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Abstract

Maladaptive mechanisms due to an impoverished self-esteem have often been seen as part of dual-diagnosis as well as an underlying component in most presenting problems. Since Cognitive Therapy has had excellent results in addressing and elevating most self-esteem issues, a variety of cognitive interventions were explored. However, the Cognitive Therapy framework does not always accommodate specific client needs such as an inability to verbalize due to trauma, intellectual or immaturity levels of cognition as well as cultural or language barriers. Therefore, a multi-modal approach was implemented to provide a framework to integrate Cognitive Therapy and creative interventions. Strengths and weaknesses of current research, as well as implications and recommendations for counseling interventions and preventative measures were expounded upon.

SELF-ESTEEM: COGNITIVE THERAPY AND CREATIVE INTERVENTIONS

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Barbara J. Fay

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Abstract

Maladaptive mechanisms due to an impoverished self-esteem have often been seen as part of dual-diagnosis as well as an underlying component in most presenting problems. Since Cognitive Therapy has had excellent results in addressing and elevating most self-esteem issues, a variety of cognitive interventions were explored. However, the Cognitive Therapy framework does not always accommodate specific client needs such as an inability to verbalize due to trauma, intellectual or immaturity levels of cognition as well as cultural or language barriers. Therefore, a multi-modal approach was implemented to provide a framework to integrate Cognitive Therapy and creative interventions. Strengths and weaknesses of current research, as well as implications and recommendations for counseling interventions and preventative measures were expounded upon.

Self-esteem: Cognitive Therapy and Creative Interventions

Self-esteem has often been an underlying issue in various problems presented in counseling. Many theorists believe improvement of self-esteem "may be counseling's most important outcome" (Zilbergeld, 1983 p. 57). The ability to integrate creative measures in enhancing self-esteem is important to counselors for numerous reasons. By the year 2030, the Latino population will be America's new majority (U.S. Census, 2001). Counselors will be challenged to meet clients' increasingly culturally diverse needs as reflected in the distinct issues their clients present in therapy.

In addition to an increased awareness, knowledge and respect for the clients' cultural backgrounds, the counselor may be faced with personalizing current therapeutic approaches to better-fit clients' needs. Language barriers may limit productivity of talk therapy. Furthermore, verbal capacity puts restraints on maximum benefits received through cognitive therapy. For example, verbalizing feelings of fear following a traumatic event may be problematic, particularly for children who have suffered from emotional, physical and sexual abuse. Clients may be vulnerable, unable to verbalize the feelings of shame and may be blaming themselves for the attack, thus withholding their feelings.

Creative means of expression may reestablish communication in counseling and may be the crucial means of communication following trauma. Clients may benefit from the opportunity to express their emotions through drawing. Artistic

talent is not required for clients to explore emotional issues. However, facilitation of these interventions may take a great deal of creativity on the counselors' part. This creative effort extends to establishing nonverbal means of therapeutic communication as well as the ability to seek community resources that would ensure continued support and encouragement to clients. In addition to personalizing counseling to meet clients' needs, the decline and limitations in third-party reimbursement may mean therapeutic relationship must be tailored to meet the clients' needs in a shorter period of time.

Self-esteem was described and defined by the researchers in a multitude of ways. Therefore, it was important to define self-esteem as it was used in this paper. The exploration of techniques and interventions that facilitate client empowerment will follow. The most successful and commonly used theoretical approach to self-esteem issues appears to be Cognitive Therapy. A number of variations of cognitive interventions for raising self-esteem levels exist and were examined. Self-esteem may be enhanced by merging clients' strengths and personal creative ideas and activities with Cognitive Therapy interventions. Numerous applicable creative interventions were explored. Recommendations and implications for counselors will encapsulate effective means of integrating self-esteem techniques with creative interventions.

Self-esteem Defined

Self-esteem has sometimes erroneously been thought of as only high achievement level, nourished by external praise and societal opportunities. This view would suggest a stronger external impact upon individuals than individuals have upon their environment. Much of the self-esteem research also seemed to selectively divide nature and nurture variables as opposed to an active integrative and reciprocal interaction of humans with their environment.

Internal factors, such as personality characteristics were noted as fairly accurate predictors of a person's potential of positive or negative behavior, perceptions, style of attribution and interactions with others (Seligman, 1992). Some of the characteristics Seligman noted to contribute to a positive self-esteem were an "optimistic attitude about self-capabilities, life experiences, the ability to seek out mentors and elicit positive feedback from family members and strangers" (p 119). Positive visions of a meaningful life in the future, the tendencies to seek new experiences and to be actively involved in their problem solving techniques were also important (Cowen, Kerley, Work, & Wyman, 1993). Other factors cited were a close bond with their caregiver during the first year of life, as well as continued warm relationship with at least one parent (Anderson, et al., 1992).

The external factor that was cited repeatedly by numerous longitudinal studies to have a positive impact was whether the child had a mentor or role model.

This mentor could be a family member or someone such as a teacher or neighbor who showed continuous interest in supporting, encouraging and counseling the youth (Coles & Dugan, 1989; Garmezy & Rutter, 1983; Poderfsky, McDonald-Dowell, & Beardslee, 2001; Werner, 1993). One such example was given by Samuel Betances (1991) who grew up in an impoverished New York neighborhood. He became a college professor and holds a Harvard doctorate, while his siblings fell prey to their negative environments. He felt his ability to seek and accept support of concerned adults as a child contributed to his success. He also credited his mother for providing good care despite her lack of resources and education. He stated that it was imperative for children to be taught to "reject rejection" (Betance, 1991, p. 23) and to seek the help and counsel of others, even if they did not initially sense a welcoming.

Self-esteem may be more accurately defined by the acceptance of self, one's personal abilities, and achievements as well as acknowledgement of personal limitations. This more equitable and proactive interaction may explain how humans may improve their perceptions of self and feel a level of personal motivation that may empower them with a sense of confidence, safety and hope in their world. If a sense of mastery was positively reinforced, it generatively develops a sense of self-efficacy, passion, purpose and meaning in life. This in itself suggests an imaginative and reflective process: repeated examination of what is personally important or valuable, as well as what cognitions, behaviors

and interactions provide feelings of confidence and efficacy. As encapsulated by Branden (1994), "self-acceptance is a precondition of change" (p. 61).

Improvement in self-esteem may be reliant upon continuous, evolving reflection, enhancing personal strengths, and seeking sources of positive reinforcement and satisfaction. Emotional health may be dependent upon a balanced view of self and perceived efficacy in making appropriate choices that enhance life. If clients do not believe in their own abilities to make healthy and positive choices for themselves and through interactions with others, how could they possibly feel and think well about themselves and their behavior?

Systemically, current theories approach self-esteem issues by empowering clients to build upon their strengths and seek positive reinforcement.

When contemplating the wide variety of treatment modalities to enhance clients' self-esteem, counselors may ponder the best approach to a specific therapy issue. Part of that contemplative exploration may include current research concerning eliciting creative self-direction in clients' cognitive and behavioral processes.

Enhancing Self-esteem

Counselors may seek useful means of enhancing self-esteem through therapeutic interventions. The first is increasing self-efficacy, as suggested by Branden (1994):

Confidence in the functioning of my mind, in my ability to think, understand, learn, choose, and make decisions...my ability to understand the facts of reality that fall within my own sphere of interests and needs. No one can feel competent to cope with the challenges of life who does not treat seriously the distinction between real and the unreal. (pp.162-163)

When clients' perspective was framed by facts, opportunity existed to distinguish accuracy from error, truth from falsehoods and reality from delusions.

Consequently, an objective acknowledgement of reality, offers a more balanced approach to developing a strong sense of self-esteem.

Next, self-esteem may be fostered by cognitive and behavioral responses to events. Healthy and balanced perceptions of self and others as well as a clear awareness of self-efficacy denote the ability to evaluate and interact in an appropriate manner. Altering clients' view on life may be done through directly challenging them to identify their distorted thoughts and negative feedback and to rely on their strengths and past achievements to again seek reaffirmation of self through a series of small successes. A healthy sense of self-esteem provides clients new tools to navigate their lives and acts as the building block in resolving conflictive issues. The counselors' genuine concern for their clients is exhibited in their ability to listen and reflect the clients' stories. The therapeutic relationship's

primary function is to provide a safe place in which to fully explore painful issues. This may be accomplished in a number of ways, the most prevalent counseling process being talk therapy.

Cognitive Therapy

Cognitive Therapy may be one of the most effective talk therapies for encouraging self-directed assessment of client esteem. Cognitive Therapy pivots the therapeutic process on the establishment of a genuine and trusting, working bond between the counselor and the client. This crucial sense of safety enables clients to explore issues of concern in depth. Through closer examination of their cognitive and behavioral patterns, clients proactively choose to participate in altering perceptions that interfere with their desired outcome, a positive self-esteem.

The focus of Cognitive Therapy lay in the cause and effect of the cognitive process. The way the clients perceive themselves through feedback affects their behavior. If clients are berating themselves, they may generalize feelings of failure to other domains in their lives. A despondent attitude cyclically creates polarized patterns of overwhelming negativism. This distorted cognitive pattern lessens clients' sense of esteem and often results in depressive mood disorders.

Studies have shown that Beck's Cognitive Therapy has been successful in treating numerous disorders such as "phobias, psychosomatic disorders, eating disorders, anger, panic disorders, substance abuse...depression, anxiety disorders

and crisis intervention.” (Beck, Wright, Newman, & Liese, as cited in Corey, 1996, p. 337) According to Corey (1996), Aaron Beck’s cognitive approach to the therapeutic relationship entailed examining the distorted cognitive process and challenging clients to “test the validity of their cognitions,” a process he termed “collaborative empiricism” (p.340). For example, Buchanan and Seligman (1995) suggested that when clients believe their behaviors have an impact on the outcome, it increased their level of confidence and ability to take further calculated positive risks, thus ensuing an upward cyclic spiral of positive beliefs resulting in persistence, success and higher levels of self-esteem. Repetitive successful outcomes and raised self-esteem generatively confirm positive beliefs and the cycle continues.

According to Fanning and McKay (2000), the first step in reversing the downward spiral of poor self-esteem was to encourage clients’ sense of control over the situation. The process involved encouraging internalized control by exploring self-feedback and replacing negative, distorted and generalized self-talk with more compassionate, positive self-encouragement and reparation of damaged core beliefs. When clients had a poor sense of self, they often did not feel they deserved good things like kind words or nice behavior from others. Consequently, they did not expect equitable treatment and often were overly generous with their resources.

Depressed clients felt powerless to exert control over most situations. This powerlessness was related to the disturbance of the self, the sense of self-worth, security and control in the face of external or internal stressors. This experience of loss can be real or imagined. The loss may be of a relationship, abilities, hopes or beliefs which clients held in high esteem. A central theme of Cognitive Theory is that "ideas, beliefs, and schema translate external events into meaningful internal representations" (Beck, Kelly, Lazarus, Safran, & Segal, as cited in Drake, Drake, & Price, 1996, p. 30). In other words, the feelings surrounding the loss become an internalized image and an agent of depression. As Gilbert (1992) stated, "Lazarus made the important distinction between primary appraisal (the evaluation of the meaning of an event), and secondary appraisal (the evaluation of coping abilities) and options for dealing with it" (p. 381). The emphasis lay more in how clients process the event, what significance they attach to the loss they experienced and how they negatively polarize the image they create in their mind. Gilbert summarized Beck's theory of predisposition to depression:

Beck's model of depression suggests that the depression-prone individual, early on in life, develops particular negative cognitive schema relating to the world, the self, and the future. Although the negative schema may not be discernable at any given time, they are easily invoked by life events which are similar to those that were responsible for their formation. Thus, for example, the individual

who has been labeled as inept or inadequate by others in failing at a certain task will tend to respond to failure with this concept (of being inadequate or inept) when he confronts failure in the future. The result of this is the activation of the negative view of self. (p. 402)

Cognitive Therapy helps clients explore more “optimal views, treat beliefs as hypotheses, test out new ideas, understand the relationship between thoughts, feelings, and behavior, as well as acquire new skills” (Gilbert, 1992, p.78). This self-evaluation allows clients to examine their automatic thoughts and decipher what significance they attached to a specific event. Alteration of their personal schema to a more unconditional acceptance of themselves empowers clients to think more equitably of their capacities.

The main thrust of the counseling process relies upon clients’ ability to exert control over themselves and accept personal responsibility for their choices. Glasser formulated four guiding behavioral concepts called “total behavior” which consist of, “doing (active behavior), thinking (thoughts and self-statements), feeling (such as anger, joy, anxiety), and physiology (such as sweating or *developing psychosomatic symptoms*)” (Glasser, as cited in Corey, 1996, p.261). The emphasis was on the self-statements clients gave themselves and the behavior they were actively participating in. By examining these two components, clients may be able to alter their cognitive and behavioral processes and thereby improve

feelings of self-worth and lessen any psychosomatic symptoms. The counselors' role, according to Glasser, in this process was more as of an expert who challenges clients to openly and honestly examine their choices. Clients were responsible for their cognitive process and choices they have made and will make in the future. Clients were viewed as proactive participants who have strengths and the means to make their lives what they want them to be. When clients felt they had some control, and felt more successfully in charge of their lives, they were ready to develop positive inner-dialogue.

Fanning and McKay (2000) suggested objective exercises that involved an introspective exploration and acceptance of self. This process allowed clients to actively own and celebrate the human being as imperfect and unique. When clients acknowledge how the hurt has damaged their perceptions and behavior, the process of gathering strength from their positive assets and rebuilding their self-esteem began. Clients were encouraged to accept responsibility in perpetuating the negative perceptions about their abilities. By understanding what they could and could not control, they moved beyond the self-inflicted pain and actively made their lives better. Another goal was to raise awareness of the draining, pervasive, negative self-talk clients who have a lowered self-esteem often participate in perpetuating.

In order to examine negative self-talk, an exercise that clearly demonstrates the exaggerated negativity was to record how often clients said something negative

to himself or herself. The next step was verbalizing the negative statements and how it impacted their capacity to believe in themselves. The third step was to take each generalized statement and tease out the truths from the untruths. These steps allowed cognitive restructuring to be more fully owned and practiced by clients. Part of the restructuring process involved interrupting negative thoughts. Clients could say 'stop' to themselves and reframe the thought in a more equitable manner.

By identifying strengths and previous times when clients felt successful, as well as tasks they feel effective at, clients could build on their strengths to reach new goals. Through positive affirmations, clients may seek to proactively support and encourage themselves to set appropriate and positive goals as well as healthy interactions with others. Finally, clients may be able to accept themselves, unique, not perfect, with a variety of positive characteristics and abilities and a more balanced recognition of self. Reparation of damaged image was on-going; clients' self-esteem was reliant on practicing these new behaviors, working towards accepting their whole identity.

Frank's model, consisting of six interventions, provided an organized framework for a broad, more holistic, multimodal approach to self-esteem issues. This model was based on the rapport and process within the counseling session. The model is known by an acronym, which refers to relationship, efficacy and empathy, arousing emotions, practicing, and learning new behaviors. It was abbreviated to the six letters of the acronym (REPLAN) which encapsulates the

restorative factors held in common in psychotherapy models. The six interventions of this model that may be conducive to counseling therapy were as follows (Frank, as cited in Young, 1992):

- 1) The strength of the therapist/client relationship
- 2) Methods that increase motivation and expectations of help
- 3) Enhancing a sense of mastery of self-efficacy
- 4) Providing new learning experiences
- 5) Arousing emotions
- 6) Providing opportunities to practice new behaviors. (p. 15)

The REPLAN model encapsulated the core belief of Person-Centered approach while opening opportunities for clients to explore new ideas and behaviors that were a better fit. It offered a broad view of the presenting issue and how it may have altered the clients' life domains. This model was a good fit for incorporating creative means of personalizing counseling interventions to more appropriately reflect client strengths, thus facilitating greater improvement in self-esteem levels. Within this assessment model, as with Cognitive Theory, the counselor/client level of trust and empathy were essential. By establishing this bond, the counseling relationship may be a safe place to explore issues in depth. This level of trust also ensured a more accurate assessment of how the clients'

cognitive process and behavior has been altered by an event. The counseling relationship may be the cornerstone of counseling and a crucial strength in facilitating therapeutic interventions.

Every step clients take forward may be a step towards their goals. The first may be the minutest movement forward, but if it was forward and positive, it was to be congratulated and encouraged. A number of cognitive approaches to raising self-esteem by categorizing cognitive and behavioral patterns and deciphering appropriate interventions have been explored. This cognitive frame of references allows the counselor to focus on maladaptive patterns as well as encourage clients' participation in altering their perceptions and behavior. However, would linking creative interventions to the therapeutic process add momentum and motivation and elicit an unmined myriad of possibilities for personal growth? Could the client strengths also include unrealized creative potential that may be expanded upon? Research seems to suggest a multitude of creative ways clients may improve their self-efficacy levels. Cognitive Therapy's framework could be broadened to also include personalized and creative counseling techniques.

Creative Interventions

Creativity has often been interpreted as analogical to artistic talent. When an artist paints a picture that was perceived to be beyond the viewer's scope of skill, the viewer designated the ambiguous honor of 'creativity' as the determining factor. Does creativity exist only in the world of art? Does creativity belong only within

the grasp of the artistically talented few? What a gray and dismal existence life would be if creativity were exclusively endowed upon only artists. Creativity belongs to those who are receptive to imagining all the budding promises and opportunities that a journey in the mind can offer. Creativity has its beginning in the mind and can be nourished and cultivated into an infinite number of jewel-like thoughts and possibilities.

The ability to cognitively envision connections and transfer them to every domain of life belongs to all humankind. The *Dictionary of Psychology* (Corsini, 2002) listed fifteen entries referencing forms of creativity and described in a variety of actions, processes and modalities that may be implemented in counseling. According to Corsini, creativity was described as the "ability to apply original ideas to the solution of problems; the development of theories, techniques, or devices; or the production of novel forms of art, literature, philosophy, or science" (p. 234). Therefore, in this paper, creativity was referenced as a unique and personalized approach to the therapeutic relationship. The creative suggestions focus on opportunities for the client empowerment. However, in order to implement those, counselors may need to reconceptualize their therapeutic approach and develop their own creative interventions.

Creative approaches to self-esteem issues may offer more plasticity to clients' options by increasing therapeutic opportunities and expand their horizons in ways they may not otherwise have realized. By fully exploring clients' strengths

and building upon them in creative ways, clients may maximize life-long benefits. In other words, a therapeutic relationship that incorporates personalized, creative client strengths may encourage clients to personally invest in the process and incorporate life-long positive cognitive and behavioral patterns as a result. A creative implementation of the Milan Systemic approach in narrative therapy was to externalize the problem. This was not to be confused with defense mechanisms, but as an active intervention by the therapist to “embody the problem they see before them, give it human characteristics, such as shape, color and crucially, a will of its own; locate it outside the self and plan a strategy for counteracting the ways in which the problem tries to make the client miserable” (White, as cited in Campbell, 1999, p. 80). This may separate the problem from the client in a manner that the problem may be viewed as a separate entity and therefore, explored objectively.

Creativity has been linked with a multitude of positive behaviors such as “[the] ability for leadership,” (Goertz, 2000, p. 158), “the capacity to facilitate personal growth, abilities to meet physical or mental challenges,” (DeVore, 1989, p.20) as well as to “more appropriately address diverse cultural backgrounds” (Nesdale & Rooney, 1997, p.570). The capacity to creatively facilitate growth may be an essential tool in the counselor’s repertoire of skills and the ability to maximize the benefits of creative therapy available to their clients. In other words, in order for clients to benefit from creative interventions, counselors need to lead the way by exercising their power of creativity as well.

Goertz (2000) further identified leadership qualities as "creative, originality, flexibility, passion and commitment, independence, flexibility, wide range of interests, goal setting, intelligence, motivation...possessing a high sense of self-efficacy, confidence and self-esteem" (pp. 164-165). The study determined that creativity was observable as the ability to evaluate a conflictive situation and resolve it in an innovative manner. This process involved first identifying the desired end result, and then identifying problems and conceptualizing new objective steps in order to reach the goal. Leaders combined novel approaches to the solution with input from others who had a wide variety of interests and experiences. Ironically, conventional rules and logical, linear cognition were not a part of the process.

A keen level of curiosity and self-confidence fostered an opportunity unencumbered by the usual boundaries to think outside the box. As Drake, Drake, and Price (1996) said:

If you always think what you've always thought, you'll
always feel what you always felt.

If you always feel what you've always felt, you'll
always do what you've always done.

If you always do what you've always done, you'll
always get what you've always got.

If you always get what you've always got, you'll

always think what you've always thought. (pp. 303-304)

The addition of creative interventions may enable both the counselor and the clients to think outside the box. A variety of techniques exist that were not a part of most cognitive approaches but were often used as innovative counseling interventions. These interventions were viable options that dovetail well with most counseling techniques. Incorporation of various creative interventions into Cognitive Therapy provides limitless possibilities for personal and professional growth for both the counselor and client.

Art Work

Perhaps use of artistic medium would better illustrate a troubled issue and allow clients to visually tease it apart through lines, shape and color. Many different mediums exist: sketching pencils, ink, oil, water or tempera paints, clay, etc. The possibilities are limitless. Art mediums considered suitable for clients could be readily available and relatively inexpensive to purchase. Naumburg (2001) concluded spontaneous art could be “employed as a means of expressing unspoken conflicts” through drawings (p. 46).

Illustrations may be clients’ method of telling their stories while experiencing a deeper self-knowledge, feelings of empowerment and realization of choices available to them. It was stressed that unless the counselor was trained in psychotherapeutic interpretation of the client’s illustrations, the use of artwork in

therapy was implemented as a release of emotion. In other words, rather than attached symbolic meaning to components in the composition, the client was encouraged to “describe the emotional content of their illustration” (Naumburg, p. 48). Artists often speak of losing themselves in their artwork. The outside world distractions cease to exist as they enter a meditative state of inner-contemplation.

Meditative Imagery

At times, client cognition may be compromised with feelings of inadequacy that temporarily limit capacity of cognitive empowerment. Engaging in positive behavior until it felt comfortable may be an opportunity for clients to alter their faulty perceptions. Practicing new behaviors allowed clients to break free of the cyclic maladaptive behaviors that impeded their progress towards a stronger sense of self.

One such technique may be visual imagery. Visualization was the ability to imagine how clients would think, feel and behave differently in order to reach their goals. This process entailed imagery, verbalization, and sometimes an artistic endeavor, along with exploration of feelings, perceptions, reactions and outcome. The process of imagery may be concrete: a goal and the objective steps to reach that goal. Also, a more nonlinear association of feelings and the images elicited by those feelings give purposeful direction to clients. Clients may name emotions that surround an event. This process may be aided by meditative relaxation.

Meditative relaxation process involved imagining a perfect outcome, thus increasing confidence and lowering distressful reactions to stressful situations. One study used imagery rehearsal therapy and patients were taught to view their nightmares not just as a “psychological response to trauma, but as a learned behavior, a habit. They were encouraged to engage in ‘pleasant imagery’ exercises and offered cognitive tools for dealing with unpleasant images” (Bauer & Boyd, 2001, p. 20). They also learned to use Imagery Rehearsal Therapy (IRT) on a specific nightmare and were taught to use imagery during waking hours to rehearse a new outcome. At the three- and six-month follow-ups, the IRT group had significantly fewer nightmares, and the symptoms of post-traumatic symptom disorder (PTSD) became less severe. In other words, following the completion of the study, the subjects integrated the use of imagery into their lives and lessened their PTSD symptoms. Another way of coping with complex emotions as well as honing problem-solving skills may be best illustrated in journaling.

Journaling

Keeping a journal may help clients to document their cognitive and behavioral patterns as well as the feelings associated with them. The word ‘journal’ is a form of journey; in this case, it was an intrinsic and extrinsic excursion that explored the innermost expression of a self-portrait. Often times, the writing process may initially seem cumbersome and excruciatingly slow. However, this may be the key reason why writing in a journal is so productive. It

decelerates the pace of the cognitive process enough to 'listen' and 'hear' what was written. Only then may the efforts of journalizing be realized: acceptance of reality as it actually exists. Thus, the contemplative process of how the clients got there and what they may do to proactively alter their reality may begin.

Problem-solving skills may be honed and expanded through journaling. Maladaptive patterns may be noted and may act as a springboard for self-directed goals. For example, where clients are right now and where they want to be was a good starting point. Gradually, a step-by-step analysis of perspectives and behavior offered acceptance of self and numerous options that encouraged growth. Perhaps the goal was increasing assertive behavior. It may be achieved through practicing journalizing self-confident statements and perceived poised behavior.

In addition, the journal may be personalized in a number of ways. Reflection may take the form of a daily itinerary or a timeline, of ideas and concepts, of insights and oversights. Clients may choose to draw pictures of real events and intimate emotions, or of personal aspirations and strategies. They may write poetry or write letters to themselves. Journaling may allow clients to safely explore their vulnerable, intimate and sometimes painful emotions and gradually evolve into a more empowered self-concept. What was once perceived as a personal quandary can be envisioned as an opportunity to explore a new path in life.

Closure may extend to altering perspective: what seemed like an ending may become a consolation and a new beginning. A beginning that maintains progress attained in therapy and offered continuous self-directed growth may be the ultimate achievement realized through journaling. By journaling an upheaval in their self-concept, a client may become the proverbial phoenix rising from the ashes. Journaling facilitates the discovery of inner-wisdom, embraces, cherishes it and nourishes a more healthy and positive development of self-concept.

Environmental Alterations

Clients may be challenged to alter their reality by altering their personal space. Pesanelli (1991) suggested encouraging young children to rethink their bedroom in less traditional terms. Rather than rigidly viewing this as just a place to sleep, keep toys and clothes, this space offered an environment for fantasy and an opportunity to alter it to fit better with the children's imagination. Sadly, it was noted by Pesanelli "by the time a child has reached the fourth grade, the personality trait of creativity has significantly declined" (p.28). By that age, the child has absorbed many home, church, school and government, and peer-group 'rules'." He suggested reconceptualizing the space through flexible, imaginative ways that encourage an increased sense of empowerment and creativity.

This may further strengthen the capacity to problem-solve in nonlinear ways: to think of the space outside of the child's box otherwise known as a bedroom. He felt using a process-oriented approach to redesigning children's

rooms offered numerous, personalized outcomes. Who knows, perhaps involving clients in redesigning their personal space may reduce their levels of stress. This may be particularly relevant if the client is a youth. Perhaps proactively implementing unique organizational solutions and designs would have positive repercussions. Perhaps the clients would feel empowered by physically, mentally and emotionally altering their personal space and feel inspired to tackle other areas of concern.

Music

Nearly everyone has at one time identified a song that symbolizes their love for someone. Every known human culture has music. Hearing the song conjures pleasant memories, a happy, calm disposition and a positive attitude. The bond between two people symbolized through music may be a very powerful motivator and may be considered an entity unto itself. In other words, just hearing the song brings a state of mind that may not necessarily be suggested by the song. That state of mind may not even bear a resemblance to reality. Music has a powerful impact upon attitude and state of mind and may be used in a positive therapeutic manner. The findings in a study conducted by Nelson and Weathers (1998) suggested that music therapy may have contributed to “improvements in behavior, communication, and psychological state” (p.78). Furthermore, Weathers stated “Brain imaging studies have shown how [music] can ‘light up’ the parts of the brain responsible for emotion and deep feelings” and “Musical memory may

outlast other kinds of memories because so many parts of the brain are involved" (as cited in Nelson & Weathers, 1998, p. 101). Perhaps counselors may offer clients an explicit option in the first session, such as requesting if they have any favorite songs or play a musical instrument. If so, these may be included in the therapeutic process. Sometimes, words just aren't adequate to express certain feelings and experiences. In those cases, music often does a better job.

Music has been used in many highly creative ways for the "healing of the soul," or psychotherapy. For instance, the Hebrews recorded several applications of music in their treatment of emotional and spiritual ailments, "the most famous, perhaps, being the playing of the harp by David for King Saul, to help him absolve his moods of despondency" (Cook, 1981, p. 253).

In one study, Medical Resonance Therapy Music (MRT-Music) was implemented in the treatment of patients with epilepsy. Sidorenko (2000) theorized that the "rhythmical structure of MRT-Music would assimilate well with normal biological rhythms of a healthy human central nervous system and thus, alter the frequency and severity of epileptic seizures" (p. 212). The base-line of experimental group's state of mind was measured by the Minnesota Multiphasic Personality Inventory prior to and upon conclusion of the application of MRT-Music. Ninety percent of the subjects enjoyed an improvement in their state of mind and the epileptic seizures were reduced by seventy-five percent.

Physical Activity

Linking physical activity with mentally challenging skill has been shown to increase the likelihood of new learned behavior. When participating in physical activities, the outcome is "improvement of self-concept, cooperation, attentiveness, trust, empathy, problem-solving, independence and competence" (Prouty, Radcliffe, & Schoel, 1989, pp. 10-11). Many runners talk about an endorphin 'high' they get from running. Taking a walk may clear the 'cobwebs' from your head and allow problem-solving skills to develop optimal options. People who participate in physical activity reap mental, emotional and physical benefits. These benefits were not just for the physically fit; mentally and physically challenged people can participate as well. The beneficial psychological effects of companion animals on people have been long recognized. Hospitals and nursing homes have incorporated these benefits into their healthcare programs. Annie Rhodes, a group therapist in the partial hospitalization program in the Department of Psychiatry at Providence, reported, "the responsibility for another creature can be very helpful to a person who is feeling overwhelmed or depressed" (as cited in Klotter, 2001, p 18). Bliss (1997) discovered diverse populations benefit from horseback riding. Amongst the improvements noted in this study were "...balance, circulation, respiration, body metabolism, muscle strength, flexibility, improved self-image, self-esteem and interpersonal

skills” (p. 69). This model of creative therapy often targets populations with mental and physical challenges and was advised to be supervised by skilled therapists.

However, clients who have experience riding horses may pursue this activity on their own. Horseback riding may offer clients the opportunity to learn how to care for and be responsible for an animal. Horseback riders often speak of how riding helps them feel powerful and freed from their day-to-day concerns. Counselors may encourage clients to avail themselves and their pet to the mental and physical therapeutic benefits of exercise. Incidentally while out on a stroll, clients may interact with others and improve their social skills and support network. Imagine how empowering the responsibility for the control and care of animals impacts those populations who have not experienced such success and strength in their lives.

Recommendations and Implications

Self-esteem may be at the base of most counseling issues. It interferes with interactions with others and may be debilitating to an equitable view of self.

Although Cognitive Therapy has been relatively successful in addressing self-esteem issues, it was not always a good fit for all clients. A sense of control and mastery in life was the best starting point in developing stronger self-concept. Personalizing the therapeutic process for clients elicits a sense of ownership and distinctive meaning. Integrating creative expression into therapy may be a

profoundly, life-altering opportunity for clients, as well as counselors. Creative expression may open new avenues to address issues that the Cognitive Therapy framework cannot accommodate. For example, limitations which incapacitate verbalization, diminished levels of intellectuality and maturation, cognitive style, cultural socialization and traumatic events, to name a few. Creative interventions, such as those suggested in this paper, may expand upon and personalize the therapeutic value of counseling, thus inviting the client to invest in therapy. A note of caution, interpretation of creative endeavors is considered unethical unless one is a trained art therapist. It was important to stress that the scope of the counselor's experience and skill level should determine the use and assessment of any intervention implemented in therapy. However, if counselors were interested in becoming an art therapist, it is an attainable and worthy endeavor. Information about courses pertaining to art therapy can be found on the American Art Therapy Association website: <http://www.artherapy.org/>.

The value of incorporating creative expression lay in the process, not the product. The capacity to express innermost emotions was the objective of introducing creative expression into therapy. The purpose was to employ spontaneous artwork, creative tools as a means of self-expression, an opportunity to express pictorially what cannot be readily verbalized. The goal was not to assess the artwork according to some set criteria but to process the emotions expressed and the release the client may feel through this type of expression. In other words,

the criterion was based on the potential of progressively positive process, measured in client feedback and proactive deciphering of emotions through art and not in the artwork itself. Creative expression would address the cultural issue where direct eye contact may be not always be appropriate. Board games, card decks and creative materials may initially appear as a diversion may facilitate revelation while lessening client vulnerability. Counselors should avail themselves and their clients to every resource accessible to them. Opening doors to other resources opens new avenues of growth, to the clients as well as the counselors. As a counselor, this may be the opportunity to develop creativity within one's repertoire of therapeutic techniques.

Conclusion

Self-esteem and creativity research was reviewed and found to share descriptive factors in common; that is, descriptive properties of creativity often were seen together with self-esteem. Self-esteem has been shown how it may be encouraged and enhanced in a number of ways in this paper. Self-esteem was described in depth and several therapeutic and creative methods were suggested. Counselors were encouraged to elicit clients' creative expression and cautioned to assess the process, not the product. Resources that are readily available in the community such as services provided by social agencies, support groups and

mentoring would also enhance therapy. These resources combined with cognitive and creative therapeutic interventions may launch clients into a sublime, upward spiral of positive self-esteem.

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