psychiatric setting. The project, called Espace Transition and located in Montreal, was modeled after Cirque du Monde and established to assist youth in transitioning back to their communities as well as decreasing the risk of relapse. It allowed patients to participate in biweekly circus and theater workshops. Qualitative research was conducted during the pilot project through semi structured interviews and questionnaires. According to the results, attending physicians described significant changes in participants' functioning, although patients did not report significant differences themselves. The authors ultimately concluded that circus has potential for therapeutic use and advocated for further quantitative research to be completed, additionally citing research on the effectiveness of various art forms in mental health (Fournier et al., 2014).

Another article, "Cirque du Monde in Mexico City: Breathing new life into action for young people in difficult situations," is a case study focusing on outcomes of one project in Mexico, using research methods of participant observation and interviews (Rivard, Bourgeault, & Mercier, 2010). This project, taking place in three barrios at Machincuepa, has been running for over 10 years with three consistent coaches, and the authors stated that the longevity of the program adds to its effectiveness. Children participating in the program face problems such as landslides, violence, drugs, and more in their daily lives. It is also noted that Mexico has a "rich tradition" of circus that supports the work (Rivard, Bourgeault, & Mercier, 2010, p. 184).

This aim of this research is to reveal aspects of a global paradigm shift involving youth in difficult situations. Its theoretical foundation is based on Hannah Arendt's thesis of human

activity. This thesis states that three fundamental human activities are labour, described as disciplined physical labor, work, described as initiative and creativity, and action, described as engagement with the process of transformation of individuals and society. Other theoretical influences include Augusto Boal, author of *Theater of the Oppressed*, and Paulo Friere, author of *Pedagogy of the Oppressed* (Rivard, Bourgeault, & Mercier, 2010).

Results of the study primarily noted effects around process, meaning, and safety. One coach described the value of the process: “a youth may never manage to juggle with three balls, but along the way he will have experienced tolerance, perseverance and concentration” (Rivard, Bourgeault, & Mercier, 2010, p. 185). Meaning refers to the significance that participants ascribe to particular activities in application to their lives. Safety describes positive risk-taking, building understanding of the body to avoid injury, and responsibility for others and the collective. Also noted were unexpected favorable effects on participants’ relationships with family members and other community members. The youth involved in the project additionally were able to connect virtually to other Cirque du Monde participants around the world and subsequently shared feelings of decreased isolation, reporting they “no longer feel they are the only ones facing difficulties” (Rivard, Bourgeault, & Mercier, 2010, p. 187).

While Cirque du Monde is the largest-scale social circus project and has been responsible for much of the growth of the field, there are many organizations and projects occurring independently and locally. Youth Circus Organizations, such as AYCO (American Youth Circus Organization) and EYCO (European Youth Circus Organization) were established to provide networking and support for such projects. AYCO was founded in 1998, and as of 2014 covered over 8,000 youth members in the United States. Support for circus arts, including youth circus, operates on a larger scale in Europe, notably Finland. (Arrighi, 2014).

In 2017, AYCO commissioned a study intended to examine ways in which social circus organizations in the United States fulfill their intended purpose of producing social change. Smith, Roy, Peck, and Macleod (2017) addressed three main questions. These concerned whether the programs successfully implement challenging curriculum and responsive instruction for diverse youth, whether youth social and emotional learning (SEL) behavioral skills grow during circus arts, and whether the results compare to benchmarks for other exemplary SEL programs. To answer these questions, the study followed 8 organizations in a 9-month quantitative study, gathering data at the beginning, middle, and end of programming, or for shorter programs, at the beginning and end. All participating organizations were members of the organization's Social Circus Network, or AYCO-SCN.

Smith et al found that youth achieved "positive and substantial" SEL behavior growth, and results compared favorably to a selective sample of other SEL programs for adolescents (2017, p. 16). It was concluded that AYCO-SCN-affiliated programs appear to be achieving their social purpose by delivering circus arts curriculum that combines high challenge and high support. Smith et al noted that these results can be generalized in the sense that other programs achieving similar levels of challenge and responsiveness are likely to see similar effects. Further data and information about all participating programs were also included.

Examples of social circus can also be found on every continent. Nick McCaffery is a self-described anthropologist and social circus instructor who decided to report his experiences with social circus after noticing continuous "unintended positive outcomes" for participants in Streetwise Community Circus in Northern Ireland (2014, p. 30). The project is a Belfast-based cooperative that has been in operation since 1995, with the goal of making circus skills accessible to the community, specifically to the population of adults with learning disabilities. In

“Social Circus and Applied Anthropology: A synthesis waiting to happen,” McCaffery (2014) described information from personal observations and conversations.

In discussing work with people on the Autism spectrum on communication skills through circus, McCaffery (2014) described benefits as bringing people together using circus as a common bond, raising confidence and self-esteem, increasing fitness or mobility, and providing an opportunity for future employment. He also noted improved range of movement and better levels of communication. One parent reported observing positive changes in her son after attending a two-week summer program, including improved speech and communication, better sleep patterns, increased confidence, higher levels of participation in other areas of everyday life, and more (McCaffery, 2014).

Leah Niederstadt (2009) presented research on the history and function of the circus in Ethiopia, based on her fieldwork in various cities throughout the country. The first troupe in Ethiopia was established in the 1990’s and there are currently “dozens” of circuses throughout the country (Niederstadt, 2009, p. 76). Niederstadt reported ways in which educational messages about social issues such as health, HIV/AIDS, celebrating national identity, the rights of girls and women, and celebrating diversity of ethnic groups were incorporated into performances. These messages have drawn funding from NGO’s, and in 1993 Circus in Ethiopia became a legally registered NGO (Niederstadt, 2009).

Historically, “indigenous acrobatic troupes have long performed throughout North Africa,” providing a foundation for contemporary circus (Niederstadt, 2009, p. 77). In its current form, circus skills are combined with indigenous song, dance, and costume “to create a form of circus that was uniquely and positively Ethiopian” (Niederstadt, 2009, p. 76). In lieu of clowns, characters that are traditionally Ethiopian are incorporated. According to Niederstadt, performers

believe that their shows combat the image of the country as an “impoverished, famine-ridden, war-torn nation” (2009, p. 81). Additionally, most of the performers are children, and in this way, similar to other projects, circus is considered a means of empowering the younger generation and building hope for the future.

Similar to in Ethiopia, circus has been used as a way to celebrate national identity in China. Chung Li (2010) reported findings of a qualitative research study in which PE teachers in China were introduced to circus and interviewed about whether they see it as an activity that could be implemented in schools. The term “social circus” is used throughout the article, yet in context it appears to refer not to the current social circus movement but rather to circus activities as they have been performed historically in China. Circus has a long history within Chinese culture, from as early as 475-221 BC (Li, 2010). Since 1949, when the People’s Republic of China was established, there have been efforts to develop social circus as a national art.

With the objectives of cultivating cultural heritage as well as mental, physical, and social health, Li examined the possibility of incorporating circus into PE classes in schools. Teachers received instruction in plate spinning, ball and club juggling, diabolo tossing, and balancing. According to interviews, teachers noticed that these skills require training in manipulation, bodily coordination, balancing, performing art, creativity, and team spirit, and are able to serve educational values. “Accordingly, personal transformation can be fostered through encountering of difficulties and physical risks” and practice allows participants to experience “being capable and valuable beings” (Li, 2010, p. 109). The main inhibitor to including circus instruction in curriculum was seen as lack of access to equipment.

Also worth noting in the context of social circus is the use of circus with refugees. Organizations such as Clowns Without Borders and other groups send circus professionals to

perform and teach in refugee camps around the world to promote “resilience through laughter” (<https://clownswithoutborders.org>). Didem Tali (2017) described a project through the Anywhere Association with Syrian refugees in Turkey. International volunteers are utilized to teach circus skills, and participants take over teaching once they have learned the skills. Participants described pride and joy in learning the skills and in being able to make other refugees smile. Tali reported that learning circus helped decrease a sense of social isolation and discrimination that the Syrians faced after settling in Turkey (2017).

This section has provided an overview of social circus and a survey of various social circus projects throughout the world. Countless other examples exist outside of publication, and the number of organizations continues to grow. Many focus on youth, but others are oriented toward other specific populations including adults, people with learning disabilities, and refugees, as has been noted through the examples above. Social circus is generally offered at no charge or an accessible cost for participants, and takes place in community settings. The next section will explore therapeutic applications of circus in more clinical contexts including occupational therapy, social work, play therapy, and other mental health settings.

Therapeutic Circus

While the last section focused on social circus as a parallel with the arts as healing paradigm, this section focuses on utilization of circus within therapeutic contexts. This encompasses both arts in therapy and arts as therapy approaches, and research in these realms has been found to be more limited. This section draws from research not only in mental health contexts, but also related fields of occupational therapy, social work, and other types of therapy. It is divided into three parts, each of which describes two studies. These include applications of therapeutic circus with children, using play, and in work with adults.

Circus as an Enhancer of Learning and Treatment for Children

Maglio and McKinstry (2007) suggested ways that occupational therapists and circus professionals can collaborate to meet the physical and mental health needs of youth in schools. The authors evaluated a “Circus In Schools” program in Victoria, Australia, through the lens of Occupational Therapy. The project is divided into three phases consisting of information gathering, process evaluation, and outcome evaluation. The initial data collection involved analyzing VELs (Victorian Essential Learning Standards) documents, interviews with circus trainers, observation of sessions, and review of school action plans. Journal entries from program participants were also used as qualitative data in the outcome evaluation.

In the process evaluation, Maglio and McKinstry identified components of the program such as warm up games, acrobatics, acrobalance, object manipulation, balance, and performance. Goals of the program were also identified, and included teamwork, collaboration, communication, challenge, body awareness, positive risk-taking, trust, problem solving, self-efficacy, gross and fine motor skills, persistence, creativity, facing fear, safety awareness, taking on different roles, and more. The outcome evaluation found that the circus program was congruent with education initiatives and occupational therapy practice, highlighting positive benefits from program manager observations and student perspectives. Some other benefits discussed included a sense of belonging, leadership skills, and opportunities for calming rhythmic activities and sensory feedback (Maglio & McKinstry, 2008). The authors identified the need for programs addressing students’ overall health and well-being to be implemented in schools, and makes connections “between the core beliefs of community circus, education, occupational therapy, and health promotion” in regards to meeting those needs (Maglio & McKinstry, 2008, p. 287).

The article “A balancing act: Children’s experience of modified constraint-induced movement therapy” is “a qualitative study exploring the experiences of children participating in modified constraint-induced movement therapy (CIMT) in a circus-themed day camp” (Gilmore, Ziviani, Sakzewski, Shields, & Boyd, 2010, p. 88). In this context, circus is seen as an enhancer of treatment and a way to moderate challenges of an uncomfortable intervention. CIMT is used for children with congenital hemiplegia for improving upper limb function, and it involves restraining the use of an unimpaired limb while using activities to train the impaired limb.

The researchers reviewed efficacy of CIMT, possible risks, and how to increase child-friendliness of the intervention by “using activities that are developmentally appropriate and capable of engaging the child for a long period of time” such as social interaction, peer support, and fun activities (Gilmore, Ziviani, Sakzewski, Shields, & Boyd, 2010, p. 89). Circus is an activity that meets these requirements. For the research, sixty-four children attended circus camp for 2 weeks, 5 days a week, and thirty-two of them were allocated to CIMT using a glove to restrain the unimpaired hand. Data about the children’s experiences was collected through semi-structured interviews enabling responses as appropriate to the ages of the children. Common themes and categories were coded by researchers.

The authors reported themes from the interviews in areas of the experience of wearing the glove, the experience of circus camp, and gains achieved. Children reported the glove as frustrating, especially “when it impacted highly motivating activities” (Gilmore, Ziviani, Sakzewski, Shields, & Boyd, 2010, p. 90). There was “a strong sense of motivation and engagement associated with the circus theme” and camp was described as fun and different than regular therapy (Gilmore, Ziviani, Sakzewski, Shields, & Boyd, 2010, p. 90). Specific activities such as trapeze, devil sticks, spinning plate, acrobalance, and hoop tricks were described, and the

camp included a performance for parents on the final day. Children also described reassurance about participating in the camp with other children who experience similar difficulties. Children reported increased ability after the camp to perform activities at home with both hands.

The authors discussed the need to balance the frustration of CIMT and the autonomous motivation required for an activity, pointing to research on the ‘just right’ challenge, self-determination theory, and Csikszentmihali’s idea of a flow state as total absorption in an activity and the highest level of intrinsic motivation. It is noted that fun, challenging, or meaningful activities give children a sense of ownership, and “an environment supporting these three psychological needs is thought to enhance motivation and engagement in therapy” (Gilmore, Ziviani, Sakzewski, Shields, & Boyd, 2010, p. 91). The recreational atmosphere focused on positive group interactions, individual creativity, and circus skill development. The interviews revealed that many children spoke of the circus activities as their favorite part of camp, and circus was categorized as an enhancer of treatment and “a means of moderating... potential challenges (Gilmore, Ziviani, Sakzewski, Shields, & Boyd, 2010, p. 93.)

Circus and Play

There has been a rapid growth over the last decade of therapeutic clowning in hospitals, in which clowns act as complementary care providers. Koller and Gyski (2008) presented a model of therapeutic clowning for increased quality of care. They reported that clowns use “gentle play and laughter to provide ill children with another avenue for emotional expression, control, and social interaction during their hospitalization” (p. 18) which enhances coping and adjustment to life changes. The authors referenced research studies showing that the presence of clowns decreased distress and increased cooperation. Additionally, clowns can change a child’s perception of hospitals and facilitate stress relief (Koller & Gyski, 2008).

The authors noted the historical and archetypal nature of clowns as healers. They appeared in the hospital of Hippocrates, from the belief that mood influenced healing. Jesters and sacred clowns that appear in Hopi culture embody the trickster and order-breaker. In this way, clowns are described as an “embodiment of hope in the face of hopelessness,” enabling us to laugh at realities that make us cry (Koller & Gryski, 2008, p. 18). This type of play is also distinguished from the techniques of play therapy, and is described as more spontaneous and less structured. Play also provides a protective factor against developmental delays, regressive emotional behavior, and emotional withdrawal (Koller & Gryski, 2008, p. 22).

Heller and Taglialatela (2018) described Circus Arts Therapy® (CAT), a method developed by Heller, which was created with the intent of introducing circus arts into play therapy. CAT combines directive structured circus instruction with nondirective person-centered clinical skills used in a play therapy setting. The stated goal is to “establish a safe place for change to occur, a place of trust” (Heller & Taglialatela, 2018, p. 72) Everything in the circus arts room is consistent with client-centered play therapy, and techniques such as TEEL (tracking, empathy, encouragement, and limit setting) are incorporated.

Heller and Taglialatela (2018) provided a data-driven report on the benefits of CAT. Through surveying previous literature on the subject, they discovered anecdotal evidence that engagement in circus arts provides physical, social, and emotional benefits, but noted that the literature as a whole lacked scientific rigor. Their study therefore sought to provide quantitative evidence in support of therapeutic circus. To this end, parental data was collected from parents of 15 children who completed two 8-week sessions of the CAT program. The data was collected at 3 points, the beginning, the end of the first session, and the end of the second session.

The authors described the aims and structure of CAT. Skill instruction is provided “to enhance the child’s skill level and confidence in moving their bodies in a particular way” (Heller & Tagliatela, 2018, p. 70). The program is designed to enhance a number of abilities including self esteem, crossing the midline, ability to overcome fears and increase focus and attention. The circus arts room and equipment are described, as well as the warm up, skill progressions, and incorporation of social and emotional learning into circus activities.

The study found the greatest increase in three factors, each considered statistically significant. Teamwork was found to be significantly better after one session and continued after the second. Physicality similarly showed a considerable increase after one session and was maintained after two. The ability to follow directions improved greatly after two sessions. There was also an increase in two additional factors, socialization with peers and emotional control, although these gains were not found to the same significant level (Heller & Tagliatela, 2018).

This study is particularly interesting, as the authors noted, because it helps to validate prior anecdotal evidence. “Taken together, previous literature and the current data-driven study indicate that aspects of circus can be interwoven into a therapeutic setting and have significant benefits for clients across physical and emotional realms” (Heller & Tagliatela, 2018, p. 76). Additionally, due to the authors’ experience in clinical work, this study is one of the only sources located that ties together aspects of circus arts, person-centered therapy, play therapy, dance/movement therapy, gestalt technique, and even a mention of Jungian archetypal theory, demonstrating that they can inform one another.

Circus in Therapy for Adults

Nakahara et al. (2007) proposed juggling as an alternative intervention in treating anxiety. The authors cited previous findings on the efficacy of other alternative treatments. These

include herbal therapy, yoga therapy, meditation, and relaxation, which have been effective interventions with Generalized Anxiety Disorder (GAD) and Posttraumatic Stress Disorder (PTSD). Eye Movement Desensitization and Reprocessing (EMDR), a technique in which the eyes are rapidly moved from side to side, is also cited as a way to reduce disturbing thoughts and related anxiety. The authors note previous reports that juggling facilitates the growth of grey matter in the brain (Nakahara et al., 2007).

Seventeen female patients who met DSM-IV criteria for either panic disorder, PTSD, OCD, or GAD participated in this 6-month study. After the first 3 months, participants were divided into a “juggling therapy group” and a “non-juggling group” with all other considerations remaining the same (Nakahara et al., 2007, p. 2). The juggling group was taught classic 3 beanbag juggling and practiced for 5 minutes twice a day. Data was collected using scores on the State-Trait Anxiety Inventory, Profile of Mood Status, and Franchay Activity Index, and were collected before treatment, at 3 months of treatment, and after the full 6 months of treatment.

Findings indicated that anxiety scores, depression subscores, and aggression-hostility subscores in the juggling group “were significantly lower than in the non-juggling group at the end of treatment” (Nakahara et al., 2007, p. 3). The authors concluded that this could be due to a variety of factors. Similar to bodywork, yoga, and meditation, juggling could be effective through relaxation. Or, related to EMDR, “visual motion information and physical movement might improve the psychoneurological network” (Nakahara et al., 2007, p. 2). The embodiment and sensory components may help attentional focus control. The authors suggested that “juggling therapy could be performed easily in combination with other forms of therapy for patients with increased anxiety levels” (Nakahara et al., 2007, p. 4).

Joanne Rixom (2012) described an employment and mental health support program using trapeze. She began by citing mental and emotional benefits of physical activity, including “heightened sense of achievement, greater self-esteem, more energy and activity, and improved mood” (Rixom, 2012, p. 147). The design, funding, and development of the 12-week project are discussed, as well as the presenting mental health concerns of participants. All participants were women presenting with depression or anxiety, who also received Cognitive Behavioral Therapy (CBT) and employment support. Three had a diagnosis of bipolar disorder. All were referred to the program by their employment advisor or therapist (Rixom, 2012).

Objectives were developed during a participant focus group and include “improve physical health and mental wellbeing, improve confidence and self-esteem, overcome mental barriers, mindfulness, social interaction, structure, routine, and reliability, improve discipline, focus, and motivation” (Rixom, 2012, p. 148). Quantitative and qualitative data were both collected. Quantitative data included work outcomes and clinical measures composed of the self-esteem scale, depression scale, GAD scale, and work and social adjustment scale. Scores were taken before and after the 6-week course, with 2 participants carrying over into all 12 weeks. Qualitative data collected also included reflective journals and case studies (Rixom, 2012).

Conclusions from the quantitative data showed general improvements in all clinical scales, noting that some scores were reduced by half. Qualitative data included items such as “feelings of empowerment, confidence, inner strength and self-belief” and other descriptions of growth in participants’ own words (Rixom, 2012, p. 150). The author described that “the activity required sustained focus, discipline, and hard work, and participants observed that they had internalized” such qualities, resulting in increased confidence and positive impact in participants’ approach to seeking employment (Rixom, 2012, p. 151).

Expressive Arts Therapy Connections

Some concepts that are primary to expressive arts therapy and that are relevant to therapeutic circus include polyaesthetics, the power of play and imagination, and process over product. Each of these ideas surfaced in previously described studies regarding circus in therapy or social circus. This section will expand on them, drawing from expressive therapy literature.

Polyaesthetic theory is a concept indigenous to expressive arts therapy, described by Paolo Knill. According to Knill (1994), all of the art disciplines “engage to some extent in all sensory and communicative modalities” (p. 342). He gives the example that musicians train in rhythm similar to dancers, in visual competency evidenced within the structure of music, in poetic sensitivity to phrasing, and in drama during development of a piece (Knill, 1994). Knill described this concept to support the interdisciplinary approach and to expand upon the ways in which art forms can naturally transform, lead into one another, and support each other. As an already multidisciplinary art form, circus dissolves boundaries and plays with the interconnection of diverse modes of expression.

Literature in expressive arts therapy supports and expands upon the idea of play, which is noted as a significant draw of circus and vehicle of benefits. Donohue (2011), in defining expressive arts therapy, named “temenos and play space” as well as “the power of play” as essential elements (p. 497). In discussing the idea of the play space, also called potential space, or safe space where freedom is possible, Donohue references the work of Ellen Levine and D. W. Winnicott. This is a space where “inner and outer are blurred” and which “permits the creative process to unfold” (Donohue, 2011, p. 498). She also noted that Jung borrowed the Greek word Temenos, which means “a sacred circle where one can be himself without fear” (Donohue, 2011, p. 498).

In this way, play is used to describe not only something that children do, but rather the lifelong process of accessing our creative potential. Nachmanovitch (1990) called play “the starting place of creativity in the human growth cycle, and one of the great primal life functions” and went on to state that “without play, learning and evolution are impossible” (p. 42). The evolutionary value of play, he believed, is flexibility. Humans learn to adapt to changing conditions and situations on an individual as well as a societal scale. He also noted that play, spontaneity, and adaptability are foundational for the arts, which are “highly evolved forms” of play (p. 42).

Many mental health problems that lead a person to therapy can interrupt the body’s inclination to access creativity and play, and therefore interrupt a person’s resiliency and capacity to adapt. Van der Kolk (2005) wrote specifically about trauma, noting that many behaviors of traumatized children are in fact efforts to minimize threats and regulate distress. In treating traumatized children in particular, he pointed out the need for not only safety and predictability, but also engagement in activities unrelated to triggers that can provide pleasure, mastery, and fun. A child displaying frozen reactions may benefit from engaging in play “to re-awaken curiosity and explore their surroundings” (Van der Kolk, 2005, p. 407). In this way, safety is an essential component of a play space, and the goal is to re-build an individual’s capacity to engage in playful activities.

Play and imagination therefore connect to therapy in that “the creative process is universal and underlies all change” (Donohue, 2011, p. 499). In order for an individual to utilize therapy for making changes, they must be able to see possibilities and imagine a different way, essentially shifting a “person’s orientation from what is known to what can be imagined” (Donohue, 2011, p. 500). Donohue also noted that Otto Rank referred to therapy as “a process of

revitalizing one's artistry, and bringing a creative attitude back into life" (Donohue, 2011, p. 499). The circus's invitation to play can disrupt feelings of being stuck that people bring to therapy and assist in, as Nachmanovitch (1990) wrote, expanding "our field of action" and manifesting "fresh, interactive ways of relating with people, . . . things, ideas, images, ourselves" (p. 43).

Process over product refers to valuing the experience more than what is created. The intention is not to make a finished product, but to learn by engagement. Donohue (2011) described direct action-oriented experience as important to expressive arts therapy. Many of the studies referenced in the literature review echoed this concept as they discussed the experience of participation in circus activities as a higher priority than the artistic result.

This concludes the literature review. Through examining existing research on the topic of circus in therapeutic interventions, this section has explored social circus as well as the use of circus arts in clinical and educational contexts. Each article has pointed to ways in which unique aspects of circus can be employed in growth and healing, in therapy, and as therapy. Additional literature from the field of expressive arts therapy echo reasons why circus fits into the existing structure. The following sections will describe an intervention inspired by this research.

Methods

For this capstone, a circus arts intervention was introduced into a clinical group therapy setting. When deciding what kind of project to complete, I considered the existing research and types of therapeutic circus interventions. As noted in the literature review, these can be placed on a spectrum, each type presenting different benefits and limitations. On one end, therapeutic intentions are brought into a space that is already set up for circus, such as a recreational studio, and on the other end, circus activities can be incorporated into a space that is already set up for

therapy. Because less research exists about circus in clinical settings with adults, I chose to design activities for group therapy in a clinical milieu for adults who may not have prior experience or expectations with it.

A juggling activity was designed and introduced into group therapy at an intensive outpatient program in a hospital within the greater Boston area. This is a voluntary program in which women attend groups for the day and leave to return home in the evenings. I am currently completing a graduate level clinical internship at the hospital and run groups as part of my work. Women participating in the program are 18 and older, with most of the participants between the ages of 20-50. The juggling group took place on two separate occasions, both during the “check out” group, the last of 5 groups of the day in which members have the opportunity to briefly state their mood, what they got from the day, and intentions for the rest of the day. After this brief check out, most of the group time is left for an activity of the clinician’s choice.

The group was built around three main parts, with slight variations each time. These parts include a warm up which focused on mindfulness within body awareness and simple movements, the juggling activity which incorporated activities using one and two beanbags, and closing with an opportunity for discussion and reflection. This reflects a standard flow of activity in the program’s 45-minute groups. Facilitation notes were kept on what occurred during the groups, including personal reflections on what could be changed to help the activity run more smoothly and how group members engaged with each part of the process. In addition to written personal records, groups were observed by a full-time clinician at the hospital, and feedback on groups was discussed with the observing clinician and an intern supervisor after the groups took place.

Each part of the group has a rationale for the specific activity choices. The primary inspiration to use juggling came from the study referenced in the literature review describing

symptom reduction following a course of juggling therapy for anxiety (Nakahara et al., 2007). Similar to the group in that study, many clients in this program struggle with anxiety. Unlike Nakahara et al's study, the activity was tailored to specific structures and goals of the program including time to process, encourage acceptance of feelings and responses, and reflect on the intention of the activity and how similar practices can be beneficial in the clients' lives.

Other reasoning comes from logistical considerations. Juggling does not require extensive space, complicated apparatus, or physical touch with others, and these are all considerations to take into account in the intensive outpatient setting. Juggling is accessible in a small space and the equipment is light and easy to transport. Because many group members in the women's program have experienced trauma, one of the group guidelines prohibits supportive touch. This limits activities that require contact between participants.

The impetus to practice mindfulness in this activity ties in with themes of other groups in the program and the overarching focus on Dialectical Behavioral Therapy (DBT). It also warms group members up to a physical activity by route of first focusing awareness on the breath, the senses, noticing tension in the body, and finally beginning to move in a way that feels comfortable by doing stretches while sitting, also called chair yoga. Additionally, the check out group creates a bridge between the program and the client's return home for the day. It is the closure of what can feel like a long day of sitting, talking, and processing emotions, and the combination of mindfulness, body awareness, physical activity, and playfulness can provide both a focused way to close the groups and begin this transition, and a shift in energy.

Following is the intervention that I have developed based on these considerations, with slight changes occurring in the structure each time. A few elements were eliminated or altered for the second group. The first time, partner juggling patterns were introduced after patterns with

one and two bean bags in order to increase group cohesion and cater to multiple styles of learning, and the second time partner work was not included. The first group included a warm up in which each person had a chance to share things in their lives that they juggled, and during the second group that metaphor was not stated directly. More time was spent on reflection and allowing group members to make those connections for themselves.

The group began with an invitation to sit comfortably and bring awareness to the breath and body. The 5-4-3-2-1 sensory grounding activity was used, which directs participants to first notice 5 things they can see, 4 things they can touch, 3 things they can hear, 2 things they can smell, and 1 thing they can taste. After utilizing mindfulness to tap into the mind-body connection, the group was led in gentle stretching that is accessible from a seated position and invited to add on any other stretches or movements that they desired. In this way, the group moved from breath to sensory awareness to larger physical movements.

After the concept of juggling was introduced, bean bags were distributed. To transition into juggling, participants were asked first to notice sensory information about the bean bags, including texture, weight, sound, and color. Throwing techniques were introduced for a single bean bag and the group practiced. A second bean bag was eventually added and the group was shown the X pattern for tossing two, which builds the foundation for juggling three. It was discussed that becoming comfortable juggling 2 can take practice before moving on to three. The option was given for anyone with experience juggling three to take a third bean bag, but further instruction for juggling with 3 objects was not provided due to time limitations.

Finally, a discussion ensued in which the group was first asked to reflect on the experience and notice any thoughts or feelings that came up. The conversation was guided into reflecting on why an activity such as juggling could be beneficial and why drawing on the mind-

body connection can help mental health. Group members were asked how physical activity could be used in their lives.

Results

The results of this project are presented as my own reflections on how the groups went. These were two isolated groups rather than an activity done consistently over a period of time, so I am unable to measure or describe changes, but I can describe my perceptions of how group members interacted with the activity. In this sense, I consider it a successful group based on participants' engagement in the activity and my experience of reflections and connections verbalized after the activity by group members.

From my perspective as the facilitator, the group felt like it ran more smoothly the second time. This could be attributed to a number of factors, including my own increasing confidence and comfort with the material, the composition of the group, and what else had happened during the day on which the groups ran. During the first group I noticed members participating fully and that everybody shared things that they juggle during the warm up. During the discussion the group was less talkative, but at least one group member shared that she felt more energized and mindful after the activity and was inspired to do more physical movement.

Based on practice and feedback I had received on group facilitation between the time that I led each of these groups, I made the intentional decision to let group members lead the discussion and make connections rather than explaining my intentions directly. I was pleased that during that discussion, group members were able to independently name all of the reasons I had intended for juggling to be used as an intervention, plus additional reasons. Items named in the discussion included feeling more mindful, the calming nature of bilateral movement, the metaphor of things we juggle in our lives, and the value of playfulness. Another group member

made the connection to the DBT distress tolerance skill of distraction, in that it could be a healthy distraction from feelings of emotional crisis that could help emotions return to baseline. Others were reminded of learning to juggle as a child or young adult in gym class or theater class, which were in this case fond or humorous memories. Another group member mentioned exposure therapy in relation to concern about germs on the bean bags, and said she had challenged herself to participate despite these concerns.

I felt satisfied with a number of factors in these groups. The timing and flow felt appropriate for meeting the group members where they were emotionally, in that the activity to wrap up the day of therapy was playful, movement-oriented, and utilized the mind-body connection. The intentional choice to lead up to the juggling with more familiar and autonomous forms of movement appeared to appropriately warm up group members to the activity. I also was happy to observe group members taking ownership of the process during the discussion as they shared their own experiences and thoughts, and the opportunity for some members who have prior experience to demonstrate mastery at an unusual skill. This was particularly present the second time I ran the group, and I think it represented a beneficial shift in organization. In each group there were 1-2 members who were able to juggle three bean bags. I also saw this activity providing opportunities for goal setting around caring for physical health and including more movement in group members' lives, and giving an opportunity to notice how movement can shift emotions.

Because of the short term nature of this intervention, there are many things that could be changed for future use. In the study that inspired this intervention, the juggling was practiced each day for a few minutes and allowed the anxiety-reducing capabilities to be ongoing as skill and mastery increased. This takes an arts as therapy approach, in which the juggling itself

teaches mastery and reduces anxiety. The approach I used was closer to arts in therapy, as the juggling was used to connect to other skills used in the program and as a way to consider goals around movement. With further opportunities in the future, I would like to use juggling in a longer-term way that allows people to see gains in skills from beginning to end of the intervention. However, I gained a lot of information from having this activity unfold in the way that it did.

Discussion

Loring (2007) suggested that circus acts as a model of resilience, both in how traditional circuses functioned through adaptation to changing circumstances as well as how the nature of what is considered “circus” has shifted over the years to maintain relevance. This capstone thesis has explored the newest iteration of “circus,” the emerging use of therapeutic circus across various fields. It has also placed circus arts as an intervention within the framework of expressive arts therapy. That field has, from its origins, cultivated a collaborative nature that lends itself to incorporating, drawing from, and connecting different ideas and modalities, and this opens the way for use of circus arts. Loring (2007) additionally notes that circus “is a commonly known and admired institution that people of otherwise diverse backgrounds can relate to and discuss” and that it also “does not shy away from innovation but also does not abandon or ignore what came before” (p. 10).

Research on therapeutic circus has been located and described from related fields, including social work and occupational therapy, but little was found directly relating to expressive therapies. However, as noted, therapeutic use of circus continues to produce emerging research, and a solid foundation for future studies has been constructed. As Arrighi (2014) noted, one of the three main waves of social circus is the current moment beginning around 2010.

During the process of writing this capstone thesis in the spring of 2018, two notable research studies emerged, including AYCO's national study on the positive effects of youth circus and Heller and Taglialatela's study describing Circus Arts Therapy®.

In placing existing research into an expressive arts therapy framework, the literature review identified areas in which circus has been used as a therapeutic intervention and aligned them with the concepts of arts as healing, arts as therapy, and arts in therapy. Much research on social circus was located, as well as interventions that incorporated circus more directly into therapy. The multidisciplinary nature of circus, the prioritizing of process over product, and the invitation to play are all aspects that allow circus to be utilized for expressive and therapeutic benefits.

Perhaps the circus has in fact seen recent growth in popularity because of its "enduring mythology," as stated by Arrighi (2014, p. 217). The sense of itinerancy that has defined circus may appeal to people who feel a sense of disconnect in the modern world (Lafortune & Bouchard, 2011). Especially in Western countries, depression and anxiety rates continue to increase as more people express feeling disconnect from others and from community. Perhaps the rising popularity of circus has to do with finding community and belonging around an activity that provides both support and challenge, and that offers a vehicle for creative expression and resilience.

The intervention used for this capstone, based on research about juggling therapy, offers a way to incorporate one circus modality into expressive arts therapy. It drew from research on the role juggling can play in anxiety reduction, and added components of mindful engagement. This stepped further into the realm of expressive therapy than previous research because it focused on the process and reflections rather than the therapeutic benefits gained from physical

activity itself. The strength of this intervention is in its integration of various needs of the intensive outpatient program and exploration of sensory and mindful components.

There were also limitations to this project, one of which is the short-term nature of the intervention. Prior research showed that practicing juggling for 5 minutes a day multiple times each week can help reduce anxiety (Nakahara et al., 2007). This capstone intervention was offered as a one-time group, without time for participants to fully learn and integrate the skill. There is opportunity for further research in exploring use of circus with relation to expressive therapies over a longer term.

In this case, the limitations on the project were related to time, but there are other general limitations on using circus in expressive therapy. Space and equipment can be some of the main barriers to this intervention. Juggling was used in this project because it fits well into a small space. Hooping or aerial silks, for example, could not be used in the same space. Aerial equipment also brings its own set of rigging and safety requirements. This applies to circus interventions brought into spaces that are structured for therapy.

Another option, then, is to bring the therapy into spaces structured for circus, such as a studio. This solves questions of space and equipment, but adds another dimension related to confidentiality. In a studio space, is the schedule arranged so that nobody else can use the space at that time? How are records stored? How else can participants' privacy be protected? Additionally, circus involves a foundation of skill and knowledge; is the therapist trained in circus instruction, or is the circus coach versed in therapy? How much skill is required of each?

One more issue that needs to continue to be part of the conversation going forward has to do with race and representation in circus. At this time, the majority of circus performers and coaches are white, a dynamic also found within therapeutic fields. This affects how circus is

taught, how therapy is provided, and how safe or supported participants of color can feel in an environment. Steven Desanghere (2018) described, in an article titled “The privilege of being able to sit still,” the disconnect that may occur when a white social circus coach applies the same facilitation techniques across race and class differences, not accounting for needs of different students. The danger in this is reproducing oppressive dynamics in interventions meant to be therapeutic. Desanghere wrote, “without a fair part of awareness, our social circus projects can become hollow and uninspiring, or worse, reproduce the same exclusion mechanisms of mainstream society” (2018).

Many organizations are already taking race and culture into account, from a community scale to an international scale. Cirque du Monde and Clowns Without Borders are asking questions about how relevant their projects are to the communities served, and making efforts to connect with local organizations for increased accountability and sustainability. Especially in international work, the needs of local communities must be centered. Circus in Ethiopia has had much of its funding tied to NGO’s, which can sometimes lack local leadership and direction. It is imperative to continue asking questions of representation in future research and projects so that therapeutic circus does not fall into the trap of re-creating oppressive power dynamics.

With these limitations, questions, and future research needs in mind, this paper concludes that circus has been shown to have therapeutic benefits and has great potential for further incorporation into expressive arts therapy. Circus has been used in various cultures historically, and currently can provide a way to conceptualize community and support. In addition to human connection, it provides many things missing from a standard daily life, such as physical activity, sustained practice, creativity, and play. Overall, circus celebrates human expression, ability, and

perseverance, and can be framed within the existing structures of expressive arts therapy. Circus at its core is expressive therapy.

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THESIS APPROVAL FORM

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Student's Name: Anna Meilman

Type of Project: Thesis

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In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

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